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"Bridging the Gap": A reflexive thematic analysis of the experiences of therapy trainees transitioning from psychodynamic counselling to cognitive behavioural therapy

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Abstract

There is limited empirical research and insight into the experiences of therapy trainees who are being taught more than one psychotherapeutic approach during their training. Further understanding is warranted to ensure that a dual modality approach to training (that is, where therapists are trained in two paradigmatically distinct modalities) is experienced as worthwhile and acceptable to trainees and to better understand any challenges faced when transitioning between approaches. The aim of this study was to investigate trainees' experiences of transitioning from psychodynamic counselling to cognitive behavioural therapy (CBT) on a two-year master's degree that offers a dual modality approach to training. Data were collected from a sample of 8 trainees using an online semistructured questionnaire. These data were analysed using Braun and Clarke's (2020) reflexive thematic analysis. Four main themes were identified: (1) perceived competence; (2) preparedness; (3) professional advantages; and (4) external challenges. The findings suggested considerable individual variation in the ease with which participants navigated the transition between therapeutic modalities. Those who found the transition easier used the structure of CBT to provide a framework and point of difference that allowed them to temporarily suspend their psychodynamic learning in order to embrace a new therapeutic approach. Others experienced the move to CBT as posing a threat to their developing identities as counsellors. Recommendations are made on how to prepare trainees for the transition including exploring the psychological impact of transitions, increasing opportunities for reflective practice and facilitating exploration of what it means to be a therapist trained in two distinct therapeutic modalities.

KEYWORDS
cognitive behavioural therapy, counselling, dual modality, trainee, training, workforce

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1 | INTRODUCTION AND RATIONALE

Psychotherapy training is understood to be a transformative experience (Folkes-Skinner et al., 2010). Many trainee therapists experience a challenge to their identity through developing increased self-awareness informed by personal development activities (Folkes-Skinner, 2016; Skovholt & Rønnestad, 1992, 2003) and external feedback on their therapeutic skills. Such training can provoke considerable stress and anxiety (Bischoff et al., 2002; De Stefano et al., 2007; Kumary & Baker, 2008; Truell, 2001), with therapists needing time and support to consolidate their new skills and to acquire an identity of a "professional self" (Carlsson et al., 2011; Howard et al., 2006).

Trainee therapists studying at postgraduate level may encounter additional pressures. West (2012), for example, has identified that for postgraduate cohorts in particular, the demands of training are likely to be in competition with other stage of life commitments and pressures, given that the typical entry requirement of relevant work experience predominantly results in cohorts of mature learners. The anxiety experienced by therapy trainees as they move from the role of experienced professional in one field to novice in another can also give rise to considerable self-doubt about competence and suitability for the work (Folkes-Skinner et al., 2010).

Although there is broad recognition that psychotherapy training is transformative, what is less well-understood are the experiences that arise for trainee therapists when their courses require them to develop competence in more than one therapeutic modality. This is important for several reasons. First, in the global context of a significant increase in demand for mental health services, equipping therapists with the knowledge and skills of more than one therapeutic approach has the potential to increase the flexibility, responsiveness and, ultimately, the effectiveness of counselling and psychotherapy services. This is consistent with a broader recognition of the need to expand and diversify the workforce (Shembavnekar et al., 2022) as well as a need to better understand how to optimally design and deliver psychotherapy training (Health Education England, 2021). Second, in a UK context, competence in more than one therapeutic modality complements the drive within mental health services to increase choice and autonomy for clients (Wessely, 2018), a factor that has been linked with increased client satisfaction (Loh et al., 2007) and improved clinical outcomes (Chilvers et al., 2001; Clever et al., 2006; Lin et al., 2005). Third, it is possible to speculate that therapists themselves will seek ways to secure income against a backdrop of economic uncertainty, with the opportunity to evidence competence in more than one therapeutic approach perceived as a route to enhancing employability. In this context, training courses that result in proficiency in more than one form of psychotherapy might have particular appeal both for trainee therapists and for those who employ them.

