

A Qualitative Exploration of Feelings of Incompetence Among Counselling Interns

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Abstract

This qualitative study drew from Thematic Analysis, inspired by Grounded Theory, to explore how counselling students completing their internship manage their feelings of incompetence. Four master's level counselling students from three different masters counselling programs in Ontario, Canada were interviewed using a semi-structure interview protocol to gain an in-depth understanding of how they experienced and managed FOI during their internship. Twenty-nine subthemes emerged, which were further categorized into four over arching main themes: (1) experience of FOI, which included eight subthemes; (2) effects of FOI, which included eight subthemes; (3) management of FOI, which included six subthemes; and (4) seeking supports for FOI, which included eight subthemes. The FOI that counsellors-in-training experience can directly impact their clients and the implications of this study related to counselling pedagogy and supervision are discussed.

Keywords: counselling, feelings of incompetence, counsellor education

A Qualitative Exploration of Feelings of Incompetence Among Counselling Interns

Chapter I

Introduction to the Counsellor-In-Training

The career determinants of mental health practitioners, such as a counsellor and psychotherapist, often involve a desire to engage in meaningful work and inevitably begins with a personal pursuit to support those struggling with mental health issues (Norcross, & Farber, 2005). Broadly, mental health practitioners are regarded as experts in the use of psychological knowledge and the integrity of the profession rests on their ability to conduct themselves in a professionally competent and ethical manner (CCPA, 2015). However, the process of developing as a counsellor and learning to abide by the standards that guide the practice of psychotherapy is a complex endeavour. This process of developing involves a commitment to integrating personal attributes with professional capacities and expertise (Nissen-Lie, Rønnestad, Høglend, Havik, Solbakken, 2015; Stiles & Monsen, 2015) which begins during a counsellor's practical training (Skovholt & Rønnestad, 1992). Educators and supervisors have shown interest in the process of counsellor development as they complete their graduate level training (Skovholt & Rønnestad, 2003; Stoltenberg, McNeill, & Delworth, 1998) and the clinical experience during these programs has often been credited as being fundamental in counsellors' professional growth (Skovholt & Rønnestad, 2003; Stahl et al., 2009). Further, the experiences of the counsellor-in-training have been found to establish the foundation for subsequent learning experiences (Hill, Sullivan, Knox, & Schlosser, 2007).

Introduction to FOI

Within this study, FOI refers to when a counselling intern believes that "his or her ability, judgment, and/or effectiveness as a therapist is absent, reduced, or challenged internally" (Theriault & Gazzola, 2008, p.20). FOI is often used interchangeably with terms such as low self-efficacy, low mastery, and self-doubt. As clinicians and researchers continue to recognize and emphasize the importance of the quality of the relationship between counsellor and client (Cooper, 2004; Mearns & Cooper, 2005), a substantial degree of attention has shifted from investigating the specific techniques that may be responsible for change to exploring what qualities about an individual counsellor might facilitate change in clients (Aveline, 2005). This trend in the research emphasizes the importance of exploring the internal experiences of the counsellor such as the counsellors FOI (Theriault & Gazzola, 2005).

During the course of this thesis, the experience of FOI will be conceptualized using two constructs as a theoretical base, namely the Imposter Phenomenon and Counselling Self-Efficacy. Broadly, these terms are used in this thesis to provide a basis for understanding the inner experience of an individual experiencing FOI. The Imposter Phenomenon refers to the experience of appearing successful on the outside yet feeling incompetent on the inside (Clance & Imes, 1978) and counselling self-efficacy refers to one's beliefs held about their ability to provide effective counselling services to their client (Larson & Daniels, 1998). Both of these theoretical lenses will be further explored throughout this literature review and will provide insight into FOI experienced during the course of the counselling student's internship experience.

Summary of Introduction

FOI are widespread among therapists regardless of levels of experience (Thériault & Gazzola, 2005, 2006, 2008) but insecurity, performance anxiety and poor self-perceived mastery are particularly evident among counsellors in training (Orlinsky et al., 1999). Additionally, beginning counsellors have been found to present an intolerance for ethical ambiguity (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005) and often feel isolated, unsupported, and overwhelmed within their work environments (Gazzola, De Stefano, Thériault, & Audet, 2013). Despite the negative consequences of FOI, recent research has demonstrated the benefits of FOI when it is managed properly, such being aware of self-doubts (Nissen-Lie et al., 2015) thus, utilizing self-awareness to increase counsellor's overall wellbeing while enhancing client outcomes (Rønnestad & Skovholt, 2013; Macdonald & Mellor-Clark, 2015). Given that FOI are widespread and particularly evident among counsellors-in-training it is concerning that FOI is not systematically addressed among students, professors, and even supervisors in counselling (Thériault et al., 2009). A clear gap in research exists surrounding the exploration of how counsellors-in-training and specifically those completing their internship manage their FOI.

Consequently, it is important that supervisors and trainers understand the internal experiences of counsellors during their training to make sure that training can be modified to enhance its effectiveness. The training that counsellors receive during their masters level internship ultimately affects clients directly and it is an ethical imperative for counsellor to be congruent, whole and aware of their internal processes. Therefore, it is important for beginning counsellors to develop self-reflection skills to recognize their FOI and self-care skills to manage their FOI as these skills have been identified as essential professional competencies and ethical obligations by regulatory colleges and associations (CRPO, 2015; Canadian Psychological Association, 2000; APA, 2010;

OPQ, n.d.; ACA, 2014). Researching the internal processes of beginning counsellors, such as FOI, and their capacity to manage these experiences provides an opportunity to understand their development which can ultimately help to ensure that their privileged role as counsellors is not abused and their clients receive effective mental health support.

Overview of Current Study

This study investigated the experience of masters counselling students during their internship. Specifically, the aim of this study was to develop an in-depth understanding of how counselling students completing their internship manage their FOI. The literature in this area has largely focused on FOI among either novice counsellors with a maximum of five years experience post graduation (Theriault, Gazzola, & Richardson, 2009) or experienced counsellors (Theriault & Gazzola, 2006). This study utilized qualitative methods to explore the experience of students who were currently completing their masters level counselling internship. To address the aim, this study sought to answer the following research questions: (a) how do masters counselling students completing their internship experience FOI? (b) how do masters counselling students manage the FOI they experience?

The presentation of this study has been separated into five overarching chapters. The current chapter begins by situating the study in the literature by providing an introductory discussion of counsellors-in-training and FOI. The second chapter provides a review of the literature by outlining academic scholarship on (a) the use of self in therapy (b) the criteria for competency among counsellors (c) the theoretical basis for FOI (d) FOI among counsellors with varying levels of experience (e) developmental models for understanding counsellor-in-training experience (f) unique challenges for counsellors-in-training. The third chapter outlines this study's methodology by explaining the conceptual and interpretive framework; exploring grounded theory and thematic analysis; participants and procedures, and the credibility, transferability, dependability, confirmability, reflexivity, and positionality. The fourth chapter is dedicated to reporting the results of the study and provides verbatim examples from the participants. Last, the fifth chapter summarizes the study's main findings and provides a discussion related to FOI and counsellors-in-training. This chapter concludes with the limitations, recommendations for future research, and implications.

Chapter II

REVIEW OF THE LITERATURE

The purpose of this section is to explore literature on the internal subjective experience of the counsellor in the process of counselling and FOI as it relates to the counsellor-in-training. First, the counsellors use of self in therapy is examined by outlining its emphasis from the following three theoretical orientations: humanistic, cognitive behavioural and systems therapies. Second, the knowledge, skills and qualities of effective counsellors as well as, counsellors' self-care and self-awareness as essential counselling competencies is reviewed. Third, the Imposter Phenomenon and self-efficacy are outlined as being the theoretical basis of FOI and the associated literature linking these concepts to counsellors-in-training is presented. Fourth, the integrated developmental model and phase model of counsellor development are outlined which offer context into how counsellors-in-training experience FOI. Fifth, the unique challenges for counsellors-in-training is reviewed and a literature synthesis leads into the study's methodology.

The Use of Self in Therapy

The character of the psychotherapist has been identified as a crucial element in successful therapy (Lambert, 1989) and the significance of the therapeutic relationship is rarely contested (Sparks, Duncan, & Miller, 2008). A notable example to support this trend is Ahn and Wampold's (2001) meta-analysis which considered 27 published journal articles on counselling and psychotherapy and found "compelling evidence that a large proportion of variability in outcomes is due to the individual psychotherapist rather than the specific ingredients of psychological treatments" (p. 254). Further, these authors highlighted that rigid adherence to psychological treatments may rupture the therapeutic alliance and place limits on a psychotherapist's ability to adapt treatments to connect with the client's unique attitudes and values. Additionally, past research has demonstrated that when different psychotherapists apply specific theoretical orientations to the same disorders, the outcomes differ significantly. For example, Kim, Wampold and Bolt (2006) estimated the amount of variability in outcomes that were a result of either the psychotherapist or the particular treatment intervention (the difference between Cognitive Behavioural Therapy and Interpersonal Therapy). These authors found that 8% of the variance in client outcomes could be attributed to the psychotherapist and 0% of the variance in client outcomes could be attributed to the particular treatment.

When exploring psychotherapists in a naturalistic setting, similar results have been found and some psychotherapists consistently achieve better outcomes than other psychotherapists. To

demonstrate this point, Lutz, Leon, Martinovich, Lyons, and Stiles (2007) examined a sample of 60 psychotherapists from differing professional and theoretical backgrounds and found that approximately 17% of the variance in rates of patient improvement could be attributed to the psychotherapist. As a result, these authors suggested that emphasis should be placed on the mental health practitioners rather than on the particular professional and theoretical backgrounds and thus the importance in advancing research exploring the psychotherapists self, their use of self in therapy and their personal and professional experiences is well supported (Reupert, 2006).

The psychotherapist's use of self is an essential tool for change and the importance of the self can be identified among a wide range of different theoretical orientations such as humanistic, cognitive behavioural and systems therapies. Beginning with humanistic orientations, person-centered therapies view the psychotherapists self as vital to the therapeutic process by placing emphasis on congruence in the therapeutic relationship and in the counsellor (Meador & Rogers, 1984). For person-centered therapists, demonstrating a sense of genuineness or congruence is a core condition and allows the client to experience the psychotherapist as they really are (Rogers, 1961). Being congruent refers to being present or fully attuned to one's own experience in the here and now and the psychotherapists use of the self is evident in the way that they extend aspects of their own personality and how they are feeling with the intention of influencing the client (Rogers, 1980). For example, demonstrating congruence may involve self-disclosure as a way of using the self to facilitate a connection and awareness of what is occurring in the therapeutic relationship in the moment.

When exploring the use of self from a cognitive behavioural perspective (CBT), Dewane (2006) determined that the use of self can be operationally defined using five categories: the use of personality, belief systems, use of relational aspects, use of anxiety and the use of self-disclosure. CBT trainees are constantly encouraged to work out their personal issues to help them develop a sense of awareness around their thoughts, feelings and behaviours within the therapeutic relationship (Laireiter & Willutzki, 2003). Lastly, from a systems perspective, Satir (1987) emphasizes that the psychotherapist's self is always presenting in the relationship. Additionally, systems therapy states that an effective therapist needs to provide a space to hold their own feelings and sense of self without letting this get in the way of the client's growth.

To account for psychotherapists' use of self and its critical value in their work, regulatory colleges, such as the College of Registered Psychotherapists of Ontario (CRPO), have established an essential competency entitled Safe and Effective Use of Self (SEUS). According to the CRPO,

demonstrating SEUS in the psychotherapeutic relationship includes the psychotherapist's "learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her own participation in the therapeutic relationship with the client." (CRPO, 2018).

Additionally, SEUS speaks to the psychotherapist's "self-reflective use of his/her personality, insights, perceptions and judgments in order to optimize interactions with clients in the therapeutic process." (CRPO, 2018). The CRPO has suggested that this competency can be addressed through engaging in personal psychotherapy, receiving particular forms of clinical supervision or partaking in training and education that address the use of self such as courses that address "personal family history and dynamics, anti-oppression and diversity, power dynamics, relational boundaries, experiential practices as client, or interpersonal relation development." (CRPO, 2018). While the CRPO recognizes the importance of SEUS and has identified it as an essential competency, the term remains highly subjective and requires introspection on the counsellors. The CRPO (2018) has suggested that SEUS includes "the capacity for self-reflection and self-care practices" and thus the next section of this literature review will broadly discuss counsellor competence and will focus on importance of self-reflection and self-care among counsellors.

Psychotherapist Competence

The literature suggests that self-doubts may continue to exist despite competent performance on counselling related tasks (Poidevant, Loesch and Wittmer, 1991) however, in order to gain a deeper understanding of FOI as a process of subjective negative self-appraisal, it is important to explore the objective criteria that defines psychotherapist competencies.

Knowledge and Skills of Effective Counsellors.

The overall competence of a particular counsellor can be broadly determined by their ability to provide effective mental health services to their clients at an acceptable standard (Fairburn & Cooper, 2012). Further, psychotherapist competence can be understood as "the extent to which a psychotherapist has the knowledge and skill required to deliver a treatment to the standard needed for it to achieve its expected effects" (p. 494). This definition emphasizes the knowledge and skills that a particular psychotherapist has accumulated throughout their training and clinical experience and has been described as limited-domain intervention competence (Barber, Sharpless, Klostermann & McCarthy, 2007).

Regarding treatment interventions, effective therapists provide an explanation and treatment plan that is consistent with clients' distress and are constantly monitoring their clients progress

(Duncan, Miller, Hubble & Wampold, 2010; Lambert, Harmon, Slade, Whipple, & Hawkins, 2005). Further, effective therapists demonstrate flexibility by adjusting their treatment intervention to correspond best with their clients' needs, characteristics and cultural background (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009) as well as display a capacity to continually seek improvement by reviewing up-to-date academic research regarding the most effective treatments (Duncan, Miller, Hubble & Wampold, 2010). To understand the full range of competencies that make up an effective psychotherapist, it is necessary to consider the global psychotherapeutic qualities that contribute to therapeutic success or a successful intervention/treatment.

Qualities and Actions of Effective Counsellors.

A recent review of the literature by the American Psychological Association summarized a set of qualities and actions that effective counsellors display and demonstrated that certain psychotherapists qualities and actions are essential to successful treatment (Wampold, 2011). Beginning with an analysis of a counsellor's relational skills, effective therapists have been found to possess a highly developed collection of interpersonal skills and attributes which include verbal fluency, affective modulation, interpersonal perception, acceptance, and empathy (Duncan, Miller, Hubble & Wampold, 2010). Also, Ackerman and Hilsenroth (2003) found that being flexible, honest, trustworthy, respectful, confident, warm, interested and open contributed positively to the establishment and maintenance of a strong therapeutic alliance. By utilizing these skills and attributes, effective therapists tend to create an environment where clients feel understood and are able to form a therapeutic alliance with a broad range of clients early on in therapy (Norcross, 2011). Effective therapists have also been found to be influential, persuasive, and convincing (Anderson, Ogles, Patterson, Lambert & Vermeersch, 2009) yet approach difficult conversations therapeutically by communicating hope and optimism and are aware of their own psychological processes and biases (Norcross, 2011).

Counsellor Self Awareness

The counselling profession requires therapists to have a high level of self-awareness, especially while within the therapeutic context (Reupert, 2006). Therapists are ethically bound to engage in ongoing self-reflection to enhance their professional development (Schmidt & Adkins, 2012). Self awareness refers to a counsellor's capacity to gain an awareness of their feelings, thoughts, and behaviours in the counselling relationship (Richards et al., 2010). The process of becoming self-aware requires a counsellor to engage in "self-observation of their own physical and psychological

experience” (Baker, 2003, p.14). Self-awareness has been shown to increase a therapist’s overall wellbeing while enhancing client outcomes (Rønnestad & Skovholt, 2013; Macdonald & Mellor-Clark, 2015). In contrast, Nutt-Williams and Hill (1996) suggested that self-awareness can be a hindrance, especially for counsellors in training, because it could leave counsellors feeling paralyzed/unable to perform and could distract the counsellor from their client. Counsellors’ self-awareness develops over the course of their career, most growth occurring after formal counsellor training (Skovholt & Rønnestad, 1992).

Regarding how counsellors develop self-awareness, a model presented by Pompeo and Levitt (2014), which drew on Jennings, Sovereign, Bottorff, Mussell, & Vye (2005) and Skovholt and Rønnestad (1992) work, proposed a trajectory whereby self-reflection stands as the foundational action in obtaining self-awareness. This model suggests that prior to the counsellor participating in a potential opportunity for self-reflection they must experience a dilemma which acts as an event that triggers them to look inward. When trigger events are reflected upon they become critical incidents and at this point the process of self-reflection begins. However, if the trigger events are overlooked and self-reflection does not occur than stagnation may occur. The next phase in this model is where the process of self-awareness begins to occur which manifests through the following paths: ethical decision making, professional and personal experience, supportive work with other searchers and developing a reflective stance. The last phase of this model is when the counsellor achieves self-awareness which requires continual attention and effort to maintain.

Counsellor Self-Care

Self-care is an integral aspect of working as a practitioner of psychotherapy (Norcross, 2000). Within the counselling profession in Canada, it is an ethical requirement to engage in self care. For instance, the Canadian Psychological Association Code of Ethics emphasizes that practitioners must “engage in self-care activities to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others” (Canadian Psychological Association, 2017, p. 20). Additionally, each member of the College of Registered Psychotherapists of Ontario is required to demonstrate professional competence in self-care prior to being officially registered (CPRO, 2017, p.5). Two common forms of self-care that are prominent within the literature are institutional self-care and holistic self-care. Institutional self-care refers to the practices that counsellors use within their place of work such as having positive work relationships and having a good supervisory relationship

(Everall & Paulson, 2004). Holistic self-care refers to self-care practices that a counsellor uses outside of their work environment such as having self-compassion and practicing mindfulness (Norcross, 2000).

Self-care has long been recognized as an ethical imperative for counsellors however, models that teach students and trainees about impairments and self-care strategies are rather limited. A study conducted by Theriault, Gazzola, Isenor, and Pascal (2015) sought to address this dearth in the research by exploring what insights counselling experts in self-care, education and supervision could provide about hardships that exist in the counselling field and self-care strategies in response to the inevitable challenges. The combination of quantitative and qualitative data provided a broad list of coping mechanisms as identified by experts in the field. Among strategies listed for coping with the stresses of therapeutic work were: “personal therapy; cultivating non-work-related passions, interests, and relationships; peer support and consultation; mentor support; having a holistic view of well-being; limiting scope of practice if impacted by personal life events, self-management and self-talk; maintaining good work and personal life boundaries; and taking measures to lead a rewarding and satisfying life with meaningful relationships. The sample of self-care experts voted feelings of incompetence and self-doubts about effectiveness as the more important difficulty faced by novice and experienced therapists.

Additionally, by using an open question to explore what experts believed they should share with counsellors in-training six themes were found: 1) continue to attend professional development throughout career 2) engage in self-care strategies such as managing your time, setting boundaries, avoiding isolation and setting realistic expectations 3) getting to know yourself as a person by developing self-awareness and a mindfulness of one’s motives 4) count on necessary and core conditions for client growth such as being genuine, warm, empathetic, respectful, curious and compassionate 6) normalizing FOI by distinguishing the difference between FOI and actual incompetence, and reassure that FOI are common. Finally, the participants provided a recommended list of techniques to address professional stresses which included 1) exposure and normalization 2) informing students 3) raising awareness 4) processing stresses with students. Contrary to the authors expected findings, the participants did not express high levels of enthusiasm towards locating self-care in graduate programs which may be due to self-care being conceptualized as a personal rather than a professional issue.

In conceptualizing professional competence from a perspective of the knowledge and skills as well as the global psychotherapeutic qualities and actions that a psychotherapist has and engages

in, we are provided with a basis for which their FOI may be derived. Further, in understanding a psychotherapists obligation to remain self aware and engage in self-care, we are provided a glimpse of the personal responsibilities required to maintain professional competence as a psychotherapist. Although the understanding of professional competence will inevitably vary among psychotherapists, treatments and contexts, it is evident that the work of psychotherapists holds many complexities and responsibilities that give rise to FOI. To further explore FOI, it is essential to examine the theoretical basis underpinning this self-care issue.

Theoretical Basis of FOI

To conceptualize FOI, two constructs will be used within this study which are the Imposter Phenomenon and self-efficacy. In this section a description of the Imposter Phenomenon and its origins is provided. Additionally, the associated scholarship that links the Imposter Phenomenon to counsellor's choice to enter into the profession as well as their experience as graduate students and novice counsellors is explored. Next, self-efficacy is discussed by outlining the Social Cognitive Theory (Bandura, 1986) and deconstructing this theory as it relates to counsellor training. Specifically, the term counsellor self-efficacy (Larson & Daniels, 1998) and the Social Cognitive Model of counsellor training (Larson, 1998) is discussed and studies related to the development of counselling self-efficacy among counsellors-in-training development is outlined.

Imposter Phenomenon.

The Imposter Phenomenon is a construct used to refer to when an individual appears to be successful externally yet feels that they are incompetent internally. Clance and Imes (1978) originally developed this term to refer to an internal experience of intellectual phoniness among a sample of high achieving women, however this term has been expanded to encompass the internal experience of others in society, including experienced professionals in business-management (Fried- Buchalter, 1997; Miller & Kastberg, 1995) and university professors (Brems, Baldwin, Davis & Namyniuk, 1994). Imposters often feels that their external success is not a result of their hard work but is actually due to some type of error on the part of the evaluator (Clance, 1985). Also, individuals struggling with IP perceive that their supervisors and colleagues overestimate their abilities and, when they succeed in their work environment, they often experience an increased sense of being frauds (Clance, Dingman, Reviere & Stober, 1995). Often imposters will seek approval from their supervisor or colleagues by using flattery or by censoring their opinions that may be in opposition to their supervisors or colleagues (Clance & Imes, 1978).

Clance and Imes (1978) described a pattern of reinforcement that continually perpetuates the Imposter Phenomenon among individuals. The cycle usually begins when an individual faces a new task that challenges them in some ways. The imposter either respond by immediately over-preparing for the task or by procrastinating as long as possible and convincing themselves that their last-minute job fooled their evaluator. The reinforcement occurs when the imposter receives credit from external sources for completing their job and over time the imposter begins to internalize that worry, doubt, and anxiety are necessary for successfully completing a challenging task. Cowman and Ferrari (2002) believe that this cycle of overworking and procrastinating can result in a sense of shame and will have the effect of reinforcing beliefs about personal inadequacy. The Imposter Phenomenon has been found to be closely related to the use of self-handicapping behaviours (Want & Kleitman, 2006) which are “strategies as any action or choice of performance setting that enhances the opportunity to externalize (or excuse) failure and to internalize (reasonable accept credit) for success” (Berglas & Jones, 1978). This concept suggests that individuals experiencing self-doubts may engage in certain behaviours that are likely to obscure the contributing factors in a potential failure. Common examples of self-handicapping behaviours are drug abuse and procrastination which are often used in an attempt to protect their self-image of competence.

To investigate the key theoretical assumptions of the Imposter Phenomenon Leary, Patton, Orlando, and Funk (2000) outlined its defining characteristics. They found that the primary characteristic of the Imposter Phenomenon was a sense of being an impostor or a fraud. The second characteristic listed was a fear among ‘imposters’ that others will find out that they are a fraud and regard them as a failure. The last characteristic was a difficulty with internalizing achievements in an attempt to maintain their imposturous feelings. Further, Patton et al. (2000) found that participants who were considered high ‘impostors’ had lower self-appraisals and reported lower performance expectations when their responses were public than low ‘imposters’. Also, this study demonstrated that the characteristics of an ‘imposter’ were, in part, an interpersonal, self-presentational behavior used to minimize the implications of poor performance. Persons who rated high on Imposter Phenomenon measures may attempt to protect themselves from poor evaluations by manipulating their evaluators to lower expectations about their performance.

Clance, Dingman, Reviere and Stober (1995) suggested that the Imposter Phenomenon originates from individuals combined experience in their family dynamic and their social contexts.

An understanding of the development of the Imposter Phenomenon begins when the family dynamic is characterized by conflict and low cohesion when children are selectively validated and not provided with adequate opportunities for self-expression. In this family context, the child will often work hard to gain the support and approval of their parents and is often embarrassed to ask for guidance and instruction (Langford & Clance, 1993). Additionally, when the child has determined that certain attitudes and behaviours are deemed worthy by their parents they will make conscious and unconscious attempts to develop these qualities. As the child develops they will become selective in their own self-appreciation and conditions of worth. When the individual begins to recognize parts of the self which do not align with the internalized self-concept that was established through their parent's selective validation, the individual will experience anxiety. Thus, a child whose family did not recognize his/her intelligence and assist in the process of integrating this quality into their self-concept, will experience distress when he/she is shown to be intelligent.

In a societal context, the Imposter Phenomenon develops in a similar way whereby the society imposes certain standards for development for different groups particularly in relation to gender stereotypes. Clance et al., (1995) stated that in Western culture, male traits are typically associated with competence and objectivity while female traits emphasize warmth and expressiveness. Depending on the nature of the environment, the Imposter Phenomenon will affect individuals if they are expected to perform a role that is not consistent with gender stereotypes. Kumar and Jagacinski (2006) suggested that the Imposter Phenomenon manifests itself differently among men and women. Among women, feelings of being an imposter were attributed to their desire to outperform others whereas feelings of being an imposter among men were associated with a fear of failure. Further, achievement behaviour has been found to be associated with greater feelings of being an imposter among women than men (King & Cooley, 1995).

To explore how the Imposter Phenomenon originates in practitioners of psychotherapy, Glickhauf-Hughes and Mehlman (1995) provided an explanation using a family systems model. These authors discussed how children raised by narcissistic parents develop strong emotional attunement skills to become responsive to the emotional needs of their parents which in turn contributes to their interest in practicing psychotherapy later in life. Imposter feelings as well as extreme audience sensitivity, pathological parentification and perfectionism are conceptualized as being related to an unresolved issue of a narcissistic nature beginning in childhood which can contribute to a therapist's burnout. To examine how the impostor phenomenon affects

practitioners of psychotherapy, Bischoff (1997) explored the experiences of thirteen students in their first three months of clinical experience as marriage and family therapists. Each participant was interviewed and reported feeling as though they were masquerading as a professional therapist and were an imposter. Additionally, the participants felt increased pressure/demands to perform because they believed their clients regarded them as an expert. Similarly, Bischoff and Barton (2002) conducted interviews with thirty-nine graduates of a marriage and family therapy program and identified three stages of development in novice therapists' confidence. The results indicated that recent graduates with approximately one to three months of experience reported experiencing imposter feelings and being anxious that they lacked the clinical or life experience to provide effective support to their clients.

Self-Efficacy.

