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Person-centred experiential therapy (PCET) training within a UK NHS IAPT service: experiences of selected counsellors in the PRaCTICED trial*

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ABSTRACT

We investigated the experiences of 10 counsellors undergoing training in a form of person-centred experiential therapy (PCET), known in the UK as Counselling for Depression (CfD). Training was delivered at a service level as part of the PRaCTICED trial. Counsellors who took part in the study either completed ($N = 5$), failed to complete ($N = 3$) or were ongoing ($N = 2$) in their PCET training. Framework analysis was selected to extract rich data and an in-depth account of counsellors' experiences. Inconsistencies were reported between counsellors' previous theoretical backgrounds and PCET. Difficulties were also reported in resolving person-centred and emotion-focused elements of PCET. Key facilitators and barriers to completing PCET training were identified, including counsellors' intrapersonal factors.

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Introduction

Over recent decades, there has been a major push to promote evidence-based psychological therapies drawing on empirical data from randomised controlled trials (Chambless & Hollon, 1998). This evidence-base has strongly favoured cognitive behavioural therapy (CBT) and provided the basis for the UK government's Improving Access to Psychological Therapies (IAPT) initiative started in 2006 (Layard, 2006). The aim of the IAPT initiative was to increase access to evidence-based psychological therapies for people experiencing common mental health problems such as anxiety and depression (Clark, 2011). As such, only interventions with a strong evidence-base were endorsed within the programme, which initially focused solely on training and delivering cognitive behavioural therapy (CBT). Although CBT was the dominant therapy adopted, IAPT responded to calls for greater patient choice by endorsing other approaches that had clearly defined training programmes based on specific competencies (Hill, 2011). These comprised Interpersonal Psychotherapy, Couples Counselling, Dynamic Interpersonal Therapy, and Counselling for Depression (CfD).

Counselling for Depression is a person-centred experiential therapy (PCET) that utilises processes from emotion-focused therapy and involves the practitioner being more active in working with clients' emotions than in classical person-centred therapy (Sanders & Hill, 2014). The evidence-base indicates this more active component is an essential element in treating depression (Elliott,

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*Pragmatic randomised controlled trial assessing the non-inferiority of counselling for depression versus cognitive behavioural therapy for patients in primary care meeting a diagnosis of moderate or severe depression.

Greenberg, Watson, Timulak, & Freire, 2013). Accordingly, the combination of greater specificity of processes and the additional components relating to actively working with emotions provides the basis for CfD to be differentiated from generic counselling. However, the term Counselling for Depression does not convey the theoretical basis for the intervention and is not a term understood beyond its implementation in England. Hence, we refer to this model as person-centred experiential therapy (PCET; see Murphy, 2019). It is a theoretically robust therapeutic model delivered in the current context by trained counsellors.

National PCET training programmes have targeted counsellors with experience of working with person-centred and humanistic approaches (Hill, 2011; Roth, Hill, & Pilling, 2009). The training comprises a five-day taught programme followed by at least 80 h of supervised clinical work. From this work, counsellors must choose four audio-recorded tapes with different clients to submit for assessment, one from each block of 20 h of therapy (ie sessions). Counsellors are able to re-submit tapes on two occasions where assessments do not meet the required threshold. If more than two submitted tapes do not make the required standard, then counsellors are deemed not to have passed the training.

Although further training for counsellors might be assumed to be a positive experience or an opportunity for continued professional development, evidence suggests this experience is not universal. Drewitt, Pybis, Murphy, and Barkham (2018) sampled 18 PCET (ie CfD) counsellors from a practice research network comprising 53 PCET counsellors and interviewed six of them by phone concerning their experiences of training. Findings suggested certain challenges in training but overall positive experiences. However, the sample comprised only counsellors who had individually committed to the PCET training and had successfully completed the training. Consequently, there is a need to conduct a more balanced and in-depth evaluation of counsellors' experiences of the training. For example, it would be particularly important to elucidate why counsellors failed or withdrew from training.

One aspect of training that has tended to skew the positive sampling of counsellors' experiences is that access to training is primarily achieved by individual counsellors applying for the training based on their own interests. What is not known is whether and what issues arise when the training is discordant with counsellors' existing approaches. One concern is that PCET counsellors are required to be more active in addressing clients' emotions, meaning that some elements of the PCET training might be considered contrary to the philosophy of non-directive counselling.