The MSc in Cognitive Behavioural Therapy and Counselling at the University of Suffolk, UK, was developed to train therapists in both psychodynamic counselling and cognitive behavioural therapy (CBT) in order to equip them with the knowledge, skills and foundational competences to work effectively with adults in a wide range of settings. This "dual modality" (rather than integrative) model of training, which is the focus of this study, is, we believe, relatively unusual in the UK, and as noted above, there is a paucity of research on the impact on therapists training in more than one model. There is, however, some literature to suggest that counsellors whose established orientation is a modality other than CBT can hold negative beliefs about CBT and struggle to assimilate the principles of CBT within their professional identity (Freiheit & Overholser, 1997; Parker & Waller, 2017; Persons et al., 1996; Wills, 2007). It is therefore important and timely to explore trainee therapists' experiences in greater depth. In particular, should aspects of the training trigger negative experiences, it is hoped that the "trainee voice" (Jenkins et al., 2018) might subsequently inform modifications to course curricula to enhance the quality and inclusivity of teaching, as well as to improve trainee experience and, ultimately, course outcomes.

Implications for practice

- Trainee therapists need to be given opportunities to explore the issues arising from transitioning between therapeutic modalities, especially at a stage in their careers when their therapist identity is still developing.
- Courses offering training in more than one therapeutic modality should explicitly consider how to ease trainees' transition from one modality to the next with particular attention to the academic and professional preparation needed to manage the transition effectively.
- Training providers offering training in more than one modality should highlight for trainees in advance the potential opportunities and challenges of transitioning between modalities so that trainees are better prepared for any experience of difficulty, sense of disruption to practice or resistance to learning.
- It is recommended that where therapists are being trained to work in more than one therapeutic modality, training should incorporate an orientation to the literature on the psychological impact of transitions so that trainees do not "pathologise" or otherwise misinterpret their initial reactions to encountering a new form of practice (e.g., by confusing discomfort associated with the transition with a belief that they are not suited to or capable of becoming competent in the new therapy).

2 | METHODOLOGY

2.1 | Research question

The aim of this study was to explore trainee therapists' experiences of transitioning from psychodynamic counselling to CBT on a two-year master's degree course that offers a dual modality approach

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to training. A secondary aim was to identify any relevant themes concerning professional identity, sense of resistance and perceived benefits and obstacles associated with this transition that might inform the design and delivery of the training experience. Specifically, through gaining insight into trainees' experiences, the aim was to contribute to the growing body of literature that seeks to understand individuals' personal and professional "journeys" through therapy training and the impact of transitioning between therapeutic modalities. It also seeks to inform subsequent research on how to optimise the training experience.

2.2 | Participants

Participants were recruited from second-year trainees enrolled on the MSc in Cognitive Behavioural Therapy and Counselling at the University of Suffolk in the East of England. In total, eight trainees chose to participate in the study, all of whom were over the age of 18 and under the age of 65. All the participants were engaged in therapeutic practice as trainee counsellors and, as part of their professional training, were undergoing placements in a variety of clinical services in the East of England. Participants were nonaccredited members of both the British Association for Counselling and Psychotherapy and the British Association for Behavioural & Cognitive Psychotherapies, which is a requirement of the course.

2.3 | Design

This study was underpinned by a social constructionist epistemology (Gergen, 1994). Social constructionism challenges the notion that our constructions and categorisations of the world correspond to any "objective" reality. Instead, it proposes that how we come to know the world relies upon social processes and, in particular, the process of assigning meaning through the linguistic constructions which are available to us in specific cultural, social and historical contexts (Burr, 2003; Willig, 2013).