The construct of self-efficacy is based in Bandura's (1986) Social Cognitive Theory. In social cognitive theory, personal agency is described as being a driving force behind how people tend to behave (Bandura, 2006). Personal factors, behaviours, and environmental events combine to influence this personal agency. Thus, each person is self-determining but operate within the confines of the structure that personal factors, behaviours, and environmental events create. Our personal agency/self-determining mechanisms are largely influenced by a process of personal estimations we establish for ourselves which is called self-efficacy (Bandura, 1977). Self-efficacy is known as the belief in one's ability to generate desired results through their actions. A direct relation between an individual's beliefs or expectations and their ability to influence actual events is implied (Bandura, 1977).

The term self-efficacy places emphasis on the beliefs or expectations in one's ability opposed to their actual ability to perform desired actions. Expectations of personal efficacy are based on four sources of information: performance accomplishments which refers to our actual performance; vicarious experience which refers to the experience of watching others perform actual events; verbal persuasion which refers to the experience of being led through suggestion to engage in actual performance; and physiological states which refers to our emotional arousal when thinking about actual performance (Bandura, 1997). Performance accomplishments are an especially influential source of efficacy because experiencing successes in our actual performance raises our expectations and repeated failures will lower our expectations.

When applied to the field of counselling, self-efficacy is defined as "one's beliefs or judgments about his or her capability to effectively counsel a client in the near future" (Larson & Daniels,

1998, p.180). Counselling self-efficacy occurs when trainees integrate their newly acquired counselling skills to engage in a counselling related task (Larson & Daniels, 1998). By drawing on Banduras (1986) social cognitive theory, Larson (1998), designed a model of counsellor training called the Social Cognitive Model of counsellor training. This model asserts that the counsellor training environment combined with the counsellor trainee's personal agency determines their ability to learn and effectively implement counselling skills. Further, the Social Cognitive Model explains that the counsellor trainee has to incorporate their self-efficacy beliefs with their cognitive, affective, and motivational processes. During the course of training, counsellors are faced with having to take action and Larson (1998) determined that trainee's actions are evident in their responses to clients during sessions; their persistence when challenged by client issues and their risk-taking behaviours demonstrated during sessions and in supervision. The three main assumptions of the model are that 1) counselling self-efficacy is a fundamental component in learning counselling skills; 2) counsellor trainees draw on their self-efficacy in the face of challenges, and; 3) counsellors demonstrating high self-efficacy are able to consider and implement suggestions from others into their practice. Finally, the Social Cognitive Model explains that modeling and social persuasion are two of the essential mechanisms in increasing counselling self-efficacy.

Several studies have been conducted to explore how counsellor self-efficacy develops among counsellors-in-training. A study conducted by Easton, Martin, and Wilson (2008) measured counselling students perceived counselling self-efficacy at different points during the course of their nine-month internship. The results of this study indicated that throughout the participant's internship experience, their perceived counselling self-efficacy increased. Also, to explore counsellor self-efficacy among counsellors in-training, Heppner, Multon, Gysbers, Ellis, and Zook (1998) examined the role of counsellor self-efficacy in determining the process and outcome of actual career counselling sessions. The authors used a sample of 24 graduate students who were completing their first career counselling practicum and examined the relationship between self-efficacy and counselling processes and outcomes. The results demonstrated that clients of graduate students with higher self-efficacy scores, reported less growth related to their personal control over their career decisions. The authors hypothesized that this result may be because: a) if counsellors feel more self-efficacious in their career counselling skills, their clients' growth in control may be limited b) clients may be more inclined to receive their counsellors' advice if they appear more confident c) clients with lower scores on control may perceive their counsellor to be

more self-efficacious. Additionally, these authors found that the self-efficacy of the counsellors in training significantly increased from pre-practicum to post-practicum which indicated that counselling experience improved self-efficacy. The authors concluded that counselling outcomes are much more complex than simply stating the more self-efficacy a counsellor has, the better.

To examine how trainees' self-efficacy changed when they received their first set of sessions with practicum client, Lent et al., (2009) studied a sample of 98 masters level counselling trainees who were involved in their first practicum. The authors used semi structured, thought-listing methods to investigate how the counselling trainees' experiences with clients affected their self-efficacy beliefs and self-confidence. Specifically, the incidence, size, direction, and sources of change in their self-efficacy were explored. The authors reported that at least two thirds of the participants experienced a small or medium sized change in confidence at each of their first three sessions. Further, the most frequently cited sources of change among the trainees' self-efficacy was the trainees' performance (successful or unsuccessful behaviors by the trainee) and observations about the clients' responses to therapy. Also, participants reported that supervision was a source of change in their self-efficacy beliefs. The authors found that the trainees focused on quite ambiguous cues to gauge a clients' progress and identified a need for clearer performance feedback for trainees.

Summary of Theoretical Basis.

Overall, when comparing studies which examine the Imposter Phenomenon to studies examining self-efficacy, there are noteworthy differences in how each describe self-doubts as an internal experience. Although both constructs have similarities to FOI, neither of these constructs specifically discuss FOI and are used in this study as theoretical models to inform FOI as an experience opposed to being used to directly address FOI. The Imposter Phenomenon describes self-doubts as being a relatively stable personality trait where individuals are either high or low on feelings of being a fraud. In contrast, the construct of self-efficacy conceptualizes self-doubts to be a variable, situationally-based construct that has the potential to change with training, supervision, and counselling experience. The next section of this literature review will outline research exploring FOI in detail.

Past Research Exploring FOI and Professional Self-Doubts

To determine the sources of FOI among therapists, Thériault and Gazzola (2006) interviewed eight experienced therapists. The results demonstrated that FOI stemmed from four main sources each of which included an internal self-doubting response. The four sources of FOI included:

permissible issues, professional issues, process issues, and personal issues. Permissible issues were identified as being the mildest experiences that contributed to FOI and were understood as being “global arguments aimed at normalizing and removing the stigma from feelings of inadequacy and doubt” (p. 318). Examples of permissible issues included when participants conceptualized FOI as an ever-learning experience that was common amongst all humans or as thoughts which acknowledged the ambiguous nature of therapeutic work. Professional issues included times when participants felt they had insufficient knowledge, a lack of training, a lack of related experience working with particular client issues, or a lack of ability to manage administrative duties. Process issues involved situations that stemmed from direct client contact. For example, one process issue that elicited FOI was when therapists were satisfied with their work until receiving negative feedback from clients. Personal issues were identified as affecting participants at the most intense level than each of the previous categories and involved situations when FOI reached their personal experiences and traits. An example of a personal issue that was a source of FOI was when therapists counselled clients with styles of relating and issues that were closely related to their own recent or distant painful experiences.

In concluding, Thériault and Gazzola (2006) suggested that a detailing of known and effective coping mechanisms would improve therapists’ ability to process their FOI.

FOI have been shown to have negative effects on a therapists personal and professional quality of life, specifically contributing to their experiences of stress and burnout. Deutsch (1984) surveyed 264 psychotherapists to investigate the beliefs they held regarding their sources of stress. The results revealed that the stress they experienced was largely due to the irrational belief that they should operate at optimal efficiency and competence with their clients at all times. Further, therapists’ sense of failure relating to the therapeutic process and outcome was shown to be a significant source of stress. Additionally, Farber and Heifetz (1982) investigated the impact of psychotherapy by conducting semi-structured interviews with 60 experienced therapists. Their results indicated that 73.7 percent of their sample reported a “lack of therapeutic success” with their clients which accounted for “the single most stressful aspect of their therapeutic work”. Therapists experiences of burnout were found to be a consequence of the responsibility that the therapeutic relationship demanded of them.

Thériault, Gazzola, and Richardson (2009) examined FOI experienced among a sample of ten novice therapists whose average counselling experience was two years and two months. The authors used semi-structured interviews to collect their data and drew on grounded theory

methodology for analysis. The results indicated that FOI affected the participants' overall self-esteem and judgements about their worth. Additionally, FOI affected the therapists' personal lives and caused the therapists to devalue themselves. However, participants also shared that FOI motivated some learning experiences and increased their self knowledge. In relation to self care, the participants engaged in various methods such as self-soothing internal dialogue, prayer, and meditation to manage FOI. Also, participants shared FOI with individuals in their lives to normalize the experience. Overall, counsellors expressed an increased ability to manage their FOI as they obtained more professional and personal experience.

Despite the negative consequences of FOI, recent research has identified its benefits when therapists are aware of their self-doubts and manage them effectively. Nissen-Lie et al. (2015) examined therapists' ability to cope with their professional self-doubts (PSD) and the effects of their coping strategies on their clients' interpersonal distress. The results revealed that when therapists cope with their PSD using positive strategies such as dealing actively with the problem, seeking consultation and problem solving with the client, the clients interpersonal distress was reduced. In contrast, if they coped with their struggles using negative strategies such as avoiding the problem or acting out frustrations in therapeutic relationship, there was less change in distress among their clients. Related studies exploring PSD have outlined its benefits by demonstrating PSD to be a strong, positive predictor of early patient-rated alliance and patient change in naturalistic psychotherapy (Nissen-Lie et al., 2010; Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013).

Nissen-Lie et al. (2015) defined PSD as the "self-questioning about one's professional efficacy in treating clients" (p. 53) and authors used a questionnaire to explore whether participants were high or low on PSD. This questionnaire included the following nine items: "1) lacking in confidence that you might have a beneficial effect on a patient; 2) unsure how best to deal effectively with a patient; 3) distressed by powerlessness to affect a patient's tragic life situation; 4) disturbed that circumstances in your private life will interfere with your work; 5) in danger of losing control of the therapeutic situation with a patient; 6) afraid that you are doing more harm than good in treating a client; 7) demoralised by your inability to find ways to help a patient; 8) unable to generate sufficient momentum; 9) unable to comprehend the essence of a patient's problems" (p. 53).

Developmental Models Exploring the Internal Experience of Counsellors-in-Training

In this section two developmental models for counsellors-in-training will be presented which include the integrated developmental model (IDM) (Stoltenberg, McNeill, & Delworth, 1998) and the phase model of counsellor development (Rønnestad & Skovholt, 2003). Counsellor development models offer an explanation of counsellor development in a relatively structured succession of change and make an effort to organize the subjective experience of counsellors. The IDM and the phase model for counsellor development offer two perspectives which both provide context into the internal experience of counsellors-in-training experience and the lens in which they use to interpret and manage their self-doubts.

IDM of Counsellor Development.

The IDM is a model that was designed to describe the counsellors development from the perspective of how their supervisors may interact with the supervisees developmental stage. This model is grounded in research that explores the cognitive, motivational, and attitudinal features of counsellors development. The supervisors perspective of a psychotherapists growth is important in this study because each participant is supervised by a Registered Psychotherapist to help facilitate and guide the growth of counselling students completing their internship.

The IDM posits that supervisors conceptualize counsellor development within the lens of three broad structural markers which include a counsellors awareness of self and others; motivation; and autonomy. The counsellors awareness of self and others structure describes the counsellors: understanding of themselves, appreciation for clients worldview, and their flexibility in expanding their own subjective worldview. The motivation structure provides information on the counsellors interest and willingness to engage in training. The impact of amotivation, extrinsic motivation and intrinsic motivation are crucial elements in considering a trainees interest and willingness to develop as a counsellor. Lastly, the autonomy component includes the counsellors level of dependence on their supervisor during their practice. Each of these structural markers include eight domains of functioning which include intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics. Particularly relevant to this study is the analysis of these three structural markers within the context of counsellors in training which typically covers the span of Level 1, 2 and 3. Also included in the IDM model is the level 3i counsellor however, at this stage of development counsellors are considered to be fully functioning across all domains relevant to their practice and are considered experts by their

colleagues which does not accurately reflect the developmental stage of participants included in this study.

Level 1.

Counsellor trainees are understood as being counsellors at the beginning of their masters-level internship experience. During this stage, counsellors are considered to be inexperienced and tend to exhibit behaviours that are reflective of the lack of experience they possess. Stoltenberg, McNeill, & Delworth (1998) suggest that Level 1 counsellors express high levels of worry which is grounded in the counsellors internal perception that they have shortcomings and flaws in their counselling skills. Learning new skills, theories and strategies accounts for a considerable amount of the anxiety and confusion that Level 1 counsellors experience. Further, the level 1 counsellor begins to realize the expectations and responsibilities to perform that are placed on them by themselves, clients and supervisors.

Self and other awareness.

At this stage, counsellor trainees are focused on themselves and express high levels of self-awareness and anxiety regarding both their perceived and actual lack of competence. The concern about incompetence and their lack of ability to be effective can cause confusion about what they should be doing to be more effective. Trainees are focused on absorbing information, learning about the process of counselling, and practically applying their newly acquired skills. Level 1 counsellor trainees are usually focused on how to best utilize and implement the information which leaves little cognitive capacity to consider the client's perspective and processing their own cognitive reactions to their clients. The lack of attention and the low level of awareness of client's experience can also leave the level 1 counsellor at a risk to vicariously experiencing a range of emotions that emanate from the client.

Motivation.

Level 1 trainees tend to exhibit high levels of motivation which is associated with their desire to learn fundamental counselling skills to ease the high levels of anxiety they experience regarding their perceived and actual lack of competence. Additionally, the high levels of motivation appeared to be associated with learning new skills. Interestingly, Stoltenberg, McNeill, & Delworth (1998) noted that as counsellors in training developed more counselling skills, supervisors must be aware of a potential decrease in motivation because confidence in new skills may allow supervisees to become more comfortable in their role as a counsellor.

Autonomy.

At this stage, Level 1 trainees are considered to be low on measures of autonomy and rely heavily on their supervisors as a resource. The style of supervision that trainees in this stage of development prefer is structured, supportive and positive. Throughout this stage, counselling trainees gain more confidence in their skills and may begin to think that their basic counselling skills are sufficient in addressing issues that client's face. At times, trainees may construct a simplistic understanding of the counselling process and undermine the complexities in their work.

Level 2.

Counselors typically progress to Level 2 at the end of their semester-long practicum course (Stoltenberg, McNeild, & Delworth, 1998). The transition from level 1 into level 2 is usually characterized by a moving past the perception of inadequacy and experiencing small successes in the therapeutic process. At level 2, counsellor trainees have been found to over-accommodate the clients and place too much attention on their own perceptions of the client.

Self and others awareness.

At this stage in development, counsellors in-training dedicate less focus on themselves and more focus on the clients. At this stage, over identification with clients and experiences of countertransference are particularly evident with counsellor trainees. Although Level 2 counsellors are experiencing increased empathy for their clients, the over identification and countertransference may obscure their clinical judgement and ability to objectively evaluate the needs and best interventions for clients. As the trainee begins to focus more on the client, the inadequacy that they experience largely revolves around the realization that each client is unique and the application of the skills they are developing are dependent on many contextual factors. Further, the trainee may become more aware and attuned to the client's verbal and nonverbal responses and may experience confusion and frustration when clients indicate displeasure with the therapeutic process.

Motivation.

Level 2 trainees experience fluctuating levels of motivation that are semi-dependent on their levels of confusion and confidence as well as their perceived levels of self-efficacy. Specifically, when a trainee is faced with a challenging circumstance they may either become motivated to overcome the challenge or discouraged whereby they often begin to question their suitability for a career in counselling. To overcome challenges that trainees face at this level, they often seek support from their supervisor. Also, trainees may become motivated to distance themselves from

their role as a counsellor if they begin losing confidence in their skills. Thompson (2004) noted that level 2 trainees may become defensive towards their supervisors and colleagues to protect or conceal their perceived inadequacies.

Autonomy.

Level 2 trainees fluctuate between relying on their supervisor and wanting to exert their independence by avoiding their supervisors' guidance. During this stage of development, counsellors in training will typically consult their supervisor when they are experiencing difficulties with a client but otherwise the trainees will make an attempt to function independently. When seeking supervision, the trainee will either make specific requests for assistance or on occasion they may become evasive even when they need assistance to avoid feeling a lack of control or a sense of incompetence.

Level 3.

The level 3 trainee has developed a broader understanding of the therapeutic process and has gained a deeper appreciation for the complexities in client experiences. Further, trainees' work becomes more efficient and effective as a result of the experience they have accumulated, the feedback they have received and the reflection they have engaged in.

Self- and Other-Awareness.

Similar to counsellors at level 1, level 3 counsellors are very focused on themselves however the self-focus is considerably different. The level 3 counsellor displays an insightful self-awareness that is characterized by a more acute understanding of their own strengths and weaknesses. Additionally, the counsellor is able to dedicate more focus and attention towards the client's experience and incorporate relevant knowledge that they have learned to uniquely support their client. Further, the level 3 counsellor has developed a level of competence and confidence that allows them to readily make use of themselves during sessions.

Motivation.

During level 3 the trainees motivation is largely dedicated towards establishing a professional identity as a counsellor. The motivation has become more internalized than levels 1 and 2 and the counsellor's behaviour is more self-determined. When the level 3 counsellor experiences doubt about their competence, the feelings are not disabling or immobilizing rather they are perceived as an obstacle that must be overcome. Overall, the level 3 counsellor is able to maintain consistency in their motivation and draws on their past therapeutic successes as a source of motivation.

Autonomy.

The level 3 therapist has a firm understanding of when they require consultation from their supervisors and is generally less influenced by the input of others (supervisors or experts). At this stage, counsellors evaluate their work based on the framework that they have established and seek advice to broaden and solidify this framework. However, in certain areas of their practice counsellors may continue to function below level 3 (Eg. Intervention skills competence may be at level 3 yet their assessment techniques may be at level 2). In this case, if a counsellor continues to focus on areas of their development that are more advanced, their autonomy will increase but if they attempt to build competence in areas that are less developed they may begin to rely on their supervisor more for guidance and support.

Phase Model of Counsellor Development.

To examine the unique challenges for counsellors in training and novice therapists it is necessary to examine a model exploring the development of counsellors and therapists. Rønnestad and Skovholt (2003) presented a phase model of counsellors in development based on a cross-sectional and longitudinal qualitative study of the 100 counsellors and outlined six phases which included: the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. For the purpose of this study the phases most relevant to this analysis include the beginning student and the advanced student. The primary experience for beginning students and advanced students is anxiety and questioning ones' competence.

Beginning Student.

The beginning student usually experiences the start of their professional training as exciting but very challenging because they come to the realization that the ways of helping they used before entering a graduate training program in counselling are no longer valid. Beginning students usually experience self-doubts and question whether they have the personal characteristics that are required for becoming an effective counsellor. These self-doubts often leave beginning students feeling vulnerable yet appreciative of support and encouragement they receive from more advanced members of the profession, such as supervisors. Effectiveness is often measured externally through positive and negative feedback from clients and advanced members of the profession which can both calm and elevate a counsellors' self-doubts. Typically, beginner students express feeling threatened and anxious (Skovholt & Rønnestad, 1992).

Advanced Student.

The advanced student phase includes counselling students completing an internship where they receive regular supervision. During this phase students are usually not relaxed and internalize a high standard for professional competence yet come to appreciate the impact of their professional training. Typically, the advanced student still feels vulnerable and seeks feedback from external sources such as their supervisors. Further, they usually experience a state of feeling uncertain about their competence due to their desire to meet professional expectations. Their desire to meet professional expectations is combined with their desire to be autonomous which often results in constant self-evaluation. The developmental journey of the beginning student, the advanced student and the novice professional outlined by Rønnestad and Skovholt (2003) allow for a greater understanding of the unique challenges that counsellors in training and novice therapists experience.

Past Research Exploring Counsellors Experience During Graduate Training

The IDM (Stoltenberg, McNeill, & Delworth, 1998) and the phase model of counsellor development (Rønnestad & Skovholt, 2003) suggest that many developmental changes occur after counsellors completed their graduate school training, however this developmental model did make an explicit distinguish between the development of graduate students in first year versus second year. This section of the literature review will explore studies which examine the experience of the counsellor from the beginning of their graduate training to the end of their practicum experience.

A study by Woodside et al., (2007) explored the experiences of eight counselling students before they began gaining client contact experience at their internships. All the participants were preparing to enter their second-year internship when they were interviewed, and the results yielded seven overarching themes which included: the journey, decision making, self-doubt, counselling is, learning, boundaries, and differences. For majority of the counselling students, the journey to studying counselling began long before entering into the formal training in a program and each of the participants questioned their decision to become a counsellor at least once during the interviews. The authors noted that one theme seemed to permeate throughout each of the six overarching themes which was feelings of self-doubt. Each of the participants expressed feeling worried about lacking the adequate skills and training to counsel clients. The upcoming internship experience in second year was a significant source of self-doubt and several participants indicated

that they managed their performance related doubts with optimism and positive expectations for success.

Granello (2002) sought to gain a deeper understanding of the cognitive development of counselling students in graduate training at three different points in their academic and practical training. Specifically, surveys were administered to 205 counselling students enrolled in either community mental health counselling, clinical mental health counselling, school counselling, rehabilitation counselling, and marriage/family counselling to measure the levels of students' cognitive development. The results indicated that many students in their first year were operating on the assumption that a "truth" exists with regards to the counselling process and they expressed frustration that experts could not provide all the answers. In the second year, students reported being more accepting that multiple truths exist in the counselling process and developed a more flexible way of thinking in their search for obtaining counselling knowledge. Lyons and Hazler (2002) also found that students in the first year of a counselling program improved on both measures of cognitive development and empathy.

A study conducted by Jordan and Kelly (2004) used an open-ended questionnaire to gain an understanding of the topics that beginning counsellors completing their practicum worried about. The sample included 23 graduate students in their first semester counselling practicum course. Participants were asked to list in hierarchical order which areas of their practicum experience caused them to worry the most. The results indicated that the most common source of worry among the participants was worry about their competence and effectiveness as counsellors. The beginning practicum students mention worrying about saying the wrong thing during session, doing the work right and not helping the clients enough. Interestingly, the participants expressed relatively minimal worry about harming clients or committing ethical infractions.

Bischoff, Barton, Thober, and Hawley (2002) performed a qualitative study to explore thirty-nine graduate students' experience during their practicum and the influence of first exposure to clients had on their clinical self-confidence. The authors concluded that increases in clinical self-confidence were the result of an internalization of clinical experience accumulated throughout the practicum which provided a base for counsellors in training to compare their current experiences. In other words, when counsellors in training are faced with a challenging experience they do not have a plethora of past internalized experiences to draw on to increase their confidence. Also, the counsellors-in-training reported that contact with supervisors and peers normalized their feelings of low confidence and the authors recommended that supervisors provide strength-focused

supervision. In instances when counsellors-in-training are provided with excessive negative feedback and when they feel powerless in the relationship, it often leads to feelings of self-doubt (Nelson & Friendlander, 2001).

Unique Challenges for Counsellors-in-Training

Beyond the IDM (Stoltenberg, McNeill, & Delworth, 1998 Rønnestad stage model for counsellor development and Skovholt (2003) phase model of counsellor development, past research indicates that counsellors in graduate training are taught about self-care and self-awareness yet are not provided with sufficient opportunities to practically apply these newly learned strategies. Pompeo and Levitt (2014), demonstrate that graduate counsellor training programs and internship supervisors frequently outline the importance of self-care and self-awareness with students and interns, yet the authors found a disconnect between course material and practical application. Additionally, a study conducted by Skovholt and Rønnestad (2003) suggested that self-care and self-awareness has largely been overlooked among graduate training programs. A more recent study has found that over 70% of Psychology graduate students (clinical/counselling/school) reported a stressor that interfered with their functioning (El-Ghoroury et al., 2012). The authors suggested that educators in these programs need to provide better training for their students in the areas of self-care and self-awareness to help them respond to the demands of their careers.

Regardless of whether training programs and supervisors are providing their students and interns with sufficient knowledge and opportunities to practice and improve their self-care strategies and self-awareness, novice therapists appear to face unique challenges compared to experienced therapists. For example, Orlinsky et al. (1999) found that insecurity, performance anxiety and poor self-perceived mastery of therapy was highest (83.2%) among therapists with 1.33 years of experience or less compared to 52.3% among therapists with five years or more experience. Novice therapists have also been found to lack the experience necessary to implement both effective self-care methods and develop a high level of self-awareness (Knudsen et al., 2013; Mor Barak et al., 2001). Further, past research has demonstrated that novice therapists lack confidence in their skills (Thériault, et al., 2009). For these reasons, novice therapists are at a unique risk of experiencing emotional burnout (Skovholt, Grier, & Hanson., 2001). On top of having a lack of experience and confidence, novice therapists face unique challenges due to their own personal development. A study completed by Skovholt and Rønnestad (2003) examined the

struggles experienced by novice therapists and revealed that they have fragile and incomplete senses of self and have difficulty in recognizing their own emotional states.

Literature Synthesis

Throughout this literature review, FOI among counsellors is broadly understood as a process of negative self appraisal which falls under the umbrella of research exploring the counsellors' self. The internal processes of individual counsellors as well as the qualities that they possess which facilitate change in clients has become an important area of counselling process and outcome research (Aveline, 2005; Cooper, 2004; Mearns & Cooper, 2005). This trend in the literature has been accompanied with advancements in counselling practice standards which are evident in the CRPO's decision to present SEUS as an essential competency (CRPO, 2018) and the regulatory colleges and associations emphasis on professional competencies in self-care and self-reflection (CPA, 2000; APA, 2010; OPQ, n.d.; CRPO, 2015; ACA, 2014). Both, self-care and self-reflective practices highlight the importance of the person of the therapist and their ability to use themselves in an effective way in the therapeutic setting. Further, these concepts demonstrate that it is an ethical imperative for counsellors to be congruent and aware of their internal processes because of the direct effects it has on their clients. Counsellors are clearly in a privileged position and SEUS is one way to ensure that this privilege is not abused and detrimental effects to clients' wellbeing are avoided.

At the beginning of this literature review, the use of self in therapy is highlighted as being critical from an array of theoretical approaches including humanistic (Meador & Rogers, 1984; Rogers, 1961; Rogers, 1980), cognitive behavioural (Dewane, 2006; Laireiter & Willutzki, 2003) and systems therapies (Satir, 1987). Before exploring the experience of FOI as a process of subjective negative self-appraisal, this literature review outlined the knowledge, skills, qualities and actions that make up a competent and effective counsellor to understand the objective criteria in which FOI may derive (Duncan, Miller, Hubble & Wampold, 2010; Lambert, Harmon, Slade, Whipple, & Hawkins, 2005; Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Wampold, 2011; Ackerman & Hilsenroth, 2003; Norcross, 2011). These sections of the literature review provide insight into the many complexities and responsibilities that counsellors hold and areas of their work that may give rise to the FOI they experience.

Next, the theoretical basis of FOI was conceptualized by presenting two related but not identical constructs which were the Imposter Phenomenon (Clance & Imes, 1978) and self-efficacy (Bandura, 1986). The Imposter Phenomenon described self-doubts as a relatively stable

personality trait that can result in the imposter feeling like a fraud or experiencing intellectual phoniness (Clance & Imes, 1978) whereas self-efficacy described self-doubts as being a variable, situationally-based construct that is subject to change based on experience and training (Bandura, 1977). Following the theoretical basis of FOI, past research exploring the sources (Thériault & Gazzola, 2006), the effects (Deutsch, 1984; Thériault, Gazzola & Richardson, 2009), and the benefits (Nissen-Lie et al., 2015; Nissen-Lie et al., 2010; Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013) of FOI were presented and features of PSD's were explored (Nissen-Lie et al., 2015).

