How Therapists-in-Training Experience and Manage Their Therapy-Related Self-Doubts: A Thematic Analysis

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Abstract

One of the key elements of effective counselling is the mental health of the counsellor. Research has shown that the efficacy of counselling is diminished if the therapist presents anxiety in their role or lacks confidence in their mastery of counselling skills (Lambert, 1989; Royse-Roskowski, 2010; Tsai, 2015). Therapist factors also contribute to approximately 9% of the outcome variance (cf. Wampold & Imel, 2015), which is higher than the variance attributed to the actual treatment used. Therapist feelings of incompetence (FOI) or self-doubt have been identified as a potential factor that may impact the therapeutic outcome (Theriault & Gazzola, 2009, 2010). Yet, the experience of self-doubt from the therapist-in-training perspective requires further investigation. This stage of development is characterized as one that presents many challenges through its exposure to novel experiences and changes in identity (Morrissette, 1996; Rønnestad & Skovholt, 2003). In researching self-doubt from their perspective, I am aiming to reduce its potential negative impacts on client welfare, as well as to better support budding therapists and their development. Three research questions have guided my research: (1) What are the sources of self-doubt in therapists-in-training? (2) How is self-doubt experienced both before, during, and after sessions with clients? And (3) How do therapists-in-training cope with self-doubt? Using inductive qualitative research methodology, 8 therapists-in-training in Ontario participated in semi-structured, 60–75-minute interviews to discuss their experience of self-doubt. The data was analyzed using Braun and Clark's (2006, 2012) six-step thematic analysis to uncover themes shared by participants to contribute to the current body of literature on the topic. The findings from research question (1) yielded the creation of 5 main themes and 16 sub-themes and are located within the fourth chapter of the current thesis, which consists of a manuscript prepared to be submitted for publication. The findings from research question (2) led to the emergence of 3 main themes and 8 sub-themes and are found within chapter five, along with the findings from research question (3), which led to the development of 4 main themes and 12 sub-themes.

Key Words: Qualitative research; Thematic analysis; Self-doubt; Psychotherapy; Therapist-in-training.

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Chapter 1. Introduction

Behind every confident and experienced therapist is a journey through self-doubt. This battle, often with oneself, begins in the early stages of one's career and persists throughout the accumulation of clinical experience. While it is described to subside with years gathered, if not attended to, self-doubt grows in size, like a balloon filling with air, impacting the development of professional identities, self-efficacy, and, ultimately, the quality of care provided to clients (Altaf, 2022; Bernard & Goodyear, 2014; Nissen-Lie et al., 2017; Thériault & Gazzola, 2005, 2010).

Becoming a therapist is a complex undertaking that involves learning a new set of skills (Rønnestad & Skovholt, 2003) and adopting a new professional identity. Learning how to care for others in clinically relevant ways is no small feat and often results in the creation of excessive anxiety, unrealistic expectations, and constant self-evaluation (Morrissette, 1996; Ronnestad & Skovholt, 2003). Becoming a therapist is also characterized by being confronted with the many demands of the profession (e.g., continuous attention to self-care practices) (CCPA, 2021), as well as the many grey zones, unknowns, and differing approaches within the field (Brown, 2023).

Past studies have focused on the experiences of self-doubt from the perspective of experienced therapists (i.e., referring to those with a minimum of ten years of experience) and have found that they are not immune to doubtful thoughts, explaining how symptoms waiver in intensity and severity (Thériault, 2003; Thériault & Gazzola, 2005, 2006, 2008). However, not enough voice has been given to therapists-in-training, which refers to those who are in their clinical internships/practicums, seeing clients for the first time in their careers (Thériault, 2003; Thériault & Gazzola, 2005, 2006, 2008). Therapists-in-training are in a pivotal stage in their professional development, as they are experiencing both external and internal pressures to successfully embody their new roles and care for their clients in effective ways. While self-doubt has not always been viewed negatively (Nissen-Lie et al., 2017) and is seen as a normal part of professional development, it can still pose risks to the therapeutic process and may be harmful to therapists (Thériault & Gazzola, 2005, 2010). The risks associated with severe self-doubt have been described as burnout and lowered self-esteem and also puts them at risk for a variety of mental health concerns as well as early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). High levels of anxiety result from low self-efficacy about their ability to perform, which may negatively impact their relationships with clients and, therefore, the quality of treatment offered (Larson, 1998; Tsai, 2015). Not only is the therapeutic relationship potentially impacted, but so is their ability to fully immerse themselves in their learning and develop their skills,

directly impacting their development as mental health professionals (Morrissette, 1996; Ronnestad & Skovholt, 2003). This experience is only rendered more difficult when conflicts occur within their supervisory relationship, described as a lack of safety in disclosing self-doubts for a variety of reasons (Gazzola & Theriault, 2007; Morrissette, 1996). While self-doubt is a common experience, it often results in trainees suffering in silence as they fear that they are alone in their struggles (Nissen-Lie et al., 2017; Thériault et al., 2009).

This thesis is divided into six chapters. In Chapter 2, the scholarly literature on self-doubt is described, with a particular emphasis on therapists-in-training. Three research questions were developed to guide the current study: (1) what are the sources of self-doubt in therapists-in-training? (2) how is self-doubt experienced before, during, and after client sessions? And (3) how do therapists-in-training cope with self-doubt? Chapter 3 will outline the methodology that was employed to answer the 3 guiding research questions. That is, Braun and Clark's (2012, 2014) thematic analysis. Chapter 4 is a stand-alone manuscript that will be submitted to a refereed journal. This paper focuses exclusively on research question (1) and explores the sources of self-doubt among therapists-in-training. In Chapter 5, the results for research questions (2) and (3) are outlined. In this chapter, the findings related to how therapists-in-training experience self-doubt before, during, and after their sessions are presented, along with the coping strategies employed by the participants. Finally, in Chapter 6, a general discussion that situates the findings within the existent scholarly literature is offered. This chapter includes implications of these findings on practice, research, counsellor education and supervision, as well as the study’s limitations and de-limitations in an effort to properly contextualize the transferability of the findings.

Chapter 2. Literature Review

While attempts are made, the role of a psychotherapist is nearly impossible to master. Therapists are given the difficult task of attempting to understand their client's experiences while also keeping in mind that they will never be able to fully do so (Brown, 2023). Therapists are taught to become comfortable with questioning (both internally and externally) and to embrace "not knowing" (Brown, 2023, p. 1). Becoming comfortable with the unknown is one of many characteristics that make the profession of psychotherapy complex. It also places specific demands on its practitioners, one of which is to be acutely self-aware to be both successful and ethical in their work with clients. While there are benefits to increased self-awareness, it may also contribute to self-doubt in the minds of therapists-in-training. Psychotherapy training programs emphasize awareness of inner thoughts, which heightens both positive and negative internal processes. While there are benefits associated with increased self-awareness, it may lend itself to rumination and self-doubt in the minds of therapists as they question their professional abilities. In a study by James et al. (2015), self-doubt was found to be associated with poor well-being within a general population sample. They confirmed that repetitive self-critical thinking may lead to greater distress through the process of perfectionism (James et al., 2015). While self-doubt has not always been associated negatively (Nissen-Lie et al., 2017) and is considered to be both normative and a part of the growth process, it does impose risks to the therapeutic process, and, in some cases, it may even be considered detrimental to therapists (Thériault & Gazzola, 2005, 2010).

Severe self-doubt may lead therapists to experience burnout and diminished self-esteem, and it may put them at risk for a variety of mental health issues and, ultimately, early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). Psychotherapists are ethically required to engage in continual inner reflection, specifically monitoring when their personal lives and/or insecurities begin to interfere with their professional work. Self-monitoring has the goal of preventing any negative spill-over into their client sessions to protect client welfare. When therapists notice that their inner struggles interfere with their therapy process, they are ethically required to act and seek support to prevent harm to their clients. The well-being of the therapist has been identified as one of the key elements of therapeutic practices, as it has been shown to have a clear impact on therapeutic outcomes and the therapists' professional abilities (Altaf, 2022; Nissen-Lie et al., 2017). For example, if therapists notice that their current stress from their family life has caused them to be less patient with their clients, they are required to seek supervision and/or another form of self-care to prevent this from continuing to

impact their work (CCPA, 2021). Mental health practitioners are required to engage in constant self-care practices and exercise self-monitoring before, during, and after sessions to mitigate signs of potential burnout to protect themselves and their clients (CCPA, 2021).

The profession of psychotherapy also requires its practitioners to effectively integrate their characteristics and traits with their professional skills in a seamless manner (Nissen-Lie et al., 2017). Therapists are expected to present as genuine and display empathy and responsiveness, all the while having the necessary professional skills to be convincing when needed with clients. They must also exercise enough self-awareness to resist counter-transference and not internalize the rejection that they will inevitably face in their role (Nissen-Lie et al., 2017). On top of this, they are also required to receive regular training to expand their knowledge of techniques to continually improve their clinical skills. Needless to say, these requirements are not small feats. The high expectations of having increased self-awareness, seamless integration between their personal and professional lives, and a duty to seek continuous education places a high demand on therapists, potentially leading to self-doubt. This puts those newer to the profession, such as student therapists completing their practicum placements, at a further disadvantage and at risk of developing self-doubt as they attempt to fulfill their new roles.

The Individual Therapists' Impact on the Therapeutic Process

Therapist factors describe the specific traits, behaviours, or beliefs held by individual practitioners. Imel and Wampold (2015) describe how certain characteristics or actions are more useful than others within the therapeutic process, resulting in some practitioners potentially being more effective than others (Barkham et al., 2021). They describe how this notion can be seen in other professions. For example, some lawyers or artists are more successful than others. They hypothesize that it is due to their factors/characteristics. The current study aims to explore one therapist factor that has been shown to have an impact on the therapeutic process and outcome: the experience of self-doubt (Thériault & Gazzola, 2009, 2010).

While the current study aims to highlight the experiences and perspectives of therapists-in-training, past research has displayed a tendency to overlook therapists in general as a notable factor that may impact successful therapy (Imel & Wampold, 2015). Fortunately, this has changed in recent decades due to a growing awareness of the therapists' influence on the therapeutic process (Howard et al., 1969; Imel & Wampold, 2015; Lambert, 1989). One of the first articles exploring the therapist

perspective identified both self-doubt and self-recrimination to be points of struggle for therapists (Howard et al., 1969). This opened the doors for the exploration of the subjective therapist experience. Further deepening our knowledge of the therapist's perspective at the time. Lambert (1989), explored the individual therapists' contribution to the process and outcome and described how therapists undergoing personal problems were at risk of being damaging to their clients. This led to emphasis being placed on how the individual therapist may directly contribute to client outcomes. Specifically, research has consistently shown that therapist factors contribute to approximately 9% of the outcome variance, which is higher than the variance attributed to the actual treatment modality used (Imel & Wampold, 2015).

Positive client outcomes are attributed to four main categories (Lambert, 1986). Firstly, the techniques and interventions used are responsible for 15% of client outcomes, the client's hope and expectation for positive change is also 15%, the client-therapist relationship represents 30%, and finally, extra-therapeutic factors (such as other client strengths and supports) occupy 40% of the variance (Duncan et al., 2010; Duncan, 2010; Lambert, 1986). These results indicate that a high percentage of outcome variance can be attributed to factors that are completely independent of the therapy modality and technique, suggesting that the "person" of the therapist is an important consideration in therapy outcomes. Brown (2023) and Skovholt (2012) proffer that positive therapeutic outcomes will always include, to some extent, some form of mystery, which cannot be measured or predicted, such as the connection between client and therapist, their individual experiences up until that moment, the timing in their lives during which the sessions occur, among others. Newcomers to the profession may not have fully grasped how this element of mystery significantly impacts therapeutic outcomes. In an unknowing attempt to control the elusive ingredients of successful therapy, they might experience self-doubt. Skovholt (2012) also notes how both newcomers and experts in the field continue to lack answers to questions such as: "What are the active ingredients?", "Am I any good at counselling?" "Do I really help people? (Brown, 2023, p. 1; Kottler, 2022)

Previous Studies on Therapist Self-Doubt

Previous research on the experience of self-doubt by therapists of varying professional development levels has been termed "feelings of incompetence" (FOI) in the literature (Thériault & Gazzola, 2005). In their exploration of self-doubt, Thériault and Gazzola (2005) defined FOI as "moments where a therapist's belief in [their] ability, judgment and/ or effectiveness is diminished,

reduced, or challenged internally." The terms self-doubt and FOI will be used interchangeably within the current study, as they refer to the same experience/concept.

An initial study aiming to uncover how experienced therapists with a minimum of 10 years of experience encountered self-doubt found that even those considered to be seasoned in their fields were not protected from feeling self-doubt (Thériault & Gazzola, 2005). The study identified a range of severity, beginning with participants doubting their knowledge, skills training, and ability to support their clients to more intense feelings resulting from personal issues that led them to question their self-worth. This became quite severe when the individual questioned whether they were cut out for their roles. The participants reported that when they noticed their self-doubt surface, they took responsibility for their symptoms and remained aware of their self-doubt, exhibiting the previously discussed self-awareness required in their roles.

A different study with a group of 12 experienced therapists found similar, varying levels of severity of FOI, ranging from mild level one thoughts of: "Am I not saying this right?" to more profound level four questions of "Is it me? What if there is something fundamental missing in my personality?" (Thériault & Gazzola, 2010, p. 238). Therapists reported that their self-doubt intensified when their personal feelings/values interfered with their therapeutic plans with clients. For example, if a client acts in a way that opposes the therapist's values, the therapist's objectivity becomes impaired. The authors highlighted that therapists benefited from identifying known coping strategies to help them process their FOI when they occurred. This study suggested that therapists continued to worry about their competence to varying degrees despite having years of experience (Thériault & Gazzola, 2010).

This experience of self-doubt by seasoned therapists encourages us to consider the degree to which therapists newer to the profession have self-doubt. Specifically, the potential repercussions it could have on their professional and personal lives and how they're coping.

A study interviewed novice therapists (i.e., those who have 1-5 years of experience post-graduation from a master's degree in counselling) (Thériault et al., 2009). Their 10 participants had an average of 2 years of experience and spoke to both the positive and negative aspects of FOI. Newer therapists described how experiencing self-doubt encouraged them to be more deliberate in their client sessions, which led to increasing their knowledge (by attending more training and supervision), as well as being more self-aware. On the other hand, novice therapists reported how FOI would debilitate them in session, causing them to spiral through overly analyzing their behaviours and eventually ruminating on their client sessions. Those newer in their roles were also more prone to feeling like imposters, often secretly fearing that someone would discover that they were not equipped to provide therapy.

Therapists in this study reported utilizing coping mechanisms such as relying on the theoretical prescriptions that they subscribed to, trusting the process of becoming a therapist, and actively participating in self-care/ protective actions to mitigate the threats posed by self-doubt (Thériault et al., 2009).

Focusing on Therapists-in-Training

While past studies have focused on the experiences of therapists with varying years of experience, a group of individuals that has not yet received substantial attention in the literature are therapists-in-training. This refers to those who are currently trainees with less than a year's worth of experience and are currently completing their clinical practicum placements. The current study has the goal of exploring this specific group's experiences of self-doubt while also identifying their coping strategies.

In Canada, counselling psychology master's programs are highly competitive. This is due to the high amounts of applications received each academic school year and the limited number of spots and program supervisors available. A sense of competition is thus naturally established before their acceptance into the program and may persist throughout the comparison of their skills and experience to those of their classmates. This factor, along with any other potential personal expectations or needs for success and validation, can lead to creating a "highly charged emotional experience" for student therapists (Morrissette, 1996, p.37).

In the Canadian province of Ontario, therapists-in-training are required to complete supervised practice, normally within the context of an evaluated practicum (CCPA, 2021; CRPO, 2019) – a process typical of graduate training programs in applied mental health (Bernard & Goodyear, 2018; Imel & Wampold, 2015). Supervision has been consistently viewed as an effective tool in the literature for helping interns manage their self-doubt (Nyiri, 2010). The clinical supervisors are normally registered psychotherapists with the College of Registered Psychotherapists of Ontario (CRPO) who have a minimum of 5 years of clinical experience and have taken a 30-hour supervision course. Supervision usually takes place one-on-one, as well as with others in a "peer" group format. It was designed as an opportunity for therapy interns (i.e., students) to discuss a variety of topics to promote their professional development and protect client welfare (Curtis et al., 2016).

A study by Nyiri (2010) explored how five masters-level interns navigated supervision and their experiences with FOI (feelings of incompetence). The results indicate that in many situations,

supervisors were found to help manage their FOI. When the supervisors were open, flexible, and validating towards interns, positive experiences were reported by participants. FOI self-disclosures and positive supervisory experiences were reported (Nyiri, 2010, p. 116). Nyiri (2010) Reported that interns utilized both support from others, as well as positive self-talk to cope with their discomforts. While supervision has the potential to be helpful for therapists in navigating their FOI, Morrissette (1996) reports that the main sources of anxiety for student counsellors stem from both supervision and their clinical competency. Negative experiences of supervision, such as supervisory conflict, can lead to issues for student counsellors (Gazzola & Theriault, 2007). In moments of supervisory conflict, students may feel as though their skills or abilities are being questioned, and supervisors may feel that their authority or knowledge is not respected (Morrissette, 1996).

As previously mentioned, therapists-in-training are evaluated by their supervisors while completing their practicum placements, and successful completion of practica is a requirement of the training program. The literature suggests that therapists-in-training commonly experience fear in sharing their self-doubts, as they do not want to be considered incompetent by others, specifically by their supervisors (Daly, 2018). Discussing their self-doubts is not always obvious or comfortable for interns. 'Suffering in silence' is an unfortunate common occurrence, as they worry about being alone in their doubts, thus keeping their insecurities internal (Nissen-Lie et al., 2017; Thériault et al., 2009, p. 116). This may lead to interns feeling isolated in their experience of self-doubt, only worsening the issue. If a conflict arises within the supervisory dynamic, the self-doubts are exacerbated. There is a difference worth noting between self-perceived incompetence versus actual incompetence, as they can often be conflated by therapists-in-training. Self-perceived incompetence refers to the individual's subjective negative evaluation of their performance as a practitioner versus actual incompetence, which refers to a lack of ability, skills, and knowledge to perform in their roles as therapists-in-training (Thériault & Gazzola, 2005, 2006).

While clinical supervision has the goal of providing interns with the opportunity to increase their clinical skills and protect clients from potential harm, it also serves the purpose of promoting a sense of self-efficacy in therapists-in-training. Self-efficacy was first described by Bandura (1977) as an individual's belief/confidence in their ability to perform a specific task (such as psychotherapy). Bandura believed that self-efficacy beliefs are created through "specific social learning processes that involve one's performance accomplishments, observations of social modelling, verbal feedback, and managing emotional responses" (Curtis et al., 2016, p. 134). Therapist-in-training self-efficacy has been defined as individuals' beliefs or judgments about their capabilities to effectively counsel their

clients in the near future (Larson & Daniels, 1998, p. 180; Tsai, 2015, p. 1). Supervision provides an opportunity to increase counsellor self-efficacy by exposing them to corrective feedback, as well as potential praise for successful clinical results, further solidifying their beliefs surrounding their knowledge and skills (Bernard & Goodyear, 2018; Curtis et al., 2016). However, suffering from anxiety or self-doubt in their abilities to perform may negatively impact their self-efficacy (Larson, 1998; Tsai, 2015). High levels of anxiety may diminish their relationships with clients, as well as the quality of treatment they offer (Tsai, 2015). The literature has separated therapist anxiety into two categories: personal and professional (Tsai, 2015). Personal anxiety impacting their counsellor self-efficacy is related to their concerns about not being skilled enough, not being in control (Corey, 2013), and receiving negative feedback or evaluation (Tsai, 2015). In contrast, professional anxiety is closely related to worries surrounding building rapport (Hill et al., 2007) and their ability to use advanced counselling skills (Thériault & Gazzola, 2006 Tsai, 2015). The experience of self-doubt by therapists-in-training may negatively impact the development of their counsellor self-efficacy and, therefore, require further investigation on how it presents for students during their placements.