Reflexive thematic analysis (Braun & Clarke, 2013, 2021) was selected as the approach to data analysis and was consistent with the epistemological stance of this study. Thematic analysis has been described as distinct among qualitative research methods for its theoretical flexibility (Clarke & Braun, 2015). It prescribes no epistemological stance or sampling procedure and so can be applied within any epistemological perspective that informs qualitative research. It can be used inductively or deductively and can be applied to elicit semantic and latent meanings in the data (Braun & Clarke, 2006; Clarke & Braun, 2015). This flexibility allows researchers to arrive at a comprehensive description of a data set in its entirety (Braun & Clarke, 2006), which can be particularly beneficial when exploring under-researched areas and when well-developed theories about the phenomenon of interest are lacking (Clarke & Braun, 2015). This study used an inductive approach to identify semantic themes.

2.4 | Data collection

An invitation to participate in the study was sent by email to the entire cohort of 11 trainees enrolled on the MSc in Cognitive Behavioural Therapy and Counselling. Participants were invited to complete an online questionnaire using a secure survey tool that was compliant with the general data protection requirements in the UK (SOGOsurvey.com). The invitation enclosed a participant's information sheet, detailing the aims of the study and any potential risks associated with participation, along with information on data usage and contacts for further information.

The online questionnaire was in the form of a semi-structured survey comprising both open and closed questions to explore the experiences of trainees relating to their professional aspirations and transition from one modality to another. It also sought information on how their initial psychodynamic counsellor training informed their CBT practice. Questions included were as follows:

- What prompted you to join the MSc in Cognitive Behavioural Therapy and Counselling?
- Have you experienced any challenges in transitioning from counselling to CBT in your academic work? If so, please describe your experience.
- Have you experienced any challenges in transitioning from counselling to CBT in your clinical work? If so, please describe your experience.
- How do you feel your first year of counselling training on the course has impacted your subsequent CBT training and practice?
- Are there any other aspects of your experience of attending a dual modality course that you would like to share?

Prior to recruiting participants, the questionnaire was piloted with two senior tutors on the course to ensure that the questions were accessible, comprehensible and related clearly to the aim of the study. The questionnaire was deemed fit for purpose, and no modifications were recommended.

2.5 | Analysis

The data analysis was informed by Clarke and Braun's (2015) six-phase process as follows:

Phase 1. Data familiarisation: Responses to the semistructured questionnaire were read, line by line, to enhance familiarity with the data.
Phase 2. Data coding: Initial codes were developed to capture comments in the data of potential interest to the research question.
Phase 3. Searching for themes: Relevant themes and subthemes were identified by examining the codes for broader patterns of meaning.
Phase 4. Reviewing themes: The themes and subthemes were reviewed and refined and then mapped to ensure consistency with the entire data set.

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TABLE 1 Themes and subthemes.

Theme and subtheme	Number of participants
3.1 Perceived competence	6
3.1.1 “Bracketing” and modality fidelity	5
3.1.2 Confidence	4
3.2 Preparedness	8
3.2.1 Core clinical skills	8
3.2.2 Pace and expectations of academic work	7
3.2.3 Structure of CBT	6
3.2.4 Bridging	5
3.3 Professional advantages	5
3.3.1 Adaptivity	3
3.3.2 Self-awareness	4
3.4 External challenges	3

Phase 5. Defining and naming themes: Theme definitions were created and checked against the codes and extracts from the data set to ensure a consistent analytic narrative.

Phase 6. Writing the report. A report was written and provided to the University of Suffolk. The study was also subsequently submitted for publication with this journal.

For pragmatic reasons, responses to the questionnaire were initially read and reviewed by the first author only, who then inducted the themes manually, reviewing the survey responses line by line. However, the analysis and findings were discussed with and reviewed by the second author to assist with quality control of the research process.

