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The Impact of Personal Therapy on Graduate Training in Psychology: A Consensual Qualitative Research Study

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THE IMPACT OF PERSONAL THERAPY ON GRADUATE TRAINING IN
PSYCHOLOGY:
A CONSENSUAL QUALITATIVE RESEARCH STUDY

by

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ABSTRACT
THE IMPACT OF PERSONAL THERAPY ON GRADUATE TRAINING IN
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While broad support exists for trainees in professional psychology who decide to seek personal therapy, surprisingly little literature has focused on their perspective of the experience of attending therapy while in training. The impact of such experiences could have important implications not only for trainees, but also for their training programs. Given the relative lack of empirical attention in this area, this study hoped to provide a rich understanding of how trainees are affected by personal therapy while in training, as well as how this experience was viewed by their graduate programs. Eleven master's- and doctoral-level trainees were interviewed. Most participants had attended therapy at least once prior to beginning their training programs, and they largely reported forming healthy, effective relationships with their therapists. Participants had mostly positive experiences in therapy, feeling that it had a beneficial influence on their functioning personally, academically, and clinically. They viewed their academic programs as being supportive of personal therapy for trainees, and most shared pieces of their experience with peers and faculty/staff members. Nearly all participants felt strongly that personal therapy is an integral part of graduate training, asserting that programs should encourage such therapy for their trainees. Limitations and implications for training, practice, and research are addressed.

PREFACE

This study focuses on the experience of attending personal therapy as a graduate trainee in professional psychology. I selected this topic for two reasons. First, I became interested in the topic after attending two different graduate programs and hearing about personal therapy as beneficial while in training. In both instances, however, the topic was not revisited by faculty or peers; thus, this project presented an interesting way to further investigate how personal therapy could be impactful for trainees. Second, the relative lack of previous research into the topic made it appropriate for further study. I hope that this research can provide a deeper understanding of the experience of those that choose to attend personal therapy while in graduate training in professional psychology.

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TABLE OF CONTENTS

LIST OF TABLES

Chapter One: Introduction

Statement of the Problem

Graduate training in professional psychology is a lengthy and sometimes difficult process, involving a variety of potential changes and challenges in the life of the trainee. Because of the rigorous academic and personal demands (i.e., self-exploration, personal development) of such study, trainees are also challenged to care for themselves throughout their education. Additionally, this self-care must continue beyond the training experience, as the counseling profession presents stressors different from other fields of study (e.g., working with clients who are suicidal). The ability to balance one's personal and professional well-being thus remains important throughout the career, making self-care a vital component in maintaining stability. One method of such self-care is attending personal counseling, which can enable professionals and trainees alike to address a range of concerns.

Indeed, counseling is a somewhat common form of self-care in the United States. Multiple sources report that counseling and mental health services are used by roughly 11 to 15 percent of adults in the general population of the US in a given year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002; Surgeon General, 2009). Individuals seek counseling or therapy for any number of concerns, ranging from mild depression or anxiety to serious thought disorders. For those training to enter the mental health field, counseling as a method of self-care has also been espoused as a critical component of that training for both personal (e.g. self-awareness, development of

coping strategies) and professional (e.g., developing an understanding of the counseling process first-hand) growth.

While personal counseling is commonly discussed as a beneficial method of self-care for graduate trainees in professional psychology, the topic has only recently received attention in the empirical literature (Guy, Stark, & Poelstra, 1988; Holzman, Searight, & Hughes, 1996). Irvin Yalom, for instance, asserted in *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients* (2001), that "personal psychotherapy is, by far, the most important part of psychotherapy training" (p. 41), even stating that there is "no better way to learn about a psychotherapy approach than to enter into it as a patient" (p. 43). Other training literature makes similar statements regarding the importance of personal counseling for the trainee. Baker (2003), for example, stated that, "As a young trainee, therapy in the service of deepening self-awareness is invaluable" (p. 84). In *The Internship, Practicum, and Field Training Handbook: A Guide for Helping Professionals* (2010), Baird stated that personal therapy is "not only beneficial in helping deal with both personal issues and the stresses of practice, but it can also improve your understanding of the therapy process and thus make you a better therapist" (p. 162). Clearly, then, trainees' use of personal counseling is considered an important component of their graduate experience and well-being.

Personal counseling as part of the graduate training experience also has historical support, as graduate programs once traditionally required personal therapy for trainees (Garfield & Kurtz, 1976), particularly in psychoanalytic training institutes. Training analysis was thought to enhance the ability of the analyst to conduct therapy while decreasing the neurosis in the therapist's life (Wampler & Strupp, 1976). Potential

problems can arise as a result of required personal therapy, however, including confusion about the roles between faculty and student, as well as practical matters (e.g., financial demands, lack of available therapists external to the program of study) of graduate training (Wampler & Strupp, 1976). More recent research, in fact, shows that almost no programs currently require personal counseling as part of the graduate training experience.

Whatever the status of required therapy as part of graduate training, nearly all APA-accredited doctoral programs and internships do report instances of trainee impairment and behavioral problems (Huprich & Rudd, 2004), and literature on trainee stress during graduate school also reveals a range of stressors with varying severity (Kumary & Baker, 2008). Such problems and stressors may be ameliorated by trainees' engagement in personal therapy.

Most of the literature exploring therapist use of personal counseling, however, focuses on established professionals as opposed to trainees (Dearing et al., 2005; Holzman et al., 1996). Thus, while personal counseling for the trainee has been traditionally viewed as beneficial (Coleman, 2002; Williams et al., 1999), there is actually little existing empirical literature to support such an assertion, nor to demonstrate the actual effects, if any, of such therapy. The few studies that have examined the trainee perspective have primarily focused on rates of attendance, potential obstacles in help-seeking, and trainees' presenting concerns (Dearing et al., 2005; Guy et al. 1988; Holzman et al., 1996; McEwan & Duncan, 1993; Wiseman & Egozi, 2006). Other studies have attempted to evaluate the role of counseling in the clinical efficacy of trainees (Dube & Normandin, 1999; Gold & Hilsenroth, 2009; Sandell et al., 2006), as well as in

professional development (Lennie, 2007; McEwan & Duncan, 1993; Watts-Jones et al., 2007).

Among these studies, little attention has been given to providing an incisive examination of trainees' perspectives regarding the impact of such counseling (Garfield & Bergin, 1971; Gold & Hilsenroth, 2009; Kaslow & Friedman, 1984; Sandell et al., 2006), nor of trainees' experiences of attending therapy while in training to become therapists themselves. A recent review of journal databases (PsycINFO, Psychology in ProQuest) using relevant search terms (e.g., "personal therapy," "psychotherapists," etc.) during the last 30 years revealed 38 studies focused on either the impact or experience of personal therapy for established professionals; in contrast, a similar search using terminology for trainees (e.g., "personal therapy," "psychotherapy trainees," etc.) revealed only 8 studies. Furthermore, these 8 studies primarily examined only the reasons that trainees attend therapy and the factors influencing that decision, as well as the possible impact of such therapy on trainees' clinical practice. Few have yet explored the trainee experience of receiving therapy while also in training to provide therapy, along with a deep examination of the trainee perspective of the impact of this therapy. Focus on these two areas would not only build upon existing literature that has begun to explore the effects of personal therapy for trainees, but would add important information regarding the context in which trainees experience such therapy. Finally, these extant studies have relied mostly on survey methods, and while a few recent studies have used qualitative methods, the richness of the existing data in this area remains limited.

Rationale for the Study

Thus, despite the broad support noted above regarding trainees undergoing personal therapy, as well as the sizable literature base on professionals' experience of attending therapy, surprisingly little literature has focused deeply on the trainee perspective of the impact and experience of attending personal therapy. The current study, then, seeks to examine how trainees experience their personal therapy while training to become therapists, as well as how trainees feel that their therapy has affected their personal and professional development, areas that remain relatively unaddressed. A qualitative method will be used, for this approach allows both participants and researchers to "get inside" such phenomena and provide rich data to enhance our understanding of trainees' experiences.

Furthering the profession's understanding in this area may have important implications for the training experience itself, as well as for training program advisors and faculty. For example, increased knowledge of how attending therapy while simultaneously being trained to provide therapy affects trainees could inform the decision-making of trainees, faculty, and academic programs regarding attending personal therapy while in training. The proposed dissertation thus aims to provide a deeper understanding of the experience and impact, whether positive or negative, of personal therapy for clinical or counseling psychology graduate trainees. Such an understanding could provide useful information for trainees, for the faculty and staff responsible for delivering the training experience, and for the professionals providing such treatment for the trainees.

In this study, I will interview doctoral trainees in APA-accredited clinical and counseling psychology programs. These two professional psychology specialties were

chosen to allow for a sufficiently large pool of potential participants, but also a pool whose relative homogeneity in its training requirements and experiences will likely lead to similar stressors that then may spur trainees to seek therapy. Additionally, these specialties are part of a training culture in which personal and professional development is emphasized, and personal therapy could be included as part of that emphasis. The participants in the study could have initiated therapy for any number of reasons (e.g., stressors of graduate training, long-standing mental health concerns, experiencing a traumatic event), and the treatment could have involved multiple modalities (e.g., crisis counseling, psychiatric consultation). The main criterion for participation, however, is that they must simply define their experience in individual therapy as having been impactful in some way. This treatment could have been initiated prior to beginning of training or during the training experience, so long as three sessions of the therapy occurred while the trainee was enrolled in their program of study.

All data will be analyzed using consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005), which emphasizes description of experiences in context and the inductive emergence of meaning from the data. CQR is an appropriate choice for the topic of this study, given the status of the extant literature in this area. CQR also allows participants to provide rich descriptions of their experiences, thereby deepening our understanding of this topic.

Following completion of this dissertation, the researcher will pursue publication of his findings so that graduate trainees, those responsible for providing such training, and those providing therapy services to graduate trainees may use the information to inform their understanding of the impact that personal therapy has on professional

psychology trainees. Additionally, the results will provide directions for future research on this topic.

Research Questions

The overarching research question of this study is, "What is the impact of personal therapy, pursued during their graduate training, on doctoral-level clinical or counseling psychology trainees?" Examining this central question will occur via a number of more specific queries.

- *How was it for trainees to be simultaneously in therapy, and also training to be a therapist?*

- *What was trainees' actual therapy experience like (e.g., relationship with therapist, focus of therapy, success of therapy)?*

- *What were the messages conveyed in trainees' programs regarding clinical/counseling psychology students being in therapy?*

- *How, if at all, was personal therapy for trainees discussed by faculty?*

- *How, if at all, was personal therapy for trainees discussed by peers?*

- *How, if at all, did trainees talk about their personal therapy with either faculty or peers?*

- *How did trainees' counseling affect their personal and professional development?*

These questions are intended to foster a rich understanding of the trainee's experience of attending personal therapy while in graduate training. They also seek to address factors that might be associated with the participant's experience of attending personal therapy (e.g., the academic program's views on trainees in personal therapy,

peers' views on attending personal therapy), as well as the potential impact of that therapy.

Chapter Two: Review of the Literature

The Graduate Training Experience in Professional Psychology

Literature on the general experiences of graduate trainees in professional psychology is first explored, as it describes the concerns, challenges, and impairments that trainees might face during their graduate experience, all of which may lead to their seeking personal therapy. Also of importance are the ways in which graduate programs address impairment among their trainees, which in some cases may lead to recommendations or requirements that trainees engage in personal therapy.

Stressors of Graduate Training in Psychology. The professional psychology training experience is one in which students are challenged to experience both personal and professional growth. Research in the area of graduate training has identified a number of stressors that are common across disciplines, as well as those unique to psychology.

Kumary and Baker's (2008) participants (i.e., trainees in counseling psychology) rated practical issues (e.g., finances, time) as particularly problematic, and also reported stressors that were viewed as an "intrinsic part of postgraduate professional studies: academic pressure and professional socialization" (p. 22). For example, graduate students may need to seek financial assistance while in training, as their academic and professional responsibilities could limit their ability to seek employment to earn regular income. While the researchers set out to identify specific stressors to graduate training in psychology, their results were found to be common to graduate training in general, and also a common part of achieving at a high level academically (Cooper & Quick, 2003).

Graduate trainees may also struggle to develop a new support system (Cushway, 1997). Trainees might be required to move away from family or friends to begin graduate training, potentially adding stressors on top of those associated with their program of study. It is also possible that trainees may experience difficulty in personal relationships, as emotional and cognitive resources can be limited during especially difficult periods of graduate training (Cushway, 1992; 1997).

In addition, training in professional psychology demands that trainees operate in situations that may evoke particular stress and anxiety. For example, trainees encountering clients for the first time might be unsure as to how sessions should proceed or how they should respond to client behaviors. For those seasoned in the profession, meeting a new client or encountering challenging client behavior likely poses minimal difficulty; for trainees, however, such circumstances may well evoke marked anxiety (Skovholt & Ronnestad, 1995, 2003) because of the inherently ambiguous nature of the counseling process (e.g., noticing and understanding client behaviors and emotions that might not follow a logical pattern) (Pica, 1998). Relatedly, the importance of experience in the field of counseling has also been discussed, including the acknowledgement that a certain level of expertise is necessary to cope with stressors commonly associated with the counseling profession and specific client behaviors (e.g., lack of motivation, crying during session). These and other struggles are viewed as a relatively normal part of development for the trainee and early career practitioner (Skovholt & Ronnestad, 2003), but they can certainly prove challenging for the trainee.