The present study arose from the implementation of a different training model for PCET in which all counsellors from a single service were required to embark on PCET training prior to their participation in a randomised controlled trial of PCET versus CBT. The trial, named PRaCTICED, is a pragmatic randomised controlled trial of the non-inferiority of Counselling for Depression and its effectiveness for patients diagnosed with moderate or severe depression (Saxon et al., 2017).[1] The trial was nested within the local IAPT service and required a sample size of 500 patients yielding data at the 6-month assessment interval.

To support the design, we sought to train all existing counsellors in the service, regardless of their previous theoretical orientation. This required training to be carried out in the service locality and comprised a total of five days training carried out in April and May 2013, structured as three initial days followed by two further days training three weeks later. In addition, counsellors also attended a full day workshop on emotion focused therapy (EFT) implemented in December 2013 at the service base and led by Robert Elliott. At this point, counsellors were also handed a pre-publication copy of the Sanders and Hill text. Completion of the training then required a total of 80 h client contact working in the model. However, while this training programme enabled all counsellors to receive the initial taught components of the training, this service-led directive then resulted in some counsellors deciding to drop out of the practice components of the PCET training. This situation enabled a natural comparison to be made between the experiences of those who completed PCET training with those who decided not to complete it.

The present study utilised this naturalistic attrition rate to implement a qualitative design with the objective of yielding rich data about counsellors' experiences of PCET training, enhanced by supervisory and trainer perspectives. The aim was to identify themes that could describe counsellors'

common experiences, explain differences in counsellors' completion of training, and provide suggestions for future supervision and training in PCET.

Method

Design and setting

The design was a qualitative study employing a volunteer sample of counsellors drawn from a single IAPT counselling service that was taking part in a randomised controlled trial comparing PCET and CBT for the treatment of moderate and severe depression. The setting was a large UK northern city. The counselling service comprised 25 counsellors (generic) together with four already trained PCET counsellors, with all counsellors working part time.

Ethics

Ethical approval was within an existing approval granted by the Health Research Authority for the PRaCTICED trial (REC: 14/YH/0001). The trial registration ID for PRaCTICED is ISRCTN06461651. Governance arrangements for the researcher to access staff were authorised by Sheffield Health and Social Care NHS Foundation Trust (Ref: CSP 130352).

Participants

Counsellors were eligible for participation in the study if they had undertaken or were currently undertaking training in PCET within the service. The researcher attended a counsellors' meeting to disseminate the proposed research and invite eligible counsellors to participate in the research. Other eligible counsellors were also invited to participate via email.

Ten eligible counsellors volunteered and participated in the study. Of these, 5 had successfully completed the training, 3 had failed to complete the training (2 of whom withdrew), and 2 were still undertaking the training. Participants described coming to the training from a variety of different theoretical backgrounds, with 4 counsellors identifying with a single prior model and 6 with twin prior theoretical models. The single models were either integrative or person-centred. Of the twin models, 5 of the 6 counsellors associated with an integrative approach, 4 with a person-centred approach and the remaining approaches were psychodynamic (2) and psychoanalytic (1). The length of experience as a qualified counsellor prior to embarking on the training ranged from 4 to 22 years (Mean = 12 years, SD = 5.3). Eight participants were female.

Materials and apparatus

A topic guide with seven main categories of questions was used during the semi-structured interviews (see Figure 1). The questions were selected according to issues counsellors were likely to find important as determined by anecdotal evidence and previous research (Drewitt et al., 2018).

Procedure

Eligible counsellors who expressed an interest in participating in the study were invited to an interview to discuss their experiences of the training. Before agreeing to participate, counsellors were given an information sheet to read and gave their informed consent. Interviews with six participants took place on a face-to-face basis, with four participants choosing to complete the interview over a secure telephone line for convenience. Before recording began, participants were asked to identify their theoretical orientation and years of experience prior to embarking on PCET training, and whether they had successfully completed the training.