2.6 | Reflexivity

Qualitative researchers recognise that their theoretical perspectives, personal experiences and personal and professional context play an important role in shaping the design, process and findings of their research (Willig, 2013). An appreciation of reflexivity is, therefore, central to the research process, enabling researchers to acknowledge sources of potential influence and to develop investigative practices that are ethically sensitive and culturally informed (Bager-Charleson, 2010). In seeking to cultivate reflexive awareness, the authors recognised that there were several motivators involved in the desire to undertake this study. First, both authors have trained in more than one therapeutic modality and so have first-hand experience of the opportunities, benefits and challenges that this form of training can afford. Second, through their work as trainers and supervisors, both authors have considerable experience of helping trainees navigate this transition between modalities at a stage of career when they are still developing their core therapeutic skills and acquiring a sense of professional identity. Finally, both authors are committed to training therapists in more than one modality and see this as a means of enhancing therapists’ knowledge and skill, creating a more responsive service for clients and potentially enhancing graduates' employability prospects.

2.7 | Ethical considerations

Ethics approval was obtained from the University of Suffolk Ethics Committee. Participants were therapy trainees on the course with which both authors are affiliated and on which the first author was also a lecturer and personal tutor. Particular consideration was, therefore, given to the management of dual roles and to protecting the participants' anonymity. A participant information sheet explained the nature and purpose of the study, and the potential consequences of involvement were explained: It was emphasised that their involvement and responses would not impact their training or their relationship with the authors. Participants were encouraged to ask any questions in advance of their engagement with the study.

3 | FINDINGS

Four main themes emerged from the analysis, three of which had subthemes. These are presented in Table 1 and elaborated below

3.1 | Perceived competence

Participants reported feeling deskilled during their transition from counselling to CBT training. Their emerging sense of competence and confidence in their psychodynamic counselling skills and understanding of counselling theory, built over the previous year's training and clinical placement, were shaken by immersion into a different therapeutic modality. Yet, some trainees managed the transition with relative ease. Two subthemes emerged: (3.1.1) “bracketing” and modality fidelity and (3.1.2) confidence.

3.1.1 | “Bracketing” and modality fidelity

Five of the participants spoke of transitioning between studying and practising the two different modalities without undue difficulty. These participants appeared to employ particular strategies to enable this. Examples included embracing the differences in approach and using these, particularly with regard to session structure, to help them engage in a process of “bracketing” their previous learning, that is, suspending prior assumptions, beliefs and judgements in order to focus on their current experience:

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> In some ways, the contrast between the two approaches has helped me, as I have not felt confused between the two modalities but kept clearly to each approach in my clinical work during the first and second year respectively.

For other trainees, certain conditions seemed to make it harder to maintain fidelity to a CBT model in the second year, including when a client “has a need to talk.” Participants described how they would “slip into counselling mode.” For a number of trainees, disruption to their placement due to the COVID-19 pandemic meant that they were unable to complete the placement requirements of their first year before commencing the second year. These trainees in particular reported difficulty in separating out the two modalities, theoretically and clinically.

3.1.2 | Confidence

Four of the participants mentioned an impact on their confidence. Two participants reported a loss of confidence during their transition into the second year, relating to perceived competence in therapy and academic demands, as well as professional identity:

> The second year has unsettled me, reduced my confidence in knowing what therapist I want to be.

> My confidence and skills have plummeted during my CBT training.

For these participants, a sense of displacement occurred. This appeared to emerge from the difficulty of working within a CBT modality while attempting to retain their skills and identity as psychodynamic counsellors, which were still being established:

> I was fearful that I would ‘lose’ my ability to think in a psychodynamic way… It felt like letting it go, which I didn't like.

In contrast, two participants stated that their training in the first year had given them increased confidence in the clinical skills they took into their CBT training, as detailed below in the subcategory of core clinical skills.

3.2 | Preparedness

The theme of being prepared for the changing clinical and academic demands of the second year of study featured in all survey responses. Participants not only reported the difficulty adjusting to the perceived faster pace of learning of the CBT curriculum, but also stated that their first year provided them with a strong foundation on which to build. Four subcategories came under the theme of preparedness: core clinical skills; pace and expectations of academic work; structure of CBT; and bridging.