Psychology graduate trainees are also required to simultaneously expand, maintain, and communicate knowledge in a given area of expertise, while also

developing skills that are utilized in a clinical setting (e.g., active listening, insight).

Graduate training in professional psychology is thus a growth-oriented process that, in

research focusing on trainee and professional perspectives on therapy for trainees, was

found to be significantly stressful for the trainee (Kaslow & Friedman, 1984). It may

come as no surprise, then, that graduate trainees in professional psychology experience a

relatively high rate of psychological distress, with nearly three-fourths of participants

reporting either a moderate or high level of stress during clinical training (Cushway,

1992).

Developing self-awareness is also a large part of the professional psychology

training experience, one also not without difficulties (Cushway, 1997). As they progress

through training, trainees typically develop increased self-awareness through a variety of

training experiences (e.g., classroom activities, clinical training). As they progress

through training, trainees typically develop increased self-awareness through a variety of

training experiences, but might struggle with personal reactions to incidents that occur in

academic or clinical settings and in their personal lives (Howard et al., 2006; Skovholt &

Ronnestad, 2003).

Summary. Certainly, trainees in all graduate fields of study experience common

stressors (e.g., financial concerns, academic rigor). In addition, each field is likely to

contain its own unique set of stressors. Graduate training in professional psychology,

then, while it undoubtedly shares stressors with other fields of study, also contains a

number of specific stressors. Among these is the need for trainees to develop a tolerance

for ambiguity, to constantly expand and refine their theoretical and applied knowledge

base, and to develop self-awareness. The graduate trainee in professional psychology is

thus tasked with balancing the common stressors of graduate school with specific stressors related to growth and mastery in this field of study. Learning to balance these stressors can be a difficult task, one that may lead trainees to pursue personal therapy as a method of achieving such balance.

Critical Incidents in Graduate Training

Research on critical incidents in trainee development (Furr & Carroll, 2003; Howard, Inman, & Altman, 2006; Lee, Eppler, Kendal, & Latty, 2001) is helpful in identifying experiences that trainees classify as impactful on their development and education (Skovholt & McCarthy, 1988); in some instances, such incidents involve trainees' use of personal therapy (Furr & Caroll, 2003). Relatedly, Furr and Carroll (2003) asserted that such incidents were not merely a part of typical trainee development; rather, they were specific events considered particularly impactful, such as addressing countertransference, attending to important issues in the therapy process, acquiring clinical skill and technique, and, in some instances, reflecting on one's experiences in personal therapy. Sank and Prout (1978), noted that while empirical evidence on the topic of personal therapy for graduate trainees in professional psychology was lacking, but stated that personal therapy was "supportive and reassuring, and therefore of great use while first undergoing the demands of the role of therapist" (p. 643)

Empirical work in the area of critical incidents for graduate trainees has found that attending personal therapy was "critical in their development as counselors" (p. 487), particularly with regard to gaining insight into the counseling process as well as achieving personal growth (Furr & Carroll, 2003). Other research into critical incidents for developing counselors has underlined the importance of personal counseling for

providing the opportunity for self-exploration personally and professionally (Woodside et al., 2006).

While inquiry into critical incidents for professional psychology trainees has revealed the potential for personal therapy to be an impactful event, there is still a paucity of information regarding how this experience is lived by the trainee, as well as how trainees apply these experiences to their professional and personal lives. Further investigation of this topic could bring additional clarity to an area that already appears to have a place in counselor training and development.

Trainee Concerns While in Training

Trainees experiencing a range of concerns while in professional psychology graduate programs is also relevant to the present study, as it includes incidents that could involve trainees seeking personal therapy. Historically, these concerns have been discussed as part of a trainee "impairment," although there is debate in the field regarding the appropriateness of the term and its connotations for the trainee (Elman & Forrest, 2007; Johnson & Campbell, 2002). Both faculty (Forrest, Elman, Gizara, & Vacha-Haase, 1999) and trainee peers (Oliver, Bernstein, Anderson, & Blashfield, 2004; Rosenberg, Getzelman, Arcinue, & Oren, 2005) occasionally confront trainees who are experiencing a range of concerns (Bradey & Post, 1991; Busseri, Tyler, & Kind, 2005; Elman & Forrest, 2004; Prodicano, Busch-Rossnagel, Reznikoff, & Geisinger, 1995; Huprich & Rudd, 2004), and circumstances may stimulate a recommendation that such trainees seek counseling.

Defining trainee impairment. Elman and Forrest (2007) recently examined the problems associated with the use of the term "impairment" when referring to difficulties

that arise in work with graduate trainees, citing a significant overlap with terminology used to refer to individuals suffering from a disability. Such an overlap could potentially have legal ramifications, as "impairment" has a specific meaning related to physical and/or mental disabilities. In acknowledging efforts to clarify the terminology, Elman and Forrest proposed the use of *problematic professional competence*, *professional competence problems*, or *problems with professional competence* in place of *impairment*, stating that these terms focus more directly on performance-based problems and competence with regard to a professional standard. The authors recognized the challenges of replacing a term familiar to the profession with new phrasing that might be "too removed from the most insidious and difficult concerns about professional competence" (Elman & Forrest, 2007, p. 508). Thus, while a lack of uniformity exists regarding the appropriate terminology, trainee "impairment" will be classified as "concerns" or "problems" when discussing this area of research in the current study.

   Frequency of trainee problems and concerns. Recently, Huprich & Rudd (2004) gathered information about rates of trainee concerns in clinical, counseling, and school psychology doctoral programs and internships on a national level. Alarmingly, they discovered a "relatively high level of current and past impairment of students within doctoral programs and internships" (p. 49). Of the surveyed programs that responded, for example, only 2% of doctoral programs reported zero impaired trainees, and only 27% of internship sites reported zero instances of trainee impairment (Huprich & Rudd, 2004). Earlier research into prevalence of trainee concerns or problems at the doctoral level revealed that nearly 4% of trainees in APA-accredited counseling and clinical psychology programs were identified as being problematic in some way (Burgess, 1995), and

program directors in another study reported having identified two to three current students and one to two program graduates as having concerns requiring attention during a five-year period (Schwebel & Coster, 1998).

With internships in the Huprich and Rudd study (2004) reporting fewer instances of trainee "impairment," the authors hypothesized that at the doctoral (i.e., non-internship) level, "students were most likely mandated to or voluntarily sought out psychotherapy to address their impairment" (p. 47), a theory that has support from their finding that in 75% of programs, faculty members formally recommend professional counseling. Such counseling may then remediate trainee concerns or problematic behaviors prior to the pre-doctoral internship.

How programs address trainee concerns. Trainees who do not meet the standards set forth by professional psychology programs typically face some sort of remediation instituted by the program in which they are enrolled, although there is little consistency in program policies regarding evaluation, identification, and remediation of problematic trainees (Forrest et al., 1999). Prodicano et al. (1995) discovered that the most typical means of remediation for trainee deficiencies were eventual dismissal and termination of the trainee's enrollment. Rates of trainee dismissals after initial admission ranged from 0 to 30 percent (Bradey & Post, 1991) to 39 percent (Prodicano et al., 1995).

Reflecting attempts to remediate and thus reduce the likelihood of dismissal, both formal (e.g., hearings, department review of student progress) and informal (e.g., academic performance, clinical screening, trainee involvement in counseling or advising) methods of evaluation for addressing trainee impairment have also been endorsed (Bradey & Post, 1991; Busseri et al., 2005). One method of evaluation of particular

importance to the present study is the recommendation that trainees engage in personal

counseling for remediation of noted difficulties. Prodicano et al. (1995) found that 29%

of programs surveyed recommended that students seek psychotherapy for remediation of

deficiencies, and reported that "follow-up on the efficacy of this approach seems

warranted" (p. 432).

Other research (Elman & Forrest, 2004) asserted the need to balance the privacy

of the trainee with the program's need to maintain accountability for the competence of

the trainee. In some instances, participants described cases in which personal therapy was

required for the trainee, and in others a more informal recommendation of therapy was

made. Programs also varied in their level of involvement in the trainee's psychotherapy,

which was largely mediated by factors including the perceived severity of the trainee's

impairment and the program's familiarity with the treating therapist (Elman & Forrest,

2004). This research focused on the training program's perspective, however, and thus

we do not yet know more about the trainees' perceptions of the experience of attending

such counseling.

Summary. Research on the professional psychology training experience

illuminates the potential for trainees to experience a range of concerns and display

problematic behaviors, which could potentially be ameliorated in some way by seeking

therapy. As stated by Forrest et al. (1999), however, "many important questions remain

unanswered" (p. 669) in regard to personal therapy for trainees and the impact it can have

on the training experience. Enhanced understanding of how personal counseling can

address problematic trainee behavior, in addition to its usefulness in assisting trainees

with a range of other concerns, would help inform program policy regarding

recommendations for personal counseling. Specifically, the potential impact of personal counseling, presumed to be beneficial for professionals and trainees alike in coping with stressors (see below), remains unclear. Furthermore, notably silent are the voices of trainees themselves regarding their experience of seeking therapy while in graduate school, as illuminated below. It is thus important, for both trainees and faculty, that the perspective of trainees in personal counseling be deeply examined to better understand their views of the impact of such treatment. First, though, a discussion of the literature on the role of personal counseling for professionals is useful, as this literature is often cited when discussing trainee use of personal counseling.

Professionals' Use of Personal Therapy

The bulk of the empirical literature on personal counseling for those in the mental health field has focused on post-training professionals. Among the areas investigated are the frequency with which professionals seek therapy and the presenting concerns they report (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999; Deutsch, 1985; Gilroy, Carroll, & Murra, 2002; Mahoney, 1997; Neukrug & Williams, 1993; Norcross & Guy, 2005; Pope & Tabachnick, 1994); the process and outcomes of such counseling (Bike, Norcross, & Schatz, 2009; Norcross, Strausser-Kirtland, & Missar, 1988); the impact of personal counseling on practice (Lucock, Hall, & Noble, 2006; Macran, Stiles, & Smith, 1999; Rizq & Target, 2008; Wiseman & Shefler, 2001) and on awareness of self and others (Coleman, 2002); and the unique issues that face professionals treating other professionals (Fleischer & Wissler, 1985; Norcross, Geller, & Kurzawa, 2000; Norcross, Geller, & Kurzawa, 2001; Schoener, 2005).

Rates and presenting concerns. Early inquiry into the topic of personal counseling

for practicing professionals revealed that approximately 60% of psychologists sought

personal counseling at some point during their career (Garfield & Kurtz, 1976).

Subsequent research has yielded somewhat similar results, with anywhere from 54% to

84% of surveyed psychologists reporting that they have attended personal counseling at

some point in their career (Deutsch, 1985; Neukrug & Williams, 1993; Pope &

Tabachnick, 1994). Among the most common presenting concerns were relationship

conflicts, work-related stressors, depression, anxiety, self-confidence, career issues

(Deutsch, 1985; Pope & Tabachnick, 1994), personal growth, grief, and childhood issues

(Deacon et al., 1999; Mahoney, 1997). In their recent meta-analysis of professionals' use

of personal counseling, Norcross and Guy reported that the rates of professionals

attending personal counseling have remained relatively constant, with a mean percentage

around 72%. Research focusing specifically on post-training professionals thus

demonstrates that "across studies and across disciplines, seasoned therapists in practice

routinely seek psychotherapy for themselves" (p. 167). The authors concluded that

personal treatment is thus an important feature in the lives of professional psychologists.

Impact of professionals' personal therapy. Mental health professionals generally

agree that personal counseling for individuals in the field is a valuable experience with a

range of personal and professional effects, including positive impacts on therapist verbal

interactions with clients and skill development (Bellows, 2007). Intriguingly, however,

both Clark (1986) and Macran and Shapiro (1998) reported that professionals with

previous personal counseling were no "more effective" (p. 542) than those who had no

such experience, with Clark also noting that client outcomes were more related to the

experience level of the treating professional than to whether or not the professional had sought personal therapy. In contrast, other research on the processes and outcomes of professionals' personal treatment has found overwhelmingly positive effects, with respondents reporting improvement in behaviors, insight, or emotions (Bike, Norcross, & Schatz, 2009; Norcross, Strausser-Kirtland, & Missar, 1988; Williams et al., 1999).

Qualitative inquiry into this topic has also found noteworthy effects, with participants reporting increased awareness of their role in the counseling process, an increased level of authenticity in treating clients, higher levels of creating a collaborative experience with clients, better recognition of the need to give clients space in counseling, and affirmations of the importance of listening to understand clients on a deeper level (Coleman, 2002; Macran et al., 1999; Rizq & Target, 2008; Wiseman & Shefler, 2001).