Counsellor Development Theories

Counsellor development theories provide a rationale for the need for further research on the topic of self-doubt, specifically to explore how self-doubt is experienced by therapists-in-training. The presence of self-doubt has long been recognized as a normative part of the early stages of counsellor development, although it is also viewed by some to be something that eventually subsides throughout their careers due to increased confidence from years accumulated (Bernard & Goodyear, 2018). Clinical self-doubt can also be viewed positively, as it plays the important role of allowing newer therapists to evaluate their practices, as well as to develop essential professional boundaries (Altaf, 2022). While therapists hold the important role of supporting their clients, they may also suffer from unrealistic expectations surrounding their ability to create change. Lacking the insight on their somewhat limited ability to create change may lead to eventual burnout (Finan et al., 2022). When self-imposed expectations overrule and burnout strikes, they may begin to question their professional abilities, leading them to ponder, “Maybe I just don't have what it takes?” (Finan et al., 2022).

These theories shed light on the difficulties that therapists face as they transition between stages of growth in their roles (Thériault & Gazzola, 2005). While research has consistently demonstrated that FOI exists on a continuum, the therapist-in-training perspective requires further investigation

(Thériault & Gazzola, 2005, 2009). This pivotal stage in counsellor development includes many novel experiences, such as the study of various treatment techniques, which increase therapists' self-doubts regarding their competence and subsequently hinders their learning (Morrissette, 1996; Rønnestad & Skovholt, 2003). Rønnestad & Skovholt (2003) proposed a counsellor development theory by conducting a longitudinal study with a sample of 100 American counsellors at varying levels of experience. This led to the creation of 6 phases of counsellor development, noting how therapists are faced with unique challenges as they proceed through the various stages in their careers (Rønnestad & Skovholt, 2003). The phases consist of: 1. The Lay Helper Stage, 2. The Beginning Student Phase, 3. The Advanced Student Phase, 4. The Novice Professional Stage, 5. The Experienced Professional Phase, and 6. The Senior Professional Phase.

The first three stages of development are most applicable to the current study, specifically the second and third stages. Throughout the second and third stages, the students' knowledge and self-awareness are greatly expanded. They are learning to understand and challenge their responses to better serve their clients. Student therapists in these stages are often forming new identities as future counsellors through their novel relationships with peers, supervisors, professors, and clients, and these profound changes in outlook and roles may lead to creating overwhelm (Rønnestad & Skovholt, 2003). In the second stage, the students have been exposed to a variety of theories and begin meeting clients for the first time. They may suffer from anxiety at a level that makes it difficult for them to concentrate and process what is happening in session with clients. They may ask themselves questions such as, "How do you keep talking for a whole hour?" (Ronnestad & Skovholt, 2003, p. 12). Direct or subtle criticisms can have detrimental impacts on their self-efficacy and morals at this time, as the development of their identities is quite fragile. Within the third stage, the intern is expected to master professional skills at a higher level as they prepare to graduate from their programs. Supervision also receives higher importance at this time, and conflicts between the supervisor and supervisee are more likely to occur (Gazzola & Theriault, 2007). The tension during this period may be attributed to the intern needing to meet the requirements of their graduate program, along with their desire to succeed and any potential conflicts with their supervisor (Rønnestad & Skovholt, 2003). This phase in their development may include constant self-evaluation, potentially leading the students to ask themselves if they have what it takes to fit the role of a therapist. Once a student begins to experience excessive anxiety, both their learning and the counselling process may be hindered, which could negatively impact the client and jeopardize the therapeutic relationship (Morrissette, 1996). Morrissette (1996) describes how feeling inadequate clinically is very familiar to student therapists. The intricacies of the

counselling process, paired with the various interventions and approaches being learned can lead to creating stress and intimidation in the minds of therapists-in-training. Without structure or a guiding framework, they may feel disorganized and lost. They may believe that they lack the necessary counselling skills to become future therapists, introducing self-doubt. Counselling students tend to also display both perfectionistic thinking and often place unrealistic expectations on themselves (Morrissette, 1996). Their self-imposed expectations, along with their program requirements and personal anxiety, may be negatively reflected in their work with clients by impacting their performance. Putting at risk both the positive therapeutic outcomes and the relationship (Morrissette, 1996). To prevent any potential harm to clients and to support therapists as they undergo this complex step in their professional development, an exploration of how they experience self-doubt and how they cope is imperative.

Chapter 3. Methodology

Research Questions

An inductive qualitative research approach was taken to the current study. The current study had the goal of prioritizing participant voices and experiences rather than testing a model. The purpose of this study was to gain a better understanding of therapist-in-training self-doubt. Three research questions guided the research: (1) what are the sources of self-doubt in therapists-in-training? (2) how is self-doubt experienced both before, during, and after sessions with clients? And (3) how do therapists-in-training cope with self-doubt? The current text is a manuscript-based thesis. The findings from research question (1) will be discussed in Chapter 4 within the manuscript prepared to be submitted for publication. The findings from research questions (2) and (3) are discussed in chapter 5.

Participants

Criteria for Involvement in the Study and Sampling

Criterion-based sampling was used to select participants who would best be suited to inform this study. To be considered for the study, the participants had to meet the following inclusion criteria: 1) speak fluently in English, 2) are currently enrolled in a Counselling Psychology master's program in Ontario, 3) are completing their practicum where they are meeting with clients for the first time in their careers, and 4) are willing to discuss their self-doubt. Emphasis was largely placed on recruiting

participants who disclose having experienced self-doubt and are willing to share about their experiences.

Participant Demographic Data and Bios

The participants included 7 female-identifying individuals and one gender-fluid person (n=8). Ages ranged from 23 to 35 years (M =29.35). Four of the participants were in the 20–30 age range, and the remaining four were in the 30-40 age range. The participants held varying undergraduate degrees, primarily in social science-related fields. Participants reported to be operating from eclectic/ integrative theoretical approaches as they discovered their professional identities. Below are participant biographies prepared by the primary researcher in hopes of providing more context to their rich experiences.

Kai is a 24-year-old gender fluid counselling psychology student who was in the last year of their master's degree at the time of the interview. They were nearing the end of their clinical internship. Kai described their therapeutic approach as eclectic, blending person-centred methods with elements of ACT, DBT, and solution-focused therapies. They described their self-doubt to be present before beginning to see clients and persisted when differences in opinions occurred between themselves and their supervisor. Throughout their internship, Kai described having grown confident in their skills and instincts and developing a strong sense of self as a clinician through trusting in their beliefs and approaches and receiving support from their peers.

Sage is a 27-year-old self-identified CIS woman nearing the end of her clinical internship/practicum at the time of the interview. She reported operating from an integrative therapeutic approach, experimenting with various orientations such as Internal Family Systems, Cognitive Behavioral Therapy (CBT), Emotionally Focused Therapy (EFT), Acceptance and Commitment Therapy (ACT), and mindfulness-based therapies, all within a trauma-informed framework. Sage described experiencing self-doubt, particularly when comparing herself to more experienced practitioners, doubting her skills and training and feeling unprepared for her role. She managed this by seeking peer support and focusing on continuous learning and training opportunities. Sage shared feeling normalized when hearing about the self-doubt experienced by others. Sage emphasized the importance of personal growth and self-reflection in her therapeutic journey.

Harper is a 26-year-old female identifying therapist-in-training, seeing clients for the first time in her counselling psychology program. She had begun seeing clients a few months before the time of this interview. Harper described her therapeutic approach of integrating Cognitive Behavioral Therapy (CBT) and mindfulness techniques. She managed self-doubt through structured supervision, where she reported feeling supported and guided. Harper shared the high expectations in which she placed on herself, driven by her cultural and personal background. Harper reported her perfectionistic tendencies, placing high expectations on herself to offer valuable sessions for her clients. Harper noted that her professional expectations are deeply informed by her spirituality and culture. She shared to integrate affirmations and intentions from sacred texts into her pre-session rituals to maintain focus and dedication to her clients.

Amelia is a 35-year-old female identifying therapist-in-training who was nearing the end of her clinical internship at the time of the interview. Amelia emphasized the importance of creating a safe and empathetic space for her clients, drawing from various therapeutic approaches such as Systems Theory, Narrative Therapy, and Gottman Method for couples therapy. Amelia reported to have benefitted from supervision when her self-doubt was high, allowing her to process her doubts regarding her emotional capacity to offer space to her clients. She described her struggles with developing her professional identity and gaining comfort with the vulnerability inherent in her role. She shared how to navigate her self-doubt through supervision, acknowledging its impact on increasing her confidence and competence, and copes using personal prayer, reflective practices and grounding exercises, among others.

Gabby is a 23-year-old female identifying as therapist-in-training at the tail end of her clinical internship when she met for her interview. Gabby described her therapeutic approach as humanistic, incorporating Emotionally Focused Therapy (EFT), Internal Family Systems (IFS), and Somatic Experiencing into her work with clients. Gabby's journey to pursuing the field of therapy was deeply influenced by her personal experiences and commitment to fostering meaningful therapeutic relationships. Gabby shared to prioritize client agency and process-based methods over more structured, directive techniques. During her training, Gabby has navigated significant self-doubt, often comparing her humanistic approach to her peers. However, she shared that be learning to trust her instincts and approaches and managing self-doubt through process-oriented supervision, connecting with peers, using personal affirmations, and mindfulness practices.

Violet is a 33-year-old female identifying therapist-in-training, currently seeing clients for the first time in her career, midway through her internship experience. Violet reported that she has not yet identified with a particular therapeutic approach, aiming to discover her professional identity. She shared her desire to create a safe, empathetic space for her clients. During her training, Violet reported having faced significant self-doubt, often stemming from internal pressures and perfectionistic tendencies, doubting her skills and readiness to see clients. Violet also noted how a lack of supervisory support and validation had emphasized her doubts. She manages her symptoms by seeking peer support, personal therapy, and reflective practices while advocating for more discussions about self-doubt in counselling psychology training programs.

Arya is a 33-year-old female identifying therapist-in-training at approximately the halfway point of her clinical internship at the time of the interview. Arya was reported to be operating using psychodynamic approaches with clients. She navigated self-doubt influenced by societal expectations and her difficulty in striking a balance between feeling the need to have professional control and her desire to express experimentation and creativity in session. She also noted the challenges of integrating theoretical knowledge with practical application. Arya reported benefits from connecting with her peers for mutual support and discussion and is passionate about promoting conversations around self-doubt. She shared her beliefs surrounding the need for more structured discussions within her training program to normalize and address this experience.

Samira is a 34-year-old female identifying therapist-in-training in Ottawa, nearing the end of her clinical internship when the interview took place. Samira reported operating from an attachment-focused therapy approach, also integrating Emotionally Focused Therapy (EFT), Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and parts work into her practice. She shared to value the process-oriented nature of her work and strives to create an empathetic and warm space for her clients. Throughout her training, Samira described having navigated significant self-doubt, influenced by both personal and professional pressures. Personal doubts surfaced when comparing herself to her peers in supervision, and professional insecurities when doubting her approaches' effectiveness. She reported managing her self-doubt largely through connecting with peers who have similar doubts and her self-care practices (e.g., walks, music, personal therapy). She advocates for more structured conversations around self-doubt within training programs to help normalize this experience among therapists-in-training.

Procedure

Data Collection

Once the study, along with its recruitment materials, received approval from the Research and Ethics Board (REB) at the University of Ottawa (see Appendix A), a recruitment poster was distributed by the Canadian Counselling and Psychotherapy Association (CCPA), National Capital Region (NCR) Facebook page (Appendix B). Those who expressed interest in participating in the study contacted the primary researcher via email correspondence. They were then asked to confirm they met the study's eligibility criteria and were emailed the recruitment text (Appendix C). Once confirmed, a formal invitation to participate contained further details on the study (Appendix D). Along with the formal invitation, the participants were sent a consent form (pdf), which they were asked to electronically read and sign (Appendix E) Once completed, they returned it to the researcher via email. All those who expressed interest to participate met the inclusion criteria and were sent formal invitations. Participants were then given pseudonyms to protect their confidentiality.

Interviews

A semi-structured interview protocol was created to invite naturally flowing conversations exploring their experiences of self-doubt in a non-judgmental, safe space. The participants were offered the choice to meet in person for their interviews at a secure location within Ottawa or to meet virtually. All 8 of the participants choose to meet virtually for their interview with the primary researcher, using the video conferencing platform Microsoft Teams. The interviews ranged from 60-75 minutes in duration. The variation in length was dependent upon the detail provided by the participant's responses to the prepared interview protocol questions. The interviews were conducted using a semi-structured interview protocol containing open-ended pre-determined questions, leaving an opportunity for pertinent improvised questions (Appendix F). The interview protocol was designed to cover all three research questions in order. Each participant was interviewed using the same list of questions, though some follow-up questions were improvised by the researcher in response to participants' answers. The interview questions were piloted with research supervisor Dr. Nicola Gazzola and other research colleagues at the University of Ottawa before their use with participants to aid in increasing their clarity and ability to retrieve data.

Before beginning the interview, the researcher checked in with the participants to ensure they had understood, read and signed the consent form and were clear on the goals of the study, including

their rights within it. The researcher also reminded participants of their rights to pause or stop the interview if desired, noting how discussing self-doubt may lead to psychological discomfort. The researcher offered the participants the opportunity to ask any questions they might have, prioritizing their comfort. Once any questions were answered, the researcher asked for the participant's verbal consent to proceed with the interview. The researcher then collected their demographic information (e.g., gender, location, theoretical orientation, etc.).

The first portion of the protocol addressed the first research question, exploring their sources of self-doubt. The researcher asked the participants questions such as "Are you able to name any specific pressures that may have contributed to your self-doubt?" The second portion of the protocol covered the second research question, comprised of questions such as "Could you please speak to me about the doubts that may arise (professional or personal) prior to a client session(s)?" In the third section of the interview, the researcher explored the third research question by prompting the participant to reflect on their coping mechanisms for self-doubt, asking questions such as "have you developed any coping mechanisms to support yourself when you experience self-doubt?" The final portion of the interview protocol was designed to provide the participants with an opportunity to share final thoughts regarding their experience during their interview or with self-doubt.

Once the interviews concluded, the participants were provided with a debriefing form thanking them for their participation in the study, as well as information on individualized available resources should they require additional support after the interview due to psychological discomfort recalling their self-doubt (Appendix G).

Each interview was audio recorded using the iPhone audio-recording function and was automatically transcribed using Microsoft Teams. All original data was virtually stored in a password-encrypted Word document, saved on an external hard drive, as well as a backup USB key owned by the first author, which were both kept in a secure location in the researcher's home office. The data files, including the audio recordings and their transcriptions from each interview, were also stored on this external hard drive and USB key when not in use. The data was only accessible to Tessa Natale and her research supervisor, Dr. Nicola Gazzola.

Data Analysis

Once data was collected from the participant interviews, it was analyzed and sorted using the Braun and Clarke (2012, 2014) six-step thematic analysis. This method of analyzing data allowed the researcher to systematically pull out both themes and sub-themes (i.e., shared perspectives and

experiences) from participant responses in their interviews. The researcher is then tasked with organizing the themes and offering insights into their meanings. The six-step process emphasizes identifying and understanding both shared and unique experiences among participants. The results contributed to the creation of a conceptual structure detailing the experience of self-doubt by therapists-in-training to help better understand how self-doubt is experienced and navigated by participants.

In the first phase of the six-step process, the researcher immersed herself in the data by listening and re-listening to the audio-recorded interviews. This involves taking down notes of initial thoughts and reading/re-reading interview transcripts until they are familiar with the data. This is done from a critical and analytic point of view, aiming to find information that is pertinent to the research questions (Braun & Clarke, 2006, 2012). In the second phase of the data analysis, the researcher began generating initial codes (labels) from participant responses in the interview. This serves as a preliminary way of organizing and summarizing the main ideas semantically (staying close to the participant's meaning) to work towards identifying data that helps answer the research questions. The codes created by the primary researcher were shared via email correspondence to her research supervisor for feedback. The following data analysis step followed by the primary researcher was to turn codes into initial themes. Themes refer to patterned responses expressed by participants to display similarities in their experiences or ways of thinking (Braun & Clarke, 2012). This requires the researcher to actively construct themes by revisiting the previously created codes to group them, if appropriate, into a bigger theme. Once completed, the next step taken was to revisit the previously created themes, similarly to "quality checking" (Braun & Clarke, 2012, p. 65). This involves comparing generated themes against the data set. This may entail discarding some codes or reworking themes with the goal of better capturing the data. These preliminary themes were again shared with the research supervisor for auditing. Feedback provided was used to refine and narrow the themes. In the following phase, the themes were reviewed once again, labelled and defined to ensure clarity. This resulted in the creation of sub-themes if an idea or experience is described differently by participants to reflect their unique experiences. By the final stage, the data had been reviewed many times by the researcher and supervisor, had been organized and labelled, and had been separated into specific themes and sub-themes. The researcher is then left to share the findings in a detailed and clear report, presenting the themes in an ordered, logical and meaningful way that helps build a picture of the data and helps to answer the study's research questions. This portion will also include the researcher's

analysis and interpretation of the results, backed up by evidence, to provide more substance and life to the themes. The final set of themes and sub-themes were reviewed by the research supervisor.

Researcher as Instrument

It is important to acknowledge the primary researcher's current educational position and experience with self-doubt during the study's completion. When the interviews took place, the primary researcher was completing her second year in the Master of Counselling Psychology program at the University of Ottawa. At this stage in her learning, she was in her practicum placement, performing the controlled act of psychotherapy as a Registered Psychotherapist (Qualifying) for the first time. With this new learning experience, many emotions occur, some of which are self-doubt. Therefore, the researcher had a personal relationship with the topic of self-doubt in this context. The goal is that this understanding provides participants with a safe space to reflect on their experiences while speaking to someone who can relate to feeling self-doubt at this stage in their professional development. Keeping this in mind, the researcher intentionally attempted to separate her own emotions and experiences from those of the participants during the interviews. The researcher was cognisant that not doing so may impact the participant's ability to provide true responses to the questions. The interviewer put effort into remaining neutral when conducting the interviews, not allowing their ideas and experiences to cloud their interpretation of the participant's responses. To encourage transparency, the researcher self-disclosed to the participants that she is also in the same stage of professional development as they are.