3.2.1 | Core clinical skills

All participants believed that their first year of training gave them a grounding in clinical competences that enhanced their CBT practice:

> I think the first [psychodynamic] year has had a positive impact, it gives greater appreciation of interpersonal skills such as, warmth, empathy, pace and timing of interventions.

> I think it has given me much more confidence in engaging therapeutically with a wide range of clients, has allowed me to develop my listening skills, and to build therapeutic relationships which might have been more difficult had we gone straight into CBT.

> I feel that the first year was [an] invaluable grounding for both the theoretical and practical aspects of CBT. I feel that the first year really gave me a curiosity about people that really helps with assessment and formulation in CBT.

Two trainees referred to the growth in self-awareness that they were able to bring from the first psychodynamic year into their CBT training:

> Although there is a stark difference, I think the elements taught in the first [year] are vital to the second year - in particular the attention to the self from [personal development] group and personal therapy.

> I feel that I would struggle even more this year if not [for] the learning about myself that I gained last year, as I was able to observe my own reactions and also notice where my difficulties lie, hence consulting with either [my] supervisor when this was around the clinical aspects of the session, but mostly with my own therapist when it comes to my emotional difficulties or biases that came up for me in sessions.

3.2.2 | Pace and expectations of academic work

Seven of the eight participants reported that one of the main challenges of transitioning between the first and second years was the change of pace and focus in terms of teaching and course assignments. Although both years are taught at postgraduate level,

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trainees experienced increased demands on them in their second year in terms of time, assignments, self-directed study, clinical work and the supporting "admin" that is required when delivering CBT:

> I have found the CBT training very disorder-focused with an emphasis on clinical work. The assignments have also reflected this shift from academic to clinical focus, and this has proved difficult for me.

> My confidence in my academic skills grew during the first year, only to be challenged in a different way in the second year. The academic requirements feel very different from the first year, and for me this was unexpected.

> The amount of work and knowledge required for CBT due to working in a totally different approach, which needs to be evidenced, recorded in portfolios, session plans, supervision records, learning logs, etc. So much more reflection, admin, reading and independent learning.

3.2.3 | Structure of CBT

Some of the participants reported difficulties with moving from the exploratory way of being with clients taught in their psychodynamic year to the structured style required of them for CBT, particularly when sessions were recorded for evaluation against competence measures:

> I found it challenging to move from the 'open ended' and 'explorative' nature of counselling to a structured and focused way.

> My difficulties [were] learning new clinical skills… and not bombarding or drilling [the] client with questions.

> So much to remember to demonstrate [creates] added pressure on [the] therapist and feels more demanding and clinical than when using a person-centred approach.

Some participants expressed difficulty in feeling that they were imposing a structure on their clients, when they had become used to letting the client set the pace and topic. They reported difficulty finding a balance between meeting the needs of the client and the requirements of their course assignments:

> The difficulties around following the client's lead in counselling [versus] a more therapist-led intervention and knowing what I need to achieve in session with the client when sometimes the client has a need to talk.

> I noticed myself struggling to incorporate my learning from the first year into CBT. For example, I either included 'too much' of emotional processing or not much at all. It was tough at times.

3.2.4 | Bridging

This subtheme included commentary on what helped and what was lacking in providing a bridge from the first year's teaching to the topics and expectations of the second year. One trainee spoke of how the role-plays and personal development groups of the first year helped to bond the cohort, which they believed contributed to a supportive experience of peers in the second year. Three trainees regarded the introductory CBT teaching and evidence-based practice and research methods module in the first year as a helpful means of linking the curriculum of each year. One trainee believed that more CBT teaching in the first year would have been helpful:

> I think if it were possible to 'front load' more CBT teaching – i.e. to finish the academic psychodynamic teaching earlier and get more of a head start on CBT at the end of Year 1 would have made it easier to begin CBT placements earlier and thus reduce some of the stress around not having enough clients to complete the assignments.

3.3 | Professional advantages

Five participants made reference to aspects of the dual modality training that they believed gave them a professional advantage. Two subthemes were identified: adaptivity and self-awareness, which included the ability to work relationally with clients. Two of the eight participants also believed that the CBT element of the course enhanced their employability.