Initial feelings and expectations of training in CfD compared to actual experience
1.1) What were your initial feelings when asked to train in CfD?
1.2) Before you began training, what were your expectations of training in CfD? (e.g. what were your hopes and fears?)
1.3) How did your feelings and expectations of CfD training change over the course of the training process? (e.g. did you begin to feel skilled, de-skilled?)
Style and values as a counsellor relative to those required in CfD
2.1) How would you describe your values as a counsellor? (e.g. patient-centred approach?)
2.2) Did you feel the counselling used in CfD was consistent with your personal values?
2.3) (If participant indicates inconsistencies) what are these inconsistencies? How did they affect your training? How did you respond to these inconsistencies? (e.g. was CfD overly-structured/prevented you from practising with as much freedom as you'd like?)
2.4) Previous to your training in CfD, how would you describe your style of counselling? (e.g. directive or soft, psychodynamic or gestalt... and why did you choose this style?)
2.5) Did you feel the style of counselling you were trained in for CfD was consistent with the style of counselling you had developed previous to training?
2.6) (If participant indicates inconsistencies) what are these inconsistencies? How did they affect your training? How did you respond to these inconsistencies?
Positive experiences of training in CfD
3.1) What were the positive experiences of your training in CfD?
Challenges of training CfD
4.1) What challenges did you experience during training in CfD? (e.g. was the model easy or difficult to understand? Was it easy or difficult to translate the model into practice?)
Experiences of being assessed during training in CfD
5.1) Please describe your experience of being assessed during training in CfD, including assessment of audio-tapes, video-recording and supervision
5.2) How did you feel each time you received your score from an assessment?
Completion of training in CfD
6.1) Did you complete your training in CfD?
6.2) (If "no") What were the main reasons for not completing the training?
6.3) (If "yes") What were the main factors which resulted in you successfully completing the training?
Final questions
7.1) How could your experience of training in CfD have been improved?
7.2) Do you have any other comments to make regarding your training in CfD?

Figure 1. The topic guide used in the interviews. As the interviews were semi-structured, the direction of each interview varied according to participants' responses. Therefore, the actual questions used varied on a case-by-case basis.

The interview was semi-structured. Although a set of pre-determined questions was used as a topic guide, the researcher (AN) asked follow-up questions based upon the participants' responses. This enabled the researcher to elucidate more in-depth responses and thus yield richer data. As a consequence, the exact type and number of questions varied from interview to interview. The interviews took place over a period of three months.

The resulting audio recordings were transcribed by AN and were carried out in a counterbalanced order such that the interviews of counsellors who had completed and not completed the training were transcribed alternately. For confidentiality reasons the original audio recordings were deleted immediately after transcription and the transcripts made anonymous by deleting any personal references.

Framework analysis

An adapted form of framework analysis was conducted by AN on the transcribed interviews. Framework analysis is a type of thematic analysis suitable for applied research (Ritchie & Spencer, 2002; see also Gale, Heath, Cameron, Rashid, & Redwood, 2013). It was chosen because it is systematic and comprehensive while retaining the richness and detail afforded by qualitative research (Srivastava & Thomson, 2009). It was also selected because it allows associations within-cases and comparisons between-cases to be made. While framework analysis is systematic and comprises a set of stages, it is also an iterative process that involves going back and forth between different stages during the process of analysis.

The first logical stage in the analysis was familiarisation with the interview transcripts. This process began implicitly during the process of transcribing audio recordings and was followed by explicit reading of each completed transcript in a pre-determined counterbalanced order to prevent biasing the emergence of potential themes at an early stage.

The aim of the second stage was to identify a thematic framework. During the familiarisation stage, notes were annotated onto each transcript. Using a combination of these notes and the original aims of the study (introduced to the interviews through the topic guide), potential themes were identified and organised into an index, or framework. The resulting index comprised many potential themes. Most potential themes were general at this stage and based upon the original aims of the study.

The third stage comprised indexing, which required reading each transcript in a counterbalanced fashion, this time systematically applying the theoretical framework to each transcript. This was accomplished by annotating the margins of each transcript where examples of each potential theme arose. This facilitated the refinement of potential themes at the following stage.

The fourth stage involved refinement and interpretation of the final themes. The newly annotated transcripts were read in a counterbalanced order and potential themes refined such that they became more specific, detailed and were consequently more likely to be based around concepts introduced to the interviews by the counsellors. In order for potential themes to be considered as final themes, each potential theme was required to appear in at least three out of ten transcripts. Potential themes that met this criterion were then weighed for selection as a final theme based upon their salience, explanatory power, and implications.

Using an example to illustrate this process, after familiarisation with the interview transcripts (stage 1), stage 2 comprised the identification of a potential general theme (eg "mutual support"). In stage 3 (indexing), the number of participants' transcripts in which this general theme was found were noted. In stage 4 of the analysis, this general theme was interpreted and refined to identify more specific subthemes that identified qualitatively differing experiences by the counsellors (eg "training with colleagues" and "quality of trainers"). The analysis then returned to stage 3 of the analysis (indexing) in order to apply these new more specific subthemes to the relevant transcripts.