Summary. Thus, attending personal therapy is a relatively common experience for established mental health professionals, and those who have attended therapy report largely positive effects. The majority of professionals with experience in personal counseling count it as a beneficial influence on their personal and professional development.

Trainees' Use of Personal Therapy

In contrast to the relatively healthy literature base on professionals' use of personal counseling, few empirical studies have examined professional psychology trainees' experiences of personal counseling. Those that do exist have largely focused on the rates of trainees' use of personal counseling, their presenting concerns (Dearing et al., 2005; Guy et al. 1988; Holzman et al., 1996; McEwan & Duncan, 1993), and the impact

of personal counseling on training and clinical experiences (Garfield & Bergin, 1971; Gold & Hilsenroth, 2009; Kaslow & Friedman, 1984; Sandell et al., 2006).

Rates of trainees attending personal therapy. Dearing et al. (2005) surveyed students in an attempt to identify factors affecting help-seeking behaviors during their training program. A clear majority of participants (70%) reported that they had attended personal counseling at some point in their lives, and 47% to 54% of those respondents initiated personal therapy during their graduate training. This rate of attending personal counseling differs somewhat from earlier findings by Holzman et al. (1996), who found that 74% of respondents reported seeking therapy at some point in their lives, and 74% of those were in treatment during their graduate training. Intriguingly, Dearing also found a positive correlation between perceptions of favorable faculty views about trainee help-seeking and rates of student help-seeking; noted obstacles to help-seeking included time, cost, and concerns about confidentiality. Though informative, this literature examining the rates of personal counseling among graduate trainees relies on self-report surveys and provides only limited information (i.e., how often trainees seek counseling while in graduate school).

Reasons for seeking therapy and influencing factors. Research on trainees' use of personal therapy has also examined the reasons that trainees enter personal counseling and the factors that might influence this decision. Among those who did seek personal counseling, personal growth (70%) and the desire for professional improvement (65%) were the most common reasons for doing so, with 56% endorsing adjustment issues, and 38% seeking treatment for depression (Holzman et al., 1996). Other concerns, including suicidal ideation, eating disorders, physical and sexual assault, and substance abuse were

reported as well, albeit by far fewer participants. Trainees have also reported entering treatment primarily for personal (i.e., emotional well-being) as opposed to professional (i.e., learning about the counseling process) reasons (Kaslow & Friedman, 1984).

Strozier and Stacey (2001) examined the importance of personal therapy to the education of master's in social work (MSW) trainees. While both trainees and faculty rated an increase in self-awareness as the highest potential benefit, faculty rated the role of the therapist as a model for the trainee as of secondary importance, while trainees rated the opportunity to deal with their personal issues as the second most important potential benefit.

Trainees have also reported inconsistent departmental views regarding attending personal counseling as having an influence on their decision (Bruss & Kopala, 1993; Kaslow & Friedman, 1984), with some participants reporting support for personal counseling and others reporting ambivalence or negative perceptions from faculty as affecting their decision not only to seek therapy, but also whether or not to disclose their therapy. If the program's culture seems not to support trainees seeking therapy, trainees may well worry about disclosing their decision to seek personal counseling (Dearing et al., 2005; Holzman et al., 1996). Furthermore, peer relationships also contributed to trainees' decision to attend personal counseling, as participants reported conflicted feelings about disclosing their treatment to others, particularly in instances in which the therapist was known to peers (Holzman et al., 1996). Perceived social stigma has been discovered to be an important mediating factor among clinical psychology trainees as well, with cultural differences also playing an important factor in trainees' decision-

making regarding whether or not to seek out therapy while in training (Digiuni, Jones, & Camic, 2013).

When asking specifically about risks that trainees perceived with regard to seeking therapy while in training, McEwan and Duncan (1993) discovered that the majority of risks focused on confidentiality and ethical dilemmas related to the decision to seek personal therapy. Dual relationships between the trainee and instructor in instances when the instructor is privy to information about the trainee's personal counseling were of particular concern. Trainees are also often limited financially and may seek personal counseling at the university counseling center or another on-campus resource. For universities in which a relationship exists between psychology graduate programs and on-campus counseling services, concerns about confidentiality are quite valid. Similarly, trainees gaining practical experience in an on-campus facility might be unable to seek treatment there because of their participation as a trainee.

Research into the rates of trainee use of personal counseling, presenting concerns, and potential obstacles provides important context to the topic of how personal treatment during training could impact the training experience (Holzman et al., 1996), but also leaves room for more in-depth inquiry into the experience and impact of the trainees' personal therapy.

Effects of personal therapy on graduate trainees. Early research highlighted a correlation between trainees' engaging in personal therapy and their efficacy in clinical practice. Strupp (1958), for instance, found that inexperienced therapists with previous personal treatment had lower levels of empathy than their colleagues with no previous personal treatment. Garfield & Bergin (1971) identified a lower level of positive change

in clients whose primary therapists were practicum students with high levels of experience in personal therapy vs. those with little or no experience in personal therapy. Later research shifted towards the trainee perspective of the impact of personal therapy, with participants reporting both positive (e.g., increased empathy, personal insight) and negative (e.g., overidentification with the patient role) impacts (Kaslow & Friedman, 1984).

Of particular relevance to the proposed study is the aforementioned work of Kaslow & Friedman (1984), in which the researchers sought "to elucidate some of the heretofore unexplored issues related to the psychotherapy of psychotherapist trainees" (p. 36) by interviewing graduate trainees in clinical psychology. They found that trainees reported experiencing conflict in the departmental views regarding attending personal counseling, with some participants reporting support for personal counseling and others reporting ambivalence or negative perceptions from faculty. In addition, peer relationships contributed to trainees' experience of attending personal counseling, as participants reported conflicted feelings about disclosing their treatment to others (e.g., they were concerned about how they would be perceived by others, particularly by their peers in training). Trainees' reported tendency to intellectualize (e.g., over-thinking concepts or questions) while in treatment may also have impeded therapeutic progress. An increased respect and level of empathy for clients was reported by trainees as well.

In more recent research, Grimmer and Tribe (2001) reported that trainees mandated to attend personal therapy developed increased insight into the process of therapy and experienced both validation and normalization during their help-seeking experience. A later study by Murphy (2005) revealed somewhat similar results, with

findings suggesting that trainees could experience a number of effects, ranging from personal growth to realizing the potential impact of the personal therapy experience. These findings were echoed in research exploring introject affiliation, personal therapy, and self-efficacy, which discovered that satisfaction with a personal therapy experience during training can influence trainee self-perception and perceived efficacy as a therapist (Taubner et al., 2013). Each of these studies emphasized the need for continued exploration of this area, with Murphy (2005) stating that trainees are "being asked to undergo personal therapy without supporting evidence explaining the benefits" (p. 31).

Literature on trainees' use of personal therapy has begun to explore the experience (Grimmer & Tribe, 2001; Kaslow & Friedman, 1984) and impact of such activities (Murphy, 2005), but in most instances the quantitative methods used in these studies have limited the scope of participant responses or focused on only one aspect of the personal therapy experience (e.g., clinical effects, predictors of help-seeking). In the cases of Kaslow and Friedman (1984), and later studies by Grimmer and Tribe (2001) and Murphy (2005), the experience and impact of trainees attending personal therapy was explored. Each study, however, was limited in its selection of participants, with two focused on trainees mandated to counseling (Grimmer & Tribe, 2001; Murphy, 2005) and the other drawing only from six clinical psychology programs nationwide (Kaslow & Friedman, 1984). While the Kaslow and Friedman research is most similar to the proposed study in terms of scope and intent, it is possible that the climate regarding personal therapy for trainees has shifted in the time that has passed, making renewed focus and attention appropriate. The existing literature also has not yet enabled trainees to discuss their views on the interplay between their academic, clinical, and personal

development while in therapy, and thus a more thorough examination of the trainee

perspective is critical in revealing the lived experience of the trainee. Thus, the general

experience of attending personal therapy while in training to provide therapy has not yet

received enough attention in the literature, and as a result there is little understanding as

to how trainees experience the process of attending personal therapy.

    Summary. The literature focusing on trainees' use of personal counseling does

provide some initial information regarding the rates with which they seek counseling

(Deacon et al. 2005), the concerns they bring to the personal counseling process

(Holzman et al. 1996), the influence of the graduate school setting on trainees' decisions

to pursue personal counseling, and the impact that personal therapy can have on the

trainee's functioning (Kaslow & Friedman, 1984), with results from trainees largely

paralleling those from professionals (Grimmer & Tribe, 2001; Murphy, 2005; Strozier &

Stacey, 2001).

    Existing research has not, however, deeply examined the trainee perspective on

the actual experience of attending personal therapy while in training, nor has it incisively

investigated how this therapy may affect trainees personally and professionally. Earlier

studies on the topic have also largely employed quantitative methods, which inherently

constrain participants' responses and limit the richness of the data.

Purpose of Study

    As noted above, minimal empirical attention has been paid to the experience and

impact of personal therapy for graduate trainees in professional psychology, the focus of

the proposed study. Participants in this study will thus be trainees in APA-accredited

clinical or counseling psychology doctoral programs who attended personal counseling

during their graduate training. A qualitative method will allow for exploration of the lived experience of the trainee and will remove the inherent restrictions imposed by survey-based methods. Qualitative study of trainees attending personal counseling will also provide valuable information about the help-seeking behaviors and experiences of trainees, as effective coping strategies developed during training can provide a solid foundation for self-care later in one's career (Dearing et al., 2005). Understanding the experiences of personal counseling for trainees can also have implications for counselor educators, whose displayed attitudes toward trainees attending personal counseling may affect trainees' help-seeking behaviors (Furr & Carroll, 2003). Ultimately, the proposed study is intended to provide experiential data on an activity that, while viewed as overwhelmingly positive and beneficial, has not yet been explored in-depth.

Thus, the proposed study seeks to fill a gap in the current literature regarding the lived experience and impact of personal therapy for graduate trainees in professional psychology, and will do so by using consensual qualitative research. It is the hope of this researcher to strengthen the profession's understanding of how graduate trainees experience and are affected by personal therapy while in training.

Chapter Three: Method

While previous research has investigated the experiences and potential benefits of mental health professionals' use of personal counseling, comparatively less empirical work has focused on the experience of trainees in personal counseling. A qualitative approach thus fit this topic of study well, for qualitative methods are "designed to describe and interpret the experiences of research participants in a context-specific setting" (Denzin & Lincoln, 2000). This study used CQR (Hill et al., 1997; Hill et al., 2005), as it provided participants the opportunity to richly and deeply describe their experiences.

CQR Method

The original manuscript describing CQR was published by Hill, Thompson, and Williams in 1997, in which the authors stated the core principles of CQR: (1) data are gathered using open-ended questions in order not to constrain participants' responses, (2) the method relies on words rather than numbers to describe phenomena, (3) a small number of cases is studied intensively, (4) the context of the whole case is used to understand the specific parts of the experience, (5) the process is inductive, with conclusions being built from the data rather than imposing and testing an *a priori* structure or theory, (6) all judgments are made by a primary team of three to five researchers so that a variety of opinions is available about each decision. Consensus is used so that the best possible understanding is developed for all data, (7) one or two auditors are used to check the consensus judgments to ensure that the primary team does not overlook important data, (8) the primary team continually goes back to the raw data

to ensure that their results and conclusions are accurate and based on the data (Hill et al., 1997, pp. 522-523).

Initial steps. The beginning stages of the research process involve developing the central research question(s), selecting a team of researchers, recruiting a sample, and developing the research protocol (Hill et al., 1997). In developing the central questions guiding the study, researchers first examine the existing literature in the area of focus to acquire a solid understanding of what is known, and what remains to be known, about the topic. The study's central questions, then, arise from the gaps in the literature that this initial examination has exposed. These central questions underlie the knowledge and understanding that the researchers seek to add to the literature.

One of the next steps in the process is the selection of research team members. It has been recommended (Hill et al., 1997) that the research team be composed of individuals who are compatible in working style, respect one another, and can work through any tensions or disagreements that might arise throughout the research process. Clear structuring of the research process (e.g., normal meeting times, clarification of team member duties) has also been recommended, as has creation of an environment in which each team member feels comfortable sharing her/his thoughts. Special attention is also paid to the selection of the auditor, for this role requires attention to detail and experience with CQR (Hill et al., 2005).

In selecting a sample for the study, the team establishes the criteria for both inclusion and exclusion of participants. Ideal participants for a CQR study would be individuals who are articulate, cooperative, and have familiarity and recent experience with the topic of inquiry. It is recommended that researchers attempt to gather a sample

of 8 to 15 participants (Hill et al., 1997).

Lastly, researchers create the interview protocol. This protocol should be informed by the aforementioned review of relevant literature to ensure that the collected data will address the identified gaps in the literature. In the initial stages of protocol development, researchers identify potential areas of exploration and draft questions that examine these areas. Researchers can first brainstorm individually and then come together as a team, or may choose to develop the protocol in collaboration. Regardless, team members must reach consensus on the questions.