Ensuring Trustworthiness and Insight

A pillar of qualitative research is ensuring both the credibility and reliability of research findings (Ahmed, 2024). Trustworthiness is earned through a clear demonstration of credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985; Nowell et al., 2017; Stahl & King, 2020). The current study utilized peer debriefing to ensure credibility, thick and detailed descriptions to support transferability, documentation of each step of the process to ensure dependability, and clear demonstrations of interpretations to allow confirmability. An audit trail and the retention of all transcripts were kept by the researchers.

Chapter 4. Manuscript Prepared to be Submitted for Publication

"Should I even be a therapist?"

Exploring the Sources of Self-Doubt for Therapists-in-Training: A Thematic Analysis

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Key Words: qualitative research, thematic analysis, self-doubt, psychotherapy, therapist-in-training.

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Abstract

One of the key elements of effective counselling is the mental health of the counsellor. Research has shown that the efficacy of counselling is diminished if the therapist presents anxiety in their role or lacks confidence in their mastery of counselling skills (Lambert, 1989; Royse-Roskowski, 2010; Tsai, 2015). Therapist factors also contribute to approximately 9% of the outcome variance (cf. Wampold & Imel, 2015), which is higher than the variance attributed to the actual treatment used. Therapist feelings of incompetence (FOI) or self-doubt have been identified as a potential factor that may impact the therapeutic outcome (Theriault & Gazzola, 2009, 2010). Yet, the experience of self-doubt from the therapist-in-training perspective requires further investigation. This stage of development is characterized as one that presents many challenges through its exposure to novel experiences and changes in identity (Morrissette, 1996; Rønnestad & Skovholt, 2003). In researching self-doubt from their perspective, I am aiming to reduce its potential negative impacts on client welfare, as well as to better support budding therapists and their development. The research question that guided my research was the following: (1) what are the sources of self-doubt in therapists-in-training? Using inductive qualitative research methodology, 8 therapists-in-training in Ontario participated in semi-structured, 60–75-minute interviews to discuss their experience of self-doubt. The data was analyzed using Braun and Clark's (2012, 2014) six-step thematic analysis to uncover themes shared by participants to contribute to the current body of literature on the topic. A total of 5 main themes and 16 sub-themes emerged from the data analysis, describing the sources of self-doubt for therapists-in-training.

Key Words: qualitative research, thematic analysis, self-doubt, psychotherapy, therapist-in-training.

"Should I even be a therapist?"

Exploring the Sources of Self-Doubt for Therapists-in-Training: A Thematic Analysis

Introduction

The role of a psychotherapist is nearly impossible to master. Therapists are given the difficult task of attempting to understand their client's experiences while also keeping in mind that they will never be able to fully do so (Brown, 2023). Therapists are taught to become comfortable with questioning (both internally and externally) and to embrace, "not knowing" (Brown, 2023, p. 1). Becoming comfortable with the unknown is one of many characteristics that make the profession of psychotherapy complex. It also places specific demands on its practitioners, one of which is to be acutely self-aware to be both successful and ethical in their work with clients. While there are benefits to increased self-awareness, it may also contribute to self-doubt in the minds of therapists-in-training. Psychotherapy training programs emphasize awareness of inner thoughts, which heightens both positive and negative internal processes. While there are benefits associated with increased self-awareness, it may lend itself to rumination and self-doubt in the minds of therapists as they question their professional abilities. Self-doubt was found to be associated with poor well-being within a general population sample (James et al. 2015). They confirmed that repetitive self-critical thinking may lead to greater distress through the process of perfectionism (James et al., 2015). While self-doubt has not always been viewed negatively (Nissen-Lie et al., 2017) and is considered to be both normative and a part of the growth process, it does impose risks to the therapeutic process, and, in some cases, it may even be considered detrimental to therapists (Thériault & Gazzola, 2005, 2010).

Severe self-doubt may lead therapists to experience burnout and diminished self-esteem, and it may put them at risk for a variety of mental health issues and, ultimately, early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). Psychotherapists are ethically required to engage in continual inner reflection, specifically monitoring when their personal lives and/or insecurities begin to interfere with their professional work. Self-monitoring has the goal of preventing any negative spill-over into their client sessions to protect client welfare. When therapists notice that their inner struggles interfere with their therapy process, they are ethically required to act and seek support to prevent harm to their clients. The well-being of the therapist has been identified as one of the key elements of therapeutic practices, as it has been shown to have a clear impact on therapeutic outcomes and the therapists' professional abilities (Altaf, 2022; Nissen-Lie et al., 2017). For example, if therapists notice

that their current stress from their family life has caused them to be less patient with their clients, they are required to seek supervision and/or another form of self-care to prevent this from continuing to impact their work (CCPA, 2021). Mental health practitioners are required to engage in constant self-care practices and exercise self-monitoring before, during, and after sessions to mitigate signs of potential burnout to protect themselves and their clients (CCPA, 2021).

The profession of psychotherapy also requires its practitioners to effectively integrate their characteristics and traits with their professional skills in a seamless manner (Nissen-Lie et al., 2017). Therapists are expected to present as genuine and display empathy and responsiveness, all the while having the necessary professional skills to be convincing when needed with clients. They must also exercise enough self-awareness to resist counter-transference and not internalize the rejection that they will inevitably face in their role (Nissen-Lie et al., 2017). On top of this, they are also required to receive regular training to expand their knowledge of techniques to continually improve their clinical skills. Needless to say, these requirements are not small feats. The high expectations of having increased self-awareness, seamless integration between their personal and professional lives, and a duty to seek continuous education places a high demand on therapists, potentially leading to self-doubt. This puts those newer to the profession, such as student therapists completing their practicum placements, at a further disadvantage and at risk of developing self-doubt as they attempt to fulfill their new roles.

The Individual Therapists' Impact on the Therapeutic Process

Therapist factors describe the specific traits, behaviours, or beliefs held by individual practitioners. Imel and Wampold (2015) describe how certain characteristics or actions are more useful than others within the therapeutic process, resulting in some practitioners potentially being more effective than others (Barkham et al., 2021). They describe how this notion can be seen in other professions. For example, some lawyers or artists are more successful than others. They hypothesize that it is due to their factors/characteristics. The current study aims to explore one therapist factor that has been shown to have an impact on the therapeutic process and outcome: the experience of self-doubt (Thériault & Gazzola, 2009, 2010).

While the current study aims to highlight the experiences and perspectives of therapists-in-training, past research has displayed a tendency to overlook therapists in general as a notable factor that may impact successful therapy (Imel & Wampold, 2015). Fortunately, this has changed in recent

decades due to a growing awareness of the therapists' influence on the therapeutic process (Lambert, 1989; Howard et al., 1969; Imel & Wampold, 2015). One of the first articles to explore the therapist's perspective was by Howard et al. (1969), where they identified both self-doubt and self-recrimination to be points of struggle for therapists. This opened the doors for the exploration of the subjective therapist experience. Further deepening our knowledge of the therapist's perspective at the time. Lambert (1989), explored the individual therapists' contribution to the process and outcome and described how therapists undergoing personal problems were at risk of being damaging to their clients. This led to emphasis being placed on how the individual therapist may directly contribute to client outcomes. Specifically, research has consistently shown that therapist factors contribute to approximately 9% of the outcome variance, which is higher than the variance attributed to the actual treatment modality used (Imel & Wampold, 2015).

Positive client outcomes are attributed to four main categories (Lambert, 1986). Firstly, the techniques and interventions used are responsible for 15% of client outcomes, the client's hope and expectation for positive change is also 15%, the client-therapist relationship represents 30%, and finally, extra-therapeutic factors (such as other client strengths and supports) occupy 40% of the variance (Duncan et al., 2010; Duncan, 2010; Lambert, 1986). These results indicate that a high percentage of outcome variance can be attributed to factors that are completely independent of the therapy modality and technique, suggesting that the "person" of the therapist is an important consideration in therapy outcomes. Brown (2023) and Skovholt (2012) proffer that positive therapeutic outcomes will always include, to some extent, some form of mystery, which cannot be measured or predicted, such as the connection between client and therapist, their individual experiences up until that moment, the timing in their lives during which the sessions occur, among others. Newcomers to the profession may not have fully grasped how this element of mystery heavily impacts therapeutic outcomes. In an unknowing attempt to control the elusive ingredients of successful therapy, they might experience self-doubt. Skovholt (2012) also notes how both newcomers and experts in the field continue to lack answers to questions such as: "What are the active ingredients?", "Am I any good at counselling?" "Do I really help people? (Brown, 2023, p. 1; Kottler, 2022)

Previous Studies on Therapist Self-Doubt

Previous research on the experience of self-doubt by therapists of varying professional development levels has been termed "feelings of incompetence" (FOI) in the literature (Thériault &

Gazzola, 2005). In their exploration of self-doubt, Thériault and Gazzola (2005) defined FOI as "moments where a therapist's belief in [their] ability, judgment and/ or effectiveness is diminished, reduced, or challenged internally" (p.12). The terms self-doubt and FOI will be used interchangeably within the current study, as they refer to the same experience/concept.

An initial study aiming to uncover how experienced therapists with a minimum of 10 years of experience encountered self-doubt found that even those considered to be seasoned in their fields were not protected from feeling self-doubt (Thériault & Gazzola, 2005). The study identified a range of severity, beginning with participants doubting their knowledge, skills training, and ability to support their clients to more intense feelings resulting from personal issues that led them to question their self-worth. This became quite severe when the individual questioned whether they were cut out for their roles. The participants reported that when they noticed their self-doubt surface, they took responsibility for their symptoms and remained aware of their self-doubt, exhibiting the previously discussed self-awareness required in their roles.

A different study with a group of 12 experienced therapists found similar, varying levels of severity of FOI, ranging from mild level one thoughts of: "Am I not saying this right?" to more profound level four questions of "Is it me? What if there is something fundamental missing in my personality?" (Thériault & Gazzola, 2010, p. 238). Therapists reported that their self-doubt intensified when their personal feelings/values interfered with their therapeutic plans with clients. For example, if a client acts in a way that opposes the therapist's values, the therapist's objectivity becomes impaired. The authors highlighted that therapists benefited from identifying known coping strategies to help them process their FOI when they occurred. This study suggested that therapists continued to worry about their competence to varying degrees despite having years of experience (Thériault & Gazzola, 2010).

This experience of self-doubt by seasoned therapists encourages us to consider the degree to which therapists newer to the profession have self-doubt. Specifically, the potential repercussions it could have on their professional and personal lives and how they're coping.

A study interviewed novice therapists (i.e., those who have 1-5 years of experience post-graduation from a master's degree in counselling) (Thériault et al., 2009). Their 10 participants had an average of 2 years of experience and spoke to both the positive and negative aspects of FOI. Newer therapists described how experiencing self-doubt encouraged them to be more deliberate in their client sessions, which led to increasing their knowledge (by attending more training and supervision), as well as being more self-aware. On the other hand, novice therapists reported how FOI would debilitate them in session, causing them to spiral through overly analyzing their behaviours and eventually ruminating

on their client sessions. Those newer in their roles were also more prone to feeling like imposters, often secretly fearing that someone would discover that they were not equipped to provide therapy. Therapists in this study reported utilizing coping mechanisms such as relying on the theoretical prescriptions that they subscribed to, trusting the process of becoming a therapist, and actively participating in self-care/ protective actions to mitigate the threats posed by self-doubt (Thériault et al., 2009).

Focusing on Therapists-in-Training

While past studies have focused on the experiences of therapists with varying years of experience, a group of individuals that has not yet received substantial attention in the literature are therapists-in-training. This refers to those who are currently trainees with less than a year's worth of experience and are currently completing their clinical practicum placements. The current study has the goal of exploring this specific group's experiences of self-doubt while also identifying their coping strategies.

In Canada, counselling psychology master's programs are highly competitive. This is due to the high amounts of applications received each academic school year and the limited number of spots and program supervisors available. A sense of competition is thus naturally established before their acceptance into the program and may persist throughout the comparison of their skills and experience to those of their classmates. This factor, along with any other potential personal expectations or needs for success and validation, can lead to creating a "highly charged emotional experience" for student therapists (Morrissette, 1996, p.37).

In the Canadian province of Ontario, therapists-in-training are required to complete supervised practice, normally within the context of an evaluated practicum (CCPA, 2021; CRPO, 2019) – a process typical of graduate training programs in applied mental health (Bernard & Goodyear, 2018; Imel & Wampold, 2015). Supervision has been consistently viewed as an effective tool in the literature for helping interns manage their self-doubt (Nyiri, 2010). The clinical supervisors are normally registered psychotherapists with the College of Registered Psychotherapists of Ontario (CRPO) who have a minimum of 5 years of clinical experience and have taken a 30-hour supervision course. Supervision usually takes place one-on-one, as well as with others in a "peer" group format. It was designed as an opportunity for therapy interns (i.e., students) to discuss a variety of topics to promote their professional development and protect client welfare (Curtis et al., 2016).

A study by Nyiri (2010) explored how five masters-level interns navigated supervision and their experiences with FOI (feelings of incompetence). The results indicate that in many situations, supervisors were found to help manage their FOI. When the supervisors were open, flexible, and validating towards interns, positive experiences were reported by participants. FOI self-disclosures and positive supervisory experiences were reported (Nyiri, 2010, p. 116). Nyiri (2010) reported that interns utilized both support from others as well as positive self-talk to cope with their discomforts. While supervision has the potential to be helpful for therapists in navigating their FOI, Morrissette (1996) reports that the main sources of anxiety for student counsellors stem from both supervision and their clinical competency. Negative experiences of supervision, such as supervisory conflict, can lead to issues for student counsellors (Gazzola & Theriault, 2007). In moments of supervisory conflict, students may feel as though their skills or abilities are being questioned, and supervisors may feel that their authority or knowledge is not respected (Morrissette, 1996).

As previously mentioned, therapists-in-training are evaluated by their supervisors while completing their placements and successful completion of the practicum is a requirement of the training program. The literature suggests that therapists-in-training commonly experience fear in sharing their self-doubts, as they do not want to be considered incompetent by others, specifically by their supervisors (Daly, 2018). Discussing their self-doubts is not always obvious or comfortable for interns. ‘Suffering in silence’ is an unfortunate common occurrence, as they worry about being alone in their doubts, thus keeping their insecurities internal (Nissen-Lie et al., 2017; Thériault et al., 2009, p. 116). This may lead to interns feeling isolated in their experience of self-doubt, only worsening the issue. If a conflict arises within the supervisory dynamic, the self-doubts are exacerbated. There is a difference worth noting between self-perceived incompetence versus actual incompetence, as they can often be conflated by therapists-in-training. Self-perceived incompetence refers to the individual’s subjective negative evaluation of their performance as a practitioner versus actual incompetence, which refers to a lack of ability, skills, and knowledge to perform in their roles as therapists-in-training (Thériault & Gazzola, 2005, 2006).

While clinical supervision has the goal of providing interns with the opportunity to increase their clinical skills and protect clients from potential harm, it also serves the purpose of promoting a sense of self-efficacy in therapists-in-training. Self-efficacy was first described by Bandura (1977) as an individual’s belief/confidence in their ability to perform a specific task (such as psychotherapy). Bandura believed that self-efficacy beliefs are created through “specific social learning processes that involve one’s performance accomplishments, observations of social modelling, verbal feedback, and

managing emotional responses" (Curtis et al., 2016, p. 134). Therapist-in-training self-efficacy has been defined as individuals' beliefs or judgments about their capabilities to effectively counsel their clients in the near future (Larson & Daniels, 1998, p. 180). Supervision provides an opportunity to increase counsellor self-efficacy by exposing them to corrective feedback, as well as potential praise for successful clinical results, further solidifying their beliefs surrounding their knowledge and skills (Bernard & Goodyear, 2018; Curtis et al., 2016). However, suffering from anxiety or self-doubt in their abilities to perform may negatively impact their self-efficacy (Larson, 1998; Tsai, 2015). High levels of anxiety may diminish their relationships with clients, as well as the quality of treatment they offer (Tsai, 2015). The literature has separated therapist anxiety into two categories: personal and professional (Tsai, 2015). Personal anxiety impacting their counsellor self-efficacy is related to their concerns about not being skilled enough, not being in control (Corey, 2013), and receiving negative feedback or evaluation (Tsai, 2015). In contrast, professional anxiety is closely related to worries surrounding building rapport (Hill et al., 2007) and their ability to use advanced counselling skills (Thériault & Gazzola, 2006; Tsai, 2015). The experience of self-doubt by therapists-in-training may negatively impact the development of their counsellor self-efficacy and, therefore, require further investigation on how it presents for students during their placements.

Counsellor Development Theories

Counsellor development theories provide a rationale for the need for further research on the topic of self-doubt, specifically to explore how self-doubt is experienced by therapists-in-training. The presence of self-doubt has long been recognized as a normative part of the early stages of counsellor development, although it is also viewed by some to be something that eventually subsides throughout their careers due to increased confidence from years accumulated (Bernard & Goodyear, 2018). Clinical self-doubt can also be viewed positively, as it plays the important role of allowing newer therapists to evaluate their practices, as well as to develop essential professional boundaries (Altaf, 2022). While therapists hold the important role of supporting their clients, they may also suffer from unrealistic expectations surrounding their ability to create change. Lacking the insight on their somewhat limited ability to create change may lead to eventual burnout (Finan et al., 2022). When self-imposed expectations overrule and burnout strikes, they may begin to question their professional abilities, leading them to ponder, "Maybe I just don't have what it takes?" (Finan et al., 2022).

These theories shed light on the difficulties that therapists face as they transition between stages of growth in their roles (Thériault & Gazzola, 2005). While research has consistently demonstrated that FOI exists on a continuum, the therapist-in-training perspective requires further investigation (Thériault & Gazzola, 2005, 2009). This pivotal stage in counsellor development includes many novel experiences, such as the study of various treatment techniques, which increase therapists' self-doubts regarding their competence and subsequently hinders their learning (Morrissette, 1996; Rønnestad & Skovholt, 2003). Rønnestad and Skovholt (2003) proposed a counsellor development theory by conducting a longitudinal study with a sample of 100 American counsellors at varying levels of experience. This led to the creation of 6 phases of counsellor development, noting how therapists are faced with unique challenges as they proceed through the various stages in their careers (Rønnestad & Skovholt, 2003). The phases consist of: 1. The Lay Helper Stage, 2. The Beginning Student Phase, 3. The Advanced Student Phase, 4. The Novice Professional Stage, 5. The Experienced Professional Phase, and 6. The Senior Professional Phase.