Then, developmental models exploring the internal experience of counsellors-in-training were presented to provide a framework for understanding how they may interpret and manage their self-doubts. Models that were examined included the IDM model of counsellor development (Stoltenberg, McNeill, & Delworth, 1998) and the phase model of counsellor development (Rønnestad & Skovholt, 2003). In both models, the experience of the counsellor in training and particularly their self-doubts, were explored. Finally, the unique challenges for counsellors-in-training were outlined which included having a poor-perceived mastery of therapy (Orlinsky, 1999), lacking experience necessary for implementing self-care strategies and developing high self-awareness (Knudsen et al., 2013; Mor Barak et al., 2001), lacking confidence in their skills (Thériault, et al., 2009), and experiencing an intolerance towards their ethical requirements (Jennings, et al., 2005). Based on the literature, it appears that counsellors in training may be at a particular risk to experiencing FOI due to multiple factors and this current study sought to identify the experience of FOI among counselling students and how they managed these experiences.

Research Questions

Two main research questions guided this inquiry: (a) how do masters counselling students completing their internship experience FOI? (b) how do masters counselling students manage the FOI they experience?

The following chapter will outline the methodology used in this study by reviewing the conceptual and interpretive frameworks, thematic analysis as a means collecting and analysing the data, trustworthiness of the data, researcher reflectivity, and researcher as an instrument.

CHAPTER III

METHODOLOGY

This present study seeks to gain an in depth understanding of how counselling interns experience FOI and manage their FOI by identifying themes and patterns related to participants' experiences. A qualitative approach is the most appropriate methodology for answering the research questions because conducting interviews provides an opportunity to comprehend social and personal matters in detail (DiCicco-Bloom & Crabtree, 2006). A qualitative approach is intended to generate complex and rigorous insights into the issue being studied (Creswell, 2013).

Conceptual and Interpretive Frameworks

Qualitative research is an endeavour that incorporates aspects of the researcher's worldview and associated interpretations, providing a basis upon which the research will be conducted and analyzed (Guba & Lincoln, 1994). Being clear and explicit about the conceptual and interpretive frameworks is an essential component of conducting qualitative research (Holloway & Todres, 2003). Theory and methods need to be applied in a rigorous manner and "rigour lies in devising a systematic method whose assumptions are congruent with the way one conceptualizes the subject matter" (Reicher & Taylor, 2005, p. 549). In other words, it is crucial that researchers explicitly state what they are going to do and do what they said they would do (Braun and Clarke, 2006). In striving to abide by these guidelines this study will identify as interpreting the data from an epistemological view of social constructivism and an ontological view of relativism. Related yet distinct in their philosophy of knowledge, the epistemological and ontological stances provide the framework for what falls between the limitations of legitimate inquiry (Guba & Lincoln, 1994).

Epistemology.

Epistemology is formally understood as the study of knowledge. It is concerned with how we come to a meaningful understanding of our world and is "a way of understanding and explaining how I know what I know" (Crotty, 1998, p. 3). At the root of determining an epistemological stance, Guba and Lincoln (1994) assert that the researcher must choose to adopt a stance towards the knowledge obtained from the participants. Social constructivism is the epistemological stance that most closely aligns with my worldview. A social constructivist interpretive lens understands knowledge as being socially created as opposed to being objectively discovered (Schwandt, 2003). Consistent with this understanding of knowledge is the idea that reality is based on the subjective experience of individuals' everyday life occurring within the confines of their own social world and experience (Berger & Luckmann, 1991). Social constructivism functions on the

assumption that knowledge is constructed between the researcher and the participants involved in the study. Each participant's construction of reality is interpreted as not more or less "true," but rather on the basis of being more or less informed or sophisticated (Guba & Lincoln, 1994). In utilizing a social constructivist epistemological framework, I made a conscious effort to recognize my own background and personal experience with the phenomenon and the ways in which this may have shaped the interpretation and meaning that I attributed to participant responses.

Ontology.

Ontology is the "the study of being" (Crotty, 1998, p. 10) and is concerned with the examination of how reality exists and is understood. Two contrasting and polarized perspectives on the continuum of understanding reality that have dominated the modern debate are realism and relativism. Broadly, realism understands reality as being objective and suggests that reality exists regardless of whether it is comprehensible or directly experienceable (Levers, 2013). Andrews (2012) argues that a realist position largely ignores the possibility that the researcher can construct interpretations of the findings and can influence results based on their own social world and interaction with participants. In contrast, relativism posits that multiple realities exist that are subjectively created and thus there can be multiple interpretations of an individual's reality. Although elements of individuals' experiences can be shared, the relativist perspective holds that people experience their external worlds in different ways. Relativism has been criticized as being anti-realist (Craib, 1997) and denying that stable realities exist. However, the purpose of performing research using a relativist ontology is to delve into the subjective experience and understand the unique realities held by each participant, thus appreciating the fluid nature of subjective reality. Using relativism as an ontological approach closely aligns with the social constructivist viewpoint as well as my own personal worldview.

Justification for using Thematic Analysis

In deciding which qualitative approach to use to explore my research questions, I considered using both a phenomenological approach as well as a grounded theory approach. Both phenomenology and grounded theory are interpretive approaches however, phenomenology is used to understand and describe the essence of an experience (Creswell, 2013) whereas grounded theory seeks to understand how the social processes of an experience occur in specific social contexts (Glaser & Strauss, 1967). This fundamental distinction between the two approaches provided the basis for my decision to use an adapted version of grounded theory because this

current study explores how counselling interns experience and manage FOI in and out of the counselling context rather than solely focusing on exploring the phenomenon of FOI.

Upon deciding to use a grounded theory approach, I chose to use an adapted version called thematic analysis (Braun and Clarke, 2006), which applies certain features of grounded theory to identify, organize, and understand common participant experiences. Thematic analysis was chosen because it affords (a) flexibility as well as (b) accessibility to both researchers and readers; it allows for flexibility in a variety of domains including: theoretical/interpretive lens, research question, sample size, data collection, and data analysis (Braun & Clarke, 2017). Thematic analysis is similar to other analytic methods such as discourse analysis, thematic decomposition analysis and interpretive phenomenological analysis, in that it seeks to describe patterns across a qualitative data set. However, thematic analysis differs from these methods in that it is not bounded by a particular theoretical approach (Smith, 2004).

In the typical use of a full grounded theory approach, a substantive theory is developed which involves an in-depth explanation of how each of the categories and themes interrelate to explain the phenomenon and context under examination (Hage, 1972). When using grounded theory, the researcher is expected to continue conducting interviews until no more new data emerge (Strauss & Corbin, 1998). In this study, the goal was to arrive at an understanding of the participants' experiences but did not attempt to reach data saturation or develop a substantive theory due to time constraints and number of participants required to saturate qualitative data. Thematic analysis has shown to be effective with projects with both small and large data sets (Cedervall & Aberg, 2010; Mooney-Somers, Perz, & Ussher, 2008).

Also, thematic analysis allows for flexibility in the choice of either using inductive or deductive approaches to data analysis (Braun & Clarke, 2012). This study applied an inductive approach as its methodological stance by starting with an analysis of the data, drawing specific observations and working towards developing codes, subthemes and themes (Patton, 1990). In other words, this study built upon patterns, categories, and themes from the bottom up and continually worked back and forth between the data and themes established. Inductive approaches have been found to be useful in exploring areas of research that are yet to be explored (Braun & Clarke, 2017) and thematic analysis has been shown to be effective in studies utilizing an inductive approach (Holmqvist & Frisen, 2012).

Thematic analysis was chosen in this study because of the ease of application. As a master's level researcher, I would not consider myself to be an expert in qualitative research methods.

Therefore, the many complexities that exist in conducting qualitative research using a full grounded theory approach may potentially overwhelm my capacity to produce results that are not “vague, mystifying, conceptually challenging and overly complex” (Braun & Clarke, 2012, p. 3). In using thematic analysis, I have been able to provide results that are accessible to a wide audience including both academics and members of the general public. Further, thematic analysis has allowed me to present a clear summary of key features using thick descriptions of the data set and to highlight similarities and differences between participants experiences (Braun & Clarke, 2012; 2013).

Participants

In total, four interviews were conducted with four masters level students attending Counselling Programs in Ontario, Canada. Table 1 (see below) outlines participant characteristics with their associated pseudonym. The demographic form that participants completed prior to their interviews acted as the source for this information. The inclusion criteria for participation within this study was that each participant be in the process of completing their masters counselling internship or have finished their master’s counselling internship within the past six months. Participants were enrolled or had graduated within the past six months from one of the following Universities in Ontario: Western University, St. Paul University, or the University of Toronto. These Universities were selected to ensure that masters counselling programs in Ontario were represented excluding the University of Ottawa to avoid sampling my own student colleagues (CCPA, 2017). Additionally, I made a concerted effort to avoid selecting participants that I knew from another context (e.g. student colleges from past education or professional development events) for ethical reasons. Interviews were conducted from May 2018 to July 2018.

The participants ages ranged from 23-46, with an average age of 30 years old. Three out of the four participants were female. Each participant met the inclusion criteria described in the participants section (refer to the Methodology section). Each participant was in their 2nd year of their Counselling Programs and three out of the four participants identified counselling as their first career. Three of the four participants worked in University/Community internship settings and one participant was completing their internship in a High School setting. Participants provided counselling services to a wide range of client presenting issues, the most common being anxiety, depression and relationship issues. Three of the four participants were completing a Master of Arts in Counselling and the one participant was completing a Master of Education in

Counselling. Each participant identified as using Cognitive-Behavioural Therapy combined with multiple different theoretical approaches when working with clients.

Table 1. Participant Group Profile

Participants	Brody	Lisa	Melanie	Teresa
Gender	M	F	F	F
Age	27	23	24	46
Year of study	2nd	2nd	2nd	2nd
Is counselling your first career?	Yes	Yes	Yes	No
Internship site	University/Community	High School	University/Community	University/Community
Degree	M.Ed. Counselling	MA Counselling	MA Counselling	MA Counselling
General reasons for which your clients seek counselling	Anxiety, Depression, Career, Relationship Issues	Anxiety, Depression, Eating Disorders, Relationship Issues, Social and Emotional Skills, Trauma	Anxiety, Depression, Career, Trauma	Anxiety, Depression, Relationship Issues, Suicidal Thoughts
Preferred theoretical orientation	Personal-Centred, Cognitive Behavioural Psychoanalytic	Cognitive-Behavioural, Solution-Focused, Strength Based	Cognitive-Behavioural, Existential	Person Centred, Schema-Focused Cognitive Therapy, Cognitive-Behavioural Therapy

Measures to Ensure Confidentiality.

To ensure confidentiality, participants involved were assigned a pseudonym and their internship sites were not named. All transcribed interviews were reviewed exclusively by me and the auditor (i.e., my thesis supervisor) and all identifying information was removed or changed. The transcripts, demographic forms and consent forms will be preserved for 10 years in my

supervisor's office in a locked cabinet and subsequently destroyed 10 years after the collection date.

Interview

The original interview protocol was developed through an inductive and deductive process. Each of the questions were developed based on an in-depth review of the current literature related to FOI and counsellors in training. In following the qualitative methodology, I sought to gain a deep understanding of participants experience by facilitating an interview designed to explore this study's research questions. The intention during the first part of the interview was to gain an understanding of the experience of FOI by positioning the discussion on when FOI is experienced, why FOI is experienced and how FOI is experienced. Further, the first set of the interview questions aimed to generate a general discussion on the internship experience by exploring the participants clientele, their supervision and aspects of the internship that they enjoyed/found difficult. Next, the interview progressed into having participants reflect on their experiences of FOI in and out of sessions with clients as well as during their supervision experience. Specifically, the effects of FOI on participants' personal and professional lives was discussed which included but was not limited to their social, emotional, physical, and spiritual experience. Finally, the participants were asked to detail how they managed their FOI and ways in which their program or supervisor contributed to the management of their FOI. The interviews ranged between 59-64 minutes, with an average of 61 minutes.

Pilot Testing.

The interview protocol for this current research study has been piloted by exploring how three counselling students who were completing their internship at the University of Ottawa, experienced and managed their FOI. Each of the participants involved in the pilot project were sent a copy of their responses immediately after the interview was conducted and were also provided with a final copy of the pilot project to validate the accuracy of their responses. Each participant was provided the opportunity to alter their original comments and, in some instances, I adapted the questions to provide a more accurate exploration of the research questions.

Data Collection Procedures

Prior to collecting data, this study was approved by the University of Ottawa's Ethics Committee (see Appendix E for a copy of the REB certificate). This study employed two different recruitment strategies to collect participants and, in both cases, participants received a recruitment text (Appendix A). The recruitment text included a brief introduction to my supervisor and I, a

general description of the study, the general requirements for participation, and contact information should participants require additional information. In the first recruitment strategy, I sent the recruitment text to counselling students at each of the universities included through Facebook. Specifically, I accessed the Counselling Psychology programs' Facebook groups and asked the group administrators to distribute the recruitment text to members of the Counselling Psychology group. In the second recruitment strategy, I asked the Director of an internship site to distribute the recruitment text to students who were currently completing their internships or had completed their internships in the past six months at the site. The selection of participants was based on a first come/first serve basis. Upon distributing the recruitment text using the two recruitment strategies, potential participants contacted me through email to express their interest in participating. I responded to each potential participant by thanking them for their interest and verifying that they met the inclusion criteria for the study. The first four individuals to express interest and meet the inclusion criteria were provided with additional information on the purpose, the general requirements for their participation and a copy of the interview questions (Appendix D). Upon receiving the additional information, the first four individuals to contact me agreed to participate.

Depending on the individual comfort and availability of each participant, participants either participated in an interview in person or over the phone. Two interviews took place over the phone and two interviews took place in person. All of the interviews took place at a time that was convenient for the participants. Before the interview took place, participants were provided with two copies of an Informed Consent form (Appendix B) and a demographic questionnaire (Appendix C). Each participant and I signed both copies of the informed consent and we each kept one copy of the document. As this is an exploratory qualitative research study, the information obtained from the demographic form was not analyzed for statistical significance and was used as descriptive data to better understand the unique experiences of each participant. At the beginning of the interview, I briefly explained the purpose of the study, provided a definition of FOI and invited participants to ask questions throughout the interview. Additionally, I informed the participants that the interview would be in a semi-structured format with open-ended prompts.

After each interview, each participant was thanked for their participation in the study and were provided with an opportunity to debrief on their experience during the interview. Each interview lasted between 60-90 minutes. Participants were all notified that I would remain in contact with them as I proceeded with the study and were invited to contact me at any point if they wanted to

alter the responses they initially provided. None of the participants contacted me to change their initial answers to the questions. Participants were informed that they would receive an electronic copy of the study when it was completed. Each interview was audio recorded on a separate device using a program called *Audacity* and transcribed verbatim (Corbin & Strauss, 1998). After each interview, I transcribed the audio recordings verbatim and reproduced all spoken words, sounds, and subtle actions that indicated meaning. As noted by Edwards and Lampert (1993), there are many forms of transcription and the level of detail provided in the transcription method used in this present study sufficiently met the standards set by Braun and Clarke (2012).

Data Analysis

To analyze the data, this researcher followed Braun and Clarke's (2006) six phase approach to thematic analysis. The six phases of analysis included: 1) Familiarization with the data 2) Generating initial codes 3) Searching for themes 4) Reviewing themes 5) Defining and naming themes 6) Writing up. The aim of using thematic analysis was to understand the relationships between categories and categories, between categories and concepts, and between concepts and concepts in the real data (Braun & Clarke, 2006). At varying phases of analysis, an open and axial coding method were applied as well as a constant comparative approach.

According to Strauss and Corbin (1990), open coding refers to "the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (p. 61) and axial coding refers to "a set of procedures whereby data are put back together in new ways after open coding by making connections between categories" (p. 96). The constant comparative approach involved the continual attempts to pull information from the transcripts to provide insight into the categories being explored (Glaser & Strauss, 1967). Throughout each level of analysis to interpretation, my supervisor reviewed the data and independently audited my codes to ensure research accountability.

Phase 1: Familiarization with the data.

To begin, I familiarized myself with the data by reading and re-reading transcribed data sets. As I read the data, I made substantial notes to document all items of potential interest. The notes that I took from the transcribed interviews included both an understanding of the surface meaning as well as a more analytical/critical understanding of the latent meanings of the words. At this stage of the analysis, I became aware of aspects of the transcribed data which were relevant to my research questions while maintaining an observational and casual lens of analysis (Braun & Clarke, 2006).

Phase 2: Generating initial codes.

Upon familiarizing myself with the data I began to generate the initial codes which are described by Braun and Clarke (2012) as being the building blocks of the analysis process. To do so I began by identifying areas of the transcript that were potentially relevant to the research question and marked them. Next, I reviewed each of the marked areas of text to confirm their relevance and started to apply associated initial codes to each. I repeated this process throughout each of the data sets and continually modified existing codes as I collected new material. Afterwards, I provided an interpretation of the data and used open coding methods to draw out some preliminary categories of information that were supported by the transcripts. The initial codes generated were identified at the semantic and the latent levels of meaning. I completed this phase by reading and re reading each data item that held significance to my research questions and reviewed the associated initial codes to ensure that they accurately represented participants responses.

Phase 3: Searching for themes.

At this phase of the analysis, the initial codes start to be transformed from initial codes to broader themes. According to Braun and Clarke (2006) a theme “captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (p. 82). To begin, I reviewed the initial codes in a pursuit of finding areas that overlapped and began to sort these into broad themes based on the similar components. This process involved a clustering of the initial codes that were obviously related and working my way towards the less obvious relations in the initial codes. To help cluster the initial codes, I combined the codes into a thematic map which was useful in providing a broad framework that unified the initial codes. Next, I built on this thematic map to find the relations between each of the themes with the goal of constructing an overall story about the data. Although the themes were distinctive to some extent, most of which provided some insight into each other. Initial codes that clearly did not fit into any of the categories were placed on a list of miscellaneous initial codes to be either used in the later stages of analysis or to be discarded if still identified as not fitting any of the provisional themes.

Phase 4: Reviewing themes.

Upon completing the initial search for initial themes, I began the process of reviewing potential themes. During this phase, the developing themes were reviewed and compared to the coded data and entire data set. Each theme was individually checked against the data and areas of the data

that did not fit into the initial themes were set aside and tested against other initial themes. To ensure that the data was not forced into initial themes, I continually asked myself if the initial themes were just codes and was willing to discard initial themes that would not fit into the analysis. Also, I set inclusion and exclusion boundaries for each of the initial themes and provided meaningful data to support the construction of themes that were thick in description. Next, I completed a final read through of the data set to determine if the initial themes captured the most relevant elements of the data and related to the research questions in a comprehensive and cohesive manner.

Phase 5: Defining and naming themes.

To define and name the themes, I followed three main premises set out by Braun and Clarke (2012) which included presenting themes: (a) that have a singular focus (b) are related but do not overlap and (c) clearly address the research questions. Each of the themes defined had both a clear focus and built on the previous themes identified. The overarching themes presented also have subthemes within them to address different angles of the research questions at hand. At this stage of the analysis, detail is critical and the selected extracts from the data set must clearly align with the theme constructed. Each of the quotes selected provide the basis for the data narrative (Braun & Clarke, 2006) and the analysis of the data seeks to inform what is compelling about the theme (Braun & Clarke, 2013). This information was situated in both the surface and latent meanings behind the data as well as the broader research questions and scholarly literature in the field.

Phase 6: Writing up.

The last phase of the analysis involved integrating material that had been written throughout the past five phases into a compelling story about the data (Braun & Clarke, 2012). While preparing the research in a written format, an argument was presented that provided a detailed response to each research questions in this study. I presented each of the themes in a manner whereby previous themes were built upon each other to provide a logical connection between themes.

Trustworthiness of the Data

The trustworthiness of a study refers to the process of demonstrating that the results are true and have a basis for application (Lincoln & Guba, 1985). Certain measures must be taken to demonstrate that the results yielded are trustworthy. To explore the trustworthiness of a qualitative study it is necessary to consider the criteria of transferability, credibility, dependability, and confirmability to ensure that the results are valid and reliable (Lincoln & Guba, 1985).

To ensure the *transferability* of these findings, I interviewed participants from a variety of Canadian Universities and each of which provided thick descriptions of their experience with FOI (Lincoln & Guba, 1985). Thick descriptions allow readers to understand the information provided in a way that is transferable to other contexts and settings (Strauss & Corbin, 1998). To ensure credibility or the “fit” between participants’ views and the researcher’s representation of them (Tobin & Begley, 2004), Creswell (2007) recommends that the researcher engages in at least two validation procedures. While conducting this study a number of different procedures were put into place to ensure that the results were credible which included: conducting a pilot project, debriefing, having my supervisor audit my codes, and using a reflective journal. However, I was unable to apply all of Creswell’s (2013) recommended validation strategies such as prolonged engagement and persistent observation in the field due to the limited timeline for this study.

Debriefing.

Throughout the data collection and analysis, I engaged in debriefing with selected members of the Counselling and Psychotherapy Research Team at the University of Ottawa which allowed me to provide an external check on the research process. The role of the members of this research team was to provide support and challenge my interpretations (Lincoln & Guba, 1995). Additionally, members of my research committee provided an expert opinion on the construct of feelings of incompetence to ensure that the findings corresponded with their conceptual understanding of the phenomenon being explored.

Auditing

Koch (2006) explained that the trustworthiness of a study can be enhanced if an auditor reviews each stage of the analysis and provides feedback regarding the events, influences and actions of the researcher. Further, the role of an auditor is to critically examine the research process and provide suggestions to improve the study’s methodology, findings and conclusion. For the purposes of this study, my supervisor contributed a crucial role as the auditor because of his familiarity with conducting qualitative research exploring FOI among therapists and his experience in drawing from a grounded theory methodological approach. As the auditor, my supervisor judged whether the findings and interpretations were grounded in the participants experience. Specifically, during the auditing process, my supervisor reviewed my open and axial codes as well as each of my thematic labels to ensure accuracy and consistency (Lincoln & Guba, 1985). Akkerman et al (2006) described the auditing process as a necessary measure to assure quality in qualitative studies. Since the process of conducting qualitative research may involve the

subjective interpretations of the researcher (Merriam, 1998), the auditing process was utilized to ensure that the data collected and analyzed was unbiased. When the auditor disagreed with methodological choices or interpretations of the data, he provided recommendations to improve the trustworthiness of the study.

Reflective Journal.

To achieve dependability and confirmability I kept a self-critical account of the research process by completing a reflexive journal to document my internal and external dialogue (Tobin & Begley, 2004). Guba (1981) noted that researchers must maintain an awareness of their own influences while collecting and analyzing the data and suggested that engaging in a reflexive analysis is important to ensuring confirmability. In this reflective journal I made an effort to document moments when I felt that my own personal bias was informing my understanding of feelings of incompetence and how it was managed. I used this reflective journal to influence each of my subsequent interview by incorporating information that I observed and reflected on during and immediately after the previous interviews. Additionally, Koch (2006) suggested including markers to justify the theoretical, methodological and analytical decisions throughout the entire study to enhance the confirmability. Throughout the data collection and analysis, I took notes to document my justification for making certain decisions.

Researcher Reflectivity

In the process of conducting qualitative research, the researcher is the primary instrument in the collection and analysis of the data (Berg, 2001). As the primary researcher, I was heavily involved in the procedures associated with data collection and analysis. Specifically, I invited participants to participate in this study; explained the purpose of the study; provided them with an informed consent and a demographic form; and I conducted, transcribed, and analyzed the data. In a qualitative research, inquiry is inevitably a value-laden process and remaining absolutely objective is nearly impossible (Schwandt, Lincoln, Guba, & Mathison, 2007).

Personal Experience.

My interest in this topic stems from my experience as a master's student studying Counselling Psychology and my own master's internship experience. As a master's student studying Counselling Psychology, I have had the opportunity to complete graduate level courses on the theoretical basis of counselling; child and adult psychopathology; core ethical obligations that guide mental health practitioners; and foundational tests and assessment tools used for measuring and observing child and adult behaviour to arrive at a diagnosis and to guide treatment. During my

master's internship I have served the mental health needs of youth at an accredited children's mental health centre. Throughout my studies and during my internship, I have received extensive training, supervision and support from exceptionally skilled Psychologists and Psychotherapists, yet I continue to experience FOI and must employ strategies to manage these experiences.

Despite learning a tremendous amount during my graduate course work and my internship, I routinely found myself questioning my ability as a counsellor and doubting my personal and professional capacities to perform effective mental health services to my clients. My experience as a counsellor-in-training, which was laden with moments of struggle and triumph, has brought into question what the internal subjective experience of other developing counsellors was. Specifically, I became interested in how other counselling students completing their internship experienced self-doubts or feelings of incompetence (FOI) and how they navigated this personal and professional terrain.

Researcher as Instrument

An acknowledgment of my past experiences and the biases I may hold because of my master's counselling training and the FOI that I have experienced in my personal and professional life, has allowed me to stay fully engaged during the interviews and data analysis. However, in acknowledging the potential biases that I hold, it is important to note that I did not attempt to fully bracket these biases because I fundamentally believe that it is impossible to fully suspend my prior understanding of FOI. To support this claim, Merriam (1998) suggests that because qualitative research is a value laden process, our own subjective biases and their impact on the research can never be fully accounted for. However, in acknowledging my interpretive framework as well as my positionality and the associated assumptions, I am notifying the reader of the lens I bring to the analysis. Specifically, my positionality, as outlined above, has inevitably had an effect on several processes involved in the construction of this study such as: the patterns of reading the existing literature; the questions and responses to participants during the interview; the interpretive and conceptual lens I chose to analyze the research with and; the final write up of the results and discussion sections.

To manage the FOI that I experienced during my internship, I engaged in several different strategies which mitigated its effects on my therapeutic work with clients. When I experienced FOI in my internship, I debriefed with my supervisors, my colleagues, and my family/friends and each support network helped me to handle my experiences in different ways. My supervisor empathized with my experience and made attempts to explore the scenarios in which the FOI

arose. Personally, FOI appeared when I worked with certain client presenting issues and my supervisor provided me with extensive reading material to prepare for these sessions which helped me to manage the FOI I was experiencing. My supervisor presented a welcoming approach to my disclosure of FOI however, I often felt uncomfortable sharing my FOI if it arose from certain domains that I felt I should have competence in due to past training and experience. My colleagues, family and friends supported me in managing my FOI by validating my experience and reassuring me that the self-doubts that I experienced were part of the process. My colleagues often shared their own experiences with FOI to normalize my own experience of FOI.

The following chapter will outline the study's results by presenting a list of four overarching main themes each of which consisting of between five to eight associated subthemes. The results presented in this section demonstrate the responses from the four participants as they relate to the FOI they experienced during their internship and how they managed the FOI.