Results

There were 7 overarching themes and 15 sub-themes that are displayed in Table 1. To preserve anonymity, a unique number was assigned to each counsellor. Each quote is followed by a counsellor number (#x), status of training completion (C = successfully completed training, W = withdrew or failed to successfully complete training, or O = ongoing), and previous theoretical orientation (I = Integrative, PC = person-centred, PD = Psychodynamic, or PA = Psychoanalytic).

Initial perceptions: opportunity or obligation?

Counsellors who completed PCET training commenced the training primarily with "enthusiasm" and "excitement". They tended to perceive the training as an opportunity for personal and/or professional

Table 1. The themes (7) and subthemes themes (15) that emerged from the framework analysis analysis.

Themes	Subthemes
1. Initial perceptions: Opportunity or obligation?	–
2. The professional context	2.1. Professional vulnerability and justification 2.2. Finding a voice
3. Mutual support	3.1. Training with colleagues 3.2. Quality of trainers
4. Translating training into practice: Process of isolation	4.1. Working in isolation with the audio recorder 4.2. Supervision
5. Perceived inconsistencies with therapeutic orientation	5.1. PCET (CfD) and professional values 5.2. Inconsistencies with counsellor's theoretical background – a facilitator or barrier 5.3. Insufficient time spent on emotion-focused element
6. Consolidating vs. deskilling	6.1. Feelings of consolidation or reassurance 6.2. Feelings of deskilling 6.3. Training as a process: deskilling, then skilling 6.4. Loss of authenticity
7. Intrapersonal factors as facilitators or barriers	7.1. Flexibility and readiness to change 7.2. Resilience

development; it was a way of supplementing their skills by "modifying" their way of working, "learning something from a different angle" and "progressing and moving forwards" whilst staying within a person-centred modality. They expressed an enjoyment of learning and regarded it as a choice rather than an obligation.

> It seemed like a good opportunity to have some training and look at something a bit different, so I decided to take that up … It was a choice. [#6, C, PC/I]

> I looked forward to it, I was quite excited by it, some more person-centred training approach and I quite like training. So, I looked forward to learning something from a slightly different angle. [#1, C, PC]

In contrast, counsellors who did not complete the training tended to express some feelings of obligation to undertake the training.

> I suppose we were doing it mainly for the IAPT thing … I didn't want to let the side down. [#8, W, I]

> I removed myself from the training. I was perfectly willing to complete, but I wasn't happy to offer CfD on its own; so, the motivation was more out of obligation than because I wanted to change my way of working. [#4, W, I/PD]

There were, however, instances where the converse was true; one participant started with enthusiasm but did not complete the training and another completed the training but initially thought it would probably be a "waste of time". For these participants, the deciding factor seemed to be how much the PCET model fitted with their prior training and current ways of working.

> I think not enough due attention was given to the right match, and I think some of us felt a bit pressured into doing it. [#4, W, I/PD]

> I suppose initially it might have been a feeling of do I really need to do it. But once I understood the narrative behind it, it felt worth it. [#9, C, PC/I]

The professional context

Professional vulnerability and justification

For many counsellors the motivation came from the concern surrounding the lack of an evidence base for counselling and the ensuing vulnerability of the profession within a CBT-dominated IAPT service.

> Being a person-centred trained counsellor, one of the things that's gone against me is the lack of evidence base. It's seen as quite fluffy in a way, so doing something that was working towards having an evidence base was something I'd been wanting to do for a while really. [#3, O, PC]

Consequently, some felt that, when compared to CBT, their profession had been "devalued". As a result, there were anxieties both about the future of the profession and their own careers. Within the context of being part of a trial that could potentially provide evidence of the effectiveness of counselling as compared to CBT, training was regarded as an opportunity to prove themselves and provide some authenticity to the counselling profession.

> Having been in a service where the dominant model has been CBT for some years now, it felt like we were making what we do more authentic, gave some authenticity for me in my service. [#7, O, PC/I]

> As counsellors we'd already received a severe battering from CBT and the IAPT thing, so I think as counsellors we're deskilled, anxious about our future, and we really welcomed the chance to prove ourselves. [#8, W, I]

The importance of PCET (ie CfD) as a potentially NICE-endorsed counselling model that was gaining momentum across the NHS and IAPT services, was something that was appreciated retrospectively by some. It was felt that greater emphasis should have been placed on this aspect when being asked to take part in the training, given the potential impact on their careers.