The final protocol in a CQR study is semi-structured, but, as advised by Hill and colleagues in their 2005 update, it should also allow the researchers to ask follow-up questions based on participants' responses to the planned questions. Doing so enables participants to fully and richly discuss their experiences, perhaps even in areas that the planned questions have not anticipated. The interview should begin with a set of "warm-up questions" to gather general information about the participant's experience, as well as to facilitate rapport with the researcher. Researchers then move to more specific questions about the topic of inquiry, along with any probes that are deemed appropriate during the course of the interview.

Data collection. The process of data collection requires that researchers conduct interviews, make notes of their impressions during the interview, and then transcribe the interviews (Hill et al., 1997). Interviewers must demonstrate sound clinical skill, maintain appropriate boundaries, identify relevant areas for additional probes, and foster interviewee disclosure of sometimes difficult material. The interviews can be conducted by one researcher, or by all members of the primary research team (i.e., excluding

auditors) to limit concerns about interviewer bias, and researcher familiarity with the

protocol prior to the interview is essential. Interviewers should always begin by

discussing informed consent with the interviewee, including the audiotaping of the

interview. Researchers should also take notes during the interview so that they have a

record of the interview should a malfunction occur with the taping. The last step of data

collection requires a verbatim transcription of the interview, excluding fillers (e.g.,

"like"), non-language utterances, (e.g., "um"), and sighs. All potential identifying

information is removed at this point to protect the participant's confidentiality, and each

participant is assigned a code number.

  Data analysis and interpretation. Central to CQR are the three steps for analyzing

the data: developing and coding domains; constructing core ideas; and developing

categories to describe consistencies across cases, which is referred to as cross analysis

(Hill et al., 1997). In identifying domains, researchers first develop a list of topic areas

based on the first few transcripts. The domains undergo substantial revision early in the

data analysis, as more transcripts are reviewed, but then are finalized by consensus to

reflect the primary topic areas into which the data fall. Data are first assigned to the

domains by team members independently, and then the team reaches consensus on these

domain assignments. A "consensus version" of each case is then created, reflecting the

raw data that have been placed into each domain.

  Next in the process of CQR data analysis is development of core ideas, in which

the data in each domain are summarized to capture the participant's responses in a more

condensed, clarified manner (Hill et al., 1997), while also staying as close as possible to

the interviewee's original words. Creation of core ideas can be performed either by

individuals on the research team or done collectively; team members should make this determination based on each researcher's level of comfort with the process (Hill et al., 2005). Auditors review the core ideas of each domain in each case, and provide feedback regarding the placement of data in the correct domain and the accuracy and completeness of the core ideas (Hill et al., 1997). Auditors then submit their comments to the research team, who discuss and then accept or reject the comments.

The final step of CQR data analysis is the cross analysis, which involves the identification of common themes across cases (Hill et al., 1997). Here, researchers look for patterns across cases but within domains and develop categories to reflect those patterns. Again, these categories can be created independently or collectively; if the team chooses to perform category formation independently, they must later come together to reach consensus. Revisions and modifications of the categories are made based on the auditor's feedback.

At this stage of data analysis, researchers note the frequency of categories within the domains. Each category receives one of the following labels, based on Elliot's method (1989, 1993): (1) *general* refers to a category that applies to nearly all or all cases, (2) *typical* refers to a category that applies to more than half of the cases, (3) *variant* refers to a category that applies to at least two and up to half of the cases, (4) categories with only one case are dropped.

Evaluation of CQR. The soundness of CQR can be addressed through a variety of means. First, trustworthiness is displayed by the care taken during collection and analysis of data, with particular attention paid to the focus of the protocol, the selection process used for the sample, and the decision-making processes during data analysis. The

testimonial validity of the findings, which refers to the opportunity given to participants to determine whether or not researchers' interpretations match participants' actual experience (Stiles, 1993), can provide the researchers with a sense of confidence in their findings. Thus, researchers routinely ask participants to review the findings to assess how well they reflect their experiences. CQR researchers also demonstrate the representativeness of results by using the category frequencies discussed previously (i.e. *general, typical, variant*). In demonstrating how results from CQR research can be used in practice, researchers should include information about the sample, contextual identifiers, and clinical implications (Hill, Thompson, & Williams, 2007). Lastly, consideration should be given to whether the results were or can be replicated; for instance, a future research team might want to reanalyze the data, or additional data could be gathered using the same protocol to determine whether similar results are obtained.

Participants

In the present study, the participant pool was initially limited to individuals currently enrolled in APA-accredited counseling psychology or clinical psychology doctoral programs. This pool was later broadened due to difficulties in gathering participants; the final participant pool allowed for individuals currently enrolled in any nationally accredited graduate program in counseling and psychology (e.g., APA, CACREP). Participants had to have initiated a course of individual counseling while enrolled in their program, and that counseling must have occurred within the last three years to ensure that the participant had an adequate recollection of the therapy. No upper limits were placed on the number of sessions that the participant attended, only that he or she felt that the personal therapy experience was in some way impactful.

Participants were recruited via "snowball technique" and, with appropriate permissions, through relevant listservs. In initiating the snowball, the researcher used existing connections from program faculty, staff, and peers to assist in recruiting. A draft of a recruitment letter was distributed in electronic format when listserv approval was gained. The primary researcher initially emailed potential participants to ask if they would consider taking part in the study. When potential participants responded to the email or listserv postings, the primary researcher responded via email and provided the materials necessary for participation (i.e., cover letter, consent form, demographic form, interview protocol).

Procedures for Collecting Data

Recruitment of potential participants included snowball sampling. This researcher used existing connections from academic and professional settings with a variety of clinicians to recruit the sample. Participants were approached via phone conversation or email and asked if they would be interested in participating in a research study regarding their experiences in personal therapy while in graduate training in professional counseling or psychology. When existing connections were not able to participate or were unwilling, the primary investigator asked for assistance in identifying potential participants who met the study's criteria. An email with information about the study was sent to listserv managers to gain permission to recruit participants electronically via relevant professional organizations. Postings were made on other appropriate internet resources, and included information about the study as well as contact information for the primary investigator. Consistent with the recommendations of Hill et al. (1997), between 8-15 participants were sought for the study. Potential participants were emailed a packet

with a cover letter describing the study and stating the participation requirements, a consent form, a demographic form to gather information about the participant (age, sex, years in training, years in treatment, etc.), and the interview protocol.

Demographic form. A demographic form gathered information about the participant, such as age, gender, race/ethnicity, type of program in which the participant is/was enrolled, and basic details about the participant's personal therapy (e.g., how many sessions attended, number of therapists seen). The demographic form also asked for contact information, including the participant's name, email and/or mailing address, phone number, and best possible times to schedule the interview.

Protocol. As suggested by Hill et al. (2005), a semi-structured protocol was used across cases to gain consistent types of information. Development of the protocol was performed collaboratively by the primary investigator and his advisor. As part of this development process, the primary investigator conducted abbreviated pilot interviews with individuals who met participation criteria, both to ensure that the protocol captures the desired type of data and also to allow the dissertator to become familiar with the protocol.

Interviews, interview process, and transcription. The primary investigator completed all phone interviews with participants. To begin the first interview, participants were reminded of informed consent, policies and limits regarding confidentiality (including the use of code numbers to de-identify participants at the point of transcription), and a brief review of the requirements for participating in the study. The questions consisted of four different areas: opening/contextual questions, questions regarding the participant's experience of attending personal therapy while in training,

questions regarding the perceived personal and professional impact of personal therapy, and closing questions. A copy of the interview protocol is attached as Appendix D.

The initial interview was designed to take approximately 45 minutes to 1 hour. The researcher took notes during both interviews for later review and for back-up in the event that the recording instrument failed. The notes from the first interview were reviewed by the researcher prior to the follow-up interview (see below) to allow the researcher to determine if any of the information warrants additional questions.

The follow-up interview was shorter in length and had considerably less structure than the first interview. The follow-up interview is designed to provide time for the participant to share any additional thoughts s/he might have had since the initial interview, as well as to allow the researcher to clarify any content that might not have been clear from the first interview and to seek additional data after reviewing the notes or transcript of the initial interview. The follow-up interviews took anywhere from 10-15 minutes and were conducted approximately two weeks after the initial interview but prior to data analysis.

Each interview (initial and follow-up) was audiotaped and transcribed verbatim by the researcher. Any minimal encouragers, non-language utterances (e.g., um, uh, etc.), and other miscellaneous identifying information (e.g., names of locations) was deleted from the transcripts. Finally, each participant was assigned a unique code number to ensure confidentiality.

Procedures for Analyzing Data

Research team. The research team consisted of the male primary investigator, who identifies as European American, and two female researchers, one of whom

identifies as European American and another whom identifies as Bi-racial. All members of the primary research team were counseling psychology doctoral students in the Counselor Education and Counseling Psychology (CECP) department at Marquette University (MU). Members of the research team all had experience in qualitative research methods and, more specifically, with CQR. Team members were nevertheless asked to review the CQR guidelines prior to beginning data analysis. The research team also included the primary investigator's dissertation advisor, who served as the study's auditor.

Biases. Prior to beginning data collection and analysis, the researchers examined their biases. Because of the composition of the primary research team (all trainees), this step was particularly important to provide research team members with the opportunity to discuss any potential experiences or preconceived notions about the topic of study. Examination of bias focused on previous experience with personal counseling as a trainee, views on personal counseling for trainees, and experience with trainees in a professional capacity (i.e., treating trainees as clients). This focus was designed to illuminate any biases that research team members might have developed about the topic under study, thereby enabling the whole team to reduce their potential contamination of the data analysis. As mentioned by Ponterotto (2005), it is important for researchers to control for their biases while still recognizing the presence and impact of these biases.

The primary investigator and one of the researchers had experience attending personal therapy while in training for a range of concerns. Both felt that this therapy had a largely positive influence on their training experience as well as their functioning personally. One researcher did not have any experience with personal therapy while in

training, but had a number of colleagues who had spoken of its value, and she was in agreement with the other two that therapy during training is valuable; two reported feeling that personal therapy provides a valuable stress reliever for the demands of graduate school, as well as the chance for self-exploration. One researcher also asserted that personal therapy during training seems like a matter of best practice as a means of avoiding professional impairment (e.g., burnout). All researchers acknowledged that personal therapy could have a valuable influence on learning as well, both in terms of seeing someone else "do" therapy and having the experience of "being in the other chair." The primary investigator was also aware of the possibility for trainees to have mental health concerns across the spectrum in terms of severity, particularly after having experienced levels of stress and anxiety throughout graduate training that interfered with academic functioning at times.

Two of the researchers had worked with trainees in therapy before (i.e., as the therapist for a trainee) in university counseling centers. Both noted common presenting concerns, including balancing academic and clinical workload with having a personal life away from work and school. Also discussed were challenges for trainees seeking personal therapy; the primary investigator had trainee clients request specific times to come in based on whether or not trainees from their program would be present for their practicum or graduate assistantship, while the other researcher was aware of policies in place at her center that prevented trainees who had been clients in the past from obtaining placements as practicum student. The researcher who had not had trainees as clients nevertheless noted the presence of potential challenges for trainees, particularly when seeking therapy through a university counseling center.

Data analysis and interpretation. The data was analyzed using CQR (Hill et al., 1997, 2005). This approach to data analysis is centered on team members reaching consensus about the organization and meaning of the data. Team members discuss their own interpretation of the data first, and then collectively reach an understanding for the consensual conceptualization. This model allows for disagreement among team members and individual differences in conceptualization, with team members actively working through these differences to gain consensus.

The first step in data analysis was domain coding. The team developed a list of domains or topic areas based on the questions from the protocol and from the first few transcripts. This list was altered slightly as the study progressed, depending on the data that emerged. Domain coding was performed by researchers on an individual basis first, then consensus was reached when researchers came together to discuss the placement of data into domains.

Next, researchers generated core ideas define to capture the meaning of the data in each case in each domain. Team members read the data in each domain individually and identified what they thought were the core ideas that captured the content of that domain. Core ideas thus create a more concise version of the data while remaining as close to the data as possible (Hill et al., 2005). The researchers then came together and again reached consensus by discussing their core ideas. The auditor reviewed the consensus version (i.e., the domained and cored data) and provided feedback regarding the accuracy of both the core ideas and the domain coding. Team members then discussed the feedback of the auditor and made adjustments as necessary.

The research team then performed the cross-analysis. This step involved team members developing categories that captured themes across cases within domains. These categories were consensually agreed upon by the research team after each member had individually reviewed the data. The team revisited the data to ensure that no data were left out of initial coding, and revisions occurred as necessary. Once again, the auditor reviewed the cross analysis, and the team took into account the feedback of the auditor and made revisions as necessary.

Draft of findings. Participants in the study were offered the opportunity to review the results and discussion section of the final manuscript to verify that their experience was accurately captured in the draft. They were also asked to ensure that their confidentiality had been maintained in any presentation of the collective findings. Any suggested changes were discussed by the research team and made as needed.