CHAPTER IV

RESULTS

The purpose of this study was to explore FOI experienced by master's Counselling students completing their internship. Specifically, this study aimed to understand the personal and professional effects of FOI and how FOI were managed among the participants. This study used thematic analysis, inspired by grounded theory, to collect and analyze the data (Braun and Clarke, 2006). Two main research questions guided this inquiry (a) How do masters counselling students completing their internship experience FOI? (b) How do masters counselling students manage the FOI they experience?

Four main themes and twenty-nine subthemes emerged from the data analysis (refer to Appendix E for complete list of open and axial codes). The four main themes were: **(1)** the experience of FOI, which included eight subthemes **(2)** the effects of FOI, which included eight subthemes **(3)** the management of FOI, which included six subthemes, and **(4)** seeking support for FOI, which included eight subthemes. To summarize, the following table outlines the four main themes and the associated subthemes to provide a visual representation of the results (See Table 2).

Table 2. Summary of Main Themes and Subthemes of FOI among Counselling Interns

Main Themes	Categories	Subthemes
1) Experience of FOI	When were FOI experienced	A) Particular client presenting issues B) Client issues that counsellors themselves had not overcome or addressed C) Limited or no past professional experience working with client issues D) At the beginning of the internship
	Why were FOI experienced	E) Desire to be more effective and do more for clients F) Supervisor expectations
	How were FOI experienced	G) FOI as a constant H) FOI as a fluctuating experience that was dependent upon the context
2) Effects of FOI	In-Session Effects	A) Feeling withdrawn and questioning how to proceed with clients B) Feeling less present with clients
	Outside of Session Effects	C) Engaging in negative self-talk and avoiding self-care D) Questioning career choice E) Withdrawing from supports F) Feeling humbled
	Motivation	G) Learning more to benefit the client H) Deepening understanding of personal experience
3) Management of FOI		A) Accepting developmental stage as counsellors in-training B) Facing the FOI C) Gaining more direct client contact

4) Seeking Supports for FOI	Supervisor	D) Modifying behaviour/adapting approach used with client E) Avoiding negative self-talk and engaging in diverse set of self-care methods F) Addressing personal issues affecting therapeutic work
	Peers	A) Qualities and actions that normalize the experience of FOI B) Difficulties internalizing positive feedback C) Desiring practical advice/suggestions D) Attempting to mask and compensate for FOI E) Qualities and actions that normalize the experience of FOI F) Opportunities to learn G) Peers as sources of FOI

In this chapter I will present the results by summarizing the main themes and exploring them through a combination of data extracts/participant verbatim, which capture the essence of the main theme. Also, I will provide analytic narratives which will describe the data, provide an interpretation of the data, and link the data to the over arching research questions in this study. Corresponding with each main theme, I will present the subthemes and explore the various dimensions of each to provide an in-depth analysis of the data.

Main Theme 1: Experience of FOI (8 Subthemes)

The following three categories emerged which address participants' experience of FOI: **when** are FOI experienced, **why** is FOI experienced and **how** are FOI experienced. Each of these categories included subthemes which divide participants' experience and address the overarching theme of experience of FOI.

When was FOI experienced.

In addressing these different perspectives included in the experience of FOI, the participants reported that they experienced FOI when they were working with: **(a)** particular client presenting issues, **(b)** client issues that had not been personally overcome/addressed, **(c)** client issues that

they had limited or no past professional experience working with and **(d)** at the beginning of their internship. Each subtheme will include a detailed explanation below.

Subtheme 1A. Particular client presenting issues. When discussing the experience of FOI, the participants reported that they felt that their FOI occurred when working with specific client issues. Although the client presenting issues that participants struggled to work with were different in their nature and presentation, the following statements illustrate the participants' experiences of being particularly challenged with certain issues. For example, Brody commented that he experienced FOI when he worked with clients struggling with social anxiety and his desire for the sessions to proceed in a more fluid manner.

So, you asked what was difficult. I think working with clients with social anxiety was difficult on a couple of occasions because they are socially anxious, so it is difficult for them to open up and things don't flow as well with them. [Brody]

The second quote demonstrates Lisa's difficulty when she worked with clients who have eating disorders. Lisa acknowledges that she felt that she did not know information that would have been helpful for her client's treatment.

I have one client who came in recovering from an eating disorder, and that was something that was outside of my realm [Lisa]

Melanie expressed apprehensiveness about working with a client in distress because she was not comfortable conducting a suicide risk assessment. Specifically, Melanie expressed the boundaries to her professional competence and highlighted her fear surrounding the possibility of working with a client outside of her perceived range of professional competence.

I was lucky because my first client was only career based and so she wasn't in distress. But God knows if I got someone in distress. I wasn't comfortable doing a suicide risk assessment. [Melanie]

Subtheme 1B. Client issues that counsellors themselves had not overcome or addressed.

When asked about their experience of FOI in session with clients, all of the participants cited FOI as occurring when they worked with client issues that were yet to be resolved in their own personal life. For example, Brody discussed his difficulties working with middle aged clients struggling with marital issues due to his personal experience with relationships.

I feel that when I'm working with people who are in there 30's, who are married and are talking about their marriage or when people are talking about their long-term relationships. It's like, I've never even been in a relationship for more than a year, so I feel like, what am I supposed to do for these people? I can't even get this own area of my life sorted out and so this was always a common thing. I would often work with clients struggling with the same similar sorts of things that I am struggling with. You know, some issues were similar in ways and I feel like sometimes I would identify with the clients on a personal level, but I would be like I don't know what I can do for this person because I can't get this sorted out in my own life. [Brody]

Personal experience managing the similar issues that clients were struggling with appeared to provide the participants with more confidence in their professional judgement in the therapeutic setting. Brody was able to articulate a specific example of client issues that were particularly challenging and brought about a higher level of FOI whereas in the quote below Teresa broadly explained that her FOI intensified when client issues overlap with her unresolved personal issues. Later in the interview, Teresa explained that her professors reinforced the importance of overcoming personal issues and seemed to set an expectation which acted as a motivation for Teresa to overcome personal issues.

Well especially when there are issues that ring close to home. Like issues that I have not addressed yet or issues that I haven't found a solution on yet for myself. [Teresa]

I feel like when clients are struggling with the issues I struggle with, the incompetence is more intense for me. The teachers in the program have said that you can't bring the client further than where you are in your own life. So, I think that if I haven't overcome this in my own life, how can I help clients? [Teresa]

Subtheme 1C. Limited or no past professional experience working with client issues.

Participants' FOI appeared to be more prominent when working with client issues that they had limited or no past professional experience working with. Melanie described learning many foundational theories during her graduate studies which complemented her professional work with clients, but she experienced FOI because she felt that she could not master or be sufficiently confident putting into practice any of the theories she learned. Further, Melanie suggested that she did not have enough past professional experience to have a valid clinical opinion. Last, Lisa describes that she is new to the profession and does not know as much as she would like to know.

I feel like that is where the FOI comes because you can't feel like you are a master in at least one (of the theories). [Melanie]

I was like I don't even know what my clinical intuition is. [Melanie]

I'm like, this is new to me. Like I know a little bit, but I don't know as much as, you know, maybe I would like to. [Lisa]

Also, the participants often described their professional competencies in terms of what they were able to provide to their clients. For example, Lisa experienced FOI when working with children and parents and particularly when she lacked knowledge about external resources that may have been helpful for managing their children's mental health issues. The FOI were broadly captured in when Lisa acknowledged not being as familiar in a certain area as she would have liked to be, and she expressed a desire to gain more professional knowledge to become more competent.

I would have to say the resources that I could suggest to either them or the parent, because I am not as familiar with the area and so I wish that I could kind of have a little bit more of a background in what even this community has to offer that I could offer students. [Lisa]

Subtheme 1D. At the beginning of the internship. As the participants gained more professional experience, their perceived competence seemed to increase. However, at the beginning of the internship, participants felt that they were experiencing elevated levels of FOI. Lisa explained feeling nervous when meeting clients for the first time and Melanie expressed that she felt that she did not know what she was doing at the beginning of the internship.

Definitely more (FOI) towards the beginning. [Lisa]

At the beginning it was definitely nerve wracking, and the first few sessions were interesting because it was a little shaky because you are meeting clients for the first time. [Lisa]

Off the start I felt very incompetent. I felt like I was not knowing what I was doing. [Melanie]

Brody and Teresa explained that they felt that they entered the internship experience, and particularly their work with clients at the internship, without adequate training. Both participants noted that this was a stressful and anxious time of their development as counsellors in training.

A bunch of the students would talk about how we felt that we were just being thrown into the internship experience and the profession as a whole without the adequate training. So much anxiety when we first started. [Brody]

At the very beginning it was very stressful because I didn't feel like I was ready, but we were being pushed to have clients when we were still learning. [Teresa]

As participants retrospectively reflected on their internal experience at the beginning of their internships, they expressed feeling much more FOI at the beginning compared to months into their internship which was outlined in a quote from Melanie. Additionally, Brody provided insight into the broader context of feeling insecure about one's abilities when beginning any task.

At the beginning, at the beginning for sure. I still feel incompetent, but I feel like I don't feel as incompetent. [Melanie]

Whenever you start something new, of course you're going to feel insecure about it. [Brody]

Why FOI was experienced.

Participants reported feeling FOI for two main reasons that centred around their work with clients and their supervision from their supervisors. Specifically, the participants reported that they experienced FOI because they had a: **(e)** desire to be more effective and do more for clients and because of their **(f)** supervisors expectations.

Subtheme 1E: Desire to be more effective and do more for clients. Each of the participants expressed a fear about not being effective with their clients and feeling that their current interventions did not meet the objective standard of effective therapy. Professional ability was often determined by therapeutic productivity and the client's growth in session appeared to be internalized as being the sole responsibility of the participants. In the first two quotes below, Brody and Melanie expressed concern and fear that their efforts were not satisfactory in meeting the client's therapeutic needs. In the third quote, Melanie presented the notion of 'fixing' clients and displayed a desire to have a concrete measure of productivity and an explicit measure to gauge success with her clients in an effort to relieve the FOI she experienced.

My main concern was that I would feel like I am not doing anything for my clients. [Brody]

just fear, fear that I am not doing a good job. [Melanie]

So, if I can not fix someone then immediately the incompetence comes in, because I'm like- well I didn't do anything productive. [Melanie]

Additionally, a common thread that characterized this subtheme was when participants undermined their current efforts to provide effective treatment. Despite having an overwhelming day and dedicating extensive effort to ensuring clients' wellbeing, Lisa maintained that her FOI remained. Further, Lisa sought to do more for her clients and was brainstorming ways in which she could better support her clients. In the last quote of this section, Brody reiterated this willingness to support clients and expressed his fear of not knowing what to do for clients.

I felt like I didn't do very much that day, considering how much went on and whatever. [Lisa]

I've been at school for awhile, but I am still new right. I'm like- how do I help? What can I do to help? What can I do? [Lisa]

shit I have this session tomorrow and I don't know what the hell I am going to do for them. I don't know what I am going to do. [Brody]

Interestingly, Melanie conceptualized her desire to be more effective with clients as being based on her own agenda and reflected on the moment when she stepped back and began to question her emphasis on pursuing therapeutic productivity.

But then that's based on my own agenda. I think that the building up, slowly becomes like, why, what am I doing? [Melanie]

Subtheme 1F: Supervisor expectations. The expectations placed on the participants by their supervisors seemed to create an atmosphere of evaluation which often left the Counselling students feeling pressured to uphold both their supervisors' standards as well as the standards of the profession. Melanie expressed feeling that her supervisors demonstrated an environment where she felt monitored yet felt that she did not know exactly what expectations were being communicated to her. In other words, Melanie felt that the expectations that her supervisors provided her with were ambiguous.

They give you all these expectations and say like, we are watching you. [Melanie]

There was this expectation to hold, there is always this expectation to hold but you do not really know what that expectation is. [Melanie]

To elaborate on the supervisory relationship and how it contributed to students FOI, the participants discussed the dual role that their supervisors held in their professional development. Brody and Melanie expressed difficulties in navigating the tension between being supported as well as evaluated by their supervisors.

It can be a little bit uncomfortable because they are evaluating you. Hmm (Pause for 5 seconds) I guess because they are evaluating there is some anxiety associated with the evaluation. I wanted to be as open as possible but was also nervous about receiving a negative evaluation. [Brody]

they tell us that they are there to support us and say- we are there to support you, but also on the other hand it's like we are here to watch you and to evaluate you. [Melanie]

How were FOI experienced.

Each participant discussed the ways in which their FOI presented, and responses were not mutually exclusive. In other words, participants discussed their FOI as manifesting in different forms and FOI was not necessarily experienced one way for one participant and another way for another participant. Instead, the participants explained FOI as occurring differently at different times and in different contexts. The participants described experiencing **(g)** FOI as a constant **(h)** FOI as a fluctuating experience that was dependent upon the context.

Subtheme 1G: FOI as a constant. All of the participants described their experience of FOI as being continuous and more of an overall feeling that permeated throughout their internship. Melanie and Brody suggested that they consistently experienced FOI during their internship.

All the time. All the time. [Melanie]

I always had doubts and feelings like I was incompetent during my internship. I think this is something that I struggle with always. [Brody]

Similarly, Teresa felt that the FOI she experienced was more of an overall feeling opposed to being present in specific moments. Also, Teresa noted that the FOI she experienced was always something she felt had to be managed. In an attempt to determine the specific moments when FOI were most clearly present Teresa stated that FOI was an experience she felt on her way to class, during class and sometimes after class.

It's (FOI) not a specific moment but it's more of an overall feeling that I have to manage. [Teresa]

Its (FOI) on the way to class. And during. And sometime after. [Teresa]

Subtheme 1H: FOI as a fluctuating experience that was dependent upon the context. The experience of FOI was also described as differing in intensity based on certain times during the internship. Brody described being more or less confident at specific times in the semester and Melanie experienced FOI as slowly building up over time. Both participants subsequently questioned their ability to provide effective services to their clients while determining how their FOI manifested.

It (FOI) would definitely oscillate and sometimes I would feel pretty confident. After the first week or so I was feeling pretty good but then I would get back into having self-doubts and doubting my abilities and feeling that I am not doing anything.
[Brody]

I think it's the little bits, because it will be one session here I will be like- I don't know what I did, I don't know if they found it interesting, I don't know if it helped a little.
[Melanie]

Lisa deliberated that the FOI she experienced was dependent on the client. In acknowledging that each client presents unique challenges, Lisa found that her FOI was experienced on a case by case basis.

I find that the difficulty comes by a case by case basis. It is nothing that is like over all, because every case is so different, especially with children and youth [Lisa]

Main Theme 2: Effects of FOI (8 Subthemes)

The following three categories emerged which address the effects of FOI among participants: **in-session** effects of FOI, **outside of session** effects of FOI, FOI as **motivator**. Each of these categories included subthemes which divide participant experiences and address the overarching theme of effects of FOI.

In-Session Effects of FOI.

Each participant reported experiencing in session effects of their FOI and elaborated on how the effects impacted their work with clients. Specifically, the participants reported that the in-

session effects of FOI they experienced were: **(a)** feeling withdrawn and questioning how to proceed with client and **(b)** feeling less present with clients.

Subtheme 2A: *Feeling withdrawn and questioning how to proceed with clients.* Participants reported feeling that the FOI they experienced left them feeling very in their head and their thought processes had them questioning how to move forward with their clients. In the first quote Lisa explained feeling as if the FOI was in her head and she had racing thoughts which left her questioning her next steps with the client.

I really feel like it (FOI) was in my head. [Lisa]

but in your head, you are going a mile a minute, and it's like what am I going to do with this student now. [Lisa]

Likewise, the other participants reported experiencing the same effects of being in their head and seemed to express feeling discouragement and helplessness in their reactions to feeling withdrawn. In the last quote, Brody eluded to the effects that feeling withdrawn has on the client and the therapeutic process as a whole.

sometimes I can get into my head and I don't know what to say. [Melanie]

then I freak out about not knowing what to say. [Melanie]

I let the clients talk, but in my head, I am thinking, what do I start with? What approach do I use? [Teresa]

I feel like I withdrawal into my head and I start thinking- shit what do I do now?
[Brody]

Subtheme 2B: *Feeling less present with clients.* Each participant described feeling that their FOI made them dedicate focus on themselves which resulted in a decreased sense of presence with their clients. The participants reported an awareness of not being present with their clients and described feeling restless, and self-conscious when they were experiencing FOI. Teresa discussed feeling that as time passed she was able to dedicate less focus on herself and her FOI and more focus on her clients. Also, throughout Melanie's interview she discussed how she wanted to avoid the embarrassment of FOI and preserve her ego.

I felt a bit restless and I felt bad because I knew that I wasn't fully present at the time.
[Brody]

I was more focused on my thoughts or how I looked than my session with the client. But over time, I didn't see myself over time and I could re-focus my attention on the client. [Teresa]

Again, it is hard to be there for the client when you feel you don't know how to do this and thinking- I don't want to embarrass myself. [Melanie]

Additionally, Melanie described the FOI she experienced as being toxic because of the effects it had on her attention to the client. Melanie expressed feeling that her agenda became more important than the clients and that when she experiences FOI in-session with clients an intern and client role reversal takes place. Thus, the client takes on the role of the counsellor to make the intern feel less incompetent. In the last quote, Brody expresses that he felt that his FOI disengaged him from his clients.

I think it's (FOI) toxic because we're never really with our clients, we're always worrying about us and our agenda. [Melanie]

I think that it (FOI) removes me, and it makes me not present. It makes me feel like the clients become the counsellors. [Melanie]

You know that (FOI) disengages you from the person. [Brody]

Outside of Session Effects.

The participants described experiencing effects of FOI that occurred outside of their sessions with clients which included: **(c)** engaging in negative self-talk and avoiding self-care **(d)** questioning career choice **(e)** withdrawing from supports **(f)** feeling humbled

Subtheme 2C: Engaging in negative self-talk and avoiding self-care. Each of the participants reported feeling that when outside of sessions with clients they criticized themselves and questioned their abilities. Lisa described the negative self-talk as being a voice that makes her question her past decision and doubt her work in-session with clients. She elaborated later in the interview by stating that she believes that FOI can be a personal quality that communicates the message to her of not being good enough.

But definitely afterwards, outside of the session, that's when the voice came back, and it was like did I do that right? Should I have done things different? [Lisa]

And this is just a personal thing that portrays that I am not good enough that goes through my head [Lisa]

Melanie felt that the FOI resulted in her adopting a negative inner dialogue which acted as a hindrance to the amount of self-care she engaged in. Melanie described feeling that her FOI would convince her that she is not good at anything and as a result she would dwell on this negative-self talk and avoid self-care.

Is it helping? I think that it (FOI) can really hinder the amount of self-care you give. It (FOI) can make you feel less self compassionate and much more critical on yourself. [Melanie]

I think that I dwell on it too much. Like I don't really notice self care because I am in my own space of feeling incompetent and I think I am good at nothing. [Melanie]

it made me not partake in self care and I became more emotional, more not in tune with myself, because I would just avoid, avoid, avoid, and stay in that space where its like don't think about it, it's fine it's fine it's fine. [Melanie]

Subtheme 2D: Questioning career choice. When asked about the personal and professional effects of FOI, each of the participants discussed moments when they questioned if counselling was the right career for them. When discussing these experiences, it appeared that participants questioned their suitability for the profession at times when they were discouraged with their in-session performance with clients. Brody and Lisa expressed feeling like their perceived inability to do the work was what led them to question whether counselling was the right career for them. Lisa also questioned if she would be able to do this career for the rest of her life, which puts into perspective how significant this internal dialogue was for her.

And sometimes I would honestly think that maybe this isn't the career path for me. I'd be like, I can't do this. Never for a prolonged period of time. [Brody]

definitely the self doubt voice was saying, you know, are you good enough? Do you think that you could do this for the rest of your life? [Lisa]

Melanie discussed the difficulties of having to look back on her experience of debating whether this was the career for her because the significance of the decision and the consequences on her life. Later in the interview, Melanie mentioned how she had always dreamed of becoming a therapist and expressed disappointment at the possibility that after working hard to get to this

stage in achieving her dream she did not feel competent. Melanie also mentioned the practical elements of being in the program and the financial implications of dropping out.

It's me being dramatic, it's hard to re-think, you know is this even for me? Am I wasting money on talking about my feelings? [Melanie]

It has been a dream to be a therapist, and I have worked so hard to get here. And you are here, and you are like oh my God I am crap at this, but I don't want to waste all this money at school. [Melanie]

In the last quote, Lisa questioned if she was mature enough and has enough life experience to be competent in the counselling profession.

So, I was trying to live up that by being like, am I mature enough, do I have enough life experience for this? [Lisa]

Subtheme 2E: *Withdrawing from supports.* Two participants discussed that the FOI they experienced lead them to isolating themselves from supports in their life outside of the counselling setting. Specifically, Lisa discussed having a difficult day where she experienced prolonged and intense FOI. Upon returning home she mentioned that she didn't want to be around anybody or talk about what had taken place throughout the course of the day.

And I was like I don't want to talk to you or I don't want to talk to anybody about this. It was a difficult day. I felt incompetent and it affected me socially because at the time I didn't want to be around other people. [Lisa]

Melanie expressed having a similar occurrence and described feeling tired, drained, avoidant, and heavy. She also expressed that her FOI led her to not wanting to come to work at her internship site and to avoid seeing clients.

Yea, tired, drained, I felt more mute, I felt lonely. Not wanting to talk about clients, not wanting to come in and see clients. It was very avoidant and very heavy. [Melanie]

Subtheme 2F: *Feeling humbled.* Although the effects of FOI were reported as being rather negative and uncomfortable by most participants, they also noted that FOI were humbling and helped them to appreciate their developmental stage as beginning counsellors. Brody and Lisa

voiced that they became more attuned to their experience when they were experiencing the humbling effects of FOI.

Its (FOI) humbling for sure. I feel like when you're feeling incompetent, you're much more honed in to your experience. [Brody]

I remember feeling like I had no idea what I was doing or whatever and that is kind of humbling because that is exactly what you are experiencing right now. [Lisa]

Teresa also mentioned that the FOI she experienced kept her depending on support from God and helped her not to feel overly proud or arrogant.

Well, knowing that I am not perfect and that I'm not competent keeps me humble. It keeps me always depending on God and always asking him for help. [Teresa]

Without feelings of incompetence I would have a big head. [Teresa]

Motivation.

Each of the participants reported feeling an array of motivating effects of FOI. The motivation included both a professional and personal component. The motivating effects included: **(g)** learning more to benefit the client and **(h)** deepening understanding of personal experience.

Subtheme 2G: Learning more to benefit the client. While describing the motivating effects of FOI, all participants reported the FOI they experienced as being both a barrier between being able to provide effective care for their clients as well as an opportunity to understand which areas of their work required improvement. Brody described his desire to overcome his FOI as being rooted in helping his client. Further, Lisa explained her FOI as having a navigating function which guided her towards the type of professional development she needed to engage in.

You're really trying to work to overcome the feeling and to feel like you are helping your client. [Brody]

It (FOI) encouraged me to reach out and to learn more so that I could understand her more. [Lisa]

yup, for this one I am going to need to do some more reading, research, or something because I had to keep them as a client [Lisa]

Lisa and Teresa both framed the motivating effect of FOI as being their responsibility to become more knowledgeable to benefit their clients. The fact that clients pay for services created an expectation for Teresa to be knowledgeable and competent in the areas that would be of utmost benefit to them. In the last quote, Teresa demonstrated that each client presents unique challenges which requires continual learning on her behalf.

I definitely wanted to take a more active approach to dealing with those feelings of incompetence because it was my responsibility to be knowledgeable in a different area, and that challenged me to do that. [Lisa]

The client pays, and I need to produce certain results. That is why I go back to my readings and ask my supervisor about the clients. [Teresa]

They are a new person with a new issue and a new situation. Maybe not incompetence per say but I have to learn every day. [Teresa]

Subtheme H: Deepening understanding of personal experience. Two participants expressed that their FOI motivated them to further investigate their experience and understand the potential source of the FOI. Brody described FOI as having some sort of meaning in his development as a counsellor and understanding its meaning became a significant motivator for deeper introspection. The motivating function appeared to go beyond rumination on FOI and more into locating the source of FOI with a growth-oriented purpose. Teresa explained that her FOI motivated her to learn specific information about areas of her personal life that were affecting her therapeutic work with clients which could potentially result in countertransference.

I'm feeling these feelings for a reason and its important to try to understand why I am feeling this way. [Brody]

Well I found that I dedicated effort towards figuring out why I was feeling incompetent. And then I would do research or study in that area. [Brody]

It (FOI) motivates me to learn more about my personal issues with attachment, trust, rejection. [Teresa]

Main Theme 3: Management of FOI (6 Subthemes)

Each of the participants disclosed a variety of strategies they used to manage their experience of FOI. The list of strategies included: **(a)** accepting developmental stage as counsellors in-training, **(b)** facing the FOI **(c)** gaining more direct client contact **(d)** modifying behaviour/adapting approach used with client **(e)** avoiding negative self-talk and engaging in diverse set of self-care methods **(f)** addressing personal issues affecting therapeutic work

Subtheme 3A: Accepting developmental stage as counsellors in-training. When beginning the discussion of managing FOI a theme that became apparent during the interviews was the process of accepting the FOI. Brody explained that FOI is inevitable and must be interpreted as a learning opportunity. Melanie suggests that experiencing FOI is a part of the training and reminds herself that the FOI is universal in the sense that it is bound to happen to everyone at some point during their development as a counsellor. In the last quote, Melanie suggested that if FOI is the worst-case scenario then at least counsellors have something to work with. This eludes to the fact that FOI may have a guiding function for counsellors in training which helps them determine what areas of their development they may choose to dedicate attention and effort to.

I would first say that it is definitely going to happen. So, when it does happen, just acknowledge it and take it as a learning opportunity and to not beat yourself up too much. [Brody]

When I'm feeling incompetent, I mean you just acknowledge it and can't try to hide behind some professional demeanour. [Brody]

It's all part of the training. [Melanie]

it does happen to everyone, it's a universal thing and it is going to happen, it is inevitable. [Melanie]

Where worst-case scenario I seem incompetent and then we can work with that. [Melanie]

Upon accepting FOI as an inevitable experience as a counsellor in-training, the participants expressed ways in which they reacted to this acceptance. For example, Lisa mentioned that when clients asked difficult questions that elicit her FOI her reaction was to become comfortable

expressing that she is not sure of the answers. Instead of pretending that the FOI is none existent, Teresa found it helpful to remind herself that she did what she could do in that moment.