3.3.1 | Adaptivity

Three of the participants spoke of the value of having more than one modality to offer clients, to help them offer the right therapy at the right time:

> Both [modalities] are very worthwhile and [this] means as a therapist one can be creative, responsive, personalised to the needs of the client, adaptive.

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> I selected this course because it has the dual modality. I wanted to have skills to offer clients another therapeutic approach if CBT was not the right fit.

3.3.2 | Self-awareness

Four participants reflected on the growth in self-awareness that the course had facilitated, particularly through the requirement to have personal therapy and their use of the personal development groups. They suggested that this had enhanced their CBT practice by allowing them to bring greater authenticity to their work, as well as an awareness of their own potential biases. The participants described how the understanding of a relational way of working developed in their first year of training gave them more confidence in building therapeutic relationships with clients and enhanced their CBT work. One participant stated that this would enable them to:

> …perhaps work with resistance more fruitfully and countertransference, to ensure the CBT work flows well when a client reaches obstacles.

3.4 | External challenges

In terms of the context of this theme, it should be noted that the cohort participating in this study began their training shortly before the first case of COVID-19 was reported in China (World Health Organization, 2020), and five months before the lockdown measures came into force in the UK (Institute for Government, n.d.). All teaching was quickly moved to online, with very few opportunities for staff to meet with trainees in person for the following 18 months. Placement organisations found themselves having to negotiate ethical remote-working practices, which led to many trainees experiencing delays and unplanned breaks in their clinical work. It is important to acknowledge the impact of these external events on the trainees' experiences of the course.

Three participants in particular noted that having to learn and provide therapy online increased their cognitive load, as it was another set of skills they had to acquire at a time when they already had to assimilate a new way of working. Placement delays also added a layer of assessment stress, as trainees needed to complete therapy with clients before submitting case study assignments. Other sources of stress included difficulty receiving appropriate referrals to enable trainees to put into practice the disorder-specific treatment protocols they were learning, as well as challenges specific to their clients:

> CBT clients are either too complex for a training case, do not wish to do homework, really need relationships intervention, [or are] not able to identify thoughts/feelings/difficulties.

While most of the external challenges reported affected all the participants to some degree, one participant also reported that the pressures of their employment outside the course meant that time was the biggest personal challenge to their studies.

4 | DISCUSSION

The aim of this study was to investigate trainees' experiences of transitioning from psychodynamic counselling to CBT on a two-year master's degree that offers a dual modality approach to training. A secondary aim was to identify any relevant themes concerning professional identity, sense of resistance and perceived benefits and obstacles associated with this transition that might inform the design and delivery of the training experience.

The findings of this study offer a preliminary insight into different types of experience for trainees on one specific course and suggest that, for some, navigating this transition is a considerable psychological challenge, while others find ways to manage the process with relative ease. Four principal themes emerged from the data analysis: perceived competence (subthemes: "bracketing" and modality fidelity, and confidence); preparedness (subthemes: core clinical skills, pace and expectations of academic work, structure of CBT and bridging); professional advantages (subthemes: adaptivity and self-awareness); and external challenges.

Looking across the themes and extracts from the broader analytic narrative (Clarke & Braun, 2015), one overarching finding was that all the participants made reference, directly or indirectly, to how the self-awareness developed in their first year of study had enhanced their CBT practice, whether through greater awareness of unconscious interpersonal dynamics or through a more conscious use of self in the therapy. Of significance, however, was that most of the participants reported feeling deskilled and/or losing confidence as a result of the transition at some point during the process. This finding echoes the earlier conclusions of Atherton (1999) who, in exploring the experiences of social workers engaging in further vocational training, described the difference between additive and supplantive learning. While training experienced as additive is more likely to be embraced, training perceived as supplanting previous knowledge and skills can trigger feelings of loss and confusion, reactions that were evident in the themes of this study. Furthermore, Atherton (1999) warns that such responses can be associated with resistance from learners and an impairment in learning. This supports impressions from informal discussions with trainees as they began their second year of study, which indicated a level of resistance to the second taught model of therapy, along with difficulty in making sense of the material. Yet, in contrast to Atherton's (1999) study that considered the experiences of professionals who attended training to update their practice, the course from which the current participant sample was recruited offers a pluralist approach. This challenges trainees in a different way. Rather than replacing their initially taught