> Listening to people now, CfD is being kind of used a lot. So, on a personal level, you can't really state across the board, but the importance of having a NICE-endorsed therapy … so it wasn't just some kind of topic … I don't think at the beginning we understood the full implications of the course. [#7, O, PC/I]

Finding a voice

In a theme related to, but different from, the above theme, participants remarked that the training armed them with the language to authenticate the work already carried out by counsellors. Such counsellors felt the training gave them a voice to justify their role to other professionals.

> I think psychologists are really good at explaining what they do, whereas we (counsellors) are really good at doing what we do but not necessarily explaining it … so the training was almost about us finding a voice … being able to explain to people why I do what I do … which you could perhaps put across to colleagues or GPs. [#9, C, PC/I]

> It just gives me a different way of expressing what I do in a different language. [#1, C, PC]

Mutual support

Training with colleagues

Most counsellors viewed having colleagues on the course as a positive aspect of PCET training. Such counsellors found the presence of colleagues with similar backgrounds and shared values reassuring. Others welcomed the opportunity to learn from colleagues and to develop or build new professional relationships.

> The positive is that I was with other people of a like mind, similar background, shared understanding, shared values. [#7, O, PC/I]

> It was a great way of meeting counselling colleagues, to get to know them better … and then those relationships have been built on over time, so it's been really valuable for me. [#5, C, I]

Even though it was generally regarded as supportive, there were some anxieties expressed by one counsellor with a psychodynamic background around exposing vulnerabilities to colleagues, particularly whilst being observed during recorded training sessions.

> … The other challenge was the recorded sessions, it is exposing because you don't really have time to feel comfortable with tutors and colleagues observing you, so there is a lot of performance anxiety about it, based on a

> sort of implicit expectation that you should know better, that you're already a counsellor so you should know how to deal with this. [#10, C, PD]

There was also some tension reported around working with those not from a person-centred background who struggled to grasp the theory.

> I found it hard working with a lot of people who didn't know what the theory was. [#1, C, PC]

Quality of trainers

Participants were virtually unanimous in their positivity about the trainers. In particular, counsellors valued the trainers' experience, support and availability. Counsellors trusted the judgement of the trainers.

> I felt there was a quality to the course because of the trainers and maybe because of their background … I trust the trainers' judgement and they were very good at what they did. [#9, C, PC/I]

> They've been very, very supportive and they've properly listened to what I've said … So, by me being able to talk to them, it was really helpful. [#10, C, PD/I]

Translating training into practice: process of isolation

While counsellors generally expressed positive accounts of the initial five days training, experiences of subsequent work with the model and translating the training into practice were less positive.

> The five days didn't seem to be affected too badly. It was the follow-up taping sessions and realising whatever it was that was being asked of me I wasn't doing. [#2, W, PC/PA]

The taping of sessions and the subsequent process of assessment were particularly challenging and whether the counsellor was able to rise to that challenge often depended upon their experience of supervision (see below).

Working in isolation with the audio recorder

Some of the counsellors found the practice of making and listening to audio tapes particularly difficult, describing it as "challenging", "nerve wracking", "excruciating", "an absolute nightmare" and "sent me doolally". The process of self-scrutiny was described as difficult by some (eg "I hate listening to me going on") and working with the tapes a lonely and solitary experience.

> I had quite a positive experience of the training itself, but I lost the plot with the audio recording, and started to feel really de-skilled at that stage … so there were two different bits to the story. First was the training and how that was, and then when you're on your own and practicing recording tapes, which was when it turned into quite a negative experience … the issue was being alone on my own with the tape recorder. [#9, C, PC/I]

> I found the whole thing of playing my tapes an absolute nightmare, I just bloody hate it … I didn't like listening to my tapes, it was excruciating. I was okay - I had a supportive supervisor. [#1, C, PC]

Supervision

The availability of supervision throughout this period and the relationship with the supervisor appeared to impact on a counsellor's ability to meet the challenges of working with the tapes and assessment process and thereby successfully complete the training.

> The training supervisor was great … and the fact that my supervisor again was so willing and so conscientious and listening to tapes and kind of advising me with that was really helpful too. [#5, C, I]

> I needed much more supervision. I think if I'd had a lot more supervision it probably would've kept the cart on the rails. Without the supervision, I floundered. [#2, W, PC/PA]

However, the experience of supervision was not always positive. Those whose theoretical orientation was furthest from that of PCET struggled the most. In these instances, the importance of having a supervisor whose philosophical orientation was not too distant from their own, and/or some flexibility within the theory, was stressed.