The first three stages of development are most applicable to the current study, specifically the second and third stages. Throughout the second and third stages, the students' knowledge and self-awareness have greatly expanded. They are learning to understand and challenge their responses to better serve their clients. Student therapists in these stages are often forming new identities as future counsellors through their novel relationships with peers, supervisors, professors, and clients, and these profound changes in outlook and roles may lead to creating overwhelm (Rønnestad & Skovholt, 2003). In the second stage, the students have been exposed to a variety of theories and begin meeting clients for the first time. They may suffer from anxiety at a level that makes it difficult for them to concentrate and process what is happening in session with clients. They may ask themselves questions such as, "How do you keep talking for a whole hour?" (Ronnestad & Skovholt, 2003, p. 12). Direct or subtle criticisms can have detrimental impacts on their self-efficacy and morals at this time, as the development of their identities is quite fragile. Within the third stage, the intern is expected to master professional skills at a higher level as they prepare to graduate from their programs. Supervision also receives higher importance at this time, and conflicts between the supervisor and supervisee are more likely to occur (Gazzola & Theriault, 2007). The tension during this period may be attributed to the intern needing to meet the requirements of their graduate program, along with their desire to succeed and any potential conflicts with their supervisor (Rønnestad & Skovholt, 2003). This phase in their development may include constant self-evaluation, potentially leading the students to ask themselves if they have what it takes to fit the role of a therapist. Once a student begins to experience excessive

anxiety, both their learning and the counselling process may be hindered, which could negatively impact the client and jeopardize the therapeutic relationship (Morrissette, 1996). Morrissette (1996) describes how feeling inadequate clinically is very familiar to student therapists. The intricacies of the counselling process, paired with the various interventions and approaches being learned can lead to creating stress and intimidation in the minds of therapists-in-training. Without structure or a guiding framework, they may feel disorganized and lost. They may believe that they lack the necessary counselling skills to become future therapists, introducing self-doubt. Counselling students also tend to display both perfectionistic thinking and often place unrealistic expectations on themselves (Morrissette, 1996). Their self-imposed expectations, along with their program requirements and personal anxiety, may be negatively reflected in their work with clients by impacting their performance. Putting at risk both the positive therapeutic outcomes and the relationship (Morrissette, 1996). To prevent any potential harm to clients and to support therapists as they undergo this complex step in their professional development, an exploration of how they experience self-doubt and how they cope is imperative. The current study was guided by the following research question: What are the sources of self-doubt in therapists-in-training?

Methodology

Participants

Criteria for Involvement in the Study and Sampling

Criterion-based sampling was used to select participants who would best be suited to inform this study. To be considered for the study, the participants had to meet the following inclusion criteria: 1) speak fluently in English, 2) are currently enrolled in a Counselling Psychology master's program in Ontario, 3) are completing their practicum where they are meeting with clients for the first time in their careers, and 4) are willing to discuss their self-doubt. Emphasis was largely placed on recruiting participants who disclose having experienced self-doubt and are willing to share about their experiences.

Participant Demographic Data

The participants included seven female-identifying individuals and one gender-fluid person (n=8). Ages ranged from 23 to 35 years (M =29.35). Four of the participants were in the 20–29 age range, and the remaining four were in the 30-39 age range. The participants held varying

undergraduate degrees, primarily in social science-related fields. Participants reported to be operating from eclectic/ integrative theoretical approaches as they discovered their professional identities. See Table 1 for participant demographic data.

[Insert Table 1 about here]

Procedure

Data Collection

Once the study, along with its recruitment materials, received approval from the Research and Ethics Board (REB) at the University of Ottawa, a recruitment poster was distributed by the Canadian Counselling and Psychotherapy Association (CCPA), National Capital Region (NCR) Facebook page. Those who expressed interest in participating contacted the primary researcher via email correspondence to ensure confidentiality. They were then provided with the recruitment text with further details on the study and were asked to confirm that they met the eligibility criteria. Once confirmed, they were sent a formal invitation to participate. Along with the formal invitation, the participants were sent a consent form, which they were asked to electronically read and sign. Once completed, they returned it to the researcher via email. All those who expressed interest to participate met the inclusion criteria and were sent formal invitations. Pseudonyms were assigned to participants to protect their confidentiality.

Interviews

A semi-structured interview protocol was created to invite naturally flowing conversations exploring their experiences of self-doubt in a non-judgmental, safe space. The participants were offered the choice to meet in person for their interviews at a secure location or to meet virtually. All 8 of the participants choose to meet virtually for their interview with the first author, using the video conferencing platform Microsoft Teams. The interviews ranged from 60-75 minutes in duration. The variation in length was dependent upon the detail provided by the participant's responses to the prepared interview protocol questions. The interviews were conducted using a semi-structured interview protocol containing open-ended pre-determined questions, leaving an opportunity for pertinent improvised questions. Each participant was interviewed using the same list of questions, though some follow-up questions were improvised by the researcher in response to participants' answers. The interview questions were piloted with the second author as well as with other research colleagues before their use with participants to aid in increasing their clarity and ability to retrieve data.

Before beginning the interview, the researcher checked in with the participants to ensure they had understood, read and signed the consent form and were clear on the goals of the study, including their rights within it. The researcher also reminded participants of their rights to pause or stop the interview if desired, noting how discussing self-doubt may lead to psychological discomfort. The researcher offered the participants the opportunity to ask any questions they might have, prioritizing their comfort. Once any questions were answered, the researcher asked for the participant's verbal consent to proceed with the interview. The researcher then collected their demographic information (e.g., gender, location, theoretical orientation, etc.).

The interview protocol explored their sources of self-doubt. The researcher asked the participants questions such as "Are you able to name any specific pressures that may have contributed to your self-doubt?"

Once the interviews concluded, the participants were provided with a debriefing form thanking them for their participation in the study, as well as information on individualized available resources should they require additional support after the interview due to psychological discomfort recalling their self-doubt.

Each interview was audio recorded using the iPhone audio-recording function and was automatically transcribed using Microsoft Teams. All original data was virtually stored in a password-encrypted Word document, saved on an external hard drive, as well as a backup USB key owned by the first author, which were both kept in a secure location in the researcher's home office. The data files, including the audio recordings and their transcriptions from each interview, were also stored on this external hard drive and USB key when not in use.

Data Analysis

Once data was collected from the participant interviews, it was analyzed and sorted using the Braun and Clarke (2012, 2014) six-step thematic analysis. This method of analyzing data allowed the researcher to systematically pull out both themes and sub-themes (i.e., shared perspectives and experiences) from participant responses in their interviews. The researcher is then tasked with organizing the themes and offering insights into their meanings. The six-step process emphasizes identifying and understanding both shared and unique experiences among participants. The results contributed to the creation of a conceptual structure detailing the experience of self-doubt by

therapists-in-training to help better understand how self-doubt is experienced and navigated by participants.

In the first phase of the six-step process, the researcher immersed herself in the data by listening and re-listening to the audio-recorded interviews. This involves taking down notes of initial thoughts and reading/re-reading interview transcripts until they are familiar with the data. This is done from a critical and analytic point of view, aiming to find information that is pertinent to the research questions (Braun et al., 2019; Braun & Clarke, 2006, 2012). In the second phase of the data analysis, the researcher began generating initial codes (labels) from participant responses in the interview. This serves as a preliminary way of organizing and summarizing the main ideas semantically (staying close to the participant's meaning) to work towards identifying data that helps answer the research questions. The codes created by the primary researcher were shared via email correspondence with the second author for feedback. The following data analysis step followed by the primary researcher was to turn codes into initial themes. Themes refer to patterned responses expressed by participants to display similarities in their experiences or ways of thinking (Braun & Clarke, 2012). This requires the researcher to actively construct themes by revisiting the previously created codes to group them, if appropriate, into a bigger theme. Once completed, the next step taken was to revisit the previously created themes, similarly to "quality checking" (Braun & Clarke, 2012, p. 65). This involves comparing generated themes against the data set. This may entail discarding some codes or reworking themes with the goal of better capturing the data. These preliminary themes were again shared with the second author for auditing. Feedback provided was used to refine and narrow the themes. In the following phase, the themes were reviewed once again, labelled and defined to ensure clarity. This resulted in the creation of sub-themes if an idea or experience is described differently by participants to reflect their unique experiences. By the final stage, the data had been reviewed many times by the primary researcher and second author, had been organized and labelled, and had been separated into specific themes and sub-themes. The researcher is then left to share the findings in a detailed and clear report, presenting the themes in an ordered, logical and meaningful way that helps build a picture of the data and helps to answer the study's research questions. This portion will also include the researcher's analysis and interpretation of the results, backed up by evidence, to provide more substance and life to the themes. The final set of themes and sub-themes were reviewed by the second author.

Researcher as Instrument

It is important to acknowledge the primary researcher's current educational position and experience with self-doubt during the study's completion. When the interviews took place, the primary researcher was completing her second year in the Master of Counselling Psychology program at the University of Ottawa. At this stage in her learning, she was in her practicum placement, performing the controlled act of psychotherapy as a Registered Psychotherapist (Qualifying) for the first time. With this new learning experience, many emotions occur, some of which are self-doubt. Therefore, the researcher has a personal relationship with the topic of self-doubt in this context. The goal is that this understanding provides participants with a safe space to reflect on their experiences while speaking to someone who can relate to feeling self-doubt at this stage in their professional development. Keeping this in mind, the researcher intentionally attempted to separate her own emotions and experiences from those of the participants during the interviews. The researcher was cognisant that not doing so may impact the participant's ability to provide true responses to the questions. The researcher put effort into remaining neutral when conducting the interviews, not allowing their ideas and experiences to cloud their interpretation of the participant's responses. To encourage transparency, the researcher self-disclosed to the participants that she is also in the same stage of professional development as they are.

Ensuring Trustworthiness and Insight

A pillar of qualitative research is ensuring both the credibility and reliability of research findings (Ahmed, 2024). Trustworthiness is earned through a clear demonstration of credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985; Nowell et al., 2017; Stahl & King, 2020). The current study utilized peer debriefing to ensure credibility, thick and detailed descriptions to support transferability, documentation of each step of the process to ensure dependability, and clear demonstrations of interpretations to allow confirmability. An audit trail and the retention of all transcripts were kept by the researchers.

Findings

A total of 5 main themes and 16 sub-themes describing the sources of self-doubt for therapists-in-training emerged from the thematic analysis. The five major themes, along with their subthemes, are described in Table 2. Each sub-theme is accompanied by participant verbatims to give voice to their insightful experiences.

[Insert Table 2 about here]

Theme 1: Professional Individuation

This theme aims to capture the self-doubt that participants associated with developing their professional identities as clinicians while completing their internships. It speaks to the challenges they faced when feeling limited in their experimentation with different approaches and how internal tensions developed when their clinical judgment differed from their supervisors. It encompasses the following three subthemes:

(A) Discovering a Professional Identity

Inherent in being new to the profession of psychotherapy is being given the exciting yet daunting task of discovering who you are as a therapist/clinician. While studying to be therapists, they are exposed to various therapeutic theories and approaches. However, their internships are commonly their first opportunity to begin putting them into practice. Therapists-in-training are quickly swayed from the role of student to partitioner, attempting to integrate what they have learned and begin to identify which therapeutic approaches resonate most for them. In participant Gabby's words, "It's [about] trying to figure out what type of therapist you wanna show up as." The challenge of determining what feels most authentic to the therapists-in-training, compared to their supervisor's approach and/or training, was identified as a source of self-doubt. Harper described how her self-doubt was most prevalent when she questioned herself in session, "the self-doubt comes up the most is when I am wondering who I should be in the room as the therapist." While excitement can be found in therapist self-discovery, stress and anxiety were reported when therapists-in-training felt overwhelmed by the task at hand.

(B) Limited Experimentation and Control

Experimentation of different approaches in session is a key factor in the development of a professional identity for therapists-in-training. However, feeling limited by the real-world implications and risks of doing so was reported to be a source of self-doubt for participants. Arya reported prioritizing intent and consideration in session, "I just feel like there's so much that I can't try because it's real life." She continued to describe her concerns that her professional identity negatively impacts

her clients, "my professional identity is a big question, and I sometimes worry it influences the process with the client." Experimentation was also described as limited by the pressure they experienced to be "blank slate therapists" in session. Being a blank slate therapist refers to the omission of self-disclosure and a softening of personality traits in session. Harper described, "A lot of us actually feel like we kind of all were taught the same thing to start with, we were all like squished to being this blank template of a human." The process of moving beyond this template towards professional self-discovery led to self-doubt as they worried about the impacts of doing so. They shared feeling as though they needed to exercise high amounts of control, limiting their experimentation.

(C) Professional Development Tension

Differences in perspective or approach between the therapist-in-training (i.e., supervisee) and their supervisor were described to lead to internal questioning and self-doubt. This occurred when the therapist-in-training began to develop their clinical judgement, gaining the realization that there are multiple pathways to approach the profession. Differences in perspective between the supervisor and supervisee may lead to internal questioning of their newly developed identity. Kai (they/them) described feeling proud of an intervention with a client until their supervisor disagreed with it:

> I was really proud of that moment, because it was one of those moments where I identified a need that they had, and then you know, kind of went with my gut of what to do. And then I told my supervisor about it, and he basically completely disagreed with what I did.

Feeling proud of a moment with a client and disagreeing with the feedback received led to internal tension for the therapist-in-training. Kai shared how developing their clinical judgement was paired with self-doubt: "it's a combination of my self-doubt and also my belief in myself coming [together] at the same time." Harper described how she is developing the ability to trust her voice in session while also valuing her supervisor's opinion, sharing: "There's value in what I'm learning from my supervisor, but I also have to go with my gut because I'm the one that's in the room with my client."

Theme 2: Difficulty in the Supervisory Relationship

This theme addresses how difficulties in the supervisory relationship contribute to developing self-doubt. Not receiving enough guidance and structure from their supervisor, observing differences in

perspectives/approaches, and a perceived lack of emotional safety were noted by the participants. The three following sub-themes emerged from the data:

(A) Lack of Structure and Guidance

Not receiving enough structure and feedback from clinical supervisors was reported to heighten self-doubt. The participants shared their need for guidance and reassurance to build confidence in their skills and clinical decisions. Without feedback from their supervisors, participants were left doubting their abilities. Samira recalled asking herself, “What if I'm not doing this right?” while experiencing a lack of oversight while completing her internship. A desire for feedback was also reported, as a lack of feedback contributed to participants feeling unsure about their progress and worried about making mistakes. Samira felt that her supervisor’s hands-off approach contributed to her doubt. She stated, “I don't really have anyone watching me,” leading her to question her work with her clients.

(B) Differences in Perspectives/Approach

Operating from a different theoretical orientation as their supervisor was a source of self-doubt for many participants. When the participants’ theoretical perspectives differed from their supervisors’ theoretical orientation, participants tended to question their methods, especially when a disagreement occurred within the supervisory relationship. For example, they do not see eye-to-eye regarding the case conceptualization or treatment plan. Self-doubt was exacerbated when the therapist began to compare their limited experience to their supervisors. Kai shared, “When I disagree [with my supervisor], my self-doubt goes up because I'm, like, do I disagree because I have something to stand on? Like they have so much more experience?” In these situations, they wonder whether they have done something wrong or whether it is simply operating from a different perspective.

(C) Fear of Judgment and Emotional Safety

A perceived lack of emotional safety in the supervisory relationship contributed to therapists-in-training withholding from sharing their self-doubts with their supervisor out of fear of judgment and/or negative perception. The evaluative component of supervision was viewed as an obstacle to expressing self-doubt, Kai shared, “There's an evaluative component to the relationship. You are

judging me, and you are the reason that I pass or not . . . I don't want my self-doubt to make you doubt me." Violet described how she was disappointed by her supervisory experience, noting how her self-doubt was highest after supervision sessions due to not feeling validated or supported. She shared:

> For me, the worst is definitely after my supervision [sessions]. Where it's almost like I'm entering the supervision with the hope that I'm going to [feel] validated and that we can take care of my doubts and the pressure that I put on myself, but it's sort of like brushed off almost, and so afterwards the feelings of discomfort are pretty intense.

A safe supervisory environment fosters emotional vulnerability for therapists-in-training. Without it, they are missing out on an opportunity to process their experience and the challenges that occur. When supervisors shared their own experiences and doubts, interns expressed feeling less comparison and were more reassured in their experiences. Samira shared: "My supervisor has shared a moment that was really, really, difficult for her - and [hearing] it did help me feel more comfortable with myself and my own learning, but also to feel more comfortable with just like sharing more generally."

Theme 3: Personal Sources

The current theme describes the weight that personal expectations and struggles contribute to the experience of self-doubt. When the participants were asked to reflect on whether they felt as though their self-doubts originated from more internal or external sources, the majority agreed that they stemmed from an internal place. For example, Samira shared, "I honestly can attribute most of it to like my own, like, personal stuff." Personal sources refer to doubts surrounding competence and preparedness, mental health capacity, struggles with perfectionism and comparison to peers. The four following sub-themes were created to reflect the experiences of the participants:

(A) Doubting Competence/Preparedness/Training

Doubting competence, preparedness, and training were often reported as a source of self-doubt, emphasizing the high expectations participants set for themselves. Sage described doubting her skills learned before beginning her internship, "I had a sense of, 'I really don't know what I'm doing' besides kind of those basic skills." Violet shared how her doubts nearly motivated her to pass off her client to

another, more experienced therapist, describing: “If they were with somebody more experienced, maybe they could help them more effectively than I can.” Not feeling prepared to begin seeing clients was reported by all of the participants, as they did not feel confident in their abilities at the onset.

(B) Doubting Personal Mental Capacity

Doubting their mental health capacity was raised as a source of doubt by the participants. They reported feeling anxious before and throughout their internships when worrying about their capacity to hold space for others, concerned about how their personal issues may impact them, and feeling a responsibility to look internally. Amelia shared a doubt early in her internship, “it's doubting that I even can just go and sit with a client.” She shared about the fears that surfaced for her when required to show up authentically in session, noting how requesting vulnerability from her clients meant she needed to reciprocate. She described, “So, the fear was of vulnerability, of opening myself up to be curious, to lean in, to be open to that other person's vulnerability.” Her gruelling process of leaning into her discomfort and expressing vulnerability led her to consider whether she was cut out for the role, wondering to herself, “Maybe I'm not cut out for this.” With the help of her supervisor, Amelia shared having gained more comfort in showing up authentically with her clients. This highlights the toll that also “doing the work” has on therapists-in-training.

(C) Sense of Responsibility to Help Clients

A common thread between participants was their sense of responsibility to support and help their clients. A desire that is often deep routed in their personal experiences. Gabby expressed, “I figure, especially like this profession, most people go in [to it] because they've had life experiences, not just because they're interested [in psychotherapy]. A lot of people go into this wanting to help others.” The pressure they place on themselves to have a positive impact on their clients leads to self-doubt. Harper expressed the pressure she felt to “fix” others: “If someone is showing up, if they're sitting in front of me, then there's something that they really, really need, I need to be the one to change that or fix that for them.” While this genuine desire to help is rooted in an altruistic place, it led to self-doubt for the participants.

A few participants shared how their role as a therapist is tied to being a caretaker in their personal lives. Noting how their identities as caretakers are put into question if they do not perceive their clients

to be benefitted from their sessions. Sage shared: “It's almost as if my self-worth is attached to that role and if I'm not potentially fulfilling that role, then some kind ‘of uh’ definitely strikes, that kind of self-doubt in that worry.” This worsened if the therapist-in-training struggled with perfectionistic tendencies.

Harper noted how her perfectionistic habits, paired with her cultural/religious background, led her to experience excess pressure to help and support others in need. She described the stigma which individuals in her culture face when seeking mental health support and how this placed extra responsibility on her to make it worth their while. She shared: “If someone's showing up to therapy, it's because they need help. So I feel like I have to be the helper.” She continued, “So it's me being a perfectionist, it's me coming from a culture where if you're gonna go to therapy, you're gonna get help from it.” Placing pressure to be the agent of change was reported as a source of self-doubt.