Chapter Four: Results

The findings from the study will be presented below. First are the contextual results, which provide background information regarding participants' therapy experiences. Results specifically related to the participants' experience of being in therapy while in graduate school follow, and finally the closing findings, which address other information relevant to the study. Categories are labeled with the following frequency descriptors based on 11 cases total: General = 10-11 cases, Typical = 6-9 cases, Variant = 2-5 cases. "Other" results are not included in this manuscript.

Contextual Findings

As context for describing their actual experience of being in therapy while in training, participants first discussed their reasons for seeking that therapy, as well as any previous experiences in therapy. Participants also described how they found their therapist and why they selected her/him, and relevant components of the therapeutic relationship. The findings based on these questions are included in Table 1 (following this section).

Reasons for seeking therapy while in training. Generally, participants reported seeking therapy while in training for a number of mental health concerns, an overarching category with three variant subcategories. In the first subcategory, participants sought therapy to address difficulties with stress and coping. Here, for instance, one participant reported difficulty balancing a number of stressful life events simultaneously, so she decided to seek therapy to receive support in developing more effective coping strategies. In the second subcategory, participants pursued therapy because of anxiety and

depression. One participant reported that therapy helped to address a history of depressed mood and anxiety that extended into the start of her training program. Third, participants sought out therapy to help process through a history of trauma and/or abuse. For example, one participant outlined a number of traumatic events that provided an impetus to attend therapy.

In the second main category, participants variantly sought therapy to work on relationship concerns, including both marital and dating relationships. For example, one participant had been struggling to cope with a partner's addiction, and sought therapy to receive support and guidance in how to address these concerns with his partner.

In the final main category, participants pursued therapy to address professional and career-related issues. One participant, for instance, noted that the primary reason for seeking therapy was to develop a better sense of whether or not pursuing a graduate degree in psychology would be in his best interests.

Previous experience in attending therapy. Participants generally had been in therapy prior to entering graduate school. As a variant subcategory, some participants reported multiple prior courses of therapy, including one who had been in different therapeutic modalities (e.g., family, couples, etc.) throughout her life. Another participant had attended therapy off and on throughout life while coping with a number of different difficult life events. In the second subcategory, participants had variantly attended only one course of therapy prior to graduate school. One participant, for example, had attended therapy as a child but had not returned since that time. Variantly, participants had not attended therapy at any point prior to graduate school.

How found therapist and reasons for working with therapist. Typically, participants had received a personal or professional referral to the therapist with whom they eventually worked. One participant reported that, after a negative experience with her first therapist, she requested and received a referral to a different therapist. Another participant had heard positive things about a therapist from a friend and was provided contact information for that therapist. Participants also typically underwent a process of thoughtfully selecting the therapist with whom they eventually worked based on factors they felt were important. For example, one participant had developed a list of important criteria (e.g., theoretical orientation) over the years while also "interviewing" potential therapists to get a better understanding of what it was like to be in the room with them.

Participants variantly found their therapist online using a range of methods, including national databases and local directories. In one instance, a participant found her therapist by searching the online database of a national association for helping professionals. In addition, participants variantly reported that they found their therapist as part of their insurance company's coverage. One participant, for example, received a list of approved providers in her area and narrowed down her search for a therapist based on who was available. Finally, participants variantly returned to a therapist with whom they had previously worked. In one case, a participant had attended multiple courses of therapy throughout her life with the same therapist, and noted that she would not have considered seeing anyone else.

Relationship with therapist. Typically, participants described multiple positive elements of the relationship they had with their therapist. One participant, for instance, admired the ethics, working habits, and natural style his therapist displayed over the

course of their therapeutic relationship. Another participant noted her therapist's dynamic

nature and the ease with which she facilitated the rapport-building process in therapy. As

a subcategory, participants also variantly described the modeling aspects of the

therapeutic relationship. One participant reported that her therapist was textbook in

her/his use of a certain approach, recalling that she [participant] actively searched for

elements of their work together that could be used in her own work with clients.

Participants did variantly note negative aspects of the relationship as well, with

one participant acknowledging that initially she did not like or feel comfortable with her

therapist. Another participant similarly reported an intense dislike of her therapist initially

because the therapist directly confronted the participant's presenting concern. This

participant noted that although this confrontation was necessary for her to progress in

therapy, it had also fostered negative components in the relationship that existed even at

the time of the interview.

Table 1.   Domains, Categories, and Frequencies of Contextual Findings

Domain	Category	Frequency
1. Reasons for seeking this PT	General mental health concerns	General
	Stress/coping	Variant
	Anxiety/depression	Variant
	Trauma/abuse history	Variant
	Relationship concerns	Variant
	Professional/academic reasons	Variant
2. Previous PT experience	P had previously attended PT	General
	P had multiple previous PT experiences	Variant
	P had one previous PT experience	Variant
	P had not previously attended PT	Variant
3. How P found T/reasons for working with T	Professional/personal referral to T	Typical
	P thoughtfully selected T based on factors important to P	Typical
	P found T online	Variant
	P found T through insurance/employer	Variant
	P had previously worked with T	Variant
4. Relationship with T	Positive components of relationship	Typical
	T served as professional model for P	Variant
	Negative components of relationship	Variant

Note. 11 cases total. General = 10-11, Typical = 6-9, Variant = 2-5

Experience of Therapy While in Graduate Training

As the primary focus of the study, participants were asked to describe their experience of attending therapy while in graduate training. Participants responded to questions regarding the impact of this experience, as well as how they felt their graduate programs addressed the topic of students attending therapy while in training. The findings based on these questions are included in Table 2 (following this section).

Effect on participant. Generally, participants reported their therapy experiences to have been successful and/or helpful in addressing their concerns, an overall category with four subcategories. In the first subcategory, participants typically reported improved insight and psychological functioning as a result of their experience in therapy. For example, one participant expressed a newfound ability to be in touch with feelings rather than just thoughts and practical details. Another participant reported benefits from being able to better understand his core beliefs, and how these beliefs impacted his relationships with those around him. Participants also typically reported improved functioning in relationships as another subcategory. One participant, for instance, found therapy to be beneficial in helping provide her with tools and additional vocabulary for helping to have more in-depth conversations with her partner. Variantly, participants found therapy to help them cope more effectively with symptoms of depression and anxiety. One participant reported resolution of issues related to depressed mood, while another found her/his overall level of anxiety to be markedly reduced. Also variantly reported by participants as another subcategory was an improved ability to cope with stressors. For

example, one participant learned specific strategies and techniques for coping with stress, and found the process of attending sessions to be a stress reducer in and of itself.

Effect on participant's academic work. Participants variantly reported that their experience in therapy enhanced their learning as part of their graduate program. For instance, one participant reported that her/his therapy experience served as a live example of the content s/he had learned in lectures or readings for class. Another participant reflected upon multiple instances in class in which she had a fuller understanding of course content based on her therapist's technique and working style. Also variantly reported by participants was the ability to distinguish between peers who had been in therapy and those who had not, as participants observed that peers with experience in therapy had better insight as to how the process of therapy worked. Finally, participants variantly reported that therapy helped them clarify their academic direction. One participant, for example, had felt unsure about the program of study in which she was enrolled, and therapy aided her in making the decision to switch to a different academic track within her program.

Effect on participant's clinical work. Participants generally reported benefits to their clinical work as a result of attending therapy, an overarching category that included three subcategories. In the first subcategory, participants were typically better able to empathize with their clients after being in therapy. One participant reported not having been aware of the pressure and anxiety associated with being a client prior to attending her own therapy, but after being a client she was better able to connect with clients who were uncertain or nervous about seeing her in therapy. Next, participants typically reported that therapy helped them learn skills and techniques that they used in their own

work with clients. Multiple participants, for example, "borrowed" certain therapeutic interventions from their therapist and utilized them with clients. One participant also connected specifically with his therapist's manner of presenting concepts, and later used a similar presentation with a client of his own. Participants also variantly experienced increased awareness of transference and countertransference after attending therapy. For instance, one participant reported having more insight into potential triggers of her own as a therapist, as well as being more likely to discuss clients' transference issues as part of session.

As additional effects of therapy on participants' clinical work, participants variantly reported thinking about their therapists' approach and therapeutic style in their clinical work. For instance, one participant described having thoughts of what her/his therapist might say in a given situation while working with a client, and another occasionally thought of specific helpful phrases that her/his own therapist had used. Participants also variantly reported that there was no effect of being in therapy on their clinical work, perhaps because they had not yet begun to see clients.

Effect of training on therapy. Participants variantly reported that their experiences in graduate training enhanced their awareness of what was occurring in therapy. One participant, for example, noted that her ability to understand the progress she had made in therapy grew significantly as a result of being in training while attending therapy. Another participant reported that therapy was not as mysterious or intimidating after beginning therapy, and that training allowed for her understanding of therapy to be more grounded. Variantly, participants also reported bringing concerns from their training experience into therapy. For instance, one participant struggled to differentiate between

"life" stressors and school-related stressors, and often spent significant portions of therapy sessions discussing his difficulties managing the workload from training. In addition, participants variantly noted that being in training interfered with the process of therapy. One participant stated that her knowledge of the therapy process allowed her to avoid questions that she did not want to answer or to steer discussion in a different direction. Another participant found herself engaging in "self-counseling" during sessions and thus did not feel as connected to her therapist. Finally, participants also variantly reported that their status as a trainee altered the relationship with their therapist. For example, one participant thought her therapist became more of a mentor as her training progressed.

Program policies/messages about therapy for trainees. Participants typically reported that their programs were encouraging and supportive regarding trainees' decisions to seek therapy, an overarching category with three variant subcategories. In the first subcategory, participants variantly reported that faculty in their program discussed therapy as an important component of professional growth. For example, one participant was told that sitting in the other chair was a critical part of learning how the therapy process works on both ends. As another subcategory, participants variantly experienced faculty members discussing their own personal therapy with students. One participant noted that a professor was able to normalize the experience of attending therapy as a helping professional, and that seeking therapy was an "okay" thing to do, even for therapists. As a final subcategory, participants reported that, while the overall messages from their program were encouraging, variantly the messages were mixed. For instance,

one participant had multiple professors provide encouragement, while others were more cautious or closed-off when the topic arose.

Other participants variantly reported that therapy was either not discussed or not overtly encouraged by their academic program. One participant, for example, could not recall any discussion about therapy for students, and if it did come up, the discussion quickly moved on to other topics. Participants also variantly reported that their programs did not require therapy for students, with some suggesting that, regardless of the messages their program delivered about therapy, therapy for students was not required.

How therapy was discussed by peers. Participants variantly reported that their peers brought up their own personal therapy experiences while in a classroom or academic setting. One participant, for instance, heard classmates provide examples of their experiences in therapy as part of class discussion about a particular topic. Another participant recalled reading postings from other students in an online component of a course about times they have sought out therapy for support for a range of concerns. In contrast, participants also variantly reported a lack of input or disclosure from peers regarding any experiences in personal therapy. For example, one participant stated that despite the topic coming up on multiple occasions, she did not hear her peers add to discussions about therapy for trainees.

How participants discussed therapy with faculty and peers. Typically, participants themselves reported being open in discussion with both faculty members and peers about their experiences in therapy. One participant, for example, used his experiences in therapy as examples in class discussion and as a way to connect with peers when the topic arose. Another participant noted that she would have felt dishonest not discussing

her therapy. As a variant subcategory, participants reported that they talked about their experiences in therapy mostly in an academic or classroom setting. For instance, one participant reported that she would often reference her work in therapy in reflection papers for class. Another participant noted that when discussing her therapy experience, she tended to focus on the process of her therapy as opposed to the content, commenting on what her experience of attending was like rather than the content of sessions.

What participant would have changed about experience. Participants typically reported that they would change certain aspects of their therapy (e.g., the process; the therapist's approach). One participant, for instance, noted that her therapist was never on time, and that time-keeping (e.g., ending early) in general was a persistent issue in their work together. Another participant expressed frustration that his therapist strictly adhered to one theoretical approach throughout their work together rather than combining different styles and interventions. Participants variantly reported that they would have changed their own level of openness to the process of therapy. Noting her initial hesitance to disclosing the depth of her concerns to her therapist, one participant stated that she wished she would have been more trusting earlier in the process. Variantly, participants also reported that they would not change anything about the way their therapy experience went. For example, one participant reported that she found each component of her work in therapy to be useful in some way, and that the process unfolded exactly how she would have wanted it to.

Participants' thoughts regarding therapy for trainees. Participants typically reported that they felt programs should either require therapy as part of graduate study, or at minimum strongly encourage it for trainees. For example, one participant stated that

she thought it would be useful for programs to make therapy a mandatory component of training even if there was not an identifiable reason to go, possibly as part of a field experience or learning component about "being in the other chair." Another participant noted that so much comes up during the course of learning how to become a therapist that therapy should be openly recommended to students as a way to help them process. Participants variantly reported that they viewed therapy as a way to assist trainees in better understanding clients. One participant, for instance, emphasized the learning about clients that can occur by seeing an active professional doing therapy. Participants also variantly highlighted the general benefits one experiences in therapy as being applicable to trainees as well. For example, one participant underlined the perspective that most people experience hardship or difficulties at some point, including trainees, and that therapy can be a helpful way to address these concerns.