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modality, trainees are being trained to offer a choice of therapies, a skill that could be termed therapeutic bilingualism.

Some participants reported the structure of CBT as an obstacle to assimilating the new modality, echoing the findings of Wills (2006) and Fraser and Wilson (2011), whose research found similar challenges to learning a second, more structured modality, when the structure was perceived as detrimental to the client-led nature of therapy. Yet, other participants reported a different reaction to the responses reported by Fraser and Wilson (2011), citing the structure of CBT as a point of difference that helped them to delineate between the two modalities, providing a new framework for them to work within. Mackay et al. (2001) found similar responses in their study of established counsellors learning a new approach in the psychodynamic-interpersonal model, in that the structured approach, while not CBT, provided a secure base from which to work.

4.1 | Supporting the process of transition

The findings of this study have implications for how trainers work with trainees leading up to and during the transition. It is the role of the trainer to support trainees in acknowledging and processing their reactions to the transition in order to mitigate the loss of learning to which supplantive learning (Atherton, 1999) can give rise (Young, 2013). More specifically, Persons et al. (1996) discuss the paradigm shift that is required of psychodynamic therapists when training in CBT. They encourage an awareness of both similarities and differences between the two modalities to overcome resistance to training. It would seem worthwhile to dedicate teaching time to group discussion on the implications of this for trainees.

One potentially beneficial approach for easing the burden of the transition could be for courses to incorporate an orientation into the literature on the psychological impact of transitions. This would prevent trainees from "pathologising" or otherwise misinterpreting their initial reactions to encountering a new form of practice. An example of this would be where trainees confuse discomfort associated with the transition with a belief that they are not suited to or capable of becoming competent in the new therapy. Normalising the psychological disruptions that often occur during transitions (Bridges, 2020) could assist with a process of guiding trainees towards targeted self-reflective activities. For example, experiential groups could provide a context where trainees can share their experiences openly and process changes to their sense of identity and competence as well as the perceived implications of becoming a dual modality therapist. Alternatively, journaling might provide a more private outlet for "working through" personal doubts and concerns.

An additional well-established approach that could be beneficial and support the segue between psychodynamic and CBT approaches specifically is the work of James Bennett-Levy and colleagues (e.g., Bennett-Levy, 2006; Bennett-Levy et al., 2015), which fosters therapist self-practice and self-reflection through an engagement with the principles and methods of CBT in a self-guided format. One recommendation would, therefore, be for trainers to guide trainees in selecting specific tasks in self-practice leading up to and during the period of transition. This could both deepen the understanding of CBT and socialise trainees to the structure and methods of change through self-directed experiential learning (Bennett-Levy et al., 2001, 2003). Additionally, Wills (2006, p. 3) has stressed the importance of encouraging playfulness and flexibility when encountering a new modality, warning that "a fundamentalist view of CBT leads people to over-apply the model and blocks their learning." Exploring ways through which principles and methods can be creatively applied to the needs of individual clients might also support the process of bridging different therapeutic modalities and reduce some of the tensions and challenges that trainees can otherwise experience.

4.2 | Limitations

The study is limited by sample size, which restricts the generalisability of its findings. Of a small cohort of 11 trainees, eight completed the survey. While there are no sampling requirements for thematic analysis (Clarke & Braun, 2015), a larger participant sample would have increased access to the breadth of perspectives and experiences of trainees and strengthened confidence in the findings. A small sample does not prevent cumulative generalisability but does position this study as offering some preliminary insights into trainee experience that would benefit from subsequent substantiation and elaboration.