There were times for sure where clients would ask a tough question and I would have to be comfortable with saying- I don't know. [Lisa]

Then I remind myself that I asked God for help and that I did what I could. [Teresa]

In the last quote Lisa discussed what advice she might provide other beginner counselling students and revealed two pieces of advice which were to accept the inevitable and choose a personalized solution to manage the FOI. In this case, Lisa does mention that talking about the FOI can be helpful, but she also doesn't explicitly propose methods to engage in to manage the FOI. Rather, she suggested that the process of managing the FOI may be more of a process of trial and error whereby students determine solutions to manage the FOI that best works for them.

just encouraging counselling students that it (FOI) is going to happen and to talk about it or deal with it (FOI) in whatever way they feel works for them. [Lisa]

Throughout the discussion with participants, it became apparent that many of the participants were communicating that it may be an alarming sign if there was no FOI during the developmental stage of being a counsellor in training.

Subtheme 3B: Facing the FOI. In building from the last theme, all of the participants noted that it was important to face/confront the FOI that they were experiencing. Brody discussed how being authentic and honest in session with clients was a form of facing some of the FOI he experienced because it allowed him to reveal himself beyond his professional identity as a counselling intern. Similarly, Teresa expressed the importance of addressing the FOI in some way and to not avoid the experience.

I try not to hide behind my professional role as a counsellor. I think that I would at times, but I try to be very authentic and honest because that is the most important thing. [Brody]

as long as I'm addressing it (FOI), not pushing it down. [Teresa]

In the next set of participant quotes, Melanie expressed the importance of facing/confronting the experience of FOI and the dangers of continually avoiding the experience. She discussed this idea by expressing FOI as being a fear-based experience, where if counselling students let the fear of

incompetence dictate their development, they will be confined and limited in their growth as counsellors. Melanie elaborated by attaching meaning to the FOI she experienced when she stated that it is important to trust the counselling process and to use the FOI as a valid source of information in understanding her growth as a counsellor.

But if you face it head on, the incompetence goes away because you say- oh look I did it even though they tell me I couldn't do it. [Melanie]

So, I think that with the incompetence, if we keep avoiding it and we keep falling into that trap, you know don't do this or this might happen. [Melanie]

I think it was more about approaching therapy without being afraid. [Melanie]

I would say really feel the incompetence, really get into the ocean, don't avoid it, and face your fears because what you think is going to be the worst-case scenario is most likely not the worst-case scenario. I think the best way to deal with incompetence is to face incompetence and to just go with it. Even though it sounds crappy, you know to say trust the process, just go with it and just use that. [Melanie]

Subtheme 3C: Gaining more direct client contact. Two of the participants reported in detail that they managed their FOI by gaining more direct client contact and by immersing themselves into their work with clients. Similar yet distinct from the subtheme above entitled 'facing the FOI', two participants described how when working with a variety of client issues and gaining more exposure to clients, they were provided with more opportunities to manage their FOI. Melanie described being rushed to work with complex client issues at her internship placement which she expressed as being difficult. However, when reflecting on the experience, Melanie determined that her exposure to clients helped her to adopt a willingness to learn and allowed her to feel more prepared in managing her FOI. Also, Teresa found that working with clients was an opportunity to learn and explained that it allowed her to face some of her own personal issues that may have been affecting her therapeutic work with clients.

In my externship they kind of threw me in there. They threw me in there with like trauma, sexual abuse, eating disorders, which we don't see here. Eating disorder, borderline that isn't on medication. Like a lot of complex cases and I was kind of forced to sit in a room with them and just be like, be curious. So now coming here I feel like I am more prepared. [Melanie]

the only way to learn is to have clients. [Teresa]

Every meeting I get with a client or even this meeting with you is an opportunity to just work on my tool and work on me. [Teresa]

And the more we see clients, the more I dealt with countertransference issues. [Teresa]

Subtheme 3D: Modifying behaviour/adapting approach taken with client. Two of the participants mentioned that they adapted the approaches they used in session with clients to manage their FOI. Lisa reported changing her approach with clients and described FOI as a negative learning experience by explaining how FOI can help counselling students to understand and work within their professional capacities as beginning counsellor. In the last quote, Melanie explained how she started to ask for client's feedback on their sessions to provide her with objective criteria to assess her FOI.

It (FOI) made me change the way I approached therapy with him [Lisa]

I believe that negative learning is learning too because if they didn't respond to that it was okay. We tried and that was awesome that we tried and keep trying, but maybe we won't do something like that again, maybe we will take a different angle. [Lisa]

I tried this new approach in the session where I started to ask how the session went for them. [Melanie]

Subtheme E: Avoiding negative self-talk and engaging in diverse set of self-care methods. Majority of the participants reported making conscious attempts to avoid negative self-talk, which was usually fuelled by their FOI, and engaging in an assortment of self-care methods to manage their FOI. Brody reported that it was important for him to not get too down on himself and he noted that exercise was an important self-care strategy for him. Teresa mentioned that she is the tool that needs to be functioning at optimum performance to be effective with her clients and she listed the self-care methods she uses to manage her FOI.

But to also not to get too down on yourself. [Brody]

Exercise was very helpful I find. I feel like weight lifting, cardiovascular exercise and playing hockey are really good for my mental clarity I guess and feeling energized. [Brody]

I try to rest, eat well and exercise. I try to take care of my tool which is me. I also try to spend time with God by reading the word, praying and addressing my issues with him and I find that suddenly peace will come. [Teresa]

Melanie emphasized that she grounds herself in self-care to maintain self-compassion. Also, Melanie described the FOI as being worse before discovering what self-strategies worked best for her and before she worked on resolving personal issues in her own life.

And do a lot of self-care, because I feel like it is hard to be self-compassionate when you feel judged in every aspect, but I feel like it is important to ground yourself in some way that makes you feel better. [Melanie]

It was much worse before but now it is better because I am doing self-care and addressing the issues in my own life that need to be addressed. Like resting, sleeping and taking care of my health and my own relationships. [Teresa]

Subtheme F: Addressing personal issues affecting therapeutic work. For two of the participants, FOI was suggested as being part of a larger personal issue that may extend beyond the professional realm. To address the FOI they experienced throughout their internship, both participants recommended pursuing personal counselling focused on addressing the FOI. Melanie explained the importance of distinguishing the difference between personal and professional FOI and both participants expressed that seeing a psychotherapist can be useful in differentiating these self-doubts.

seek own counselling and bring it (FOI) up with your own therapist because maybe you are feeling incompetent because you have felt incompetent in other areas of your life that you haven't dealt with. [Melanie]

seeing another psychotherapist outside the school who helps me address the FOI.
[Teresa]

Main Theme 4: Seeking Supports for FOI (7 Subthemes)

In deliberating whether to make this current theme separate from main theme 3 entitled 'managing FOI', I found that participants relationships with the supports in their lives had many layers which required an in-depth deconstruction. Although this study found that majority of participants often sought supports to manage their FOI, it became clear during the interviews that the two supports identified had both explicit and subtle distinctions in how they assisted the

participants in managing their FOI and required a more thorough analysis which could only be done by deconstructing the details as its own main theme. The following two categories emerged which address the two main supports that participants utilized to manage their FOI: **supervisors** and **peers**

Supervisors.

Each of the participants discussed using their supervisors as supports to manage their FOI. Specifically, four subthemes characterized the relation between participants FOI and their supervisor which were grouped as: **(a)** qualities and actions that normalized the experience of FOI **(b)** difficulties internalizing positive feedback **(c)** desiring practical advice/suggestions **(d)** attempting to mask and compensate for FOI.

Subtheme 4A: Qualities and actions that normalized the experience of FOI. All of the participants reported certain qualities and actions of their supervisors that normalized their experience of FOI. Specifically, it seemed that certain qualities and actions on the supervisors behalf facilitated the disclosure of students FOI and encouraged positive growth. These qualities and actions included providing encouragement and reassurance; validating feelings and experiences, being open and transparent; demonstrating a willingness to discuss and process participants FOI and finally being non-judgemental. Each of these qualities and actions had the effect of comforting the participants during moments of self-doubt as well as normalizing the experience. Brody discussed how his supervisor encouraged him with a non-judgemental attitude to continue moving forward and reassured him that the self-doubt he experienced would elapse as he continued to develop. Lisa and Teresa felt that their supervisors validated their experiences by opening up about their own challenges and FOI.

My supervisor just encouraged me to keep practicing and to keep developing and reassured me that it will get easier in time. [Brody]

Ya she was very supportive, and I felt very comfortable making mistakes around her. She was non-judgemental. [Brody]

And she was very good at just validating my feelings, and you know she was, my supervisor was also super willing and open to share her experience of what she remembers. [Lisa]

Having them share their mistakes or challenges, I felt that they weren't placing themselves as higher than me. They were upfront about their challenges which made us feel more okay about our FOI and our challenges. [Teresa]

Melanie described how she felt validated by her supervisor but also felt that her program was unable to provide this validation because of the ambiguous standards and expectations they held.

And you get the validation, I get the validation from them, from the school the validation is harder because everything is a grey zone. [Melanie]

In the next two quotes, Brody and Melanie expressed feeling that their supervisors would go beyond validating their experience of FOI and would delve into the experience with them. Both of these participants seemed to appreciate and benefit professionally by their supervisors' willingness to understand and process their FOI.

He seemed more down to earth so anytime that I want to talk about my incompetence, he is like -Yea, for sure, let's talk about it, let's ride with it. He talks more about how it makes me feel in a sense. [Melanie]

My supervisor would really encourage me to go back and watch my video-taped session and try to pin point exactly what was making me feel incompetent and experience self-doubts. [Brody]

Subtheme 4B: Difficulties internalizing positive feedback. The participants expressed finding it challenging to internalize the positive feedback and suggestions that their supervisors were providing them. Throughout discussions with the participants, it seemed that they wanted their supervisor to confirm their incompetence in some way. In the quotes below, Lisa denied the positive feedback that her supervisor provided, and revealed an awareness of her imperfections. Further, Lisa expressed a desire to continue experiencing self-doubts despite explicit positive feedback from her supervisor.

when she was like- It's awesome, I was like -no its not, I know that it can't be perfect so, just tell me! [Lisa]

My supervisor is lovely, so I would do something, and she would be like -that's fantastic, or there would be a report and she would be like- you really hit this out of the park and I'm like, no, tell me what I did wrong. So, I would have my own self doubt even though she was like -this is great. [Lisa]

Both Melanie and Teresa reported not being able to hear their supervisors positive feedback and instead focused their attention on the negative aspects of their therapeutic work. Teresa expressed feeling unworthy of positive feedback from her supervisor and as a result had difficulties internalizing the comments.

I felt that the supervisor would say it's good and you did great, but I wasn't hearing that, and I was just focusing on how I looked and all of the negatives. [Melanie]

Everybody says I'm good, but I couldn't hear it because of those feelings of being unworthy. [Teresa]

Subtheme 4C: Desire for practical advice/suggestions. When the participants explained how their supervisors supported them with their FOI, they communicated a desire for practical advice/suggestions to manage their FOI. During Lisa's interview she reported appreciating that her supervisor validated and reassured her when she was experiencing FOI, however, she also mentioned that she wanted practical suggestions and constructive criticism to guide her development as a counsellor. Additionally, during supervision, Teresa would discuss her clients and ask for advice on how she could have improved her interventions with clients.

I know that it can't be perfect so, just tell me! but she really wouldn't give too many suggestions. [Lisa]

I would much rather prefer constructive criticism and I'll fix it, or I'll do that next time. So, my supervisor is lovely, so I would do something, and she would be like - that's fantastic or there would be a report and she would be like -you really hit this out of the park, and I'm like, no, tell me what I did wrong. [Lisa]

This client shared this, I did this, can you advise me on what I could have done better? Or ask for their advice on what I could have done with the client. [Teresa]

Similar to Teresa, Brody reported explicitly wanting his supervisor to provide him with practical tips on how he could maintain his energy which he mentioned as being a source of his FOI earlier in his interview.

Well, I would explicitly ask my supervisor and openly express when I felt that I was running out of steam during a session and he would give me just practical things like make sure you eat a good meal and maybe drink a coffee before the session starts. [Brody]

In Melanie's circumstance, she clearly acknowledged her FOI and reported feeling afraid that she was not receiving practical suggestions on how to overcome this FOI. Like the other participants, Melanie appreciated the validation her supervisor provided but expressed wanting to receive more direction that would practically address her FOI.

I don't know what the hell I am doing. And he was like- that's okay and would work with that so it was much more. It was scary because I would ask for direction and he wouldn't give me direction, so it was like a double-edged sword. [Melanie]

Yea I need you to help me with this client. I found my first supervisor, he would explain his own experience. And I was like this is not the same as what is going on here. I need you to address this, not yourself. [Melanie]

Subtheme 4D: Attempts to mask and compensate for FOI. The participants discussed making attempts to hide the FOI that they were experiencing. Lisa reported trying to demonstrate to her supervisor that she had a general understanding of what she was doing during sessions with clients. Also, Brody explained the process of trying to demonstrate that he was more competent on the surface than he truly felt internally. He described that he would avoid showing his supervisor video of him being incompetent and preferred to verbally explain instances in session with clients when he experienced FOI.

I probably tried to show that I had some sort of idea of what I was doing. [Lisa]

I think I would come off as trying to appear more competent than I felt. I was always comfortable talking about my competence I wouldn't necessarily want to show him a video of me actually acting incompetent. I think that would be much more uncomfortable for me. Him actually seeing me be incompetent compared to me telling him that I feel incompetent. [Brody]

Two of the participants reported difficulties in bringing up their FOI with their supervisor. Specifically, Lisa found it awkward to discuss her FOI with her supervisor and would withhold some of these feelings as a result. Melanie expressed feeling stressed about reporting her FOI to her supervisor because of the potential severe consequences for incompetence. As a result, Melanie discussed putting a guard up to ensure that her incompetence was not detected.

What was difficult was bringing up issues I was struggling with. [Lisa]

I found it kind of awkward to bring them (FOI) up. [Lisa]

I feel like I am more stressed with her (my supervisor). She was the one that kicked the guy out of the program. She was the one that facilitated that. So, I think because of that I always have my guard up. [Melanie]

Peers.

The participants in this study discussed the relation between their FOI and their peers. Subthemes in this category included: **(e)** qualities and actions that normalized the experience of FOI **(f)** opportunities to learn from each other **(g)** peers as sources of FOI

Subtheme E: Qualities and actions that normalized the experience of FOI. Each of the participants reported certain qualities and actions of their peers that normalized their experience of FOI. The qualities and actions included providing encouragement and reassurance; validating feelings and experiences; being open and transparent; and demonstrating a willingness to discuss the FOI. The qualities and actions that peers/student colleagues provided each other were similar in many ways to those that supervisors provided. One main difference in the support that peers provided compared to the support that supervisors provided was an overall sense of bonding over their FOI and struggling together which had a normalizing effect on participants FOI. Although supervisors, at times, demonstrated a willingness to discuss the FOI they had personally experienced in the past, their peers/student colleagues seemed to more readily validate their student colleagues experience by sharing personal experiences of FOI. Brody explained how discussing FOI with other students was a bonding experience that was reassuring. He elaborated that discussing his FOI openly with peers normalized the experience and reminded him that he was doing okay.

I was hanging out with other students from the clinic and we were all in the same boat. Feeling incompetent together. So, it was kind of a bonding experience for each of us. We would talk about our incompetence and realize that we are not alone and that would be reassuring. [Brody]

We were able to be open with each other and talk about our incompetence. They would often reassure me that I actually am doing okay. [Brody]

If I was the only intern at the clinic and I didn't realize that this was a normal experience I think it would have been much more difficult. [Brody]

Similarly, Lisa explained how discussing her FOI with peers normalized the experience and reminded her that despite the difference in internship sites and clientele, FOI was still a common experience amongst other peers. Melanie felt that her FOI helped her to connect and bond with her peers which took place as early as the first day of class.

it really helped talking to my peers and my classmates who were in their different internship placements and hearing about their struggles too, because it was different, just being in different place, in different internship placements. But those feelings were the same across the board. [Lisa]

I think that it helped me connect with the other interns because we all kind of felt the same way. [Melanie]

The first day (laughing). I was like do you know what you are doing because I have no idea and they were like I have no idea and I was like ahhh, best friends we can bond over this! [Melanie]

Also, another main difference that existed between the support that peers and supervisors provided was that supervisors often took the time to process and delve into the experience of FOI with the participants. Supervisors presented a greater willingness to understand and explore the sources of the FOI with participants than their peers demonstrated.

Subtheme 4F: Opportunities to learn from each other. Throughout the interviews, participants reported that they often used their peers as a resource to learn from. Brody described how his colleagues helped him to remain engaged in his professional work and that him and his peers would practice interventions on each other to improve. Lisa mentioned that she relied on her peers to provide her with constructive criticism and positive feedback. Both participants revealed that their peers created a space for each other to experience and discuss FOI.

We were really immersed in the program and the work that we did at the clinic.
[Brody]

Whenever I wanted to try out a new intervention I would practice it on them. [Brody]

We really relied on each other too because we built those relationships where we do give each other constructive criticism and praise as well and support in general. [Lisa]

When we had our practicum session, we would, amongst ourselves create a voice for areas we were experiencing self-doubts around. We could practice counselling each other, we would get feedback, but it was always positive and reinforcing, not a lot of constructive criticism, more like- what if you try this next time? [Lisa]

Melanie and Teresa explained that the experiential learning that took place by watching their peers video taped counselling sessions and their role playing was very helpful and provided an opportunity to discuss FOI. Teresa mentioned that watching her peers perform mock counselling sessions provided her with suggestions on how she might resolve challenges in her own practice that caused her to experience FOI.

I found that talking about it made me feel better, with them, being able to share that experience. Because sometimes I would watch one of their tapes and I'm like- Wow, I wish that I could say that! And then I'd be like well what were you doing there? [Melanie]

When we do the role plays, we set up a scenario which helps to learn that other students have challenges also and seeing how they resolve these challenges helps to guide me. [Teresa]

Subtheme 4G: Peers as sources of FOI. Two of the participants discussed how their peers acted as a source of their FOI and explained how their peers contributed to their own increased FOI. Melanie described her experience in the class room setting where she perceived her peers as making attempts to prove their competence to the rest of the students. She considered her peers' actions in the class room to be a form of projection that was intended to make other students in the class experience FOI. Teresa had a similar experience and stated that when peers would share their experiences it made her feel self-conscious about her own performance. In the last quote Teresa expressed feeling FOI in group supervision when other students discussed their experiences which led her to second guess her work with clients.

It would seem like they (peers) were trying to prove to everybody else that they were competent. [Melanie]

Project it (FOI) onto you as a class. [Melanie]

I feel that because we are all at the same stage. Maybe they are more competent. [Melanie]

When the other students share their experiences, I feel self-conscious. [Teresa]

But when I arrive at the group supervision and I hear all of the other students saying that they did this, and they did that, then I really feel like okay, I don't have anything to say because I did everything that I could at that time. Then I really start to feel some of that self-doubt. Then I start thinking, well maybe I should have done this or pushed the client towards that. [Teresa]

To begin the final chapter, I will provide a summary of this study's main findings and I will position the findings in the existing literature related to this topic. Then, I will present the limitations of this study and outline recommendations for future research. Last, I will conclude the discussion with implications and suggestions related to practice and training in counselling.

Chapter V

DISCUSSION

This study sought to explore the experience of masters counselling students during their internship with the goal of gaining an understanding of how counselling students completing their internship manage their FOI. The internal experiences of counsellors currently completing their masters level training has largely been overlooked in the existing literature (Theriault, Gazzola, & Richardson, 2009; Theriault & Gazzola, 2006). Thematic analysis, inspired by grounded theory, was used to explore the personal and professional effects of FOI that counselling students in their internship experienced and to understand the strategies they employed to manage these feelings of self-doubt. Data analysis revealed four main themes each of which included a variety of subthemes. The main themes included a description of the experience of FOI, the effects of FOI, the management of FOI and seeking support for FOI. Throughout the discussion section, the main results will be explained as they relate to the findings of previous studies exploring similar areas of research. In presenting the associations to existing literature, I will provide explanations regarding the findings and the importance they have for counselling pedagogy and professional development among counsellors-in-training. The discussion section will conclude by outlining this study's limitations, recommendations for future research, and implications.

Summary of Main Results and Associations with Previous Research

This study provides an understanding of counselling students experience of FOI, the effects of FOI on their personal and professional life and outlines methods they used to manage the

experience of FOI in and outside of their sessions with clients. Specifically, the major themes that were identified were 1) Experience of FOI 2) Effects of FOI 3) Management of FOI 4) Seeking Support for FOI. The findings as presented confirmed some of the results found in previous studies, specifically related to the experience of FOI and the developmental stage of counsellors-in-training. In other ways, the findings were distinct and contribute to the previous literature exploring FOI and how it is managed. Additionally, these findings build upon literature exploring the developmental stage of being a counsellor-in-training.

The Experience of FOI.

When participants were asked to describe their experience, three categories emerged which each included a set of subthemes. The category entitled: when were FOI experienced included the following subthemes (a) certain client presenting issues (b) client issues that had not been personally overcome/addressed (c) limited or no past professional experience working with client issues (d) at the beginning of the internship. The category entitled: why were FOI experienced included the following subthemes: (e) desire to be more effective and do more for clients (f) supervisor expectations. The last category in the main theme describing the experience of FOI was entitled: how were FOI experienced which included the following subthemes (g) FOI as a constant (h) FOI as a fluctuating experience that was dependent upon the context.

When were FOI Experienced. An analysis of when the counselling interns experienced FOI demonstrated that their FOI were in some way dependent on their clients presenting issues. Often the client presenting issues evoked FOI among participants because they felt worried that they lacked the experience and subsequent knowledge necessary to provide effective services to their clients. Similarly, Stoltenberg, McNeill, & Delworth (1998) suggested that Level 1 counsellors often experience high levels of worry which were rooted in their internal perception that they lacked the necessary counselling skills to be effective and that their ineffectiveness would contribute to causing harm instead of benefits to clients (Woodside et al., 2007). One perspective that examined the core beliefs involved in a state of worry found that worried individuals often feel inadequate and incapable of solving the problem that they are facing (Kelly & Kelly, 2007; Kelly & Miller, 1999). Considering the participants inexperience, it is unsurprising that certain client issues evoked higher levels of FOI and led participants to questioning their competence, which was also found by De Stefano, Atkins, Noble, and Heath (2012) who explored beginner counsellors experiences working with clients who self-injure.

A speculative explanation of the worry that participants experienced is that the worry is justified because of the genuine threat that incompetence poses to their personal and professional identity as counsellors. Pipes and Devenport (1990) and Jordan and Kelly (2011) outlined the following areas as contributing to worry among beginning counsellors: working with real clients, some of whom with suffering with complex issues, and are not merely practicing their counselling skills with peers; functioning under the assumption that they have to be more competent than they actually are; lacking a clear understanding of what is expected of them as beginning counsellors; lacking assessment and clinical skills; lacking necessary theoretical and ethical knowledge and; personal needs that affect therapeutic work. The counselling interns relative inexperience in managing the multitude of variables listed above provides insight into the subtheme exploring when participants experienced FOI.

The participants in this current study reported experiencing high levels of FOI at the beginning of their internships. A study conducted by Bischoff and Barton (2002) explored how confidence developed among beginner marriage and family therapists as they gained experience and similar to this present study's findings, they found that their imposter feelings and anxiety were highest when they had between one to three months of direct client contact experience. Similarly, Easton, Martin and Wilson (2008) discussed how counsellors perceived counselling self-efficacy improved as they gained more experience and Lent et al., (2009) found that counselling trainees experienced increases in their confidence and self-efficacy as their internship progressed.

Additionally, participants in this current study used their in-session performance to internally confirm or deny their FOI. One instance that seemed to confirm each of the participants FOI was when they felt that they did not know what they were doing in-session with their clients and found themselves questioning how to proceed. Similarly, Lent et al., (2009) determined that a source of change among trainees' self-efficacy was their performance in-session. Stoltenberg, McNeill, & Delworth (1998) noted that nearing the end of the internship or in the Level 3 stage of the counsellor's development, they begin to develop a more insightful understanding of their own strengths and weaknesses and demonstrate an awareness that their skills are in fact improving as they gain experience. Participants in this current study appeared to recognize their improvements in skill acquisition as their internships progressed which was evident in their descriptions of using new techniques in-session with clients. Acquiring new skills contributed to the participants experiencing less FOI later in their internship than they had experienced at the beginning.

Bischoff's (1997) and Bischoff and Barton (2002) found that participants in their study felt as if they were imposters and that it was just a matter of time before their clients detected their incompetence. These findings were expected to occur in this current study but to my surprise the participants mentioned very little about how their clients might have perceived their FOI. This finding contradicts one of the key theoretical assumptions of the Imposter Phenomenon outlined by Leary, Patton, Orlando, and Funk (2000) which proposed that imposters will fear that others will find out they are a fraud and regard them as a failure. Despite the FOI that participants experienced, they rarely reported feeling self-conscious about the potential thoughts their clients may have had regarding their level of competence. Patton et al. (2000) also determined that individuals experiencing high levels of the Imposter Phenomenon may attempt to influence the potential poor evaluations from others by lowering their expectations about their performance. Interestingly, in this current study, the participants expressed a desire to accept the FOI they experienced in-session however they made conscious attempts to avoid appearing overly incompetent. Further, there appeared to be a threshold which defined the level of competence that was expected of participants from both clients and supervisors, and as long as the participants demonstrated that they were above this standard of competence, they seemed to have made attempts to accept the FOI, however, if their performance was under this standard of competence, they made attempts to hide or mask the FOI.

Why FOI was Experienced. When describing why FOI was experienced, participants said that they had a desire to be more effective and do more for their clients as well as abide by the standards that their supervisors expected them to perform at. To deconstruct these two themes, it is necessary to relate this study's findings to a study conducted by Thériault and Gazzola (2006) who constructed four categories to describe the main sources of FOI among experienced therapists which included permissible issues, professional issues, process issues and personal issues. This current study explored the experience of FOI and found that the counselling interns' FOI could be categorized within the four main sources outlined by Thériault and Gazzola (2006). The permissible sources of FOI appeared in the counselling interns' acknowledgement and acceptance of their FOI as specifically being a part of their developmental progress as counsellors and generally as being a common experience that all human being experience to some extent. Professional sources of FOI were clearly represented in the anxiety and worry that participants reported with regards to feeling they did not receive adequate training from their program before entering their internship. Two areas that could be categorized as professional sources of FOI in

this study were participants feeling that they lacked both theoretical knowledge and experience working directly with client issues.

Examples of FOI experienced by participants that aligned with what Thériault and Gazzola (2006) characterized as process issues, were participants difficulties in conducting therapy and reporting that their in-session experience of FOI affected their work with clients by making them feel withdrawn, questioning how to proceed and feeling less present with their clients. Last, the personal issues that acted as sources of FOI for participants were evident in their explanations of experiencing FOI when their client issues overlapped with their own personal issues that had not been overcome/addressed. Additionally, the FOI that participants experienced often acted as a motivator to deepen their understanding of their own personal experience and engage in an exploration of how their personal issues affected their therapeutic work with clients.