Table 2. Domains, Categories, and Frequencies of Experience of Therapy While in Training

Domain	Category	Frequency
1. Effect of PT		
i. On P	PT was successful/helpful	General
	P has improved insight	Typical
	P's relationships improved	Typical
	PT helped P cope with depression/anxiety	Variant
	P better able to cope with stressors	Variant
ii. On P's academic work	Enhanced P's learning	Variant
	P able to distinguish which peers had been in PT and felt they had better insight into how therapy worked	Variant
	Helped P clarify academic direction	Variant
iii. On P's clinical work	P's clinical work has benefitted	General
	P better able to empathize with clients	Typical
	P learned skills from T for work with clients	Typical
	P more aware of transference/countertransference with clients	Variant
	P thinks about T's style during P's own work with clients	Variant
	P has not seen clients yet	Variant
2. Effect of training on PT	Increased P's understanding of PT process	Variant
	Concerns about training came up in PT	Variant
	P's knowledge as a trainee interfered in PT process	Variant
	P's status as a trainee altered P/T relationship	Variant
3. Program policies/messages about PT for trainees	Program is largely supportive about PT	Typical
	Faculty discuss PT as part of professional development	Variant
	Faculty discuss their own PT experiences	Variant
	Faculty messages are sometimes inconsistent	Variant
	PT for students not discussed/overly encouraged	Variant
		Variant

PT not required for students

4. How PT discussed by peers	Peers discuss personal PT experience in academic/classroom setting	Variant
	Peers generally do not bring up or openly discuss personal PT experience	Variant
5. How P discussed PT with faculty/peers	P open in discussing PT experience	Typical
	P brings PT up in academic/classroom setting	Typical
6. What P would change about PT experience		Typical
	Certain aspects of PT process/T's approach	Variant
	P would change own openness to PT	Variant
	P would not change anything	
		Typical
7. Thoughts about therapy for trainees	P thinks PT should be required/encouraged by more programs	
	P thinks PT helps trainees understand clients better	Variant
	P views PT as generally helpful	Variant

Note. 11 cases total. General = 10-11, Typical = 6-9, Variant = 2-5

Closing Findings

Near the end of the interview, participants were asked to reflect on their

experiences, as well as to add any other information they felt might be relevant to the

study. The findings based on these questions are included in Table 3 (following this

section).

Motivation for participation. Typically, participants reported that their decision to

participate was driven by the recognition of how difficult it can be to conduct research

and attract participants. As examples, multiple participants expressed a desire to help

further research, as well as to create their own "karma" for future research projects they

would be undertaking. Participants also typically described having a specific interest in

the topic of study. One participant, for example, had wondered about the experiences of

other graduate students attending therapy, and thought the study sounded like a good way

to gather that information. Another participant planned to begin a research project in the

near future with a similar focus. Finally, participants variantly responded that they took

part simply because they liked research.

Experience of the interview. Generally, participants reported having a positive

experience of the interview. For instance, multiple participants expressed feeling

comfortable during the interview and noted the appreciation they had for being able to

speak openly and honestly about their experience. One participant found the interview to

be similar to talking with a therapist, while another reported that the flow and semi-

structured nature of the interview allowed him to fully explore his experience. As a

variant subcategory, participants discussed how happy they were to reflect on their course

of therapy, with one participant describing how the interview allowed her to reflect on the

progress she had made in therapy. Nervousness and discomfort with the interview process were reported only variantly by participants. As an example, one participant stated that she initially felt caught off-guard by questions that were asked by the interviewer, but that later clarification about the intent of the questions assuaged these feelings.

Table 3.   Domains, Categories, and Frequencies of Closing Findings

Domain	Category	Frequency
1. Why P participated	P knows research process is difficult and wanted to help	Typical
	P had an interest in the topic	Typical
	P likes research	Variant
2. Experience of interview	Positive	General
	P happy to share/reflect own experiences	Variant
	P was nervous/caught off guard at times	Variant

Note. 11 cases total. General = 10-11, Typical = 6-9, Variant = 2-5

Illustrative Example of Experience of Therapy While in Training

The following illustration captures one participant's experience of attending therapy while in graduate training. This example was chosen as it portrays a variety of the general and typical findings described previously in this chapter. In order to maintain the participant's confidentiality, minor changes have been to the demographic information, as well as to details of the actual experience. The participant (Angela) has been assigned a pseudonym.

Angela was a 28-year-old Caucasian female in a doctoral program in counseling psychology. She was actively attending classes and completing an advanced practicum placement at the time of seeking therapy. Angela began attending therapy for general mental health concerns; difficulty managing a range of stressors, including graduate school; and problems communicating with her romantic partner. Angela had attended therapy on two occasions prior to entering graduate school, both of which were with different therapists. She found her current therapist through professional and personal referrals, and selected this therapist based on criteria she had laid out for herself: She searched for therapists in her area, and narrowed them down by matching her preferences for therapeutic orientation, qualifications, and, ultimately, her experience of sitting in the room with the therapist. She and her therapist forged a strong working alliance that included aspects of professional guidance and modeling, though Angela did note that at times she wished her therapist was more directive and timely in their work together.

Angela found her therapy experience as a trainee to have had a successful and helpful impact. She felt that she developed further insight into her range of concerns and improved her ability to communicate with her romantic partner. For example, Angela

reported that she could better identify her "triggers" for stress and anxiety, and how at times these triggers interfered with her ability to communicate with her partner. Angela noticed that her clinical work benefitted as well, with a range of ideas for her own work as a therapist created by her time in therapy. For example, Angela was herself impacted by thought-challenging strategies used by her therapist, and found success in using this intervention with one of her own clients. She also reported being better able to empathize with her clients, including their initial hesitance to be open in therapy, which she attributed to having been a client herself. Angela noted that she would have preferred her therapist to provide more structure during the course of their work together, as they spent much of the time on the "problem of the week" rather than focusing on one specific thread throughout the therapy process.

Angela's academic program was largely encouraging and supportive of therapy for trainees. Messages were typically positive, and she could not recall any negative discussion about therapy for trainees; most of the messages Angela could recall were on the importance of "being in the other chair." Angela found that she did disclose her own experience in therapy to classmates, peers, and faculty as part of discussions about self-care and ways to manage stress, and that these disclosures often came in a classroom or academic (e.g., reflection papers, other writing assignments), often to underline the importance of "practicing what we preach" as helping professionals. The largely positive experiences Angela had both in therapy and her training program led her to suggest that programs consider strongly recommending or "making it mandatory" for their trainees as part of training.

Chapter Five: Discussion

This study sought to explore trainees' experiences of attending personal therapy while enrolled in a professional psychology graduate program. Given the lack of empirical literature exploring this topic, the study allowed trainees the opportunity to discuss the unique phenomenon of learning how to provide therapy to others while attending therapy as clients themselves.

Overall, findings from this study indicate that personal therapy while in training is a largely positive, impactful experience, leading most participants to enthusiastically endorse personal therapy as a critical component of graduate training in psychology. Trainees developed positive working relationships with their therapists, while noticing a range of effects of the therapy personally, clinically, and academically. These trainees were often supported by their graduate programs in their pursuit of personal therapy, and were also open in their discussion of personal therapy with program faculty, staff, and peers.

Contextual Findings

Participants primarily sought therapy during graduate school to address a range of mental health (e.g., depression, anxiety, trauma), relationship, and academic/professional concerns, findings consistent with the extant literature (Dearing et al., 2005; Deutsch, 1985; Kaslow & Friedman, 1984; Pope & Tabachnick, 1994). Although some research suggests that trainees might experience a unique set of stressors (Kumary & Baker, 2008; Skovholt & Ronnestadt, 2003) when compared to practicing professionals, no such differences were found. Thus, being a trainee appeared not to stimulate unique reasons

for seeking therapy. What seems clear is that participants in the study sought therapy for reasons mostly unrelated to their course of study, meaning that their presenting concerns closely mirrored those of both professionals and those not involved in professional psychology practice or training (i.e., the general public). It is possible that significant academic stressors did exist and participants simply chose to discuss other concerns. More likely, however, is the possibility that, similar to professionals in the field, trainees are not immune from experiencing general mental health concerns, thus leading them to pursue personal therapy.

In addition, while the research on trainee impairment (i.e., problematic behaviors in professional and/or academic functioning) indicates that referrals to personal therapy for trainees are not uncommon (Prodicano et al., 1995), none of the participants in this study reported having been mandated to attend such therapy. Perhaps no such mandates were made by program faculty and staff to participants, perhaps participants were encouraged (but not required) in more subtle ways to seek therapy, or perhaps no such referrals or encouragement were even considered necessary for these participants.

Many trainees also reported attending therapy multiple times prior to their experience of therapy in graduate training. Such participants may well have been more likely to seek therapy during training as a result of this previous experience; indeed, as one participant noted, attending therapy to cope with stressors was "just part of what you do." Attitudes toward help-seeking and therapy have been demonstrated to influence trainees' decision-making regarding whether or not to attend therapy (Dearing et al., 2005), and certainly a history of attending therapy prior to graduate training might have a significant influence. Perhaps trainees felt validated by the effects of previous therapy

and were more likely to return given their earlier positive experiences. Also possible is the presence of longer-standing stressors and mental health concerns (e.g., abuse history, family of origin concerns), which would likely influence trainees to attend therapy on multiple occasions. Although a few participants had not attended therapy at any point prior to training, the majority indeed had such prior experience, potentially rendering them more willing to pursue therapy during their training.

Participants relied mostly on professional and personal referrals in finding their therapists, often talking to friends, family members, or other providers (e.g., medical doctors) to find their therapist. While potential barriers to help-seeking as a trainee have been discovered in previous research, including cost, dual roles in training, and concerns about confidentiality (McEwan & Duncan, 1993), very few participants reported such problems in pursuing personal therapy, with most finding their therapists with apparent ease and thoughtfulness. Also relevant here is the number of participants who were quite thoughtful and selective in choosing the therapist with whom they eventually worked. These decisions were based on a number of pre-determined criteria (e.g., therapist orientation, interpersonal style), similar to findings from earlier research focused on professionals' selection criteria for a therapist (Norcross et al., 1988). It is important to note, however, that participants were not asked directly about any barriers to pursuing therapy, and might not have thought to provide input regarding factors that could have deterred them from seeking therapy. Most notable, though, is the trainees' forethought regarding what they expected from a therapist. Those with previous experience in therapy likely had an idea of what did and did not work for them, and their status as trainees should similarly not be overlooked in how it could have influenced the criteria they used

in selecting a therapist Given their active engagement in learning about the factors important in providing therapy to their own clients, it would have been hard for trainees to disregard this knowledge as they considered becoming clients themselves. Thus, while barriers may very well exist for trainees in the process of seeking therapy, trainees are also well-equipped in a number of other areas when it comes to accessing the type of therapy and therapist they desire.

Most trainees reported positive components of their therapy relationship, noting a range of qualities (e.g., therapist was comfortable with self, good timing, appropriate sense of humor) they found effective both personally and professionally. Negative elements (e.g., poor time-keeping, tendency to focus on unimportant details) were identified by a few participants, however, consistent with previous findings examining the therapy experiences of trainees (Kaslow & Friedman, 1984), and likely a reflection of the positive and negative elements that exist in nearly all therapy relationships. It is also possible that participants' knowledge and education regarding therapy made them hyper-attentive to certain aspects of the work with their therapist, but for most this greater awareness did not reach the point of causing a significant rupture in the therapeutic relationship. Instead, the relationships created between therapist and trainee were largely effective, in some cases even serving as an opportunity for professional modeling for the trainee.

The predominance of positive relationships reveals that participants were indeed successful in forging close bonds with their therapist. Furthermore, the manner in which they described their relationships again underlines the presence of an advanced understanding of the factors that contribute to forming such bonds. For example, one

participant not only spoke of the quality of the relationship, but also the specific therapeutic techniques (e.g., use of open-ended questions) she felt her therapist enacted in order to build a stronger rapport. Another participant touched on his therapist's fluidity in terms of therapeutic approach, which he appreciated as an indicator that his therapist was invested in their working relationship.

Overall, then, trainees attended personal therapy for similar reasons as both practicing professionals in the field of psychology and the general population. Additionally, trainees who had attended therapy at some point prior to their graduate training were open to seeking therapy during their graduate studies. Similar to professionals in the field, trainees selected their therapist based on identifiable criteria, and reported largely positive and helpful aspects of their therapy relationships.

Experience of Personal Therapy Findings

Nearly all participants reported that their experience in therapy was largely successful or helpful in their personal lives. They developed improved insight into their presenting concerns, found that their relationships (e.g., family, romantic) benefitted, and also felt better able to effectively utilize coping strategies for depression, anxiety, and a range of stressors. These findings suggest that participants made good use of their time in therapy, and that they were able to transfer what they gained from therapy to their lives away from the therapy room. These findings are also consistent with previous research on the effects of personal therapy both for professionals (Deacon et al., 1999; Mahoney, 1997; Pope & Tabachnick, 1994) and trainees (Kaslow & Friedman, 1984; Strozier & Stacey, 2001), in that the personal therapy experience proved to be rich in its provision of positive effects on the trainee's functioning away from academic and clinical settings.