(D) Comparison to Peers

Interestingly, peer support was described as adaptive by participants unless it developed into a negative comparison. This occurred when they compared their progress, knowledge and confidence to their peers in supervision or seminar courses. Sage shared, “I kind of think to myself, wow, like, they seem so confident, [when speaking about their experience] then thinking like ‘I'm not that confident.’” Gabby shared a similar sentiment: “I mean, it's interesting because, umm, I've noticed sometimes hearing like peers experience can spring up self-doubt, there are some people that just seem to really like know what it is they're doing and have such confidence.” This resulted in the individual feeling doubtful of their knowledge, approach and skills. Further emphasizes the need for normalizing discussions surrounding internship struggles and sources of self-doubt.

Theme 4: External Pressures

This theme emerged through the participants describing how external pressures, such as societal expectations, client feedback, and looming ethical and legal implications, have contributed to fostering self-doubt for therapists-in-training. The three following sub-themes were created to reflect the experiences of the participants:

(A) Societal Expectations

The participants shared how societal expectations and misconceptions of therapists contributed to their self-doubts. Some of these were described as the view that therapists are "healed people" and can "fix others." They shared how societal illusions that therapists can control or significantly change client behaviours led them to feel inadequate when such results were not produced. Sage stated, "I don't have control over other people's behaviour, and that's something that I think society kind of tells us a lot. It almost gives us the illusion that as therapists, we're able to kind of like make people do things, which is completely erroneous."

Others described how the societal expectation that therapists should not suffer personally led to self-doubt when internal struggles occurred. Samira shared a moment when someone near to her disclosed their hesitation to receive treatment from a therapist managing their challenges: "She's like, 'oh, I don't know if I would see a therapist that was struggling like that kind of thing.'" Hearing such a comment may lead to internal questioning of their fitness to support others.

(B) Client Feedback

Client interactions, especially unexpected or challenging feedback from clients, were described as important contributors to self-doubt and anxiety among the participants. Harper reflected on a moment when a client expressed concern and requested a change in session, "we did the regular like check-in chit chat and then they were like, 'I do have a concern,' and immediately my heart dropped." She shared how this led to feelings of anxiety and self-doubt surrounding the support she has been offering. Sage also reflected on an experience when her client did not show up to their last session together. She described how it led her to wonder about her potential role in the client's decision not to attend. Amelia also reflected on a moment when she was met with resistance from a client and how she attributed their reaction to a misstep on her part: "I must have done something wrong because the client responded with resistance." Displaying the responsibility that therapists-in-training may take for the behaviours or actions of their clients.

(C) Legal/Ethical Concerns

The participants shared their worries about unknowingly violating a legal or ethical guideline and its implications on their client and career progression. Amelia described, "In this line of work, we have legal and ethical obligations we need to consider, and to a degree that puts a sense of pressure that what if I miss it and don't recognize it?" Therapists-in-training are held accountable to both their graduate programs and professional regulatory bodies. They described struggling with the pressure to respond

ethically when put on the spot with clients. Sage reported an experience where she was put on the spot by a client and shared the panic that occurred, “and that I'm like, oh, my God, I've never this has never happened to me before, and I'm just gonna kind of wing it.” The fear of a misstep contributed to increasing their self-doubt.

Theme 5: Isolation Despite Commonality

This theme explores the paradox of self-doubt being commonly experienced yet isolating in nature. Suffering in silence and fear of negative perception is explored in the current theme. The three following sub-themes were created to reflect the experiences of the participants.

(A) Suffering in Silence

While self-doubt was considered by the participants as a universally experienced phenomenon, it was also described as an isolating experience, and participants questioned whether or not they were the only ones suffering. Amelia described how withholding sharing her self-doubts with others before beginning her internship led her to feel alone, “it's an isolating factor because you then think you're the only one,” creating further opportunity for self-criticism and doubts. Amelia shared some of her thoughts, such as, “Am I the only one?” “Is there something wrong with me?” Fears of judgment were reported to prevent therapists from sharing their experiences of self-doubt.

(B) Fear of Being Perceived Unprofessionally

Not wanting to be perceived as unprofessional for having doubts contributed to feelings of isolation. Facing judgment, stigma, and shame are some of the unfortunate risks when sharing about self-doubt. Participants expressed that they were uncertain regarding how others would react if they shared their self-doubts and wondered whether they would be met with compassion and validation or be made to feel ashamed and isolated. Gabby shared feeling worried about this and stated, “A big source of self-doubt is just how you think people will perceive you . . . are they gonna think I'm like a bad therapist?”

Samira described how she feels the need to filter her experience when sharing in an attempt to avoid negative judgment: “It's almost like impression management. As much as we don't want that to matter, in mental health professional settings, it does still matter.” Especially at this early stage in their

career development when they are attempting to establish themselves and a positive reputation. Violet described feeling as though she was walking on eggshells when she spoke about her self-doubt within her program, where the conversations on the topic felt important and yet, at the same time, highly limited and lacked depth. This experience was perceived as contributing to apprehension regarding sharing self-doubts due to a risk to psychological safety.

(C) Not Enough Program Support

The participants reported a broader lack of support surrounding the initiation of conversations that normalize the experience of self-doubt within their training programs. Many described that the topic was usually brought up by students as opposed to course professors. Gabby shared her belief that she would have benefited from a regular open dialogue about self-doubt initiated by professors and supervisors. Violet noted how the experience of self-doubt was normalized during her training program, although it was not actively discussed. She pointed out that class discussions within her internship/practicum class (completed at the same time as the internship) centred mostly on their work with clients as opposed to their own experiences and challenges. She explained, “It's not like we're invited to share or talk about how it showed up or how it made us feel.” She reported that there were no direct invitations to share, contributing to a sense of isolation. Amelia similarly shared not having had the opportunity to debrief in her internship/practicum class: “We did not have very much opportunity to debrief in a practicum class.” She shared how she would have appreciated having received more curiosity from her professors and the opportunity for open dialogue within her program. Amelia described how receiving questions such as “How are you arriving with the thought of taking your first client?” from course professors would have felt normalizing and supportive. A desire for more structured conversations surrounding self-doubt was reported by participants.

Discussion

The role of a psychotherapist is complex and involves navigating a range of challenges, including the need for self-awareness, the seamless integration of personal and professional traits, and the management of self-doubt (Nissen-Lie et al., 2017). The current study had the objective of conducting an in-depth exploration of the sources of self-doubt for therapists-in-training. This was motivated by the goal of improving therapist development experiences by providing recommendations for supervision and training programs and to protect clients from any harm created by therapist self-doubt. Our findings suggest that self-doubt contributed to causing substantive anxiety for therapists-in-

training, which negatively impacted their internship/professional development experiences. The thematic analysis resulted in the development of 5 main themes and 16 sub-themes (displayed in Table 2). The 5 main themes that emerged were challenges related to professional individuation, difficulty in the supervisory relationship, personal sources, external pressures and isolation despite commonality.

Fortunately for therapists and clients alike, our knowledge of the individual therapist's impact on the therapeutic process/outcome has expanded over the decades (Barkham et al., 2021; Lambert, 1989; Howard et al., 1969; Imel & Wampold, 2015). However, our understanding of how self-doubt presents itself and directly impacts therapists requires further investigation. Research has shown that even seasoned therapists are not protected from self-doubt (Thériault & Gazzola, 2005, 2006, 2008). Previous studies have identified the risks of severe self-doubt, including burnout, diminished self-esteem, mental health issues and early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). Despite the topic of self-doubt/feelings of incompetence having been explored by researchers in the past, the therapist-in-training perspective had not received sufficient attention (Daly, 2018; Gazzola & Theriault, 2007; Morrissette, 1996; Nyiri, 2010; Thériault et al., 2009; Thériault & Gazzola, 2005, 2008). This group refers to those who have less than a year's worth of experience and are currently completing their clinical practicum placements.

Counsellor development theories suggest that self-doubt is a normal part of the early stages of therapist development, although it requires cautious management to prevent it from hindering learning and professional growth (Bernard & Goodyear, 2018). Therapists-in-training are undergoing a novel experience while completing their internships. For the first time in their training, they are attempting to integrate the complex approaches they have been taught in class into their work with clients and learning about the intricacies and expectations of the field (Brown, 2023; Morrissette, 1996; Ronnestad & Skovholt, 2003). The demands placed on practitioners in the field are no small feat. They are expected to seamlessly integrate their personal and professional traits/skills, practice self-awareness to avoid negative spillover and stay up to date on training and therapeutic skills (Brown, 2023; Nissen-Lie et al., 2017). Meanwhile, those newer to the profession are also attempting to discover their professional identities and preferred ways of being/approaches to use in session. This experience is only made more challenging by both internal and external pressures they face. Being tasked with developing their sense of self as therapists was reported as a main theme and source of self-doubt for therapists-in-training. This refers to the process of discovering their professional identities and learning their preferred ways of approaching sessions. When they felt limited to experiment and explore, or when their supervisor operated from an approach that did not resonate, their doubts were amplified.

Difficulty in the supervisory relationship was also described as a main source of self-doubt for therapists-in-training and can contribute to creating issues for student counsellors (Gazzola & Theriault, 2007). The literature suggests that supervision has been consistently viewed as an effective tool for helping interns manage their self-doubt (Nyiri, 2010). It was designed as an opportunity for therapy interns (i.e., students) to discuss a variety of topics to promote their professional development and protect client welfare (Curtis et al., 2016). When the supervisory relationship is described as safe and welcoming by the participants, it can help manage self-doubts, although negative experiences with supervisors can worsen self-doubt. Not all participants reported supportive supervisory relationships and named a lack of emotional safety with their supervisor, highlighting its detrimental impact on their internship experiences. Some participants described having kept their struggles internal and "suffering in silence" out of fear of being perceived as inadequate in their roles.

According to Morrissette (1996), the most prevalent concern for student counsellors is the experience of personal anxiety. While self-doubt is a normative part of the process, when it intensifies, it can inhibit learning and negatively impact the counselling process. The current study found the impact of personal doubts to be prominent, as the participants described feeling an immense sense of responsibility for the well-being of their clients and how it led to internal questioning. Past studies have discussed how personal doubts surrounding competence and skill have contributed to early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). While none of the participants shared having directly considered leaving their roles, they did report doubts about their ability to meet the demands of their role, asking themselves, "Should I even be a therapist?"

For many of the participants, personal sources of self-doubt were paired with external expectations. They noted how widely held societal beliefs surrounding their role, personal mental health, and ability to "fix" others led to the creation of doubts surrounding their clinical abilities. Societal misconceptions, along with receiving client feedback and the fear of missing an ethical and legal obligation, led to increasing self-doubt for the participants.

The literature indicates that therapists-in-training often hesitate to express their self-doubts due to the fear of being perceived as incompetent or unprofessional, particularly by their supervisors (Daly, 2018). For interns, discussing these doubts is rarely made comfortable. Unfortunately, many choose to 'suffer in silence,' internalizing their experience, concerned that they are alone in their insecurities or will be judged if they open up (Nissen-Lie et al., 2017; Thériault et al., 2009, p. 116). The current study's findings similarly found that the participants often hesitated to share their doubts out of fear of being perceived as unprofessional. They often chose to keep their doubts internal, asking themselves,

"Am I the only one?" "Is there something wrong with me?" Many noted how their programs did not often initiate conversations about self-doubt, causing them to further believe that they were alone in their struggles.

The current study highlights the impact of self-doubt on therapists-in-training. Self-doubtful thoughts have been described as leading to internal questioning, physical symptoms of anxiety, rumination, and isolation in their experience. Through identifying sources of self-doubt for therapists-in-training early on, therapists-in-training are better equipped to be able to cope when/if their symptoms re-occur. Doing so better supports trainees during this pivotal time in their professional development and also contributes to prioritizing effective client care by limiting the impacts of self-doubt. Through a better understanding of the sources of self-doubt, recommendations are provided for improving both counsellor training programs and impactful supervisory dynamics, further reducing the risk of burnout and early career abandonment.

Limitations

While the researcher made an effort to ensure the participants selected represent a diverse group of individuals, not all genders were represented in the current study. This was due to the lack of representation in those who expressed interest in participating in the study. The study was comprised of 7 female-identifying individuals and one gender-fluid person. However, the profession has been reported to be primarily occupied by women in Ontario. According to the College of Registered Psychotherapists of Ontario (CRPO), there are four times as many women-identifying registrants than there are male-identifying, and less than one percent have gender identities other than male or female (CRPO, n.d.) Naturally, this may result in the study receiving more interest from female-identifying individuals than from other genders. The participant sample was also comprised of 7 White-identifying individuals, displaying an underrepresentation of diverse ethnic backgrounds, which is also a representative of the lack of diversity in the mental health field (Beaton et al., 2009; Bedi et al., 2020; Lee, 2010). This may lead to a limitation in the study's transferability and provide less data that can reflect the sociocultural aspects of self-doubt.

While the researchers had the goal of gathering participants from various counselling psychology programs in Ontario, those who showed interest in participating were all completing their master's training in Ottawa, Ontario. This could be due to the CCPA National Capital Region (NCR) being the only organization to have shared the recruitment poster on its Facebook page. This limitation to Ottawa may also be considered as trainees' self-doubt may be experienced differently in different

geographic or individual program contexts, which have their own respective professional cultures and pressures.

Implications and Contributions

While the sources of self-doubt varied between personal, external and professional identity-related sources, a common thread was the sense of isolation in their experience of self-doubt. Suffering in silence was described as a result of fear of being perceived as unprofessional and was worsened by a lack of support in the experience of self-doubt. These findings offer recommendations for counsellor education programs, clinical supervisors, therapists-in-training, and future research.

Implications for Counsellor Education Programs

When the participants were asked whose responsibility it is to initiate conversations on the topic of self-doubt, they all described that the duty falls on those in positions of authority (program professors, supervisors, etc.). Inherent in the role of being a trainee is being under evaluation. This factor, among others, was described as limiting the participant's willingness to share their doubts without being invited to. This further emphasizes the need for counsellor training programs to create safe, open, and intentional conversations surrounding the experience of self-doubt. Participant Amelia shared how she would have appreciated being asked questions such as "How are you arriving at the thought of seeing a client?" by her professors before beginning her internship. Through course professors' initiation conversations, ideally at various points in their training, the experience of self-doubt is normalized as being an expected part of the professional development process. It was also noted that when course professors shared their experiences with self-doubt, trainees felt less alone and contributed to increasing their openness to disclose. Some participants shared their ideas during their interviews on how programs could better support their students. These ideas included the creation of a peer support program between first- and second-year students that facilitates conversations on the topic or the creation of a course specifically designed to address the challenges that arise at this stage of their professional development (i.e., a sense of responsibility, professional identity development, overwhelm when integrating approaches, etc.). An emphasis is being placed on this course being held in a welcoming environment with small groups of students.

Implications for Supervisors

Similarly to the responsibility being placed on counselling program staff, such as professors, clinical supervisors of therapists-in-training also hold the responsibility to create and initiate a dialogue

on the topic. Feeling a lack of safety in the supervisory dynamic emerged as a source of self-doubt for the participants. This refers to supervisees/trainees not feeling safe or welcome to disclose their self-doubts with their supervisor for a variety of reasons. Emphasis is thus placed on the supervisor's responsibility to create a warm, collaborative and non-judgemental environment for trainees, which also invites them to share their experiences. Through supervisors sharing about their struggles with self-doubt, if deemed supportive, trainees' experiences are normalized, and they are more likely to feel more cared for and less alone in their doubts. When not invited, some risk keeping their experiences internal, further worsening their symptoms and potential negative impacts on clients.

Implications for Therapists-in-Training

The current paper also provides implications for therapists-in-training as they navigate the identity shifts and novel challenges inherent in this stage of their professional development. Finding trusted individuals to confide in was deemed helpful in reducing self-doubts. These were often shared as peers, those who can be related to the experiences. Opening up to individuals deemed as 'safe' also reduces the risk of comparison and further shame. The participants also shared words of wisdom related to the importance of normalizing the shifts, expectations and pressures being placed on trainees. It is often the first time that therapists-in-training are being asked to use techniques or skills they have learned. Discomfort and doubts when applying them are normative and to be expected. Practicing self-compassion is highly encouraged for those experiencing high internal and external expectations.

Implications for Future Research

While previous studies have explored how self-doubt presents itself for experienced therapists, the current study offers insight into the sources of self-doubt for those new to the profession, therapists-in-training. The current study displayed how severe self-doubt caused by both external and internal sources can lead trainees to deeply question themselves and their roles as future therapists, seen through symptoms of anxiety and rumination. Further research on the topic is encouraged to continue to grow our understanding of the sources of self-doubt and its implications on their clinical practice and to better support future generations of clinicians.

Conclusion

The current study aimed to give voice to the experiences of therapists-in-training, a group of individuals experiencing a novel transition in their professional lives often impacted by self-doubt. While it is described as common among practitioners of all levels, it often results in trainees "suffering

in silence" with their doubts, as they fear facing judgement or negative evaluation if they share their experiences. The current study provides implications for better supportive trainees in their development, including recommendations for counsellor training programs, supervisory dynamics, and therapists-in-training. Through normalizing conversations on self-doubt, we are reducing its potential negative impacts on clients and are promoting the safe and healthy development of future generations of therapists.

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Table 1

Participant Demographic Data

Participant Characteristics			
Name	**Age**	**Gender Identity**	**Internship Location**
1. Kai	24	Identifies as gender fluid	Completed internship at a university counselling centre
2. Sage	27	Identifies as a CIS woman	Completed internship at a community counselling centre
3. Harper	26	Identifies as a woman	Completed internship at a low-cost community counselling centre
4. Amelia	35	Identifies as a woman	Completed internship at a low-cost community counselling centre
5. Gabby	26	Identifies as a woman	Completed internship at a private psychotherapy practice
6. Violet	33	Identifies as a woman	Completed internship at a private psychotherapy practice
7. Arya	33	Identifies as a woman	Completed internship at a low-cost community counselling centre
8. Samira	34	Identifies as a woman	Completed internship at a private psychotherapy practice

Table 2

Sources of Self-Doubt for Therapists-in-Training

Themes and Sub-Themes	Examples
1. Professional Individuation	
Discovering a professional identity	Difficulty when integrating what has been taught versus what feels authentic in session: "the self-doubt comes up the most when I am wondering who I should be in the room as the therapist."
Limited experimentation and control	Feeling limited by the the real-world implications of experimentation in session: "I just feel like there's so much that I can't try because it's like real life."
Professional development tension	Developing their own clinical judgement: "there's value in what I'm learning from my supervisor, but I also have to go with my gut because I'm the one that's in the room with my client."
2. Difficulty in the Supervisory Relationship	
Lack of structure and guidance	A lack of oversight and guidance from supervisor: "what if I'm not doing this right?" "I don't really have anyone watching me."
Differences in perspectives/approach	Disagreeing on an intervention used : "am I actually doing something wrong?"
Fear of judgment and emotional safety	Viewing the evaluative component as an obstacle for disclosing self-doubt to supervisor: "I don't want my self-doubt to make you doubt me."
3. Personal Sources	
Doubting competence/ preparedness/training	Doubting the skills they have been taught or acquired at this point in their training as sufficient: "I really don't know what I'm doing besides kind of those basic skills."
Doubting personal mental capacity	Feeling unsure if they have done enough personal work to support their clients: "It's doubting that I even have the capacity to just go and sit with a client."