Granello's (2002) study, which explored the cognitive development of counselling students during their graduate training, discussed how counselling students in their first year often operated on the assumption that a truth in counselling existed for them yet during their second year they developed a more flexible understanding of the counselling process. Granello's (2002) finding reflects when participants in this current study discussed their desire to be more effective with their clients and expressed feeling like they were not doing anything for their clients. Moreover, participants in this study articulated a will to 'fix' their clients immediately and to achieve concrete results which is similar to conclusions drawn by Deutsch (1984) and Farber and Heifetz (1982), who found that beginner counsellors experienced significant levels of stress surrounding their desire to be more effective and do more for their clients.

Participants in this current study appeared to function on the irrational belief that they should demonstrate optimal efficiency and competence with their clients all of the time. When they perceived themselves as having performed below their own unrealistic expectations for competence, they felt stressed that their client would face negative repercussions. Similarly, Jordan and Kelly (2004) found that the most common worries for beginning counselling students completing their internship was centered around feeling like they were not helping their clients enough which was the consequence of their inability to do the work competently. Moreover, participants in this study had very high expectations for themselves, especially at the beginning of their internship but as they gained experience, these perfectionist tendencies seemed to dissipate which is consistent with experiences described in the advanced student stage of the phase model of counsellor development (Rønnestad & Skovholt, 2003).

Throughout the theme exploring the experience of FOI, the participants communicated feeling that their counsellor educator program did not adequately prepare them to do their work with clients which contributed to their experience of FOI. Participants involved in the Woodside et al (2007) study discussed their experience in the program and specifically the material that they learned in the classroom setting as being more helpful than participants in this study. However, the reason for the discrepancy between findings could be that participants in the Woodside et al (2007) study were not involved in a full-time internship experience yet and were only conducting sessions with a small number of participants while completing their course material. This eludes to an interesting phenomenon that may be occurring related to counsellors and their perception of their training programs which suggests that when counsellors are involved in full time course work while seeing a small number of clients, they perceive their course work as contributing more to their professional work opposed to when counsellors are taking less course material and seeing more clients.

Levitt and Jacques (2005) and Pica (1998) argue that beginning counsellors will inevitably feel that their counsellor educator programs were insufficient in preparing them to do the work because they are not yet comfortable with the dynamic nature of the counselling process. Further, both of these authors posit that the ambiguous nature of clinical training programs is difficult for students who are accustomed to academic environments which favour predictability as a measure of success. De Stefano, Overington and Bradley (2014) discussed how counsellor trainees often begin training programs with prior academic success and thus expect that the strong academic abilities and the habits that they have established should translate into learning practical counselling skills and objective progress when working with clients. Also, the hard-to-define nature of learning practical counselling skills and the inherent ambiguity that permeates the counselling field often challenges students because they may not see the immediate improvements in their own skills as well as their clients presenting problems.

Levitt and Jacques (2005) and Pica's (1998) studies may shed light on why counsellors in this current study experienced such a strong desire for concrete answers from their supervisors. Counsellors in this study experienced FOI stemming from their desire to 'fix' their clients issues which demonstrated their own discomfort in tolerating the ambiguous nature of the counselling dynamic. A competency-oriented framework where expectations of professional practice can be objectively identified by detailing the knowledge, skills, qualities and actions that make up a competent and effective counsellor (Duncan, Miller, Hubble & Wampold, 2010; Lambert,

Harmon, Slade, Whipple, & Hawkins, 2005; Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Wampold, 2011; Ackerman & Hilsenroth, 2003; Norcross, 2011), provides an understanding of the many variables that counsellors strive to attain. However, it is evident that the training markers which seek to build these competencies among beginning counsellors are relatively unclear and the accumulation of these skills remains a rather ambiguous process for students throughout their clinical training. Additionally, even while using a competency-oriented framework, judging actual performance is a difficult feat for counsellors and has been found to leave them feeling discomfort with the standards for success in the therapeutic setting (Thériault, Gazzola, & Richardson, 2009).

How was FOI Experienced. Finally, in describing how FOI was experienced, some of the participants noted that their FOI fluctuated based on different periods in their internship and all of the participants described FOI as being a constant overarching experience which characterized their internships. The constant feeling of self-doubt throughout the internship experience was an experience that has been documented in the phase model of counsellor development (Rønnestad & Skovholt, 2003) as well as the IDM model (Stoltenberg, McNeill, & Delworth, 1998). Further, Woodside et al. (2007) reported that self-doubts among counsellors-in-training in their study were more constant than fluctuating. Past literature has documented a progressive improvement in FOI as well as other internal experiences which have similarities to this construct such as self-efficacy (Heppner, et al., 1998; Larson, 1998; Lent et al., 2009) and self-confidence (Bischoff, 1997; Bischoff & Barton, 2002) throughout the internship experience. However, none of these studies concluded that self-doubts, low self-efficacy and low self-confidence were ever completely absorbed at any point during the internship experience.

In other words, although counselling students experienced improvements in certain areas related to their negative internal experiences, they still felt self-doubts, low self-efficacy and low self-confidence periodically or constantly to some degree of intensity throughout their internships. De Stefano, Overington and Bradley (2014) reported that the counselling students in their study experienced “chronic and unrelenting self-doubt” (p. 431) which was not alleviated in any way as a result of the experience they gained. The self-doubts started at the beginning of the internship experience but remained as an internal experience throughout the entirety of their training despite positive working relationships with clients, peers and supervisors. Braslow, Guerrettaz, Arkin and Oleson (2012) determined that individuals who experience constant self-doubt can never be fully

engaged in their environments in a manner that is unselfconscious which lead us into an analysis of the effects of FOI.

Effects of FOI.

The effects of FOI were described in terms of three categories which each included a set of subthemes. The category entitled: in-session effects included the following subthemes (a) feeling withdrawn and questioning how to proceed with clients (b) feeling less present with clients. The category entitled: outside of session effects included the following subthemes (c) engaging in negative self-talk and avoiding self-care (d) questioning career choice (e) withdrawing from supports (f) feeling humbled. Finally, the categories entitled: FOI as a motivator included the following subthemes (g) learning more to benefit the client (h) deepening understanding of personal experience.

In-Session Effects. Throughout the interviews with participants, a common effect of FOI reported was that they felt withdrawn/disengaged from their clients and questioned how to proceed. This experience can be informed by the IDM model of counsellor development (Stoltenberg, McNeill, & Delworth, 1998) which details the growth in counsellors awareness of self and others. In the first stage of development, counsellors-in-training were found to withdraw from their client's experience and appeared to lack the cognitive capacity to consider their client's perspectives due to their focus on their own reactions to their clients as well as their concentration on applying their newly acquired skills. Participants in this current study reported getting caught up with their own thoughts and dedicating their concentration to sorting through these thoughts to decide which of their newly acquired skills would be most applicable to their work with their clients.

De Stefano, et al. (2012) found that when beginner counsellors worked with suicidal clients, their main clinical issue was their focus on "procedural knowledge" (p. 301-302) and asking themselves "What do I do now"? (p. 302). This experience may inform this study's current findings by suggesting that the participants could have been questioning how to proceed because of the complexities of their clients issues and their lack of knowledge in areas that would be most beneficial to their clients. Additionally, findings of this present study related to the experiences expressed by beginner counsellors in Bischoff and Barton's (2002) study who reported feeling like they did not know what to do with their clients which resulted in decreased confidence. Bischoff and Barton (2002) determined that beginner counsellors lack the clinical experience required to compare and evaluate their work with clients whereas advanced counsellors are able to

compare their work with a wide range of past clinical experiences which helps to stabilize their confidence.

Related to the experience of feeling withdrawn in session was the participant's feelings of being less present with their clients due to their FOI. All of the participants mentioned that they felt that their FOI took away from their ability to be engaged with their clients and at times their FOI made them feel like they were more focused on themselves and their experiences opposed to their clients. Essentially, the participants expressed feeling preoccupied with their own internal experience which led them to experience difficulties in concentrating on their clients issues which is an experience that has been recognized in past literature (Bischoff, 1997; Bischoff & Barton, 2002). Difficulties concentrating in session was found to occur among counsellors-in-training in a study conducted by Ellis, Krenzel and Beck (2002) who concluded that the trainees self-focus resulted in them providing less focus on their clients and experiencing a lack of presence in-session. Similarly, Wei, Yi, Carrera, Botello and Sung (2017) discussed how self-focused attention can act as a hindrance to therapeutic work and their inability to manage their own internal experiences such as anxiety can interfere with their ability to provide effective counselling services to their clients. Nutt-Williams and Hill (1996) found that self-focused attention among counsellors, particularly attention focused on their own anxiety, was negatively related to client's perceptions of their counsellors helpfulness. Specifically related to self-focused attention on self-doubts, Friedlander, Keller, Peca-Baker and Olk (1986) identified a link between excessive focus on self-doubts about performance and counsellors having the experience of not knowing what to say in-session with clients which was identified as being potentially harmful to clients progress in the therapeutic setting.

Outside of Session Effects. Participants in this study discussed engaging in negative self-talk and avoiding self-care because of the FOI that they were experiencing. Specifically, it appeared that participants often engaged in negative self-talk which then led them to avoid their self-care strategies. Interestingly, these patterns frequently took place outside of the therapeutic setting and the FOI may have become legitimized by questioning and being critical of their in-session actions. As noted in the literature review, self-care has been recognized as being an ethical imperative for counsellors and although participants discussed the importance of self-care throughout their interviews, they evidently experienced difficulties implementing them at times when they were experiencing FOI. Ironically, several studies have presented valid arguments suggesting that counsellors-in-training require the use of self-care the most compared to counsellors in other

stages of their development because of the competing demands of the experiential nature of course work, group and reflective work, academic pressures, personal life, and inadequate support from their training programs (Dorji, 2017). Further, Mayorga, Devries and Wardle (2015) found that masters level counselling students who reported lower levels of self-care experienced increased stress levels. These findings are particularly concerning considering that counsellors-in-training often lack the experience necessary to effectively implement self-care strategies (Knudsen et al., 2013; Mor Barak et al., 2001).

Related to negative self-talk, participants in this study questioned their career choice and specifically their personal suitability for the counselling profession. This experience has been well represented in past literature, although the relation between the experience of self-doubt amongst counsellors-in-training and the consideration of dropping out of the counselling program is not as well researched. For example, Rønnestad and Skovholt (2003) found that beginning counsellors often experience a stage in their development where they question if they possess the personal characteristics that are required to be an effective counsellor. Also, novice counsellors in Thériault, Gazzola and Richardson (2009) experienced the effects of self-doubt on their self-esteem and engaged in judgements about their worth as a result of the FOI they experienced. Specifically, the negative self-talk that the counselling interns in this present study reported revolved around feeling that they were not good enough. Also, when participants questioned their career choice, they often devalued themselves and their capabilities to be an effective counsellor. At times, participants judgements went beyond their professional work and criticized personal characteristics they felt were not conducive to becoming an effective counsellor. Finally, and most closely related to this study's findings, Woodside et al. (2007) reported that beginning counsellors in their study questioned their decision to become counsellors and they reported doubt regarding their personal fit in a counselling role. This experience was initiated by feelings of self-doubt and similar to participants in this current study, the participants weighed the implications of dropping out.

The last noteworthy finding which emerged within the outside of session effects of FOI was that participants expressed feeling humbled outside of session by the FOI that they experienced. This finding largely deviates from research explored by other authors mentioned in the literature review, however, the humbling effects of FOI does elude to its potential benefits. Nissen-Lie, Monsen, and Rønnestad (2010) explored PSD among counsellors as it related to client issues and found that therapists' PSD had a positive influence on client-rated alliance and contributed to a

decrease in clients' interpersonal problems. These authors suggested that PSD may reveal an attitude of therapist humbleness and caution which clients experience as respectful which, in turn, reinforces the therapeutic alliance. In this current study, the humbling effects of FOI appeared to facilitate the process of adopting a growth-oriented mindset amongst the participants whereby they recognized and accepted their own imperfections and allowed these realizations to act as motivation to improve their professional work.

Motivation. Participants described that their FOI motivated them to deepen their understanding of their personal experience. Particularly, the counselling students demonstrated a desire to uncover why they were experiencing FOI and, in the case, when FOI was determined to be stemming from their personal experiences, the participants sought to understand more about these areas of their personal lives. Similarly, Thériault, Gazzola, and Richardson's (2009) described FOI as a contributing factor in novice counsellor's gaining increased knowledge about themselves. Further, they considered this type of introspection to be a positive consequence of FOI because it contributed to novice counsellors learning more about their limits, expectations and humility. Orlinsky, Rønnestad, and Willutzki (2004) determined that counsellors' in-session experiences with clients has the capacity to not only facilitate introspection into their personal lives but also has the capability to influence various elements of counsellors' personal lives and personalities.

In contrast to the positive effects of FOI as a motivating factor in counsellors' introspection, Bischoff and Barton (2002) discussed how issues in counsellors' personal lives that caused stress could distract them in-session and make them less aware of their responsibilities as a counsellor. Bischoff and Barton (2002) noted that the negative impact of personal experiences were more pronounced during the first 3 to 4 months of clinical experience and they discussed how at this stage of the beginning counsellors development, their confidence is more fragile. Further, the stress of having to manage their own personal issues as well as manage their clients led participants to confusing the boundaries between themselves and their clients. Taken together, it appears that the self-reflection that FOI may encourage can result in increased self-knowledge outside of the sessions (Thériault, Gazzola, and Richardson's, 2009) however, while in session, self-doubts leading to personal introspection can have a distracting, disengaging and detaching effect.

Management of FOI.

The management of FOI main theme did not require categories to separate the subthemes. The subthemes that emerged in the management of FOI included (a) accepting developmental stage as

counsellors in-training (b) facing the FOI (c) gaining more direct client contact (d) modifying behaviour/adapting approach used with client (e) avoiding negative self-talk and engaging in diverse set of self-care methods (f) addressing personal issues affecting therapeutic work.

Participants in this current study appeared to demonstrate a willingness to accept their FOI and an ability to consider their level of experience when making attempts to conceptualize their FOI. This theme closely supports findings by Thériault, Gazzola, and Richardson's (2009) who noted that novice counsellors often felt relieved when they provided themselves with the opportunity to admit their mistakes and limitations. Also, as the participants in their study engaged in the process of accepting instances of FOI that they experienced, they became better able to manage the FOI when it occurred in the future.

This experience of participants in this current study was contrary to Rønnestad and Skovholt (2003) phase model but was similar to results reported by Stahl et al. (2009). Specifically, in the phase model, the advanced student appears to recognize their self-doubts and unique vulnerability as a counsellor-in-training yet still internalizes a high standard for professional competence which demonstrates an inability to accept the consequences of their developmental stage. Although participants in this current study experienced the weight of attempting to live up to expectations, they expressed a genuine acceptance that these expectations were going to be difficult to meet and that the consequential FOI was not an experience to avoid. In contrast, Stahl et al. (2009) noted that counselling interns in their study framed the lessons that they learned in a context that was reflective of their developmental level as counsellors-in-training.

Participants in this current study described the importance of gaining direct client contact in managing their experiences of FOI. Specifically, participants felt that their FOI diminished as they gained hands on experience working with clients. Similarly, counselling trainees in a study by Ikonomopoulos, Vela, Smith, and Dell'Aquila (2016) reported that the most helpful experience during their internship to enhance their self-efficacy was gaining direct client contact experience. This finding is consistent with Bandura's (1977) conceptualization of direct mastery experiences where participants gain confidence after successful experiences with a particular activity. Participants also shared how obtaining feedback from clients and seeing their clients' progress was important for relieving FOI and contributed more generally to their development as counsellors.

Also, Lindqvist et al. (2017) explored feelings of professional inadequacy among a sample of beginner teachers and found that as the participants gained more experience, the less professional

inadequacy they felt and the less support they required. These authors suggested that the bulk of teaching beginning teachers must take place within the schools which is related to the participants in this study expressing that they learned to manage their FOI by gaining direct client contact. These findings are consistent with IDM model (Stoltenberg, McNeill, & Delworth, 1998) which found that as counselling students progressed through their development, they became more autonomous in practical work with clients and demonstrated attempts to function independently. Bischoff (1997) noted that when beginner counsellors solely relied on supervisors as their means of evaluation, they reported not receiving a reliable standard for evaluation and the counsellors indicated that only by gaining direct experience with clients were they able to be provided the exposure that they required to prepare themselves for future clinical experiences.

Finally, in managing FOI, each of the participants in this study emphasized the importance of avoiding negative self-talk and engaging in a diverse set of self-care methods. The participants described that when they engaged in negative self-talk it led them to avoid their self-care strategies. Unfortunately, participants in this study felt that they were thrown into their internship without adequate training however, the specific areas of training labelled as insufficient were not described in detail by participants. Majority of the participants expressed that their programs and supervisors did not highlight the importance of self-care and self-awareness which was consistent research conducted by Pompeo and Levitt (2014) and Skovholt and Ronnestad (2003).

An intriguing finding in this study was that the negative self-talk participants engaged in frequently took place outside of the therapeutic setting which suggests that the FOI may have become legitimized outside of the session by engaging in a negative self-reflective process which focused on their in-session actions. Interestingly, Kelly and Kelly (2007) discussed how individuals who worry about outcomes often come to understand their worry as being beneficial when faced with difficult circumstances. Similarly, Clance and Imes (1978) suggested that the Imposter Phenomenon often occurs when individuals are facing a difficult task and they engage in worry, doubt and anxiety which over time is reinforced and becomes internalized as being necessary for successfully overcoming a challenge. Participants in this current study appeared to recognize this process and discussed making attempts to avoid negative self-talk to manage their FOI. This management strategy was shown to be effective in a similar study which explored self-reflective practices among counsellors-in-training (De Stefano, Overington, & Bradley, 2014). Specifically, De Stefano, Overington and Bradley (2014) noted that when counsellors-in-training adopted a mindful approach and demonstrated a self-compassionate attitude, their self-doubts

were eased. Each of the participants in this current study identified being self-compassionate and avoiding getting too down on themselves as helpful strategies in managing their FOI.

Thériault, Gazzola, and Richardson's (2009) found that the novice counsellors in their study stressed the importance of engaging in self-care. Specifically, they mentioned that counsellors engaged in self-soothing techniques to manage the FOI that they experienced. In a study conducted by Theriault, Gazzola, Isenor, and Pascal (2015), a group of experts identified the importance of engaging in self-care methods and specifically recommended managing time, setting boundaries, avoiding isolation and setting realistic expectations as effective self-care methods that counsellors in-training should engage in. Additionally, the experts in this study emphasized the importance of developing self-awareness which has been reiterated by other authors including De Stefano, et al. (2012) who identified self-awareness as being a hallmark of good practice when managing FOI. Further, De Stefano, et al. (2012) cited Hatcher and Lassiter (2007) and Skovholt, Ronnestad and Jennings (1997) in concluding that to manage FOI, the capacity to reflect on one's own work and apply metacognitive skills to plan for circumstances that may cause FOI is essential.

Participants in this study demonstrated a capacity for self-reflection and self-awareness while describing how they managed their FOI through accepting their developmental stage as counsellors-in-training, modifying behaviour/adapting approaches used with their clients, and addressing personal issues that were affecting their therapeutic work with clients. This finding resembles recent research which identified the benefits of PSD (Nissen-Lie et al., 2015). Specifically, Nissen-Lie et al (2015) concluded that clients benefited most by working with counsellors who demonstrated an ability to recognize their self-doubts and allow themselves to report when they experienced self-doubts because it demonstrated a more accepting way of treating themselves as a person. Although the effects of counselling interns FOI on the client-therapist relationship and client outcomes were not measured in this current study, it important to also reference studies conducted by Nissen-Lie et al (2010) and Nissen-Lie, Monsen, Ulleberg, and Rønnestad (2013) which found that PSD were a strong, positive predictor of both early client related alliance and client change in naturalistic psychotherapy settings. Taken together, these findings suggest that when counsellors develop their capacity for self-awareness, they can utilize this self-awareness for several purposes which include: managing their self-doubts (Nissen-Lie et al., 2015), increasing their own overall wellbeing (Macdonald & Mellor-Clark, 2015), increasing

their alliance with clients (Nissen-Lie et al., 2010) and enhancing their client outcomes (Nissen-Lie et al., 2013).

Seeking Supports for FOI.

The last main theme was labelled as seeking supports for FOI which was described in terms of two categories, each of which included a set of subthemes. The category entitled: supervisor included the following subthemes (a) qualities and actions that normalize the experience of FOI (b) difficulties internalizing positive feedback (c) desiring for practical advice/suggestions (d) attempting to mask and compensate for FOI. The categories entitled: peers included the following subthemes: (e) qualities and actions that normalize the experience of FOI (f) opportunities to learn (g) sources of FOI.

Supervisor. Participants sought support from their supervisors in a variety of different ways to manage their FOI. Additionally, the dynamics that defined the supervisory-trainee relationships were made up of certain qualities and actions that either facilitated or impeded the disclosure of FOI and each of which included subsequent reactions from trainees related to how they decided to utilize their supervisors to manage their FOI. A meta analysis by Wilson, Davies and Weatherhead (2016) determined that the most important component in having a positive supervisory experience was the strength of the supervisory relationship. Participants in this current study emphasized the importance of the supervisory relationship and listed a range of qualities that helped to establish a strong relationship as well as normalize their FOI. The supervisor qualities that were mentioned by participants included providing encouragement and reassurance; validating feelings and experiences, being open and transparent; demonstrating a willingness to discuss and process participants FOI and finally being non-judgemental. Each of these qualities and actions of supervisors have been found to contribute to a positive supervisory relationship (Ladany, Mori & Mehr, 2013; Johnston & Milne, 2012; Worthen & McNeill, 1996).

Specifically related to the helpful qualities and actions of supervisors that were listed by participants in this present study, Worthen and McNeill (1996) found that counselling trainees in their study identified supervisors that were open, supportive, caring and non-judgemental as being the most helpful in establishing a space to process their experiences and feelings. Also, when supervisors normalized supervisee's experiences, it has been found to provide them with reassurance and increase their confidence in the work they do with clients (De Stefano, Atkins, Noble, & Heath, 2012; Worthen & McNeill, 1996). Finally, the participants in this current study reported that supervisors self-disclosure of FOI was important in helping them to normalize their

own experience of FOI. Although not specific to disclosure of FOI, Worthen and McNeill, (1996) found that when their supervisors used self-disclosure, it helped counselling trainees, especially those with less experience, to reduce negative ascriptions to their behaviours, reduce their anxiety of sharing their own perspectives, observe their supervisors behaviour and thinking and encourage them to frame their mistakes as learning experiences.

Rønnestad and Skovholt (2003) phase model of counsellor development discussed the impact of supervisors feedback on the participants' development and proposed that the beginning student would often measure their effectiveness based on both their supervisors as well as their clients positive and negative feedback. A finding from this present study provides insight into the supervisor-trainee relationship and how feedback is internalized by students during their internship. Specifically, it appeared that participants experienced difficulties internalizing positive feedback from their supervisors and although they were receiving both positive and negative feedback from their supervisors, they seemed to filter out the positive and were more open to negative feedback or constructive criticism. This behaviour, particularly the trainee's perception that their supervisors were overestimating their abilities and that their feedback was not reflective of current counselling skills, is symptomatic of individuals experiencing the Imposter Phenomenon.

Despite the supervisors reactions to the participants FOI, there were instances where their support was not helpful in managing the beginning counsellor's FOI. A study conducted by De Stefano, Overington and Bradley (2014) obtained similar findings which indicated that there were instances where counselling students were experiencing chronic and unrelenting self-doubts and anxieties about their competence and despite tangible evidence of growth or positive feedback from their supervisors and clients, their FOI remained. In some cases, the supervisory relationship can represent a source of anxiety and self-doubt for counselling students and make them undermine their perceived self-efficacy (Wilson, Davies & Weatherhead, 2016). For example, qualitative research suggested that experiences of FOI among counsellors-in-training could be a result of receiving unexpected feedback from a supervisor (De Stefano et al., 2007). In this study, participant's discussed feeling FOI due to their supervisors expectations. Similarly, Bottrill et al., (2010) found that participants' fear of receiving a negative evaluation can result in decreased comfort in discussing difficult subjects with their supervisor which may factor into the results of this current study which suggested that participants made attempts to mask and compensate for their FOI. Also, past research has found that in instances when counsellors-in-training were

provided with excessive negative feedback and when they felt powerless in the relationship, it often led to feelings of self-doubt (Nelson & Friendlander, 2001)

While participants in this current study appreciated their supervisors qualities and actions that validated and normalized their FOI, they also expressed a desire for practical advice from their supervisors. De Stefano, Atkins, Noble, and Heath, (2012) found similar findings which indicated that the supportive actions of supervisors can be helpful in normalizing trainees feelings of inadequacy, yet the majority of the participants in their study expressed a desire for their supervisor to provide more direct guidance on ways in which they could directly improve their work with challenging clients. Likewise, Bischoff and Barton (2002) mentioned the importance for beginner counsellors to feel validated by their supervisors but similar to this study's findings, the participants discussed the importance of having supervisors discuss their specific in-session behaviours and use their own clinical expertise to comment on trainees work. Broadly, the participants appreciated when their supervisors assisted them in processing their in-session work.

Peers. Similar to the relationship between supervisors and counselling interns in this study, peers were used as a support for managing FOI. Interestingly this study found that essentially the same qualities and actions displayed by supervisors were effective in normalizing the experience of FOI among participants when they were used by peers. One main distinction in this theme between the ways in which supervisors and peers supported participants FOI was that peers and participants seemed to bond over their FOI which made the experience less isolating. Woodside et al (2007) also found that counselling students in their study would bond over the fact that all of them were intimidated by the self-doubts they experienced. The beginning counsellors in Bischoff and Barton's (2002) study highlighted the importance of having their peers normalize their feelings of self-doubt, low confidence and anxiety. The participants felt that their peers helped them to accept their developmental stage as beginning counsellors and found that interacting with more experienced peers helped them to contextualize their development and reaffirmed that as they continued to gain experience, they would become more competent in areas where they felt incompetent.

Beyond bonding over FOI, participants in this current study found that they used their interactions with peers as opportunities to learn. Bischoff and Barton (2002) discussed the importance of having trainees learn from their peers and use them as a practical resource to develop. This finding displayed consistency outside of the counselling literature. Lindqvist, Weurlander, Wernerson, and Thornberg (2017) explored four focus groups of beginner teachers at

different stages of their teacher education program and reported that the participants learned to rely on their colleagues and those with more professional experience for support when they were experiencing professional inadequacy. Further, and similar to this study, the beginner teachers sought practical guidance on how to resolve specific issues they confronted in the classroom environment that were causing them to experience professional inadequacy. Taken together, the counselling interns in this present study utilized their supervisors and peers as both a resource to normalize their FOI through validation and reassurance as well as a means of gaining practical counselling advice to expand their skills through constructive criticism and guidance.