A second limitation was that the study was limited to a single cohort of trainees from a single institution with which, as noted above, both authors are affiliated. As the first author was also a tutor on the course, ensuring participant anonymity was a particular consideration. For this reason, a survey questionnaire was used in preference to interviews, and participants were requested not to disclose demographic information or information concerning their prior professional experiences. As a result, demographic information that could have impacted trainee experience was not available and additional meaningful themes may have been missed through a lack of diversity among participants or through the method of data gathering used (i.e., a questionnaire rather than semistructured interviews).

A final consideration is that the participants had been navigating the challenges of becoming therapists in the context of a global pandemic. It is not clear to what extent the global context at the time the study was conducted impacted the findings obtained. However, it is worthwhile considering the work of Stevens and Al-Abbadey (2023) who, in their study of professional psychologists, found that practitioners were at risk of experiencing compassion fatigue not only as a consequence of the emotional labour of working with clients' problems but also through exposure to the potentially distressing,

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unprecedented nature of global sociopolitical events—a phenomenon they term "global compassion fatigue." Further research with other trainee cohorts in a postpandemic training environment would, therefore, be beneficial in helping extend and refine the findings of this study.

4.3 | Recommendations for future research

While definite themes emerged from the data, there appeared to be marked differences in how trainees experienced and adapted to the transition between modalities. It is recommended that future research investigates the differences between trainees who transitioned with and without difficulty to help clarify the factors of influence. In particular, conducting a further reflexive thematic analysis with a larger participant sample across a number of training institutions would enable a more complete understanding of the challenges and opportunities that trainees experience, as well as generating a better understanding of how training courses can best enable those transitions. Factors of influence might include individuals' modality preferences prior to training, the levels and types of support offered on placement and the extent to which training courses provide an orientation to methods of self-reflection and self-practice. In the case of dual training involving CBT, attitudes towards CBT on starting the course, possibly measured by the Negative Attitudes towards CBT Scale (Parker & Waller, 2017), might also be beneficial in identifying trainees who would benefit from particular support.

Additionally, while this study focussed exclusively on the experience of transitioning between modalities, it would be of interest to investigate the relationship between trainees' subjective experiences and their performance on assessed work. This could be measured through grades awarded on academic and clinical assignments, such as case studies, supervisor evaluations, changes in clients' score profiles on standardised questionnaires or formal measures of therapist competence. How these experiences impact the actual delivery of therapy would have relevance not just to trainees and their clients but also to training providers and the commissioning bodies that are seeking to expand an effective and flexible workforce who can meet the growing demands in an increasingly complex and unstable economic and health care climate.

5 | CONCLUSION

This study aimed to explore the experiences of dual modality trainees as they transitioned from psychodynamic counselling to CBT studies and practice. The findings suggested that some trainees found this transition easier than others. Those who found it easier used the structure of CBT to provide a framework and point of difference to help them temporarily "set aside" the approaches and methods taught in their prior psychodynamic counselling training to remain open to a new way of working. Others experienced the CBT teaching as posing a threat to their developing professional identities as counsellors. For all participants, there was an apparent recognition of the value of self-awareness development. This requirement of their first year of training was seen as supporting their clinical work and personal development as well as contributing to a supportive learning environment. While there are benefits of achieving the therapeutic bilingualism that dual modality trainings offer, key considerations arise including how best to support the transition of trainees through managing expectations and workflow, and how to facilitate the exploration of what it means to be a dual modality therapist in the context of a rapidly evolving healthcare environment.

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CONFLICT OF INTEREST STATEMENT

No conflict of interest is declared by the authors.

DATA AVAILABILITY STATEMENT

The data are available from the first author upon request.

ETHICS STATEMENT

This study was approved by the University of Suffolk Ethics Committee.

PARTICIPANT CONSENT STATEMENT

All participants in this study provided informed and written consent prior to participation.

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