Sense of responsibility to help clients	Feeling the responsability to be the agent of change for their clients: “If someone's showing up to therapy, it's because they need help. So I feel like I have to be the helper.”
Comparison to peers	Comparing their confidence to their peers: “I kind of think to myself, wow, like, they seem so confident, then thinking like ‘I'm not that confident.’”
4. External Pressures	
Societal expectations	Facing judgments that therapists are “healed people” and can “fix others”: "I don't know if I would see a therapist that was struggling with that kind of thing.”
Client feedback	When the client shares a concern of theirs: “we did the regular check in chit chat and then they were like ‘I do have a concern’ and immediately my heart dropped.”
Legal/ethical concerns	The fear of missing a legal or ethical obligation: “what if I miss it and don't recognize it?”
5. Isolation Despite Commonality	
Suffering in silence	Feeling alone in their experience due to keeping it internal: thinking “am I the only one?” “is there something wrong with me?”
Fear of being perceived unprofessionally	Worrying that people won’t view me as fit for the role: “big source of self-doubt is just how you think people will perceive you.”
Not enough program support	The program did not directly initate conversations about self-doubt: “it's not like we're invited to share or talk about how it showed up or how it made us feel,”

Chapter 5: Findings for Research Questions 2 and 3

The findings from research questions (2) and (3) will be described in the current chapter. Research question (2) examined how self-doubt presents itself before, during and after sessions and research question (3) explored how it is coped with by therapists-in-training. The findings from research question (1), the sources of self-doubt, were shared in a chapter within the manuscript that has been prepared to be submitted for publication.

Research Question 2: How Self-Doubt Presents

Research question (2) yielded the creation of 3 main themes (before, during and after) and 8 sub-themes from the thematic analysis. The total 3 major themes, along with their subthemes, are described below in Table 3 (see Table 3). Each sub-theme is accompanied by participant verbatims to give voice to their unique experiences.

Table 3

How Self-Doubt Presents Before, During and After Sessions

Themes and Sub-Themes	Examples
1. Before Sessions	
Worry prior to an intake session	Doubting whether they can handle a session after reading a file: “oh my gosh, there's no way I can do this”
Doubting preparation	Comparing preparation to peers: “did I prepare enough?”
Physical symptoms of anxiety	Somatic manifestations of anxiety prior to sessions, “I've had more headaches in the last, like six months of my life than I ever I have before”
2. During Sessions	
Mild self-doubt	More focused on presence with client than doubts in session: “I’m very focused on kind of

	the process, what's happening in myself and the other person and what's happening between us [in session].
Freezing momentarily	Experiencing anxiety that leads to feel frozen, "[When] I notice that I'm freezing, I work to bring myself back by just taking a deep breath"
Concealing doubts	Wanting to avoid a role reversal "I don't wanna give any kind of impression that says to the client that they might need to take care of me"
Doubting self-disclosure	Wondering if im sharing for myself or the client: "is self-disclosing right now therapeutic for them? "
3. After Sessions	
Ruminating and reflection	Rumination can increase after the session: "my self-doubt can linger for a few days after the difficult session ended"
Questioning helpfulness	Doubting whether they are doing enough in session: "am I really doing anything?"

Theme 1: Presentation Before Sessions

The following three sub-themes describe how self-doubt presents before sessions. Participants noted how it occurs before an initial intake session with a client, when they doubted their preparation before a session, and how it manifested into physical symptoms of anxiety.

(A) Worry Prior to an Intake Session

Self-doubt was experienced before an initial session with a new client. Violet voiced how anxiety and anticipation were triggered when reading a new client file before a session. She shared how this anxiety often led to self-questioning, wondering if she was prepared to handle the session/client concern. Thinking to herself, "Oh my gosh, there's no way I can do this." She described how her doubts may even manifest into bad dreams the night before a first session with a client.

(B) Doubting Preparation

Another sub-theme that was described by participants is doubt about having prepared enough before sessions with clients. Six of the participants reported this as a source of self-doubt. Harper shared her routine of preparing for sessions by seeking her supervisor's perspective on the treatment plan. However, when she is unable to do so, she expressed having doubted her abilities to plan and know which direction to take. She shared: "If I don't walk away from a supervision session feeling like, OK, I know what to do in the next one, I will feel very anxious before, before the next session though." For Harper, receiving guidance and structure seems to be soothing.

Arya also commented on her doubt about having prepared enough. She described how the potential unknowns of a session can lead to doubt, as she criticizes herself for being unprepared. She shared her habit of running through a list of potential unknowns before a session in an attempt to mentally prepare for any surprises. Gabby reported experiencing self-doubt when comparing how much she prepared for client sessions compared to her peers. Asking herself, "Did I prepare enough?"

(C) Physical Symptoms of Anxiety

The participants reported somatic experiences of anxiety before sessions when self-doubt was high. Gabby noted feeling tension in her chest before a session, Violet shared experiencing a racing heart, heaviness and sweaty hands, and Arya reported tension in her shoulders and head. Arya described her experience of suffering from re-occurring headaches since beginning her internship: "I've had more headaches in the last, like six months of my life, than I ever have before." These physical manifestations of self-doubt emphasize the significant distress that participants are experiencing before sessions with clients.

Theme 2: Presentation During Sessions

The following three sub-themes describe how self-doubt presents during sessions. Participants reported mild self-doubt compared to before and after sessions, mentioned how it may lead them to freeze momentarily in session, to question their use of self-disclosure, and reported their desire to protect their clients from their doubts in session.

(A) Mild Self-Doubt

The participants reported that their self-doubt presented itself the strongest both before and after sessions, as opposed to during sessions. They described how, in session, they were primarily focused on the dynamic at play with their client. Therefore, mild self-doubt during their sessions was reported by the participants. Sage explained: “I’m very focused on kind of the process, what's happening [with]in myself and the other person and what's happening between us [in session]. Whereas outside of session, I guess I lose some of that focus, I guess.”

(B) Freezing Momentarily

Momentary freezing in session when experiencing self-doubt was described by the majority (6) of the participants, as feeling frozen is a common response to anxiety and stress. They reported having “blanked in sessions,” needing to buy time to reflect on what to say next, worrying about containing or summarizing what the client has shared, and not knowing which direction to go in.

Amelia shared a moment when she felt inhibited in session and used deep breathing to regain her presence. She shared, “[When] I notice that I'm freezing, I work to bring myself back by just taking a deep breath while I encourage the client to keep talking so that I could just have a moment to reorganize myself.” More grounding strategies that were reported to be helpful by participants will be discussed in the findings of the third research question on coping.

Another moment when participants reported not knowing how to proceed was when they were faced with an unfamiliar client concern or a client with suicidal ideations. Arya shared feeling unprepared to support a client who had suicidal ideations, “she was talking about it, and I felt like it was way over my head,” leading to rumination and loss of presence in-session.

(C) Concealing Doubts

Similarly to how Amelia described her attempt at grounding herself in session without showing anxiety in session, others also shared how they attempt to conceal their doubts as much as possible from their clients. Arya spoke about her desire to avoid making a client feel as though they need to care for her. She shared: “I don't wanna give any kind of impression that says to the client that they might need to take care of me.” Kai disclosed feeling as though clients do not notice the doubt their experience due to their efforts at concealing it: “It's a mini moment in my brain that may show on my face, and they may notice it, but I would highly doubt it.”

(D) Doubting Self-Disclosure

Another cause of self-doubt in the session was reported as moments of questioning whether they should disclose something to a client. Samira described the back and forth occurring in her mind in session, wondering if the self-disclosure would be helpful for the client, asking herself: “Is self-disclosing right now therapeutic for them?” Doubting self-disclosures, before or after they are shared, were reported as a source of self-doubt for therapists-in-training.

Theme 3: Presentation After Sessions

The following two sub-themes describe how self-doubt presents itself after sessions with clients. Participants reported high levels of rumination lasting anywhere from hours to days, as well as thoughts where they are questioning their helpfulness.

(A) Rumination and Reflection

High levels of rumination after the session were described by participants. Sage explained the process in which her self-doubt slowly builds after sessions have ended, using a balloon analogy. She described:

> In session, the balloon (i.e. self-doubt) is very small, but before and after the session, it's this huge balloon that is slowly [growing] depending on if I'm engaging in rumination. (...) Almost like the energy is what fills the balloon.

This illustrates how self-doubt slowly increases after the session has ended, wondering what they could have done differently and if they took the right approach with their client. These ruminating thoughts can linger anywhere from hours to a few days after the session has ended if they perceive it to have gone poorly. Samira pointed out an interesting paradox that she experienced, where she felt confident during the session but began to ruminate once the session had ended. This displays that even positive sessions can lead to self-doubt.

(B) Questioning Helpfulness

Therapists-in-training often grapple with doubts surrounding their effectiveness and the impact of their interventions once the session has ended. They described thinking to themselves: “Does my client think I'm doing a good job?” “Does my client think they're being helped?” “Did I do enough?” “am I

doing anything?" thoughts shared by Harper and Gabby. Kai acknowledged how self-doubt after a session often leads to misreading progress or client perceptions, where they may inaccurately assess their skills or helpfulness. They explained: "I'd say more times than not, the self-doubt is not correct." Once the session had ended, many of the participants reported questioning their helpfulness in the session.

Research Question 3: Protective Elements/Coping Mechanisms

Research question (3) was created to identify how participants coped with their self-doubt, as well as to identify any benefits it may offer. This question yielded the development of 4 main themes and 12 sub-themes from the thematic analysis. The total four major themes (coping before, during and after sessions, as well as benefits), along with their subthemes, are described below in Table 4 (see Table 4). Each sub-theme is accompanied by participant verbatims.

Table 4

Protective Elements/Coping Mechanisms for Self-Doubt + Benefits

Themes and Sub-Themes	Examples
1. Coping Before a Session	
Preparation and Research	Being prepared while acknowledging sessions may not go as planned: "even if I prepare for a session, something completely different can happen and take you into another direction"
Grounding Techniques	Taking a moment to notice and release their heavy thoughts: "I usually have a moment right before a session in which I kind of centered myself and kind of acknowledged whatever like thoughts or feelings were running through me"
Positive Reminders/Affirmations	When a supervisor questions their authority to make a judgment call about a supervisee's capacity.
2. Coping During a Session	

Staying present	Noticing when the doubt occurs, acknowledging it, then putting it aside to re-focus on the client: “asking it (doubt) to step aside, but then remembering to go back to it later”
Trusting their Intuition	Listening to their gut feeling in session: “I made the joke and my client loved it, and it literally did increase our alliance”
Deferring to the client	Letting the client lead the session, knowing they have the answers within themselves: “You are the therapist. The client knows”
3. Coping After a Session	
Self-care practices	A personal helpful reminder, such as removing the pressure to be perfect: “it allowed me permission, it allows me to misstep, it allows me to misunderstand. Perfection is really demanding”
Seeking support from trusted individuals	Receiving support from those willing to hold space for their self-doubt, such as peers or supervisors, “my supervision is a place where I can debrief how I feel”
Reflecting on positive feedback	Reminding themselves of positive moments with clients when self-doubt is high, “I had a client the other day ask me if they could follow me when I graduate”
4. Benefits of Self-Doubt	
Motivation to improve	It encouraged therapists-in-training to improve: “it pushes you towards trying to potentially strengthen that area, if it doesn't bog you down too much”
Enhanced client attunement	Created opportunities for the therapist to check in with the client: “how are you feeling right now? Is like is there something you need right now?”
Peer bonding opportunities	Fostered closeness within peer relationships: “while it is a very difficult experience, it can also unite people and create connections”

Theme 1: Coping Before a Session

Three sub-themes were identified by the participants when they were guided to reflect on their current coping mechanisms to help alleviate self-doubt before sessions with clients. Preparation and research (or lack of), grounding and mindfulness practices, as well as positive affirmations and reminders, were described as helpful coping tools by participants.

(A) Preparation and Research

To battle anticipatory self-doubt before sessions, some participants reported completing research to help them feel prepared. Some found that reading up on their client's presenting concern before the session was useful by providing them with some kind of plan or structure, helping them feel more prepared. These participants also described how re-reading previous session notes aided in reducing self-doubt. Harper described: "The only way I can get through my self-doubt is if I have a plan for how to do things. I do well once I am confident that OK, as long as we go according to this plan, things will go well."

However, not all participants agreed that completing research before a session helped reduce their self-doubt. Others found that preparation through research inhibited their ability to be present with the client and also took away from the client's control of the session. Gabby shared: "If you try and plan [a] session minute by minute, it's not going to go how you want it to [and] you're not giving the client-agency over the session." It seems as though therapists-in-training must find their unique balance of preparation and research to help reduce self-doubt before sessions. Their preparation routine may also change over time as they gain more confidence in their clinical abilities. Sage described how, at the beginning of her internship, she would experience self-doubt if she had not completed research before a session. However, after some time, she began to let go of her need to control the session and accepted that it may not go as planned. She shared: "It's interesting because in September, I would have felt really nervous if I hadn't done any research. But then I kind of realized almost like with exposure, [that] even if I prepare for a session, something completely different can happen and take you into another direction."

(B) Grounding Techniques

In an attempt to help settle physical symptoms of anxiety before a session, it was commonly reported by the therapists-in-training that practicing grounding and mindfulness exercises had a positive impact. Some reported how using their spirituality by repeating a personal prayer or affirmation helped recenter to their purpose and beliefs. Harper described: “I like to take the time before each client session to renew my intention and remind myself my purpose [and] why I'm doing the work. I mean, it's my favourite thing to do.” These were employed to bring them to the present moment, noticing their thoughts and doubts that may be coming up. Sage shared, “I usually have a moment right before a session in which I kind of centred myself and acknowledged whatever like thoughts or feelings were running through me, just to start from, I guess, like a neutral place.” These are done to clear their ruminating thoughts that might impede their ability to show up fully present for their clients. This may also take place through arriving early to their therapy room to ground themselves by practicing deep breathing and meditation and acknowledging any uncomfortable feelings. Kai shared their helpful habit of taking some time for themselves for beginning sessions, “I turn on my lights off and just be in silence for a few minutes before the session.” This was done to reduce the sensory overload and create focus on their grounding. The participants all reported using grounding practicing in an attempt to leave behind their doubts, clear out any heavy energy and separate themselves from what may be going on in their lives/minds to better serve their clients.

(C) Positive Reminders/Affirmations

Another coping mechanism that was described as helpful by participants to cope with their self-doubt before sessions was using positive reminders. These reminders tended to be centred around self-acceptance, giving themselves permission to learn and grow, and normalizing their experience of self-doubt. Gabby described the words she speaks to herself:

> You're learning a new skill. It's going to be overwhelming. It's going to be scary, but it does get easier. But in those moments, it feels like it's gonna last forever. But it's like learning anything new. There's those first little bits are hard. And you may not feel prepared for it, but you get prepared.

Gabby described the difference she sees between “I don’t, so I can’t” and “I’m new, let me learn.” Permitting herself to learn, she reminded herself that the discomfort she is feeling is temporary. She shared: “So it's like, OK, you need to like to understand the balance of I'm incompetent in this area

versus, this is new, [it's] a new feeling, and I can work with this." Noting the difference between feeling incompetent versus being incompetent. Recognizing that negative self-doubt thoughts are a normal part of the learning process that can be worked through.

Theme 2: Coping During a Session

The three following sub-themes were identified by the participants when they were asked to reflect on the coping mechanisms they used in the session when self-doubt occurred. These included re-centering focus to the present moment with clients, deferring to the client, and trusting their intuition.

(A) Staying Present

Self-doubt was reported to occur mildly in session by the participants, which may refer to their intentions to stay present when with their clients. Although, when self-doubt was triggered, it was said to momentarily freeze them in session. In an attempt to combat this, compartmentalization and re-focusing their attention on their presence with the client was described. Compartmentalization requires a moment of mindfulness, where the intern notices their doubt surface, acknowledges them, and then tells themself that they will address it at a more convenient time. Harper described this as "mark it, and park it." Knowing they may also have the opportunity to debrief about it with their supervisor afterwards. Gabby similarly shared her practice of internally acknowledging her doubt in session and then making sure she addresses it afterward. She said: "asking it (the doubt) to step aside, but then remembering to go back to it later." This was done to provide herself with the time to reflect on what led to the self-doubt later on.

The participants also noted how once they noted their doubt, shifting their attention back to the client and the process (i.e. dynamic) served as helpful. Sage described how this occurs for her: "It'll be almost like a momentary lapse in the process, where all of a sudden, I've become self-focused. Then I'm able to kind of like adjust to focusing on the other person, almost reorienting my focus." Noting how self-doubt gets triggered, the focus momentarily shifts, and then an intentional re-focus on the interaction at play occurs.

(B) Trusting their Intuition

Being authentic refers to the participant's active choice to listen to their intuition in session. It was reported by the therapists-in-training how their self-doubt could lead them to feel unsure of how to

proceed and question their use of self-disclosure, although when they listened to their gut feeling in session, they reported experiencing less self-doubt. This may involve not using the plan they had prepared and changing directions or choosing to self-disclose to support the client. Harper shared how being flexible with her approach contributed to a great session: "A couple of sessions ago, I went in with a plan that I had come up with my supervisor, and because of what happened in the room, I completely threw the plan out, and I just went with my gut, and it was a fantastic session." When they decide to be themselves, to tune into their intuition of what is needed in session, the alliance is strengthened, and their self-doubt is reduced. Harper shared her experience of feeling apprehension to make a joke in session but trusted her gut feeling that it would be well received and reaped the positive benefits: "I made the joke, and my client loved it, and it literally did increase our alliance." This contributed to Harper leaving the session energized, feeling as though she was "floating." This emphasizes how letting go of a plan in moments and listening to their intuition seemed to benefit both the therapists-in-training the clients.

(C) Deferring to the Client

When self-doubt led the participant to freeze, wondering where to go next in session, deferring to the client and being flexible in their approach was described as helpful. This may look like checking in with the client on how they're feeling and what they need or would like to speak about next. Amelia shared having realized that she does not always need to know where to go, letting the client guide her. She described how removing pressure on herself to be in control helped: "[I had told myself that] I needed to be the one conducting this entire orchestra. [But then] I broke that down into, well, you don't know because you are not the client. You are the therapist. The client knows." Deferring to the client, allowing them to be the guide follows more of a strength-based and person-centred approach, holding the belief that the client already has the answers within them.

Theme 3: Coping After a Session

(A) Self-Care Practices

Self-care practices refer to the individual tools utilized by the therapist-in-training to self-soothe when experiencing self-doubt after a session. This may entail mindfulness and gratitude practices, self-compassionate reminders, and actions such as receiving personal therapy, reading about self-doubt, going for walks or listening to music. These are unique to each therapist-in-training, based on what

they deemed as most supportive. For example, Sage shared about her habit of practicing gratitude after sessions by mindfully wishing both herself and her client well after the session. She described:

> It's almost like a mindfulness moment and an expression of gratitude for the session. Where [I check in on] how I feel about moments in that session, and then thanking the client in my mind for presenting me with that issue that really like challenged me. Then also [showing] self-compassion as well, by being like, 'I did what I thought was best at the moment and what I could with the resources, mental resources that I had.'