Limitations

Despite the contributions discussed above, there are three main limitations which should be considered. First, this study only had four participants, selected from three different universities which make the generalizations of these findings tentative at best. It is very possible that the participants from each of the different programs selected had unique developmental experiences that were dependent on the structure of their program which would have impacted the findings. For example, two of the participants were selected from a University where they began gaining direct client contact experience at an internship site within the first three months of being in their program whereas the other two participants did not begin gaining direct client contact experience at an internship site until they had completed one full year of course work. This difference in the start dates of the internship experience among the participants could have impacted the degree to which FOI was experienced, its effects and how it was managed.

Second, the participants who were selected to participate in this study were informed prior to the collection of the data that this study was designed to examine the experiences of FOI and self-doubt among counselling interns. Therefore, it is possible that there may have been a self-selection bias which occurred whereby trainees who were interested in participating were experiencing more FOI than other counselling students at the same developmental stage. Counselling students who were experiencing FOI may have wanted to participate to gain a deeper understanding of their own experience and how to manage their FOI. Also, related to participant characteristics, it is noteworthy to mention that this study did not explore the differences between age, genders, ethnicity; theoretical approach; and prior counselling experience among the participants. Although these variables were documented using the demographic form, these areas of study were beyond the scope of this current study.

Third, and related to the study's design and the structure of data collection, is that half of the participants (two out of the four) had to rely on retrospective accounts of their FOI and their development as counsellors because they had already finished their internship experience within the past six months at the time of data collection. It is possible that the two participants who had already completed their internship may have been reflecting on their current developmental stage as newly graduated counsellors as opposed to counsellor-in-training throughout the interview. An approach that may have provided a more accurate representation of counselling interns FOI would have been to explore their FOI at different points throughout the course of their internship to gain understanding and insight into how the experience and management of FOI develops and changes throughout the internship experience. Despite these limitations, that emphasize participant characteristics and contextual factors in this study's design, these results appear to support several findings included in past literature exploring the developmental experience of counsellors-in-training and their experiences of self-doubt.

Recommendations for Future Research

This study addresses several components of a gap in the literature concerning FOI among counselling students in their internship. Several recommendations for future research have been identified which could build upon the findings presented in this current study. In this section of the paper, the recommendations for future research will be separated to address the four main themes which emerged in this study.

First, future research should aim to gain a more comprehensive and complete understanding of the experience of FOI and how it develops by collecting the data at multiple stages of the internship experience. This research study conducted only one interview with each participant, while they were either in their internship or had graduated within the last six months. Ideally future research could investigate FOI among counsellors-in-training at the beginning, halfway mark and the end of their internship. However, provided the unrealistic time commitment required from participants in the suggested data collection procedure detailed above, an alternative method could mirror the data collection process as conducted by Bischoff and Barton (2002). In this study, Bischoff and Barton measured changes in levels of confidence among a sample of counsellors-in-training during their internship by interviewing all of the participants within the first three months of completing all of the program requirements which ensured that all of the participants had the same amount of experience. Before the interviews began, the researchers had participants graph their changes in confidence throughout their internship and during the interview

asked participants to discuss their changes in confidence starting at the first month. Participants were instructed to use the graph as a resource during the interviews which helped to structure the conversation to capture the changes in levels of confidence throughout their internship experience. Since participants in this current study reported experiencing FOI at the highest levels of intensity during the beginning of their internship and identified the importance of gaining direct client exposure in managing their FOI, it would have been helpful to understand how the experience, effects and management of FOI changed as the internship progressed and participants gained more direct client contact experience.

Also, a second recommendation related to the experience of FOI among counselling students is that future research should explore trainee's FOI and its relation to varying levels of complexity among client presenting problems. Throughout this study a theme that emerged was that participants experienced FOI when working with certain client presenting issues. Additionally, participants discussed feeling FOI when they had limited experience working with certain client issues and their FOI intensified or was lessened based on the complexity of their clients presenting issues. Therefore, it would be interesting to gain a deeper understanding of which client presenting issues might elicit more FOI among participants to inform counsellor and client pairings to ensure that the potential pairings are sensitive to counsellors developmental stage and consider their internal subjective experience.

Two recommendations for future research related to the effects and management of FOI can be made based on this study's finding. First, the results indicated that management strategies could be categorized as being either helpful and unhelpful based on the degree to which they increased or decreased the frequency and intensity of the experience and subsequent effects of FOI among participants. To further explore the degree to which certain management strategies were either effective or ineffective, future research could develop a testing questionnaire to objectively measure trainees FOI to determine the relation between certain management strategies and the experience and effects of FOI. Also, these findings are inadequate in determining whether strategies categorized as being helpful or unhelpful in the management of FOI had positive or negative effects on their practical work with clients. For example, it would be interesting to gain an understanding of client perceptions of working with counsellors-in-training who indicated either high or low levels of FOI. Therefore, the second recommendation for future research related to the effects of FOI and how participants managed their FOI is that future research should

explore trainees experiences of FOI as it relates to client perceptions of the therapeutic process and client outcomes.

Last, this study only grazed the surface of the many complex dynamics that potentially exist regarding how counselling students utilized their supports, particularly their supervisors and peers, to manage their FOI. Supervisors represented both a source of self-doubts through the expectations that they had for their students, but they also contributed a pivotal function for students in managing their FOI. Based on the findings, supervisors should attempt to create an atmosphere where there is tolerance for self-doubts by making efforts to normalize students FOI while assisting them in reflecting on and processing their FOI. Trainees clearly felt more comfortable and less fearful in disclosing their FOI to peers and viewed the experience as an opportunity to foster personal relationship with their colleagues. Yet, the participants desired practical advice in managing their experience which was demonstrated in their willingness to rely on their supervisors for the access to expert knowledge. Thus, more research dedicated towards determining the differences that supervisors versus peers offer counselling students in the management of FOI may provide a more comprehensive representation for counsellors-in-training on how to utilize these supports to maximize the potential growth that FOI have to offer.

Implications

Taken together, this study has provided insight into the experience of FOI among counselling interns which contributes broadly to past literature identifying self-doubt in counsellor development (Rønnestad & Skovholt, 2003; Stoltenberg, McNeill, & Delworth, 1998). Based on the core narratives expressed by participants in this study, it appears that counsellors-in-training have similar experiences and effects of FOI as those documented among novice counsellors (Thériault, Gazzola & Richardson, 2009) as well as experienced counsellors (Thériault & Gazzola, 2005). Conversely, an important finding that appears to be unique to the experience of FOI among counselling interns is the dilemma they face between feeling unprepared to begin an internship experience yet reporting the effectiveness of managing their FOI through gaining direct client contact experience. Further, the participants described a set of strategies which contributed to the management of FOI which demonstrated the importance of self-care, self-awareness and the relationships between trainees, supervisors and peers. Therefore, the implications will aim to address these main findings and discuss their potential to inform our understanding of professional development among counsellors-in-training, advance research on the therapist's self and influence counselling psychology pedagogy and clinical supervision.

Regarding the experience of feeling unprepared to begin the internship, past research detailing the ambiguous nature of clinical training and supervisor expectations may provide insight into this finding. De Stefano, Overington and Bradley (2014) found that the FOI that can arise from the ambiguity within clinical training and supervisor expectations can be mitigated to some extent by acknowledging and accepting the ambiguous nature of clinical training and work as a counsellor. Additionally, Pica (1998) concluded that in working to accept the ambiguity of clinical training and becoming comfortable with not having all of the answers, students will foster the development of creative and critical thinking skills which will help them to develop as clinicians. Regarding how supports can assist counselling students to manage the self-doubts that arise from the ambiguous nature of training, Levitt and Jacques (2005) recommended that supervisors assist their students in becoming comfortable wrestling with the ambiguous nature of counselling training and their work with clients. Moreover, Pica (1998) suggested that counselling students would benefit by being assigned a student mentor that was more experienced than they to provide students with a personal and professional support to manage their self-doubts and to assist them in navigating the ambiguous nature of their clinical training. Lent et al., (2009) found that the trainees focused on quite ambiguous cues to gauge client's progress and demonstrated a need for clearer performance feedback. Therefore, it may be useful to provide counselling interns with objective measures of their client's improvements by frequently using scales to measure the extent to which client's mental health issues changed during counselling.

Participants described how the use of self-awareness and self-care, or the lack thereof, impacted their FOI and particularly how they managed this FOI. Although participants did not explicitly discuss self-awareness often, its significant role related to FOI was on display when they described the experience and effects of FOI they experienced in-session. Specifically, their awareness of FOI in session appeared to have negative implications by causing participants to form a preoccupation with their own experience which eventually led to feeling withdrawn, questioning how to proceed, and feeling less present with their clients. The effects of decreased self-awareness in session can result in increased self-doubts and can negatively impact clients. Wei et al. (2017) demonstrated that counsellors-in-training who experienced less self-awareness in session with their clients had lower scores on self-efficacy when they were experiencing more self-focused attention. An alarming statistic presented by Nutt Williams (2003) revealed that 44% of beginner counsellors had no strategies in place for managing the distracting effects of self-awareness while in-session with clients.

Wei et al. (2017) recommends two main strategies to manage the negative effects of self-focused attention. First, counsellors-in-training may benefit by centering themselves before sessions by utilizing self-talk techniques such as thought stopping or deep breathing exercises. Since the participant's distracting thoughts in-session often took the form of negative self-talk, a useful strategy proposed by Williams (2003) is to engage in positive self-talk to self-soothe which was found to be helpful in managing negative self-talk and keeping focus on clients. Second, when managing the difficulties of staying present in session with clients, Wei et al. (2017) suggested that trainees should return to their use of foundational, basic counselling techniques. Specifically, it was found that individuals who used less basic counselling skills to manage their self-focused attention, experienced a decrease in their counselling self-efficacy (Wei et al, 2017). Hill et al. (2007) studied the experiences of beginner counsellors and determined that when students learn to rely on their foundational counselling skills, it provides them with a sense of security as well as something to draw upon when they are experiencing doubts and questioning how to move forward in session with clients.

In this present study, participants indicated that self-care was an important factor in managing their FOI, yet they neglected, to a large degree, detailing which self-care methods could be utilized to manage FOI and why they were personally helpful. Although participants did briefly mention a diverse set of self-care methods, there was a general lack of consensus among participants regarding which self-care methods were effective and why. Two of the participants expressed that counselling interns should do whatever they usually do for self-care to manage their experiences of FOI. Despite acknowledging the importance of self-care, the process of determining and implementing self-care strategies is not an intuitive process for most counsellors-in-training and participants in this study often reported avoiding self-care in instances when they were experiencing FOI. These findings parallel those presented in studies conducted by Knudsen et al (2013) and Mor Barak et al (2001) which suggested that beginning counsellors lack the necessary experience to implement effective self-care strategies.

This avoidance of FOI and the self-care strategies to manage FOI has serious ethical implications and can directly affect client's wellbeing. Thus, it is unsurprising that regulatory colleges and associations have placed emphasis on requiring psychotherapists and psychologists to demonstrate professional competencies in self-reflection and self-care (CPA, 2000; APA, 2010; OPQ, n.d.; CRPO, 2015; ACA, 2014). Thériault and Gazzola (2006) proposed that a detailing of known and effective coping mechanisms would improve therapists' ability to process their FOI.

This study demonstrates that trainees could benefit by having formal support from counsellor educators and supervisors in implementing known and effective self-care and self-awareness strategies to manage their FOI. Encouraging students to conduct continual reflection may help them to develop the practice of reflexivity that is critical to lifelong professional development. However, it is important to note that a counsellor's self-awareness develops over the course of their career and that most growth occurring after formal counsellor training (Skovholt & Ronnestad, 1992). Therefore, counsellor educators and supervisors may contribute a vital role in helping trainees to lay the groundwork for developing these skills which they will expand upon throughout their careers to manage FOI in the future.

The FOI that participants experienced outside of the sessions appeared to occur in a pattern whereby they would doubt their in-session actions which led them to negative self-talk and avoiding self-care practices. To support counselling interns with the FOI they experience outside of sessions, it may be beneficial for supervisors to explore students experiences outside of session and specifically explore processes of negative self-talk with the goal of interrupting this negative cycle of FOI from being reinforced and eventually internalized as a coping mechanism. One potential practice that may be beneficial is encouraging counselling students to engage in reflective activities outside of session to document and develop an awareness of their self-doubts. De Stefano, Overington and Bradley (2014) discussed the benefits of having counselling students use self-reflective journaling to document their experiences with clients as well as develop an awareness of their thoughts, feelings, observations, skills, and relations with peers, educators, supervisors and clients. Taken together, it is important that counsellor educators and supervisors help their students to develop the skills they require to recognize moments when they are distracted by their self-doubts in-session or ruminating on their self-doubts outside of session and teach them to adopt effective strategies to manage this experience to increase their self-efficacy (Van Wagoner, Geso, Hayes & Diemer, 1991).

Related to how participants in this current study managed their FOI beyond their use of self-care and self-awareness, participants utilized the support from their supervisors and peers. Similar to finding presented by Stoltenberg and Delworth (1987) as well as Bischoff and Barton (2002), the participants in this study seemed to rely heavily on their supervisors ability to help them develop their practical counselling skills. Helpful supervisor actions and qualities were those that normalized the experience of FOI and made interns feel comfortable discussing their FOI by being non-judgemental, open, transparent, validating and reassuring. In contrast, unhelpful

supervisor actions and qualities were those that made the participants feel distant from their supervisors and perceive their supervisor as solely a source of evaluation which enforces a set of expectations. Although the participants in this study appreciated the helpful supervision qualities and actions they also expressed a desire for practical advice which addressed how to overcome their FOI through developing their skills. The implications that can be drawn from these findings are that the supervisor contributions can provide both risks and opportunities for trainees. Therefore, supervisors must recognize and appreciate trainees crucial need for support with their FOI and must be attuned to the power dynamics that contribute to the relationship and specifically the trainees disclosure of FOI. Gazzola and Thériault (2009) suggest that supervisors should avoid establishing a relationship with supervisees which accentuate the power differential through relying heavily on their evaluative role and that they should make a conscious effort to promote an egalitarian relationship whereby counsellors-in-training feel open to receiving feedback and constructive criticism.

Additionally, in accounting for the broader educational implications of these findings, it is evident that counsellors-in-training would benefit from efforts on behalf of counsellor educators to normalize the experience of FOI. One way to establish this type of learning environment for counsellors-in-training may be to facilitate discussions which are situated in research exploring the developmental experiences of counsellors-in-training (Stoltenberg, McNeill, & Delworth, 1998; Rønnestad & Skovholt, 2003). Further, counsellor educators should present FOI to their students as a common experience that should be normalized and accepted as a learning experience to honour opposed to an undesirable feeling/state to avoid disclosing for fear of negative evaluation. Counsellor educators have the ability to structure their classroom environments in such a way that addresses the specific developmental needs of the beginning clinician. Undoubtedly, competence is an inherent need for clinicians at all levels of levels of experience but at the developmental stage of a beginning counsellor, the competence consideration is relatively unclear, and the fear associated with this mystifying experience is a topic that should hardly go unaddressed throughout the educational experience.

Conclusion

The findings of this study are important because they provide an understanding of FOI experienced by counsellors-in-training and help counsellor educators and supervisors to provide education that is more sensitive and reflective of the trainees developmental needs. Upon completing the masters level internship experience, students transition from having regular and

formalized supervision, frequent contact with peers at a similar developmental stage, and constant exposure to counselling related education, to the novice professional phase where none of these privileges are available with the same degree of certainty. The literature on self-doubt and FOI undoubtedly demonstrates that it is an aversive experience that counsellors-in-training frequently experience and attempt to manage to avoid its detrimental effects on their therapeutic work. The seemingly inevitable experience of self-doubt is likely to go unchallenged regardless of its level of intensity and consistency. Thus, it is necessary that counsellors-in-training receive the most effective education and supervision as possible while completing their graduate training to address the experience of FOI and how it can be effectively managed.

Additionally, past research indicates a need for counsellors-in-training to discuss their FOI and to have more opportunities to disclose the FOI they experience (Thériault et al., 2009). On one hand, counsellor educators and supervisors have the role of supporting interns but on the other hand they have the responsibility to evaluate them (Worthen & McNeill, 1996). This leaves the counselling intern in the predicament of either coming off as incompetent to their evaluators or suffering with their FOI in silence. This study provides counsellors-in-training, educators and supervisors with a broad understanding of the experience of FOI among a sample of counsellors-in-training and explains how they sought to manage this experience using the skills and supports available to them. The implications for educational policy rests on the assumption that to experience the full benefits that FOI has to offer and to minimize its negative effects, including the direct harm that it can cause to clients, there must be a dialogue between counselling interns and their educators/ supervisors that addresses FOI in an open, trustworthy and non-judgmental manner.

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Appendix A

Recruitment Text

My name is Bradley Daly and I am a master's student at the University of Ottawa. As a part of my thesis, which is being supervised by professor Nick Gazzola, Ph.D., I am interested in exploring feelings of incompetence (FOI) that you may have experienced during your master's counselling internship experience. FOI refers to occasions when a counselling intern believes that "his or her ability, judgment, and/or effectiveness as a therapist is absent, reduced, or challenged internally" (Therriault & Gazzola, 2008, p. 20). Specifically, I am interested in when you experienced FOI and how it affected you on a personal and professional basis. Further, I am interested in what self-care strategies or protective practices you employ, or hope to employ in the future, to manage the FOI you may have experienced during your internship.

Your participation will contribute to the completion of my MA thesis in Counselling Psychology at the University of Ottawa. If you agree to participate in this study, you will be asked to participate in an interview which will last approximately 60 to 90 minutes to discuss your experiences of FOI. Participants will be selected based on a first come/ first serve basis. Depending on your individual comfort and availability, interviews will occur either in-person, over the phone or on a video conferencing software. The interviews will be audio recorded on a separate device using a program called *Audacity*. Any responses that you give will be kept confidential and identifying information of names and places within the data will be altered as needed. You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions without any consequences. If you are interested, please contact me and I will be glad to share more details about the study with you.

Appendix B:
Consent Form and Letter of Information

A Qualitative Investigation Exploring Feelings of Incompetence Among Counselling Interns

Bradley Daly, BA
Master of Arts Candidate
Counselling Psychology, Faculty of Education
University of Ottawa

Nicola Gazzola, Ph.D.
Thesis Supervisor
Faculty of Education
University of Ottawa

Invitation to Participate: I am invited to participate in a research project conducted by Mr. Bradley Daly under the supervision of Professor Gazzola as part of his MA thesis at the University of Ottawa.

Purpose of the Study: I understand that the purpose of the study is to collect information on feeling of incompetence experienced by counselling psychology students completing their internship.

Participation: My participation will consist of answering a short demographic questionnaire and participating in an interview about my experiences with this issue. The time needed for this is approximately 60-90 minutes and interviews may be conducted in person or via telephone/video. This will take place at a time and location convenient to me. Mr. Bradley Daly will audio-record my responses.

Assessment of risks: My participation in this study entails no foreseeable risks. However, if I experience any discomfort, Mr. Bradley Daly has assured me that he will make every effort to minimize this discomfort. I may decide to stop the interview at any time.

Benefits: By expressing some personal ideas about my experiences during my counselling psychology internship I will contribute to efforts to understand the inner experiences and course of development for counsellors in training.

Privacy of participants: I have received assurance from Mr. Bradley Daly that the information I share will remain strictly confidential. A pseudonym will be used to protect my identity. Identifying information such as names and locations within the data will be altered as needed.

Confidentiality and conservation of data: The data will be used for the purpose of the MA thesis. I have been assured that the audio recording and transcripts will be kept in a secure manner at the researcher's home during the research, and upon completion of the project will be stored by Professor Gazzola at his home for five years. After five years, the material data will be shredded and electronic data will be erased.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed.

Acceptance: I, _____ [*Name of participant*], agree to participate in the above research study conducted by Mr. Bradley Daly as part of his MA thesis at the Faculty of Education, University of Ottawa under the supervision of Professor Gazzola.

If I have any questions about the study, I may contact the Mr. Bradley Daly or Professor Gazzola.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387

Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's name	Signature:	Date:
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Researcher's name	Signature:	Date:
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Appendix C**Demographic Questionnaire (adapted from Antunes-Alves, 2010)**

Participant: _____ Code: _____

Date: _____ Time of interview: _____

Place of interview: _____

Interviewer: Bradley Daly

1) What is your year of birth?**2) What is your year of study?****3) Is counselling your first career?**

a. YES

b. NO

4) How would you describe the counselling services you provide at your internship site?

a. Community

b. School

c. Hospital

d. Private practice

e. Other (please describe: _____)

5) Relating to the nature of clientele you served at your internship, please list the general reasons for which your clients seek counselling (e.g., anger management, trauma, depression, career, etc.).**6) Please list your preferred Theoretical Orientation(s) E.g., Psychoanalytic, Person Centered, Cognitive-Behavioural, Existential, Family Systems)****7) What degree(s) do you have in your current field?****8) Please list your previous counselling related experience.**

Appendix D

Interview Protocol: A Qualitative Investigation of Feelings of Incompetence among Counselling Interns

Participant: _____ Code: _____

Date: _____ Time of interview: _____

Place of interview: _____

Interviewer: Bradley Daly

1) Where did you complete your internship and how long were you there?

a. What did a typical day look like for you?

b. How many clients did you see?

c. How much supervision did you receive and how do you find your supervision?

2) What aspects of your internship did you enjoy? What aspects did you find to be difficult?

Prompt: In session? In supervision?

3) Can you recall having experienced feelings of incompetence (FOI) or self-doubts in/out of session with clients? How about experiencing FOI or self-doubts in supervision?

a. How do you experience feelings of incompetence?

Prompt: Does it just sort of happen? Does it take time to develop? What does it feel like after the event that may have triggered it? Does it occur on a regular basis? Does it come and go or is it a constant feeling that stays with you?

b. Are there any particular instances or situations that you can recall for me?

Prompt: Take a bit of time to think about this? Walk me through this situation. What did this feel like for you?

4) How did your FOI affect your professional role as a counselling intern? How did your feelings of incompetence affect your personal life (Eg. Social, emotional, physical, spiritual)?

5) What did you do to deal with FOI?

a. Are there certain methods that you found helpful in managing your FOI?

Prompt: Could you list three methods that you used? What worked and what did not work?

b. Would you consider any of these methods as self-care?

c. What role do you feel self-care plays in managing your FOI?

Prompt: Could you tell me a bit more about that?

6) How do you feel your program of study has addressed FOI and Self-Care?

7) How did your internship supervisor(s) address FOI and Self-Care?

a. Did you bring up your FOI to your supervisor?

Prompt: Why or why not?

b. How did your supervisor address it with you?

8) Have you ever noticed that your FOI enhanced your working-relationship with clients?

Prompt: Perhaps it has allowed you to be more authentic, genuine or empathetic? Or maybe your FOI allowed you to step away from a mask of professionalism?

a. Have you ever noticed that your FOI enhanced your working-relationship with your supervisor?

Prompt: Perhaps it has made you more responsive to feedback or guidance?

9) What advice would you give students in Counselling Psychology about FOI?

Appendix E

Research Ethics Board Approvals

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number**Titre du projet / Project Title****Type de projet / Project Type****Statut du projet / Project Status****Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)****Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)**

S-04-18-540

A Qualitative Investigation

Exploring Feelings of

Incompetence among

Counselling Interns

Thèse de maîtrise / Master's
thesis

Approuvé / Approved

14/05/2018

13/05/2019

Équipe de recherche / Research Team**Chercheur / Researcher****Affiliation**

Bradley DALY

Faculté d'éducation / Faculty of Education

Nicola GAZZOLA

Faculté d'éducation / Faculty of Education

Role

Chercheur Principal / Principal Investigator

Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

A reminder: The most recent version of the consent form has not been uploaded to the current eReviews request form. Please use the consent form that was submitted via email to Kim Thompson on May 14th, 2018 (re: data conservation specifies that data will only be used for the purpose of the Masters' project).

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Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Kim THOMPSON

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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Ottawa, May 16, 2018

Bradley Daly
MA Student
Faculty of Education
University of Ottawa
UO Ethics file #: S-04-18-540



Dear Mr. Daly:

The Saint Paul University Research Ethics Board (REB) has received your request for an ethics evaluation. Since your project has been approved by the University of Ottawa, your application does not need a second evaluation from SPU REB. You are then allowed to recruit at Saint Paul.

I wish you every success in your research.