Indeed, one would hope that these results would have emerged, given that all participants in the present study reported primary presenting concerns of a more personal nature rather than professional or academic. Such findings are also unsurprising in the context of participants' quite positive therapy relationships.

To a lesser degree, participants reported that the therapy benefitted their academic work: Some reported that their therapy enhanced their learning in different courses, while others noted that the therapy helped them clarify their academic direction. These findings are unsurprising, as well, given that many trainees' academic courses likely addressed content that overlapped with what may have been occurring in their therapy, such as specific clinical interventions or strategies; likewise, uncertainty about an academic or career path is surely a stressor worthy of discussion in therapy.

Perhaps most interesting was the report of a few participants who noted that they were able to distinguish between peers who had been in therapy and those who had not. As one participant stated, class discussions on a number of topics were "on a deeper level" among peers who had been in therapy versus those who had not. Perhaps participants were prone to over identify with peers who had similar experiences, and attributed increased insight to such peers as a hoped-for reflection of their own therapy-gained insight. But it is also possible that trainees who have attended therapy do, in fact, develop a more complex understanding of therapy and related topics given their experiences in both chairs. Attending therapy certainly does provide insight into how the process unfolds from a role different from that of the therapist, and it would make sense that trainees who have been clients themselves would be able to form a perspective that others might view as more well-rounded or "deeper," as it accounts for more than just the

experience of the therapist. Findings here do not suggest that those trainees who attended therapy were somehow better students or clinicians; rather, they suggest that a more comprehensive understanding of therapy may be developed by trainees who have attended therapy themselves. Thus, findings from the current study add to previous discussion in the literature regarding personal therapy as a critical piece of trainee development (Bruss & Kopala, 1993; Furr & Carroll, 2003) by suggesting that trainees who have attended therapy are able to develop greater insight not only into their own concerns, but also into their approach to their work as trainees and emerging professionals.

Closely tied to these findings is the report of nearly all participants that their clinical work improved as a result of their having been in therapy. Most expressed an increase in their ability to empathize with clients, as well as learning and implementing a broader range of therapeutic techniques after having been in therapy. Regarding the latter point, therapy appeared to serve as an "on-the-job training" of sorts for participants, in that they were able to learn different skills or strategies (e.g., different coping strategies, ways of helping clients open up). In this way, therapy for trainees seems to augment the actual clinical training that they receive in their graduate program, as it allows for them to witness a skill or technique in action as client and experience its effects. In addition, for those participants who were actively seeing clients while in their own therapy, they could implement similar strategies with their clients when appropriate. One participant, for instance, described "hearing her therapist's voice" when providing an intervention to a client after having heard her own therapist deliver a similar intervention during her own work in therapy.

Intriguingly, and in contrast to the present findings, early research reflects more discouraging results regarding the clinical efficacy of trainees providing therapy after attending therapy as clients themselves (Garfield & Bergin, 1971; Strupp, 1958). Trainee therapists who had undergone personal therapy had lower client-rated empathy than those who had not (Strupp, 1958), and additional inquiry revealed more positive change in clients whose therapists had no personal therapy experience versus those who had extensive personal therapy (Garfield & Bergin, 1971). Such findings were correlational, however, and failed to further examine other factors that might have contributed to client change or relationship with the therapist. These studies also failed to more closely examine the trainee experience beyond quantitative data, which perhaps serves to explain the disparity between these findings and those in the current study. Reassuringly, more recent research of both professionals (Bellows 2007; Bike, Norcross, & Schatz, 2009) and trainees (Kaslow & Friedman, 1984; Grimmer & Tribe, 2001; Murphy 2005) paints a more positive picture of the influence of personal therapy on trainees' clinical work. The self-report nature of the current study might have lent itself to a slight overestimation in how successfully trainees' clinical skills were actually implemented, but it seems clear that the personal therapy experience provided an insightful learning opportunity for trainees' clinical work.

Training's influence on the therapy was perceived to produce somewhat similar results, as participants reported that their status as trainees allowed for increased understanding of what was occurring in their therapy. At times their work as a trainee arose as part of discussion in therapy, often as an aside to broader discussion of concerns or as part of a check-in at the beginning of session, and slight changes (e.g.,

mentor/mentee rather than counselor/client) in the therapy relationship were attributed to participants' status as trainees as well. A few trainees expressed the concern that being a trainee would somehow interfere with their therapy process. One participant, in acknowledging her efforts to avoid a particularly emotional topic, expressed gratitude that her training helped her to "read (her) therapist's mind" and steer the conversation in a different direction. Thus, trainees' own training may occasionally enable them to impede therapeutic progress by intellectualizing or avoiding (Kaslow & Friedman, 1984), though trainees also appear to be able to benefit from increased understanding of what is occurring in therapy, as well as the opportunity to touch base with their therapist about concerns that might be related to training.

Participants' therapy experiences were also enhanced by their programs' largely supportive messages about therapy for trainees. Faculty and staff communicated with participants in both general (e.g., addressing classes and cohorts) and specific (e.g., advisor to advisee) settings, discussing personal therapy as an important element of professional growth. Participants drew encouragement from these messages, and also felt that attending personal therapy was normalized by open discussion of its potential benefits. While participants in the present study did not explicitly link faculty or staff attitudes to their decision to seek therapy, previous research has revealed such findings (Dearing et al., 2005; Digiuni et al., 2013); thus, such messages may have implicitly led to trainees' seeking therapy. It is worth noting that participants occasionally reported "mixed" or inconsistent messages about personal therapy in their program: Certain professors and staff members appeared more open to discussion of the topic than others, and in isolated incidents participants felt discouraged by an interaction with a faculty

member. Individual differences among faculty and staff likely account for such findings, as well as potential questions about boundary violations or dual relationships that might arise while discussing a trainee's personal therapy experience (Elman & Forrest, 2004; McEwan & Duncan 1993).

Along with faculty and staff, participants also noted that personal therapy was addressed and discussed in some way by their peers. Peers were most likely to disclose their own personal therapy experiences in an academic or classroom setting, a tendency echoed by participants when reporting where they were most likely to discuss their personal therapy. Perhaps the classroom environment provided a level of comfort for both participants and their peers; indeed, one participant reported that discussing her therapy in class gave her an "excuse," as well as a distinct purpose for making the disclosure. Peers' willingness to disclose such experiences was somewhat similar to participants', who consistently classified themselves as "open" to discussion of their personal therapy. A few participants, however, experienced their peers to be markedly less so, likely a product of the differences that are bound to emerge across individuals, cohorts, and training programs. Perhaps participants' peers were simply not attending therapy, and thus could not speak to the experience or engage in conversations with the participants. Or, perhaps concerns about lingering stigma and confidentiality (Dearing et al., 2005; McEwan & Duncan, 1993) might have prevented peers from being more open. Regardless, participants mostly viewed themselves as open to discussion of their personal therapy, particularly those elements that they deemed academically relevant.

While participants felt their therapy experience was mostly positive and supported by their graduate programs, they did note certain aspects that they would have changed or

preferred to be different. Most notable were some elements of their therapist's approach that participants found to be not particularly beneficial or helpful (e.g., lack of consistency in focus). Participants' experience as trainees perhaps again had an influence here: Clients certainly do not have to be trainees or professionals to note aspects of therapy they would have preferred to be different, but as with discussion of their relationships with their therapists, participants were able to comment on aspects of their experience (e.g., therapeutic approach, professional conduct) that others might not have noticed. It is also possible that participants were overly analytical or hypercritical of the therapy experience; knowledge and experience from training might lend itself to highlighting areas of the therapy that participants might not have otherwise noted. These concerns were largely overshadowed by participants' satisfaction with their therapy experience, however, and did not seem to cause significant damage to or disruption of the therapy. Lastly, participants provided general thoughts about the topic of personal therapy for trainees, enthusiastically endorsing therapy as an essential component of their training experience. Given their roundly positive experiences, both in therapy and in their graduate programs, such an endorsement is not surprising, though the strength with which multiple participants asserted that it should be required is worth noting. During stressful times bothersonally and academically, participants in the study found personal therapy to be a useful, beneficial experience, and it would follow that they would then recommend similar experiences for others. While complications in mandating or requiring therapy for trainees exist (Elman & Forrest, 2004; Huprich & Rudd, 2004), it does seem that personal therapy can be an important piece of graduate training, one that can aid in both personal and professional development for trainees in professional psychology.

Closing Findings

Most participants took part in the study because they recognized how difficult it is to find participants, and thus wanted to help the researcher, echoing similar findings from previous studies also using CQR (Knox, Hess, Petersen, & Hill, 1997). Participants were also interested in the topic, and sought to foster a better understanding of the phenomenon of attending therapy while training to become a therapist. Relatedly, participants' experience of the interview was largely positive, highlighting their appreciation for the opportunity to reflect on what were predominantly positive therapy experiences. Participants benefited from the relaxed structure of the interview experience as well: They were free to touch on a number of different aspects of their experience, and encouragement to do so by the interviewer likely had a positive influence on their experience of the interview.

Limitations

As is true of any research, this study possesses limitations. First, findings are based entirely on participant self-report, and thus only includes the account of the trainee rather than her/his therapist and those involved in her/his graduate program. While accounts were primarily positive regarding both the therapy experience and the graduate program messages around personal therapy, additional information from the other parties involved might have allowed for a more comprehensive account of participants' experiences. Additionally, the study sought general experiences of trainees attending personal therapy while in graduate training, but participants largely discussed positive experiences. This finding was heartening, though it might not be reflective of others'

experiences, and should not be taken to mean that all graduate students have similarly positive experiences in therapy when completing their training program. Relatedly, omissions, both intentional and unintentional, on the part of trainees may have taken place given the retrospective nature of the study, and no other information was available to verify the trainees' reports of their experiences in therapy and/or their graduate program.

Additionally, it is possible that the primary investigator unduly influenced the data collection and analysis, as compared with standard CQR methodology. By virtue of being a dissertation project, the first author completed all interviews and transcribed all data. He also took a lead role in all phases of the data analysis. Such a process lends itself to potential bias. Team consensus was reached regarding the analysis at all stages, but the first author could have set a distinct tone for team members to follow. Of note here is that all team members, including the primary investigator, openly discussed their personal biases regarding the topic of study prior to data analysis in an effort to negate any potential influence the researchers' biases might have had on the data.

Results of this study are applicable primarily to graduate student samples that are similar to these participants (e.g., doctoral students in clinical or counseling psychology, master's-level students in mental health-related fields), and should be applied more broadly with caution. Only two male trainees participated in the study, so generalizing these findings to men should also be done with caution.

Implications

Findings from the present study yield a number of implications for training, practice, and future research.

Training. In this study, participants largely felt supported and encouraged by their graduate programs in their pursuit of personal therapy. While explicit links between program attitudes and the decision to seek therapy were not made by participants, previous research has revealed that trainees can be influenced by faculty views (Dearing et al., 2005). Given that a majority of participants perceived their programs to have a positive view of personal therapy for trainees, that supportive environment may have influenced trainees' decisions to seek personal therapy while in training. Although program faculty must exhibit discretion when talking with students about their potentially seeking therapy, and thus avoid dual roles with students, a supportive and nurturing stance regarding trainees' personal therapy experiences is recommended.

Additionally, participants reported that both their clinical and academic experience was enhanced by their therapy. Clinical benefits of attending personal therapy have been described for both professionals (Coleman, 2002; Macran et al., 1999; Rizq & Target, 2008; Wiseman & Shefler, 2001) and trainees (Grimmer & Tribe, 2001; Kaslow & Friedman, 1994; Murphy, 2005); likewise, the presence of academic benefits is perhaps unsurprising given the overall positive nature of participants' experiences. Again, then, creating a supportive environment in which students may voluntarily discuss their own therapy experiences may prove both clinically and academically useful. Perhaps it would be helpful for faculty and staff to approach trainees' experiences with a focus on the process of therapy rather than the content; that is, it might be useful for trainees to discuss what their experience as a client was like to better illuminate the client perspective rather than simply listing their presenting concerns or content that was discussed in therapy sessions. Participants in the current study were reportedly free to

discuss their experiences as they saw fit, and it seemed as though that freedom allowed for discussion that was, at least from participants' perspectives, both relevant and productive.

An interesting finding also emerged regarding participants' perceptions of peers who had been in therapy versus those who had not. A number of participants felt that peers who had attended therapy had greater insight into the process of therapy, and that they were able to conceptualize therapy on a "deeper" level. Perhaps trainees with experience in personal therapy could share their views of therapy for the benefit of the class. For example, if a trainee was comfortable doing so, certain topics (e.g., barriers in developing therapeutic rapport) could be discussed by those who had experienced something similar as client. Such disclosures could assist all trainees in developing the "deeper" level of insight into the therapy process, as well as allow faculty to normalize the experience and benefits of attending personal therapy. Certainly some trainee concerns could extend beyond the boundaries of what is appropriate for the learning environment, and discretion is again recommended on the part of faculty. In the current study, however, trainees clearly benefitted by having supportive faculty and staff who discussed therapy for trainees as a common and potentially useful method of self-care, and open conversation about the topic in some ways de-stigmatized the experience for participants.