Showing gratitude for the challenging moment that will foster growth was deemed as powerful in reducing her self-doubt through normalizing the growth taking place. Gabby similarly shared about her practice of reflecting on how she is feeling after the session, allowing herself to process her emotions coming up. Amelia shared about her self-compassionate reminders to surrender her need to know everything that client outcomes are not fully in her control. Gabby's reminders centred more around her acceptance that she will be a lifelong learner who does not need to know it all now, that she cannot help everyone, and that she will not be the therapist for everyone. Gabby shared: "You can't help everyone, and you can't fix their problems, and in some ways, it's coming to terms with that because, in the beginning, it feels like that's what you're supposed to do." She also mentioned finding trust that she is in the field for a reason when her self-doubt is high. Similarly to Amelia and Harper, Arya shared how removing the pressure she placed on herself to be perfect without making mistakes was helpful. Sharing: "It allowed me permission, it allows me to misstep, it allows me to misunderstand. Perfection is really demanding." While individual self-care practices vary, providing oneself with self-compassionate reminders was reported to be extremely helpful in reducing self-doubt.

(B) Seeking Support from Trusted Individuals

Seeking support from those who the participants viewed as "safe" was described as essential by participants in coping. As noted earlier, comparison was identified as a source of self-doubt, comparison to knowledge, skill, training, etc. While support was greatly emphasized as a coping mechanism by participants, finding those who they feel more comfortable disclosing to is imperative. This may be peers, a supervisor or a program staff member such as a professor. Disclosing self-doubt requires vulnerability; therefore, having confidence that you will be cared for and well-received was reported as essential.

Seeking peer support was deemed particularly useful by participants. This was due to their shared novel experience of becoming therapists. Sage shared an analogy about a balloon, describing how her self-doubt inflates and deflates in size, wavering throughout her internship. She also used an analogy to share how her self-doubt reduced when she opened up to her peers and felt that her experience was reciprocated. She shared, "[It's nice] when you see other people who are holding balloons too. You're just part of the balloon club. Knowing that others are also holding balloons is comforting." It was noted by some participants that they were mindful of their use of peer support, not wanting to cause compassion fatigue for their colleagues.

Those who reported positive supervisory relationships also identified their clinical supervisors as great sources of support when experiencing high self-doubt. Some named how their supervisor invited conversations surrounding the supervisee's experience, inviting a warm and supportive opportunity for the therapist-in-training to share. Amelia shared: "My supervision is a place where I can debrief how I feel." Similarly, Gabby showed gratitude for her supervisors, "it's nice to have two supervisors who care about my own experience and don't just like write it off." Being able to confide in someone who has walked in her shoes provided reassurance to the therapists-in-training that their self-doubt would become less prevalent in time.

Other trusted individuals may be program staff members, such as course professors. While they were not reported as the first person that participants turn to with self-doubt, they did express feeling as though they could voice their concerns to some who have been validating and normalizing in the past. The hesitation to turn towards professors as a first support may be due to the evaluative component inherent in completing their internships. Feeling validated and understood by professors was reported as helpful in reducing self-doubt, especially when the subject was discussed in class.

(C) Reflecting on Positive Feedback

Recalling positive feedback received from clients, professors or supervisors in moments of doubt was noted as a helpful coping mechanism. Although reminding oneself of the positive feedback from clients was most commonly reported by participants. This may be received through direct words of appreciation for the therapist or subtle cues such as them returning for sessions, sustaining attention in sessions, asking questions, etc. When doubt is high, negative automatic thoughts tend to be louder than self-compassionate reminders. This is when reflecting on moments of client gratitude may be supportive. Receiving affirmation from clients reminds the therapist-in-training of their ability and purpose, counterbalancing the self-doubt thoughts. Kai shared a positive moment with a client: "I had a

client the other day ask me if they could follow me when I graduate, and that was [a moment of], 'Oh my God, I'm actually doing a thing' like they wanna stay." This moment of appreciation was shared near the end of their internship, emphasizing how positive feedback may not occur regularly, requiring the need for other coping mechanisms to be utilized, such as personal reminders and gratitude practices.

Theme 4: Benefits of Self-Doubt

The current text has illustrated the disadvantages of self-doubt, although the benefits of self-doubt were also reported. Three sub-themes were identified, noting how it sparks motivation to improve, encourages therapists-in-training to be more attuned to their clients, and also invites peer bonding opportunities. The three sub-themes are discussed below.

(A) Motivation to Improve

Self-doubt was perceived as helpful by the therapists-in-training in the following instances: when it encouraged them to do well by their clients, pushed them to be prepared for sessions, kept in mind ethical and legal obligations, when it led to internal reflection growth and encouraged intention and thought in session. Self-doubt can help identify an area within the clinician that may require more support and attention, creating an opportunity for improvement if attended to. Sage described: "It pushes you towards trying to potentially strengthen that area if it doesn't bog you down too much."

Some of the participants reported acceptance of their self-doubt, acknowledging its benefits at times. Arya shared how, at times, she views her self-doubt as a frustrating friend, "it's a bit of a stupid friend, but like it can be a friend."

(B) Enhanced Client Attunement

Another potential benefit of self-doubt is how it helps therapist-in-training become more attuned to their client's needs in session. Self-doubt can lead to hyper-vigilance, and while this may not always be adaptive, the participants shared feelings as though it helped them become more aware of the client's experience in the session. Samira shared how it encouraged her to ask her client: "How are you feeling right now? Is like is there something you need right now?" showing care to the client. Noting how it helped to increase transparency in session, inviting her to ask clients about their needs and experiences.

(C) Peer Bonding Opportunities

Speaking about self-doubt with peers was described as an opportunity for bonding and creating closeness between therapists-in-training. It allowed them to connect with other therapists and receive other perspectives, as well as reduced their feelings of isolation in the experience of becoming a therapist. Samira shared:

> It's interesting because self-doubt can be framed as this quite difficult experience, and while it is a very difficult experience, it can also unite people and create connections. (…) [S]haring about it can really bond people together and create those relationships.

While it poses its challenges, Arya similarly expressed gratitude for her self-doubt, as she said that it bonded her with her classmates when it was discussed, viewing it as a "gift" at times. Isolation reduces when a vulnerability is displayed. Gabby described her experience of bonding with peers over shared doubts: "I wasn't alone in that feeling, so it kind of like made community in that feeling. Like, 'OK, this isn't just me'. Realizing others are also suffering from doubts led to fostering feelings of closeness between classmates, helping to establish relationships that may persist past graduate school.

Chapter 6: Discussion

The role of a psychotherapist is complex and involves navigating a range of challenges, including the need for self-awareness, the seamless integration of personal and professional traits, and the management of self-doubt (Nissen-Lie et al., 2017). The current study had the goals of aiding in de-stigmatizing conversations surrounding self-doubt, to better support budding therapists and to prioritize effective client care. The study also provides implications for counsellor training programs, supervisory dynamics and therapists-in-training, hoping to further reduce the risk of burnout and early career abandonment. The study was guided by the following three research questions: (1) what are the sources of self-doubt in therapists-in-training? (2) how is self-doubt experienced before, during, and after client sessions? And (3) how do therapists-in-training cope with self-doubt?

The data was collected through the use of semi-structured virtual interviews and was analyzed using Braun and Clark's (2012, 2014) a six-step thematic analysis. This method of analyzing data involves a 6-step process where the primary researcher created both themes and sub-themes based on the participant responses. These themes are the result of shared experiences and perspectives related to self-doubt. The recruitment process resulted in gathering 8 participants, including 7 female-identifying

individuals and one gender-fluid person (n=8). Ages ranged from 23 to 35 years (M =29.35). All of the participants were completing a counsellor training program in Ottawa, Ontario, Canada, at the time of their interview. The virtual interviews took place using the video-sharing platform Microsoft Teams and varied in length, ranging from 60 to 75 minutes in duration, depending upon the amount of detail provided by participants. The interviews were conducted using a semi-structured interview protocol used for all eight interviews. The thematic analysis of the interview transcripts yielded the creation of both themes and sub-themes, created to capture the experiences of the participants.

The findings are separated into the three research questions, found in chapters 4 and 5. The findings from research question (1) (sources of self-doubt) are described in chapter 4 within the manuscript that has been prepared to be submitted for publication. Five main themes and 16 sub-themes emerged from the interviews. The 5 themes were developing professional individuation, difficulty in the supervisory relationship, personal sources, external pressures and suffering in isolation despite commonality. Both of the findings from research questions (2) and (3) are described in chapter 5. Research question (2) examined how self-doubt presents itself and resulted in 3 main themes and 8 sub-themes. The main themes were separated into before (e.g., of sub-theme: doubting preparation), during (e.g., of sub-theme: freezing monetarily), and after sessions (e.g., of sub-theme: ruminating and reflection). Research question (3) explored how self-doubt is coped with by therapists-in-training and led to the creation of 4 main themes and 12 sub-themes. Similarly to RQ (2), the main themes were separated into coping before sessions (e.g., of sub-theme: grounding techniques), coping during sessions (e.g., of sub-theme: staying present), and coping after sessions (e.g., of sub-theme: seeking support from trusted individuals), with an additional theme of benefits of self-doubt (e.g., of sub-theme: peer bonding opportunities).

Fortunately for therapists and clients alike, our knowledge of the individual therapist's impact on the therapeutic process/outcome has expanded over the decades (Barkham et al., 2021; Lambert, 1989; Howard et al., 1969; Imel & Wampold, 2015). However, our understanding of how self-doubt presents itself and directly impacts therapists requires further investigation. Research has shown that even seasoned therapists are not protected from self-doubt (Thériault & Gazzola, 2005, 2006, 2008). Previous studies have identified the risks of severe self-doubt, including burnout, diminished self-esteem, mental health issues and early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). Despite the topic of self-doubt/feelings of incompetence having been explored by researchers in the past, the therapist-in-training perspective had not received sufficient attention (Daly, 2018; Gazzola & Theriault, 2007; Morrissette, 1996; Nyiri, 2010; Thériault et al., 2009; Thériault & Gazzola, 2005,

2008). This group refers to those who have less than a year's worth of experience and are currently completing their clinical practicum placements.

It was reported by Thériault & Gazzola (2008) that expert therapists experienced self-doubt with ranging severity from questioning their therapeutic skills to their self-worth as therapists. When self-doubt occurred, the expert therapists were mindful and took responsibility for their symptoms. Similarly, the therapists-in-training also reported using coping mechanisms when their self-doubt occurred and noted how their symptoms also ranged on a continuum of intensity. Therapists-in-training are naturally placed at a disadvantage, being newer to the profession and having less experience coping with self-doubt. Their doubts were described as leading to intense rumination and physical symptoms of anxiety and led them to question their fitness in their roles. Additional support at this stage in their development is recommended as they begin to grapple with the challenges in their roles as therapists and the doubts they pose.

Thériault et al. (2009) described the experience of self-doubt from the novice therapist's perspective, noting how when it occurred, it caused them to seek out ways to increase their knowledge through completing additional training and supervision. In comparison, therapists-in-training from the current study were more likely to cope by seeking support from trusted others (such as peers, personal therapists, supervisors, etc.) as well as through completing research before sessions and using personal self-care practices.

Counsellor development theories suggest that self-doubt is a normal part of the early stages of therapist development, although it requires cautious management to prevent it from hindering learning and professional growth (Bernard & Goodyear, 2018). Therapists-in-training are undergoing a novel experience while completing their internships. For the first time in their training, they are attempting to integrate the complex approaches they have been taught in class into their work with clients and learning about the intricacies and expectations of the field (Brown, 2023; Morrissette, 1996; Ronnestad & Skovholt, 2003). The demands placed on practitioners in the field are no small feat. They are expected to seamlessly integrate their personal and professional traits/skills flawlessly, practice self-awareness to avoid negative spillover and stay up to date on training and therapeutic skills (Brown, 2023; Nissen-Lie et al., 2017). Meanwhile, those newer to the profession are also attempting to discover their professional identities and preferred ways of being/approaches to use in session. This experience is only made more challenging by both internal and external pressures they face. Being tasked with developing their sense of self as therapists was reported as a main theme and source of self-doubt for therapists-in-training. This refers to the process of discovering their professional

identities and learning their preferred ways of approaching sessions. When they felt limited to experiment and explore, or when their supervisor operated from an approach that did not resonate, their doubts were amplified.

Difficulty in the supervisory relationship was also described as a main source of self-doubt for therapists-in-training and can contribute to creating issues for student counsellors (Gazzola & Theriault, 2007). The literature suggests that supervision has been consistently viewed as an effective tool in the literature for helping interns manage their self-doubt (Nyiri, 2010). It was designed as an opportunity for therapy interns (i.e., students) to discuss a variety of topics to promote their professional development and protect client welfare (Curtis et al., 2016). When the supervisory relationship is described as safe and welcoming by the participants, it can help manage self-doubts, although negative experiences with supervisors can worsen self-doubt. When supervisees do not feel safe, their learning and counselling performance is negatively impacted (Gazzola & Theriault, 2007). Not all participants reported supportive supervisory relationships and named a lack of emotional safety with their supervisor, highlighting its detrimental impact on their internship experiences. Some participants described having kept their struggles internal and "suffering in silence" out of fear of being perceived as inadequate in their roles.

According to Morrissette (1996), the most prevalent concern for student counsellors is the experience of personal anxiety. While self-doubt is a normative part of the process, when it intensifies, it can inhibit learning and negatively impact the counselling process. The current study found the impact of personal doubts to be prominent, as the participants described feeling an immense sense of responsibility for the well-being of their clients and how it led to internal questioning. Past studies have discussed how personal doubts surrounding competence and skill have contributed to early career abandonment (Altaf, 2022; Thériault & Gazzola, 2005, 2010). While none of the participants shared having directly considered leaving their roles, they did report doubts about their ability to meet the demands of their role, asking themselves, "Should I even be a therapist?"

For many of the participants, personal sources of self-doubt were paired with external expectations. They noted how widely held societal beliefs surrounding their role, personal mental health, and ability to "fix" others led to the creation of doubts surrounding their clinical abilities. Societal misconceptions, paired with receiving client feedback and the fear of missing an ethical and legal obligation, led to increasing self-doubt for the participants. This was only worsened when the trainees did not feel comfortable disclosing their doubts to others.

The literature indicates that therapists-in-training often hesitate to express their self-doubts due to the fear of being perceived as incompetent or unprofessional, particularly by their supervisors (Daly, 2018). For interns, discussing these doubts is rarely made comfortable. Unfortunately, many choose to 'suffer in silence,' internalizing their experience, concerned that they are alone in their insecurities or will be judged if they open up (Nissen-Lie et al., 2017; Thériault et al., 2009, p. 116). The current study's findings similarly found that the participants often hesitated to share their doubts out of fear of being perceived as unprofessional. They often chose to keep their doubts internal, asking themselves, "Am I the only one?" "Is there something wrong with me?" Many noted how their programs did not often initiate conversations about self-doubt, causing them to further believe that they were alone in their struggles.

The current study differs from previous studies as it also identified how the doubts presented themselves and how the participants were coping with them. The findings indicate that doubtful thoughts were the strongest outside of sessions with clients (i.e., before and after sessions). Fears surrounding not being prepared for sessions occurred, as did rumination after session regarding their helpfulness and skills (e.g., "Am I really doing anything?"). While in session, the participants reported to focus more on the present moment with clients. When their doubts did surface, it was reported to momentarily freeze them in session or lead them to doubt their interventions.

While self-doubt poses negative impacts on their mental health, benefits were also raised by participants. One of which was how self-doubt was a motivating factor for improvement in their clinical practices and helped foster bonds between fellow trainees. Peer support was deemed essential in coping with symptoms of self-doubt. Peer support was reported to be supportive unless it turned into a comparison of knowledge or skill. Finding trusted and safe individuals to confide in was noted to be useful in coping with self-doubt. Other coping mechanisms disclosed by the participants were the use of research, preparation and grounding exercises before sessions, along with staying present and trusting their intuition in session, as well as using self-care practices such as personal therapy or helpful affirmations/reminders after sessions.

The current study highlights the harmful impact of self-doubt on therapists-in-training. Our findings suggest that self-doubt contributed to causing substantive anxiety for therapists-in-training, which negatively impacted their internship/professional development experiences. Self-doubtful thoughts have been described as leading to internal questioning, physical symptoms of anxiety, rumination, and isolation in their experience. Through identifying sources of self-doubt for therapists-in-training early on, therapists-in-training are better equipped to be able to cope when/if their

symptoms re-occur. Doing so better supports trainees during this pivotal time in their professional development and also contributes to prioritizing effective client care by limiting the impacts of self-doubt. Through a better understanding of the sources of self-doubt, recommendations are provided for improving both counsellor training programs and impactful supervisory dynamics, further reducing the risk of burnout and early career abandonment.

Limitations

While the researcher made an effort to ensure the participants selected represent a diverse group of individuals, not all genders were represented in the current study. This was due to the lack of representation in those who expressed interest in participating in the study. The study was comprised of 7 female-identifying individuals and one gender-fluid person. However, the profession has been reported to be primarily occupied by women in Ontario. According to the College of Registered Psychotherapists of Ontario (CRPO), there are four times as many women-identifying registrants than there are male-identifying, and less than one percent have gender identities other than male or female (CRPO, n.d.) Naturally, this may result in the study receiving more interest from women-identifying individuals than from other genders. The participant sample was also comprised of 7 White-identifying individuals, displaying an underrepresentation of diverse ethnic backgrounds, which is also a representative of the lack of diversity in the mental health field (Beaton et al., 2009; Bedi et al., 2020; Lee, 2010). This may , leading to a limitation in the study's transferability and provides less data that can reflect the sociocultural aspects of self-doubt.

While the researcher had the goal of gathering participants from various counselling psychology programs in Ontario, those who showed interest in participating were all completing their master's training in Ottawa, Ontario. This could be due to the CCPA National Capital Region (NCR) being the only organization to have shared the recruitment poster on its Facebook page. This limitation to Ottawa may also be considered as trainees' self-doubt may be experienced differently in different geographic or individual program contexts, which have their own respective professional cultures and pressures.

Implications and Contributions

While the sources of self-doubt varied between personal, external and professional identity-related sources, a common thread was the sense of isolation in their experience of self-doubt. Suffering in silence was described as a result of fear of being perceived unprofessionally and was worsened by a

lack of support in the experience of self-doubt. The participants reported their desire for the initiation of more conversations on the topic by those in positions of authority, such as course professors and supervisors, to help normalize the experience. These findings offer recommendations for counsellor education programs, clinical supervisors, therapists-in-training, and future research.

Implications for Counsellor Education Programs

When the participants were asked whose responsibility it is to initiate conversations on the topic of self-doubt, they all described that the duty falls on those in positions of authority (program professors, supervisors, etc.). Inherent in the role of being a trainee is being under evaluation. This factor, among others, was described as limiting the participant's willingness to share their doubts without being invited to. This further emphasizes the need for counsellor training programs to create safe, open, and intentional conversations surrounding the experience of self-doubt. Participant Amelia shared how she would have appreciated being asked questions such as "How are you arriving at the thought of seeing a client?" by her professors before beginning her internship. Through course professors' initiation conversations, ideally at various points in their training, the experience of self-doubt is normalized as being an expected part of the professional development process. It was also noted that when course professors shared their experiences with self-doubt, trainees felt less alone and contributed to increasing their openness to disclose. Some participants shared their ideas during their interviews on how programs could better support their students. These ideas included the creation of a peer support program between first- and second-year students that facilitates conversations on the topic or the creation of a course specifically designed to address the challenges that arise at this stage of their professional development (i.e., a sense of responsibility, professional identity development, overwhelm when integrating approaches, etc.). An emphasis is being placed on this course being held in a welcoming environment with small groups of students.