Best wishes,

Louis Perron, Ph.D.
Chair
Research Ethics Board

Appendix F
Open and Axial Codes

Verbatim Examples of Axial Codes	Open Codes	Axial Codes	Thematic Label
“So, you asked what was difficult. I think working with clients with social anxiety was difficult on a couple occasions because they are socially anxious, so it is difficult for them to open up and things don’t flow as well with them.” Brody “I have one client who came in recovering from an eating disorder, and that was something that was outside of my realm” Lisa <u>I’m like, this is new to me.</u> Like I know a little bit, but <u>I don’t know as much as, you know, maybe I would like to.</u>” Lisa “I was lucky because my first client was only career based and so she wasn’t in distress. <u>But God knows if I got someone in distress.</u> I wasn’t comfortable doing a suicide risk assessment.” Melanie “Sometimes there are issues that I am not at ease with or that are more challenging I feel hmm. <u>Maybe not incompetent but I feel</u>	- Acknowledging the FOI - Working with a client outside of professional competence - More challenged than feeling incompetent	• When were FOI experienced A) Certain client presenting issues	1) Experience of FOI

<u>more challenged.”</u> Teresa I feel that when I’m working with people who are in there 30’s, who are married and are talking about their marriage or when people are talking about their long-term relationships. Its like, <u>I’ve never even been in a relationship for more than a year, so I feel like, what am I supposed to do for these people? I can’t even get this own area of my life sorted out</u> and so this was always a common thing. I would often work with clients struggling with the same similar sorts of things that I am struggling with. You know, some issues were similar in ways and I feel like sometimes I would <u>identify with the clients on a personal level</u>, but I would be <u>like I don’t know what I can do for this person because I can’t get this sorted out in my own life.”</u> Brody “But when people would talk about things like marriage or thinking about	- No personal experience in a relationship - Experiencing FOI - Identifying with client issues - FOI because similar issues are not resolved in personal life	B) Client issues that had not been personally	
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getting a divorce, I would have some self-doubts about delving into that topic because I just didn't personally know anything about that. <u>When your talking about things that you have no personal experience with, that can cause you to have some self-doubts</u>" Brody <u>"Well especially when there are issues that ring close to home. Like issues that I have not addressed yet or issues that I haven't found a solution on yet for myself.</u> <u>"Teresa</u> <u>"I feel like when clients are struggling with the issues I struggle with, the incompetence is more intense for me. The teachers in the program have said that you can't bring the client further than where you are in your own life. So, I think that if I haven't overcome this in my own life, how can I help clients?"</u> Teresa <u>"I feel like that is where the FOI comes because you can't feel</u>	- Not having personal experience with client issues can cause self-doubt - Client's issues related to personal issues - Issues that have not been addressed/ resolved in personal life cause FOI - FOI intensify when client issues overlap with unresolved personal issues - Professors set expectation to overcome personal issues - Motivation to overcome personal issues to provide more effective services for clients - Not knowing enough about just one theory	C) Limited or no past professional experience	
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<u>like you are a master in at least one (of the theories).</u>” Melanie “I was like <u>I don't even know what clinical intuition is.</u>” Melanie “I would have to say <u>the resources that I could suggest to either them or the parent,</u> because <u>I am not as familiar with the area</u> and so I wish that I could kind of have a little bit more of a background in what even this community has to offer that I could offer students.” Lisa	- Not having enough experience to have a valid clinical opinion - Experiencing FOI because lack of knowledge on relevant resources	working with client issues	
“A bunch of the students would talk about how we felt that we were just being thrown into the internship experience and the profession as a whole without the adequate training. So much anxiety when we first started.” Brody “At the very beginning it was very stressful because <u>I didn't feel like I was ready,</u> but we were <u>being pushed to have clients</u> when we were still learning.” Teresa “<u>Whenever you start something new,</u> of	- Feeling that they were entering into the internship experience without adequate training. - Not feeling ready to see clients at the beginning - Feeling like program pushed students into internship without adequate training - Accepting the process of experiencing FOI	D) At the beginning of the internship	

<u>course your going to feel insecure about it.</u>" Brody "Definitely <u>more (FOI) towards the beginning.</u>" Lisa "<u>At the beginning it was definitely nerve wracking,</u> and the first few sessions were interesting because it was a little shaky because you are meeting clients for the first time." Lisa "<u>At the beginning,</u> at the beginning for sure. <u>I still feel incompetent,</u> but I feel like I don't feel as incompetent" Melanie "Off the start I felt very incompetent. <u>I felt like I was not knowing what I was doing.</u>" Melanie "<u>At the start I was very self-conscious</u>" Teresa "<u>My main concern was that I would feel like I am not doing anything for my clients</u>" Brody "shit I have this session tomorrow <u>and I don't know what the hell I am going to do for them.</u> I don't know what I am going to do" Brody	- More FOI at the beginning of internship - Nervous at the beginning of the internship - FOI were worse at beginning compared to now but still feel it. - Not knowing what to do at the beginning - Feeling self-conscious in supervision at the beginning of internship - Concerned about not doing enough for the client - Not knowing what to do for the client	•Why were FOI experienced E) Desire to be more effective and do more for clients	
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“I’ve been at school for awhile, but I am still new right. I’m like, <u>“how do I help? What can I do to help? What can I do?”</u>” Lisa <u>“I felt like I didn't do very much that day, considering how much went on and whatever.”</u> Lisa <u>“So, if I can not fix someone then immediately the incompetence comes in, because I’m like- well I didn't do anything productive. But then that’s based on my own agenda. I think that the building up, slowly becomes like, why, what am I doing?”</u>” Melanie <u>“just fear, fear that I am not doing a good job”</u>” Melanie “There was this expectation to hold, <u>there is always this expectation to hold but you do not really know what that expectation is.</u>” Melanie <u>“They give you all these expectations and say like, we are watching you.”</u>” Melanie <u>“they tell us that they are there to support us</u>	- Brainstorming how to support client - Desire to do more for the clients - Desire to fix clients causes FOI - Desire to gauge success on client’s growth - FOI building up slowly over time - Experiencing fear about not being effective with the client - Knowing that there is an expectation but not knowing what it is - Program creates high expectations - Fearful of not performing at required level of competence/meeting expectations	F) Supervisor expectations	
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<u>and say- we are there to support you, but also on the other hand it's like we are here to watch you and to evaluate you"</u> Melanie "It can be a little bit uncomfortable because they are evaluating you. Hmm (Pause for 5 seconds) I guess because they are evaluating there is some <u>anxiety associated with the evaluation</u>. I wanted to be as open as possible but was also <u>nervous about receiving a negative evaluation</u>." Brody <u>"I always had doubts and feelings like I was incompetent during my internship</u>. I think this is something that I struggle with always." Brody <u>"All the time. All the time"</u> Melanie <u>"Its not a specific moment but its more of an overall feeling that I have to manage</u>." Teresa <u>"Its on the way to class. And during. And sometime after</u>." Teresa <u>"It (FOI) would definitely oscillate</u>	- Supervisors as source of both support and evaluation - Anxiety about evaluative component of supervision - Fear of receiving negative evaluation. - Consistent feeling of FOI - Always experiencing FOI - Constant FOI versus FOI based on specific moments - FOI before, during and after class	• How were FOI experienced G) FOI as a constant H) FOI as a fluctuating experience that was	
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and sometimes I would feel pretty confident. After the <u>first week or so I was feeling pretty good</u> but then <u>I would get back into having self-doubts</u> and doubting my abilities and feeling that I am not doing anything.” Brody “I find that the <u>difficulty comes by a case by case basis. It is nothing that is like over all, because every case is so different,</u> especially with children and youth” Lisa “I think <u>it's the little bits,</u> because it will be one session here I will be like- I don't know what I did, <u>I don't know if they found it interesting, I don't know if it helped a little.</u> Melanie	- Experiencing moments of FOI then moments of confidence - FOI dependent on client - FOI slowly building up over time	dependent upon the context	
“I feel like I <u>withdrawal into my head</u> and I start thinking “<u>shit what do I do now?</u>” You know that <u>disengages you</u> from the person.” Brody “<u>I really feel like it was in my head</u>” Lisa “<u>but in your head, you are going a mile a minute,</u> and it’s like	- Withdrawing - Questioning how to move forward - Feeling disengaged from client - Withdrawing into head	•In-Session A) Feeling withdrawn and questioning how to proceed with clients	2) Effects of FOI

<u>what am I going to do with this student now.</u>" Lisa <u>"sometimes I can get into my head and I don't know what to say"</u> Melanie <u>"then I freak out about not knowing what to say"</u> Melanie <u>"I let the clients talk, but in my head, I am thinking, what do I start with? What approach do I use?"</u> Teresa <u>"I felt a bit restless and I felt bad because I knew that I wasn't fully present at the time."</u> Brody <u>"I think it's (FOI) toxic because we're never really with our clients, we're always worrying about us and our agenda."</u> Melanie <u>"Again, it is hard to be there for the client when you feel you don't know how to do this and thinking- I don't want to embarrass myself."</u> Melanie <u>"I think that it (FOI) removes me, and yet it makes me not present. It makes me feel like the clients become the counsellors,"</u> Melanie	- Withdrawing and not knowing how to move forward. - Withdrawing into head - Withdrawing into head and not knowing what to do - Thinking about how to move forward with clients - Inability to be present with the client - FOI as toxic - FOI takes away ability to be present and engaged with client and places focus on the self - Awareness of not being present - Difficult to be present when experiencing FOI - Preserving the ego - Awareness of not being present with client - Intern and client role reversal	B) Feeling less present with clients	
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<u>“I was more focused on my thoughts or how I looked than my session with the client. But over time, I didn’t see myself over time and I could re-focus my attention on the client”</u> Teresa <u>“But definitely afterwards, outside of the session, that’s when the voice came back, and it was like did I do that right? Should I have done things different?”</u> Lisa <u>“And this is just a personal thing that portrays that I am not good enough that goes through my head”</u> Lisa <u>“Is it helping? I think that it (FOI) can really it can hinder you know, the amount of self-care you give. It (FOI) can make you feel less self compassionate and much more critical on yourself.”</u> Melanie <u>“I think that I dwell on it too much. Like I don't really notice self care because I am in my own space of feeling incompetent and I am thinking I</u>	- FOI taking away from ability to be present with the client - As time passed, intern was able to focus less on self and more on client - FOI coming back outside of session - Doubting ability to perform at an acceptable standard. - FOI as a personal quality - Questioning ability - Doubting effectiveness as a counsellor - Limits the amount of self-care - FOI makes you more critical of yourself/ engage in negative self-talk - Dwelling on FOI - Neglecting self-care - Experiencing FOI alone - Negative self-talk	• Outside of session C) Engaging in negative self-talk and avoiding self-care	
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<u>am good at nothing</u>” Melanie “<u>it made me not partake in self care</u> and I became more emotional, more not in tune with myself, because I would just avoid, avoid, avoid, and stay in that space where its like don't think about it, its fine its fine its fine.” Melanie “And sometimes I would honestly think that <u>maybe this isn't the career path for me</u>. I'd be like, <u>I can't do this</u>. Never for a prolonged period of time.” Brody “So, I was trying to live up that by being like, <u>am I mature enough, do I have enough life experience for this?</u>” Lisa “definitely the self doubt voice was saying, you know, <u>are you good enough? Do you think that you could do this for the rest of your life?</u>” Lisa “It's me being dramatic, it's hard to re-think, <u>you know is this even for me? Am I wasting money on talking about my feelings?</u>” Melanie	- Demotivated to do self-care - Less emotionally aware - Desire to avoid FOI - Questioning choice of career - Doubting ability to be a counsellor - Questioning maturity to be working as counsellor - Questioning amount of experience as counsellor - Experiencing self-doubt and questioning choice of career - Questioning choice of career - Questioning choice of career	D) Questioning career choice	
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“It has been a <u>dream to be a therapist</u>, and I <u>have worked so hard to get here</u>. <u>And you are here</u>, and you are <u>like oh my God I am crap at this</u>, but I <u>don’t want to waste all this money at school</u>” Melanie “It was difficult, and I <u>almost left the program because it was too much to balance</u>.” Teresa “And I was like I <u>don't want to talk to you or I don't want to talk to anybody about this</u>. It was a difficult day. I felt incompetent and <u>it affected me socially</u> because at the time I <u>didn't want to be around other people</u>” Lisa “Yea, <u>tired, drained, I felt more mute, I felt lonely. Not wanting to talk about clients, not wanting to come in and see clients. It was very avoidant and very heavy</u>” Melanie “Its (FOI) <u>humbling</u> forsure. I feel like when your feeling incompetent, your much more honed in	- Experiencing self-doubt about abilities as a counsellor - Questioning choice of career because of difficulties managing demands - No desire to socialize with others and explain the experience - Tired, drained, and more quiet - Lonely - Demotivated - Avoiding and heavy experience - FOI as a humbling experience	E) Withdrawing from supports F) Feeling humbled	
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to your experience.” Brody “I remember feeling like I had no idea what I was doing or whatever and <u>that is kind of humbling</u> because that is exactly what you are experiencing right now.” Lisa “Well, <u>knowing that I am not perfect</u> and that I’m not competent <u>keeps me humble. It keeps me always depending on God and always asking him for help.</u>” Teresa “<u>Without feelings of incompetence I would have a big head.</u>” Teresa “You’re really <u>trying to work to overcome the feeling and to feel like you are helping your client.</u>” Brody “yup, <u>for this one I am going to need to do some more reading, research, or something</u> because I had to keep them as a client” Lisa “I definitely wanted to <u>take a more active approach to dealing with those feelings of incompetence</u> because <u>it was my</u>	- Not knowing what to do was humbling - Recognizing imperfections is humbling - Keeps intern depending on God - Benefits of FOI and desire to continue to be humbled - Working hard to resolve FOI for the best interests of the client - Learning more to better serve client - Desire to take active approach to manage FOI to uphold responsibility to serve clients	• Motivation G) Learning more to benefit the client	
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<u>responsibility to be knowledgeable</u> in a different area, and that challenged me to do that.” Lisa “It (FOI) <u>encouraged me to reach out and to learn more</u> so that I could understand her more.” Lisa “They are a <u>new person with a new issue and a new situation</u>. Maybe not incompetence per say but <u>I have to learn every day</u>.” Teresa “The client pays, and I need to produce certain results. <u>That is why I go back to my readings and ask my supervisor about the clients</u>.” Teresa “<u>I’m feeling these feelings for a reason</u> and its important to try to understand why I am feeling this way” Brody “Well I found <u>that I dedicated effort towards figuring out why I was feeling incompetent</u>. And then I would <u>do research or study in that area</u>” Brody “<u>It motivates me to learn more about my personal issues with attachment, trust, rejection</u>.” Teresa	- Reaching out to supports and learning more to better understand the client - Recognizing that each client is unique - Continually learning to serve unique needs of client - Learning more to uphold responsibility to provide effective services to clients - Desire to understand FOI - Putting effort towards understanding reason for FOI - Learn more about area that is causing FOI - FOI as motivator to understand personal life	H) Deepening understanding of personal experience	
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“I would first say that it is definitely going to happen. So, when it does happen, just acknowledge it and <u>take it as a learning opportunity</u> and to not beat yourself up too much.” Brody “<u>it does happen to everyone, its a universal thing and it is going to happen, it is inevitable</u>” Melanie “There were times for sure where clients would ask a tough question and <u>I would have to be comfortable with saying “I don’t know”</u>” Lisa “just encouraging counselling students that it is going to happen and to talk about it or deal with it in whatever way they feel works for them” Lisa “<u>It’s all part of the training</u>” Melanie “<u>Where worst-case scenario I seem incompetent</u> and then we can work with that” Melanie “Then I remind myself that I asked God for help and <u>that I did what I could.</u>” Teresa	- Acknowledge that FOI is inevitable/accept the onset of FOI - FOI happens to everyone - Accepting the FOI and being honest when you don’t have all the answers - Accepting that FOI is going to happen and that it must be managed in some way - Understanding FOI as part of the training - Accepting FOI as worst-case scenario - Managing the FOI by accepting approach taken with clients	A) Accepting developmental stage as counsellors in-training	3) Management of FOI
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<u>“I try not to hide behind my professional role as a counsellor. I think that I would at times, but I try to be very authentic and honest because that is the most important thing”</u> Brody <u>“But if you face it head on, the incompetence goes away because you say- oh look I did it even though they tell me I couldn’t do it.”</u> Melanie <u>“So, I think that with the incompetence, if we keep avoiding it and we keep falling into that trap, you know don’t do this or this might happen.”</u> Melanie <u>“I think it was more about approaching therapy without being afraid”</u> Melanie <u>“I would say really feel the incompetence, really get into the ocean, don't avoid it, and face your fears because what you think is going to be the worst-case scenario is most likely not the worst-case scenario. I think the best way to deal with incompetence is</u>	- Being authentic and honest in session with clients - Facing the FOI helps to relieve it - Overcoming self-doubt - Avoiding FOI is a trap - Facing the fear of negative consequences - Not succumbing to fear/negative self-talk - Take time to process the FOI - Confront FOI head on	B) Facing the FOI	
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<u>to face incompetence and to just go with it.</u> Even though it sounds crappy, you know to say <u>trust the process, just go with it and just use that</u>" Melanie <u>"as long as I'm addressing it, not pushing down"</u> Teresa <u>"In my externship they kind of threw me in there.</u> They threw me in there with like trauma, sexual abuse, eating disorders, which we don't see here. Eating disorder, borderline that isn't on medication. <u>Like a lot of complex cases and I was kind of forced to sit in a room with them and just be like, be curious.</u> So now coming here I feel like <u>I am more prepared</u>" Melanie <u>"And the more we see clients, the more I dealt with countertransference issues"</u> Teresa <u>"the only way to learn is to have clients."</u> Teresa <u>"Every meeting I get with a client or even this meeting with you is an opportunity to just work on my tool</u>	- Face and accept the FOI - Learn to trust process of counselling and use the FOI - Importance of addressing FOI instead of pushing it down - Exposure to client issues at various levels of complexity - Feeling more prepared to work with clients at internship - Seeing more clients helped to manage countertransference - Learning by having sessions with clients - Improving by having sessions with clients	C) Gaining more direct client contact	
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and work on me.” Teresa “It (FOI) made me <u>change the way I approached therapy with him</u>” Lisa “I believe that <u>negative learning is learning</u> too because if they didn’t respond to that it was okay. We tried and that was awesome that we tried and keep trying, but maybe we won’t do something like that again, maybe <u>we will take a different angle</u>” Lisa “I tried this new approach in the session where <u>I started to ask how the session went for them</u>” Melanie “But to also <u>not to get too down on yourself</u>.” Brody “<u>Exercise</u> was very helpful I find. I feel like weight lifting, cardiovascular exercise and playing hockey are <u>really good for my mental clarity</u> I guess and feeling energized.” Brody “And <u>do a lot of self care</u>, because I feel like it is <u>hard to be self compassionate</u> when you feel judged	- Adapting approach to manage FOI in session with client - Learning from what doesn’t work - Remaining optimistic - Attempting new approaches - Adapting approach to better understand client’s perspective - Don’t get down on yourself - Exercise as a form of self-care - Exercise provides mental clarity - Engage in self-care and remain self-compassionate	D) Modifying behaviour/adapting approach used with client E) Avoiding negative self-talk and engaging in diverse set of self-care methods
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<u>in every aspect, but I feel like it is important to ground yourself in some way that makes you feel better.”</u> Melanie <u>“I try to rest, eat well and exercise. I try to take care of my tool which is me. I also try to spend time with God by reading the word, praying and addressing my issues with him and I find that suddenly peace will come.”</u> Teresa <u>“It was much worse before but now it is better because I am doing self-care and addressing the issues in my own life that need to be addressed. Like resting, sleeping and taking care of my health and my own relationships”</u> Teresa <u>“seek own counselling and bring it (FOI) up with your own therapist because maybe you are feeling incompetent because you have felt incompetent in other areas of your life that you haven't dealt with.”</u> Melanie <u>“seeing another psychotherapist outside the school who helps me”</u> Teresa	- Ground yourself in self-care - Rest, eating well and exercise as self-care - Prayer as self-care - Self-care has helped with FOI - Obtaining proper sleep, having relationships and maintaining caring for self as important for managing FOI - Seek counselling to help explore the incompetence - Work to distinguish difference between personal and profession self-doubts - Seeing a psychotherapist to manage personal issues helps to manage FOI	F) Addressing personal issues affecting therapeutic work	
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“Ya she was very supportive, and I felt very <u>comfortable</u> making mistakes around her. She was <u>non-judgemental</u>.” Brody “My supervisor just <u>encouraged</u> me to keep practicing and to keep developing and <u>reassured me</u> that it will get easier in time” Brody “And she was very good at just <u>validating my feelings</u>, and you know she was, my supervisor was <u>also super willing and open to share her experience</u> of what she remembers” Lisa “<u>Having them share their mistakes or challenges</u>, I felt that <u>they weren’t placing themselves as higher than me</u>. They <u>were upfront about their challenges</u> which made us feel more okay about our FOI and our challenges.” Teresa And you get the <u>validation</u>, I get the validation from them, from the school the validation is harder because <u>everything is a grey zone</u>.” Melanie “He seemed more down to earth so	- Comfortable - Non-judgemental - Encouraging - Reassuring - Validating feelings - Open and transparent - Supervisors open about their own FOI - Validating experience	• Supervision A) Qualities that normalized the experience of FOI	4) Seeking Support
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anytime that I want to talk about my incompetence, he is like <u>-Yea, for sure, let's talk about it, let's ride with it. He talks more about how it makes me feel in a sense</u>" Melanie "My supervisor would <u>really encourage me to go back and watch my video taped session and try to pin point exactly what was making me feel incompetence and experience self-doubts.</u>" Brody "when she was like "It's awesome" I was like <u>-no its not, I know that it can't be perfect so, just tell me!"</u> Lisa "My supervisor is lovely, so I would do something, and she would be like <u>-that's fantastic, or there would be a report and she would be like-you really hit this out of the park and I'm like, no, tell me what I did wrong.</u> So, I would have my own self doubt even though she was like - this is great." Lisa "I felt that the supervisor would say	- Willing to discuss FOI - Willing to process the FOI and demonstrates a desire to understand - Willingness to discuss FOI - Willingness to process the FOI and demonstrates a desire to understand - Supervisor provides positive feedback - Denial of positive feedback and desire to have supervisor confirm incompetence - Supervisor provides positive feedback - Denial of positive feedback and desire to have supervisor confirm incompetence - Experience of FOI despite positive feedback	B) Difficulties internalizing positive feedback	
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<u>its good and you did great, but I wasn't hearing that, and I was just focusing on how I looked and all of the negatives."</u> Melanie "Everybody says I'm good, but <u>I couldn't hear it because of those feelings of being unworthy."</u> Teresa "Well, I would <u>explicitly ask my supervisor</u> and say openly express when I felt that I was running out of steam during a session <u>and he would give me just practical things</u> like make sure you eat a good meal and maybe drink a coffee before the session starts." Brody <u>"I know that it can't be perfect so, just tell me! But she really wouldn't give too many suggestions."</u> Lisa <u>"I would much rather prefer constructive criticism</u> and I'll fix it or ill do that next time. So, my supervisor is lovely, so I would do something, and she would be like "that's fantastic" or there	- Supervisor provides positive feedback - Focus on the areas of incompetence - Positive feedback but difficulties internalizing due to feelings of unworthiness - Explicitly asking supervisor for practical advice - Practical advice to maintain energy - Desire for practical suggestions versus validation of current skills - Desire for constructive criticism	C) Desiring practical advice/suggestions	
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would be a report and she would be like “you really hit this out of the park” and <u>I’m like, no, tell me what I did wrong.</u>” Lisa <u>“I don’t know what the hell I am doing.</u> And he was like- that’s okay and would work with that so it was much more. <u>It was scary because I would ask for direction and he wouldn’t give me direction,</u> so it was like a double-edged sword.” Melanie <u>“Yea I need you to help me with this client.</u> I found my first supervisor, he would explain his own experience. And I was like this is not the same as what is going on here. <u>I need you to address this, not yourself.</u>” Melanie “This client shared this, I did this, <u>can you advise me on what I could have done better?</u> Or ask <u>for their advice on what I could have done with the client.</u>” Teresa “When I’m feeling incompetent, I mean you just acknowledge	- Desire for constructive criticism - Acknowledging FOI - Feeling scared because supervisor wouldn’t provide practical advice/ suggestions on how to manage FOI - Desire for practical advice/suggestions - Desire for practical advice/suggestions not normalization of FOI through personal experience		
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it and <u>can't try to hide behind some professional demeanour.</u>" Brody I <u>try not to hide behind my professional role as a counsellor.</u> I think that I would at times, but I try to be <u>very authentic and honest</u> because that is the most important thing <u>"I think I would come off as trying to appear more competent than I felt.</u> I was always comfortable talking about my competence <u>I wouldn't necessarily want to show him a video of me actually acting incompetent.</u> I think that would be much more uncomfortable for <u>me.</u> Him actually seeing me be incompetent compared to me telling him that I feel incompetent." Brody <u>"What was difficult was bringing up issues I was struggling with"</u> Lisa <u>"I found it kind of awkward to bring them up"</u> Lisa <u>"I probably tried to show that I had some sort of idea of what I was doing."</u> Lisa	- Bringing FOI up with supervisor - Accepting that supervisors can provide support and appreciate honesty - Desire to demonstrate competence to supervisor - Desire to present the best aspects about development as a counsellor - Supervisor seeing incompetence would be uncomfortable - Experiencing stress in supervision - Awkward to discuss FOI	D) Attempting to mask and compensate for FOI	
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“I feel like I am <u>more stressed with her (my supervisor).</u> She was the one that kicked the guy out of the program. She was the one that facilitated that. So, <u>I think because of that I always have my guard up.</u>” Melanie “I was hanging out with were other students from the clinic and we were all in the same boat. <u>Feeling incompetent together. So, it was kind of a bonding experience for each of us.</u> We would talk about our incompetence and <u>realize that we are not alone and that would be reassuring.</u>” Brody “we <u>were able to be open with each other</u> and talk about our incompetence. They would often <u>reassure me</u> that I actually am doing okay.” Brody “If I was the only intern at the clinic and I didn’t realize that this was <u>a normal experience</u> I think it would have been much more difficult.” Brody <u>“it really helped talking to my peers and my classmates who were in their different internship</u>	- Severe consequences for incompetence - Putting a guard up/masking to ensure incompetence is not realized - Talking about FOI - Bonding over FOI - Struggling together/ Normalizing the experience of FOI -Receiving reassurance - Openly discussing FOI - Receiving reassurance - Normalizing FOI made internship less difficult - Talking about FOI normalized the experience	•Peers/Student Colleagues E) Qualities and actions that normalize the experience of FOI	
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<u>placements and hearing about their struggles too</u>, because it was different, just being in different place, in different internship placements. But <u>those feelings were the same across the board</u>” Lisa “I think that. <u>It helped me connect with the other interns because we all kind of felt the same way.</u>” Melanie “<u>The first day</u> (laughing). I was like do you know what you are doing because I have no idea and <u>they were like I have no idea</u> and I was like ahhh, <u>best friends we can bond over this!</u>” Melanie “We were really <u>immersed in the program</u> and the work that we did at the clinic.” Brody “Whenever I wanted to <u>try out a new intervention</u> I would practice it on them.” Brody “<u>we really relied on each other</u> too because we built those relationships where we do give each other <u>constructive criticism and praise as well and</u>	- Everyone experiencing FOI - Talking about FOI was a bonding experience - Acknowledging FOI on first day - Talking about FOI was a bonding experience - Colleagues helping each other to stay engaged in work - Practicing interventions and learning from each other - Relying on each other for growth - Providing constructive criticism and reassurance	F) Opportunities to learn	
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<u>support in general.”</u> Lisa “when we had <u>our practicum session</u>, we would, <u>amongst ourselves create a voice for areas we were experiencing self-doubts around</u>. We could practice counselling each other, <u>we would get feedback</u>, but it <u>was always positive and reinforcing</u>, not a lot of constructive criticism, more like “<u>what if you try this next time?</u>” Lisa “<u>I found that talking about it made me feel better, with them, being able to share that experience</u>. Because sometimes I would watch one of their tapes and I'm like- Wow, I wish that I could say that! And then I'd be like well <u>what were you doing there?</u>” Melanie “when we do the <u>role plays</u>, we set up a scenario which helps to <u>learn that other students have challenges</u> also and <u>seeing how they resolve these challenges helps to guide me</u>.” Teresa “<u>it would seem like they (peers) were trying to prove to</u>	- Creating space for each other to experience FOI - Receiving feedback to manage FOI - Practical advice/suggestions - Feeling better after sharing FOI - Learning from peers - Role playing normalizes FOI - Learning from how peers overcome FOI - Perceiving peers as trying to prove their competence	C) Source of FOI	
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<u>everybody else that they were competent.</u>” Melanie <u>“project it (FOI) onto you as a class”</u> Melanie <u>“I feel that because we are all at the same stage. Maybe they are more competent.”</u> Melanie <u>“But when I arrive at the group supervision and I hear all of the other students saying that they did this and they did that, then I really feel like okay, I don’t have anything to say because I did everything that I could at that time. Then I really start to feel some of that self-doubt. Then I start thinking, well maybe I should have done this or pushed the client towards that.”</u> Teresa <u>“When the other students share their experiences, I feel self-conscious”</u> Teresa	- Peers projecting FOI onto class - Questioning whether peers are more competent - Listening to peers discuss clinical experience - Experience FOI - FOI about past clinical decisions - Self-conscious when hearing other students clinical experiences		
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