Practice. Participants all reported that their status as trainees influenced their therapy experience: Some noted that they were more aware of what was occurring in therapy, others directly addressed concerns that emerged as a result of being in training, and some noted that their status as a trainee occasionally interfered with their progress in

therapy. As they would with any population or client subset, professionals treating trainees should thus be aware of the unique characteristics that trainees bring to therapy while also being aware that, at least for the participants in this study, their reasons for attending therapy were not dramatically different from the general population. In particular, participants attended to certain aspects of their therapist's approach (e.g. therapeutic orientation), indicating that therapy with trainees might allow for rich discussion of different elements in therapy that professionals might not otherwise address with clients. This type of discussion should occur only as relevant to the overall course of therapy, but might be effective in helping process what is occurring between therapist and client.

Future research. While the present study sought to fill a gap in the literature regarding the experience of attending personal therapy as a trainee in professional psychology, areas for future research also emerged. This study included only two male participants, and future research would do well to create more of a gender balance in its participant pool to explore any differences that might emerge between male and female trainees. Most participants were also European American, and thus future research might fruitfully focus on this phenomenon in more diverse samples. Attitudes toward seeking personal therapy have been shown to vary across different cultural or ethnic backgrounds; for example, perceived social stigma was shown to predict attitudes toward personal therapy for clinical psychology students in the United States and England, though not for students in Argentina (Digiuni et al., 2013). Further exploration in this area would allow trainees to articulate the diversity of their experiences, as well as to discuss other factors influencing their attitudes and experiences. A more developed understanding of any

existing cultural differences regarding trainees' experiences of seeking personal therapy would allow for trainees and those responsible for training to address the topic in an appropriate cultural context.

Furthermore, trainees' experiences could be explored in the context of their training program. The present study initially sought to examine the experiences of doctoral-level trainees in clinical and counseling psychology, but was broadened to include master's-level trainees as well. Differences that might exist across levels of training could be examined in future research, as could any influence that the orientation or type of training program might have. Trainees at the doctoral level, for instance, might have different presenting concerns related to training than master's-level students, given the differing academic demands. Program messages regarding personal therapy for trainees might also vary depending on level of training, and exploring such differences could provide important information for both programs and trainees.

Aspects of both the therapy and training experience could be examined more fully, as well. In the present study, participants identified a range of effects of their therapy experience, including in personal, clinical, and academic domains. Future inquiry into each of these specific domains would allow for a deeper understanding of how trainees were impacted. For example, research focused on clinical effects of personal therapy could more thoroughly examine instances of trainees "borrowing" therapeutic techniques from their own therapy to use with their clients. It would also be interesting to further examine the influence that being a trainee has on the therapeutic process. Learning about what specific elements of training frequently emerged in therapy would be useful, as it would provide potentially useful areas to address in both training and

therapy. In addition, a more developed understanding of how the status as a trainee could potentially enhance or, conversely, interfere with progress in therapy could provide similar benefits. For instance, trainees' tendencies to impede therapeutic progress given their knowledge of how therapy "worked" could be addressed in future research, as it would allow for practicing professionals, as well as trainees, to understand how their awareness of the therapeutic process could both help and hinder progress. Further, focusing on more diverse, or even negative, therapy experiences for trainees would help to explore factors that influenced the experience in less positive directions. By better understanding how trainees' experiences were influenced, whether positively or negatively, those responsible for training would be able to address factors important to the personal therapy experience with trainees, and the trainees themselves would hopefully be aided by such discussion.

Conclusion

In summary, the findings from this study indicate that trainees, similar to those not engaged in training or professional practice, report a range of benefits of therapy, whether intra- or interpersonal, or professional. The study also revealed factors that might influence trainees' experience of personal therapy while in training, including faculty and staff perceptions of trainees who decide to seek out such therapy. Perhaps most intriguing is the impact that participants' training had on their awareness of what was occurring in the room with their therapist, as well as the manner in which they were able to integrate their experiences as a client into their learning as both a student and clinician. Lessons learned in therapy thus proved applicable not only in participants' personal lives, but also in their development as trainees. It is likely for this reason that participants strongly

supported making therapy a formal component of graduate training programs, reflecting the broad and largely positive impact that it had on their training experience. Thus, the experience of attending personal therapy while in training in professional psychology appears to be an important component of the training experience. Future research on the topic is wholeheartedly endorsed, as it can provide useful information to enhance and potentially improve the graduate training experience.

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Appendix A
Letter to Potential Participants

Dear <Name of Participant>:

My name is Eric Everson, and I am a fourth-year doctoral student in counseling psychology at Marquette University. I am currently seeking volunteers to participate in my dissertation research examining the impact of personal therapy (e.g., on themselves, on their training, on their work with clients) for graduate trainees in clinical or counseling psychology.

As a graduate trainee, you have the unique opportunity to pursue personal therapy while also being trained to provide such treatment to others. Thus, I am hoping that you will be able to give about an hour of your time to share some of your experiences in this area, one that remains relatively unexplored. The study has been reviewed and approved by Marquette University's Institutional Review Board. Participation in this study involves 2 audiotaped, telephone interviews. The first interview will take about 45 to 60 minutes; the second interview is scheduled for approximately 2 weeks after the first and will take about 15 minutes.

The focus of the interviews will be on your experience of attending personal therapy while enrolled in an APA-accredited graduate training program in clinical or counseling psychology. This personal therapy needs to have been individual, outpatient psychotherapy that lasted for at least three sessions and occurred within the past three years. I have included/attached the interview protocol so that you can see the questions participants will be asked. Tapes, as well as the resulting transcripts and data, will be assigned a code number to protect your confidentiality; after transcription, tapes will be erased.

I recognize that there is a slight chance that talking about your experience of attending therapy may be uncomfortable, and I am grateful for your willingness to do so. Participation in this project is strictly voluntary, and you may withdraw your consent at any time without penalty. Additionally, the purpose of this research is NOT to evaluate you or your therapy; instead, my goal is to understand how personal therapy might affect the training experience of graduate students in clinical or counseling psychology.

If you choose to participate, please complete the enclosed/attached Consent and Demographic forms as soon as possible, and return them either to the email address listed below or in the enclosed stamped envelope. I will then contact you to set up a time for an initial interview. As noted above, I have also included the interview protocol so that you may make fully informed consent. Please take a look at these questions prior to your first interview so that you have had a chance to reflect on your experiences. If you do not meet the criteria for participation, I would be grateful if you would pass this request along to a colleague who might be interested in participating.

Appreciatively,

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Appendix B
Informed Consent

Marquette University Agreement of Consent for Research Participants

When I sign this statement, I am giving consent to the following considerations: I understand that the purpose of this study titled, "The Impact of Personal Therapy for Graduate Trainees in Psychology: A Consensual Qualitative Research Study," is to gain a deep, contextual understanding of the impact that personal therapy has on graduate students in clinical or counseling psychology.

I understand that the study involves 2 audiotaped phone interviews, with the first interview lasing 45-60 minutes. The second interview, scheduled for approximately 2 weeks after the first, will take an additional 10-15 minutes. I also understand that there will be approximately 10-15 participants in this study. I understand that the interviews involve a discussion of my experience of attending personal therapy while enrolled in clinical/counseling psychology graduate training and that I will also be asked to complete a brief demographic form.

I understand that all information I share in this study will be kept confidential. Data associated with me will be assigned a code number rather than using my name or any other identifying information. When the results of the study are written, I will not be identified by name. I recognize that the data will be destroyed by shredding paper documents and deleting electronic files three years after the completion of the study. Furthermore, I understand that my interviews will be audiotaped and that the tapes will be transcribed and, upon the study's completion, erased.

I understand that the risks associated with participation in this study are minimal, but may include minor discomfort when talking about my experience of personal therapy as a graduate trainee. I also understand that the only benefit of my participation is to help improve my profession's understanding of the use and effects of such therapy. I understand that study participation is completely voluntary and that I may withdraw from participating in this study at any time. If I do choose to withdraw, I understand that I may do so without penalty or loss of benefits to which I am otherwise entitled. In the event that I withdraw, I understand that all data collected prior to my terminating participation in the study will be destroyed.

All of my questions about this study have been answered to my satisfaction. I understand that if I later have additional questions concerning this project, I can contact Eric Everson, M.A. at (509)879-2015 (eric.everson_@marquette.edu) or Sarah Knox, PhD (Dissertation Advisor) at (414)288-5942 (sarah.knox@marquette.edu). Additional information about my rights as a research participant can be obtained from Marquette University's Office of Research Compliance at 414/288-1479.

_____ Date:_____

(signature of subject giving consent)

_____ Location:_____

(signature of researcher)

Appendix C

Demographic Form

Code Number (to be completed by researcher): _____

Age: _____

Sex: _____

Race/Ethnicity:_____

Sexual Orientation: _____

Are you licensed clinician (check one):　　　　___ Yes ___ No

If so, what license do you hold:　　_____

Type of Program: (please specify whether Ph.D., Psy.D., M.A., M.S.; Clinical/Counseling Psychology, Mental Health Counseling, etc.): _____

Are you currently attending personal therapy?　　___ Yes
　　　　　　　　　　　　　　　　　　　　　　　　___ No

Was your decision to pursue personal therapy:　　___ Required by program of study
　　　　　　　　　　　　　　　　　　　　　　　　___ Recommended by faculty/staff in program
　　　　　　　　　　　　　　　　　　　　　　　　___ Recommended by peers/classmates
　　　　　　　　　　　　　　　　　　　　　　　　___ Self-driven

Please provide us some brief information regarding the **individual** psychotherapy you sought while in training:

- Number of times you sought individual therapy while in training: _____
- Number of therapists seen on an individual basis while in training: _____
- Estimated total number of sessions of individual therapy while in training: _____
- Estimated total weeks in individual therapy while in training: _____
- Primary reason(s) for seeking individual therapy while in training:
  _____
  _____
  _____
  _____

For the purposes contacting you regarding participation in this study, please provide the following information.

Name:_____ Phone number:_____

Mailing Address: _____

Email Address: _____

Best possible times to schedule interview: _____

_____

Appendix D
Interview Protocol

Thank you very much for your participation in this research on the impact of personal therapy for graduate trainees in clinical or counseling psychology. Your gift of time and expertise to this study is greatly appreciated.

As a reminder, participants must be graduate students currently enrolled in APA-accredited doctoral programs in either clinical or counseling psychology who attended personal therapy while in training. In addition, they felt that this therapy was impactful in some way, whether positively or negatively. This personal therapy needs to have been individual, outpatient psychotherapy that lasted for at least three sessions and occurred within the past three years.

Your responses will be kept confidential by assigning a code number and deleting any identifiers.

1. First, I'd like you to tell me a bit about this course of therapy.
    a. Why did you seek therapy at that particular time?
    b. How did you find this therapist and what made you decide to work with her/him?
    c. Would you consider this course of therapy to have been successful/unsuccessful/mixed? Please explain why.
2. Next, I'd like to focus on the experience of being in therapy while you were also a graduate student.
    a. How was it for you to be simultaneously in therapy, and also training to be a therapist?
    b. How, if at all, did this therapy affect you professionally (e.g., academic work, clinical work)?
    c. How, if at all, did this therapy affect you personally?
    d. What, if anything, would you change about this therapy experience?
3. I'd like now to talk about how students' pursuing personal therapy was addressed in your graduate program.
    a. What were the messages conveyed in your program regarding students being in therapy?
    b. How, if at all, was personal therapy for students discussed by faculty?
    c. How, if at all, was personal therapy for students discussed by your peers?
    d. How, if at all, did you talk about your personal therapy with either faculty or peers?
4. Demographics (age, gender, race/ethnicity, theoretical orientation of therapist; length/site/modality of therapy; Ts theoretical orientation)
5. Why did you choose to participate in this research?
6. How was this interview for you?

Appendix E
Letter for Participants Regarding Results

Dear <Participant>,

Some time ago, as part of my dissertation research, I interviewed you regarding your use of therapist self-disclosure with adolescents. Thank you again for your willingness to participate. As you may recall, as part of your participation in my study "The Impact of Personal Therapy for Graduate Trainees in Psychology," you have the option to provide feedback on the results

Attached you will find a copy of the Results and Discussion sections of my dissertation. This has been sent so that you may comment on the degree to which the collective results match your individual experience(s). It is also sent to assure you that your confidentiality has been maintained. If you have comments or feel that your confidentiality has not been protected, please respond to this email and let me know which portions of the write-up need to be altered. I would be grateful for your response by [two weeks from date of email]. If I do not hear from you, I will assume that you have no additional feedback. If you have any questions, please do not hesitate to contact me. Alternatively, you may contact my advisor, Dr. Sarah Knox. Thank you again for your participation.

Appreciatively,

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