Implications for Supervisors

Similarly to the responsibility being placed on counselling program staff, such as professors, clinical supervisors of therapists-in-training also hold the responsibility to create and initiate a dialogue on the topic. Feeling a lack of safety in the supervisory dynamic emerged as a source of self-doubt for the participants. This refers to supervisees/trainees not feeling safe or welcome to disclose their self-doubts with their supervisor for a variety of reasons. Emphasis is thus placed on the supervisor's responsibility to create a warm, collaborative and non-judgemental environment for trainees, which

also invites them to share their experiences. Through supervisors sharing about their struggles with self-doubt, if deemed supportive, trainees' experiences are normalized, and they are more likely to feel more cared for and less alone in their doubts. When not invited, some risk keeping their experiences internal, further worsening their symptoms and potential negative impacts on clients. Other recommendations for supervisors are to provide regular constructive feedback to their supervisees, including encouragement when witnessing strengths and growth. Some of the participants reported how a lack of guidance and feedback from their supervisors contributed to fostering self-doubt.

Implications for Therapists-in-Training

The current paper also provides implications for therapists-in-training as they navigate the identity shifts and novel challenges inherent in this stage of their professional development. Finding trusted individuals to confide in was deemed helpful in reducing self-doubts. These were often shared as peers, those who can be related to the experiences. Opening up to individuals deemed as 'safe' also reduces the risk of comparison and further shame. The participants also shared words of wisdom related to the importance of normalizing the shifts, expectations and pressures being placed on trainees. It is often the first time that therapists-in-training are being asked to use techniques or skills they have learned. Discomfort and doubts when applying them are normative and to be expected. Practicing self-compassion is highly encouraged by those experiencing high internal and external expectations.

Implications for Future Research

By exploring the topic of therapist self-doubt through the lens of therapists-in-training, we are contributing to the current body of literature on the topic of therapist self-doubt/FOI. While previous studies have explored how self-doubt presents itself for both experienced and novice therapists (Thériault & Gazzola, 2005, 2006, 2009, 2010), the current study offers insight into the sources of self-doubt for those new to the profession, therapists-in-training. The current study displayed how severe self-doubt caused by both external and internal sources can lead trainees to deeply question themselves and their roles as future therapists, shown through symptoms of anxiety and rumination. Further research on the topic is encouraged to continue to grow our understanding of the sources of self-doubt and its implications on their clinical practice and to better support future generations of clinicians.

Conclusion

The current study aimed to give voice to the experiences of therapists-in-training, a group of individuals experiencing a novel transition in their professional lives often impacted by self-doubt.

While it is described as common among practitioners of all levels, it often results in trainees “suffering in silence” with their doubts, as they fear facing judgement or negative evaluation if they share their experiences. The current study provides implications for better support for trainees in their development, including recommendations for counsellor training programs, supervisory dynamics, and therapists-in-training. Through normalizing conversations on self-doubt, we are reducing its potential negative impacts on clients and are promoting the safe and healthy development of future generations of therapists.

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Appendix A

Ethics Approval Certificate

31/01/2024

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 I CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-01-24-10033
Titre du projet / Project Title	How do Therapists-in-Training Experience and Manage their Therapy-Related Self-Doubts? A Thematic Analysis
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	31/01/2024
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	30/01/2025

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Tessa NATALE	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Nicola GAZZOLA	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

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31/01/2024

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 évènement 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 completedfour 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).

Riana MARCOTTE
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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Appendix B

Recruitment Poster

Shared on the CCPA, NCR Region Facebook Page

Please note:

The researcher's email address has removed from the poster due to uO Reseach's Privacy Policy.

Appendix C
Recruitment Text

To whom it may concern,

My name is Tessa Natale, and the purpose of this email is to invite you to participate in a study I am conducting as part of my requirements to complete a master's degree in counselling psychology, which is a concentration within the Faculty of Education at the University of Ottawa. My research will be supervised by Dr. Nicola Gazzola, professor and research supervisor.

The purpose of this study is to understand therapist-in-training self-doubt by asking participants to share (1) The sources of their self-doubt, (2) How their self-doubt is experienced before, during, and after sessions with clients, and (3) How therapists-in-training cope with self-doubt.

The criteria for participation in this study are as follows: 1) whether they speak English fluently, 2) are currently enrolled in a Counselling Psychology master's program in Ontario, 3) are completing their practicum where they are meeting with clients for the first time in their careers, and 4) are willing to discuss their self-doubt.

Participants can expect to take part in a 45–60-minute semi-structured interview conducted using the online videoconferencing platform Microsoft Teams, during which they will be asked about their experiences of self-doubt during their psychotherapy placements.

The interview will be conducted in English and will take place virtually using Microsoft Teams unless the participant requests an in-person interview within the Ottawa region. It will be audio recorded and later transcribed to ensure that the data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the primary researcher (who is also a student completing their Counselling Psychology program placement) and her thesis supervisor will be the only individuals with access to the data. To ensure complete confidentiality for participants, all identifying information will be removed from the data that is collected. The data will only be accessible to the primary researcher, Tessa Natale, and her thesis supervisor, Dr. Nicola Gazzola.

If you are interested in participating in the study, believe you might benefit from an opportunity to reflect on how self-doubt plays a role in your practice or would like more information, please feel free to contact me at [removed due to uO Research's privacy policy] or my supervisor at [removed due to uO Research's privacy policy] Please note that participants will be selected on a first-come, first-served basis, depending on whether they meet the inclusion criteria.

Thank you for your time and consideration,

Tessa Natale, M.A.[Ed] Candidate, Counselling Psychology

Appendix D

Formal Invitation

To whom it may concern,

In our previous email correspondence, you expressed an interest in participating in a qualitative study I am conducting on therapist-in-training self-doubt. I am pleased to inform you that you have been selected to participate in the study. This email is your formal invitation.

Attached to this email, you will find an informed consent form, which further discusses the details of the study. Please review this consent form and electronically sign, date, and return it to me via email at your earliest convenience. The interview will take place virtually unless requested otherwise (if you reside in the Ottawa area). Please confirm whether you are comfortable using Microsoft Teams for the interview. Please also let me know when you will be available to conduct your interview for the study so that we may schedule the meeting as soon as possible.

As a reminder, the purpose of this study is to understand therapist-in-training self-doubt by asking participants to share (1) The sources of their self-doubt, (2) How their self-doubt is experienced before, during, and after sessions with clients, and (3) How therapists-in-training cope with self-doubt.

The criteria for participation in this study are as follows: 1) You speak English fluently, 2) you are currently enrolled in a Counselling Psychology master's program in Ontario, 3) you are completing your practicum where you are meeting with clients for the first time in your careers, and 4) are willing to discuss your experiences of self-doubt. Participants can expect to take part in one 45–60-minute semi-structured interview conducted using the online videoconferencing platform Microsoft Teams, during which they will be asked about their experiences of self-doubt during their psychotherapy placements.

The interview will be conducted in English. It will be audio recorded and later transcribed to ensure that the data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the primary researcher (who is also a student completing their Counselling Psychology program placement) and her thesis supervisor will be the only individuals with access to the data. To ensure complete confidentiality for participants, all identifying information

will be removed from the data that is collected. The data will only be accessible to the primary researcher, Tessa Natale, and her thesis supervisor, Dr. Nicola Gazzola.

If you are still interested in participating in the study, please email [removed due to uO Research's privacy policy] with the signed and dated consent form as well as please indicate your preferred interview modality (in person or online) and when you are available for the interview with the researcher.

Thank you for your time and consideration,

Tessa Natale, M.A.[Ed] Candidate, Counselling Psychology
University of Ottawa

Appendix E

Informed Consent Form

Researchers:

Tessa Natale
M.A. Candidate
Counselling Psychology
University of Ottawa
Email: [privacy policy removal]

Dr. Nicola Gazzola
Professor, Thesis Supervisor
Counselling Psychology
University of Ottawa
Email: [privacy policy removal]

You have been invited to participate in a study called "How do Therapists-in-Training Experience and Manage their Therapy-Related Self-Doubts? A Thematic Analysis." This research will be conducted by Tessa Natale as part of her requirements to complete an M.A.[Ed] in Counselling Psychology, a concentration within the Faculty of Education, at the University of Ottawa. The research will be supervised by Dr. Nicola Gazzola. The current study is funded by awards provided to the primary researcher by the Social Sciences and Humanities Research Council of Canada (SSHRC) (2022-2023) and the University of Ottawa Ontario Graduate Scholarship (OGS) (2023-2024).

Purpose of Study

The purpose of this study is to understand therapist-in-training self-doubt, by asking participants to share (1) The sources of their self-doubt, (2) How their self-doubt is experienced before, during, and after sessions with clients, and (3) How therapists-in-training cope with self-doubt.

Procedures

If you agree to participate in this study, you will be interviewed about your experience of self-doubt during the completion of your Counselling Psychology practicum. The interview will last approximately 45-60 minutes and will be conducted in English using the online videoconferencing platform Microsoft Teams. This interview will be audio recorded and later transcribed to ensure that the data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage. The researcher will also take objective notes during the interview. Data from the study will be used to write a research report that will be shared with the public. The direct

quotations of participants may be used in the report, provided they do not include any identifying information.

Potential Risks and Discomforts

Speaking about experiences of self-doubt within your practicum may lead to feelings of discomfort. Although there is minimal risk associated with this, you can inform the researcher of any discomfort you experience at any time during the interview. Breaks are encouraged if you would like a minute to reflect or pause from answering questions. The researcher has the priority of ensuring your comfort. At the end of the interview, you will be provided with a debriefing form that contains services you can access if the interview causes you any discomfort. To mitigate any social risks, participant identities will be protected by assigning pseudonyms, and all data will be kept in a password-encrypted Word document, saved on an external hard drive, as well as a backup USB key owned by the primary researcher, that is both kept in a secure location in the researcher's home office, throughout the study and ten years after the study is completed. After ten years, all data will be destroyed by secure file deletion.

Potential Benefits of Participation

Participation in this study will help shed light on how therapists-in-training experience self-doubt in their professional development as therapists. Discussing such a topic may allow participants to expand their self-awareness of its impacts, as well as discover ways in which they may protect themselves from any negative impacts by reflecting on their coping mechanisms. This information will help reduce the stigma surrounding therapist self-doubt and help to inform prospective future training programs of its impacts.

Confidentiality and Anonymity

To ensure complete confidentiality for participants, all identifying information will be removed from the interview transcripts. As well, any information obtained that could compromise the confidentiality of participants will not be shared with anyone other than the primary researcher and the thesis supervisor. To maintain anonymity, all identifying information will be removed from the interview transcripts, and each participant will be assigned an interviewee number (and pseudonym). Only the primary researcher, Tessa Natale, and her supervisor, Dr. Nicola Gazzola, will know the identities of participants in this study. The primary researcher will also take objective notes during the interview.

Data from the study will ultimately be used to write a research report that will be shared with the public. The direct quotations of participants may be used in the report, provided they do not include any identifying information.

Data Collection and Storage

Data collected for the study will consist of audio recordings and transcripts of interviews, as well as any notes taken by the primary researcher while conducting interviews. All original data will be stored in a password-encrypted Word document, saved on an external hard drive, as well as a backup USB key owned by the primary researcher, which is both kept in a secure location in the researcher's home office. The data files, including the audio recordings and their transcriptions from each interview, will also be stored on this external hard drive and USB key when not in use. Dr. Nicola Gazzola, the researcher's supervisor, will store all research data under lock and key in his office for 10 years. After ten years, all data will be destroyed by secure file deletion. The data will only be accessible to Tessa Natale and Dr. Nicola Gazzola.

Participation and Withdrawal

Your participation in the study is completely voluntary and can be withdrawn at any time. If you choose to withdraw your participation, your data will not be used in the study, and it will be destroyed and disposed of immediately. At any time during the interview, you may ask questions of the researcher, refuse to answer any questions, and/or request to take a break. None of these actions will result in any negative consequences.

Two copies of the consent form have been provided, one for the researcher's records and one for your own. If you have any questions, you may contact either the researcher or her supervisor. Any questions or complaints about the ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

I, _____, understand all information contained in this form and agree to participate in this study.

Participant's Signature: _____ Date:_____

Researcher's Signature: _____ Date:_____

Appendix F

Interview Protocol

Date: _____ (M/D/Y) Time of Interview: _____ Interviewee #: _____

Information for Participants

The purpose of this study is to learn more about the experiences of therapists-in-training surrounding self-doubt. The current study has the goal of identifying: (a) what are the sources of self-doubt in therapists-in-training? (b) how is self-doubt experienced before, during, and after client sessions? And (c) how do therapists-in-training cope with self-doubt?

Review Consent Procedures

Before beginning the interview, we will review the informed consent document and sign the document if this has not already been done. Please let me know if you have any questions or concerns. We can address your questions now and as they come up during the interview. You can also feel free to contact me after our meeting today with any additional questions you may have.

Collect Demographic Information

To begin our interview, I am going to ask you some demographic questions that will help me describe my participant sample when interpreting the results.

What is your age? _____

What is your gender? Please select below:

Man_____ Woman_____ Nonbinary_____ Rather not say_____

In what city do you currently reside? _____

What are your educational qualifications? _____

In which Master's in Counselling Psychology Program are you currently enrolled? _____

How far into your program are you currently? _____

Are you currently practicing counselling or psychotherapy? _____

Which theoretical orientations have you aligned most within your training thus far? (E.g., humanistic, eclectic, etc.) _____

Contextual Interview Questions

The next step is to go through questions regarding your experience with self-doubt. If you are experiencing any discomfort while you are being asked or answering these questions, please let me know. We can take a break or stop the interview at any time. This interview will be audio recorded and later transcribed to ensure that the data used for the study is accurate. All identifying information will be removed during the transcription stage. Ensuring your confidentiality is my priority. At the end of the interview, you will be provided with a debriefing form that contains services you can access should the interview cause you any discomfort.

Background Questions

1. Could you please begin by telling me about the current therapist training/ supervision that you are receiving?

a. Seminar courses?

2. Do you consider the current training you are receiving to be adequate to prepare you for your practicum placement of working with clients? Why or why not?

Research Question 1: What are the sources of self-doubt in therapists-in-training?

1. Are you able to name any specific pressures that may have contributed to your self-doubt?

a. Can you name any societal pressures that have impacted your experience of self-doubt?

2. Do you feel as though the supervision/ training you are currently receiving helps to increase or decrease your self-doubt?
3. I will give you a minute to think about this question, although could you please think of an instance where you experienced feelings of self-doubt while completing your practicum thus far?

4. When do you experience the most doubt in your ability to perform in your role?
5. Could you please share with me a moment of self-doubt that stems more from personal insecurities? If any?
6. Could you please share with me a moment of self-doubt that stems more from professional insecurities? If any?
7. Overall, have you noticed whether your self-doubt stems most from personal or professional insecurities?
8. Do you believe the self-doubt you experience is related to client factors or interactions? Can you think of a time of this?
9. Can you think of any other roots in which your feelings of self-doubt may be coming from?

Research Question 2: How is self-doubt experienced both before, during, and after client sessions?

This may require you to dive a little deeper into analyzing your experience of self-doubt. In this next section of the interview, I am hoping you could please walk me through how self-doubt occurs for you.

1. To begin, could you please speak to me about the doubts that may arise (professional or personal) prior to a client session(s)?

i. Is the amount of self-doubt that you experience before a session dependent upon anything?
ii. How do your doubts present themselves? Do you feel any manifestations of it in your body?
iii. Which emotions, thoughts, and behaviours have you noticed occur when you are experiencing self-doubt?
iv. Can you please share out loud the thoughts that occur when you're experiencing self-doubt?

2. Now, looking at your experience in session, when have you noticed the self-doubt to surface? What led to that moment? (E.g., client interaction, failed intervention, feeling lost in direction).

i. How do your doubts present themselves in session?
ii. What self-doubt thoughts arise in session?
iii. Do you believe that these thoughts may stand in the way of your ability to be present with clients and their concerns?
iv. Do you believe that your self-doubt may impact your clients in some way? Even if you did not intend it to? (E.g., therapeutic relationship)
v. Can you think of an experience where your self-doubt may have positively benefited your client in session?

3. Lastly, once the session has ended, have you noticed yourself carrying the self-doubt with you?

i. Do you feel the self-doubt anywhere else in your body after the session?

ii. How long does the self-doubt stay with you once the session has ended?

Research Question 3: How do therapists-in-training cope with self-doubt?

1. Have you developed any coping mechanisms to support yourself when you experience self-doubt?

a. Before a session?

b. During a session (e.g., self-soothing, deep breathing, mantras)?

c. After the session has ended (e.g., self-care, talking to a supervisor or colleagues)?

2. Who are you most comfortable speaking to about your self-doubt?
3. Do you feel comfortable speaking to your supervisor (identify if practicum supervisor or research supervisor) or course professor about your self-doubt?

a. Do you speak to your classmates/colleagues about your self-doubt? In seminar?

4. What stops you from bringing up your self-doubt? What are your fears associated with doing so?
5. What would make you feel more comfortable speaking about your self-doubt?
6. Do you feel as though your current Counselling Psychology training program has, in your opinion, normalized its experience and spoken about it enough in class?
7. Do you feel as though your current Counselling Psychology training program could benefit from creating more conversations surrounding the experience of self-doubt?
8. Do you believe that you would benefit from hearing about the experiences of self-doubt of others?

Interview Conclusion/Check-in Questions

1. Do you have any other comments to make about this topic?
2. How did this interview go for you?
3. Does anything stand out?
4. Did anything surprise you?
5. Did anything impact you negatively?
6. Is there anything you would like to add?

Appendix G

Debriefing and Resources

Thank you for participating in this study. We greatly appreciate the time and energy you put into it. If you have any further questions, please feel free to contact me, Tessa Natale, by email at [removed due to uO Research's privacy policy] or my supervisor, Dr. Nicola Gazzola, by email at [removed due to uO Research's privacy policy]. As noted on the Consent Form, any questions or complaints about the ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

Below are some services you can access in case that the interview caused you any discomfort:

Distress Centre of Ottawa and Region

Offers 24/7 phone-line services to individuals needing help due to crisis or distress. Further information can be found on the Distress Centre Ottawa and Region website.

Distress Line Telephone: 613-238-3311

Crisis Line Telephone: 613.722.6914

Website: https://www.dcottawa.on.ca

The Walk-In Counselling Clinic

Offers free, single-session counselling services to community members. Counselling sessions last approximately 1.5 hours. The location and times for this service vary and can be found on the Walk-In Counselling Clinic website.

Website: https://walkincounselling.com/

Please find additional services for your specific location in Ontario in an email sent to you before the interview. Please feel free to contact me at [removed due to uO Research's privacy policy] if you require information on additional services available within Canada.