> The supervisor was very purist, which didn't really allow my development to happen because it was so strict and fixed and firm … I had no idea my first supervisor was person-centred … I was lucky enough to find a new supervisor who was able to hold that middle ground … the supervisor relationship was essential, that relationship can make the difference between dropping out or not. [#10, C, I/PD]

> I enjoyed the training, I did not enjoy the practice or the supervision because it just was not my model. [#4, W, I/PD]

Perceived inconsistencies with therapeutic orientation

PCET and professional values

The congruity of the new PCET model and its components with the counsellors' own therapeutic orientation seemed to be the most important factor relating to the ease or difficulty with which the counsellor engaged with the training. Some counsellors perceived the style of PCET as being inconsistent with their previous background, though for a wide variety of reasons. It was pointed out that counsellors may be drawn to their original theoretical orientation by personal values, and that training in a new style of counselling may conflict with these values.

> … When we choose our modalities, most of us feel drawn into a modality because it somehow mirrors our philosophical stance to life, our relationships with others … and when you are pushed or pulled into a new modality it creates new insecurities because you're not sure whether you'll be able to internalise this new modality, and also because you worry you might lose some of your current modality which you chose to start with. [#10, C, I/PD]

Those counsellors who engaged well with the PCET training were those who felt the model did not shift them too far away from their core values.

> Well I found it a very rich experience, I liked the trainers, I found that … erm … the model sat very close to my own core model of counselling … I'm not saying there wasn't anything new, but it sat quite well with what I already knew. [#7, OG, I]

Therapists from a psychodynamic/psychoanalytic background struggled with the PCET model, but for different reasons. One felt that what they were taught (and supervised) moved too much towards a person-centred orientation.

> I have to be authentic and engaged within the relationship … I didn't choose to train in person-centred because I felt very, very frustrated because of the type of relationship between the counsellor and the client, because it felt a bit withholding. [#10, C, I/PD]

Another found the emotion-focused element incongruous because it focused entirely on the emotion with no narrative.

> … My main modality being psychoanalytic, it's quite a thinking thing, you focus on thinking and making interpretations, whereas the emotional focused bit is completely other to that, you don't need a narrative or a story, you just focus on emotion and that's completely different from psychoanalytic psychotherapy in my experience and my understanding. [#2, W, PA]

A counsellor from an integrative background felt that the PCET model did not allow them to use skills from other modalities when it was felt that was what would have benefited the client.

> You know, although we're not about giving advice, sometimes clients want a bit of advice, … erm … not being able to give them that … and person-centred therapy where you virtually just repeat back what the client's already told you, I just find it patronising talking to a client like that … and I couldn't use any of the skills I'd got from acceptance and commitment therapy, from CBT, or indeed from psychodynamic psychotherapy. I felt that they were getting a very stinted service and it went against my value. So, I left. [#8, W, I]

However, the most common problem reported was the disparity between the non-directive stance of a person-centred theoretical orientation and the directive nature of EFT. This was indicated by those from both a psychodynamic/analytic and person-centred theoretical background. Counsellors reported difficulty or confusion resolving the emotion-focused and person-centred elements of the PCET model.

> It runs contrary to the work I would do when I'm with people, where I try and help people to become empowered, it's their lead not mine. Whereas with the emotion-focused stuff it feels like you are really herding them into one arena and not being led by them. [#2, W, PC/PA]

> The people from (name) training had more focus on the emotion-focused thing and I think that conflicts with person-centred; that doesn't make any sense to me at all, it's also a direct contrast to letting the client lead. [#1, C, PC]

Many of the participants felt the training failed to effectively account for counsellors' different backgrounds. Even if it fitted their own, they were aware of the difficulties of their colleagues, which could affect the training environment.

Inconsistencies with counsellors' theoretical background – a facilitator or barrier

Counsellors' responses to potential inconsistencies between the style of PCET and their previous backgrounds were facilitators or barriers to their successful completion of the training. A perception of PCET training as an opportunity to add to, rather than take away from, counsellors' previous theoretical orientation was a facilitator, tending to be expressed by counsellors who had completed the training.

> You have to shift your stance in a way that doesn't conflict with where you come from, so that it completes or adds to your initial stance. [#10, C, PD/I]

Additionally, those whose intention it was to use the new EFT aspect of therapy flexibly with some clients and not others, as and when it felt appropriate, engaged with the training more positively.

> I think if I'd realised it had to be done as it was set out (for the trial) I'd have found it more challenging; but I kind of viewed it at that stage as something I could use or not use … so I kind of wore it quite lightly … I didn't find it difficult or particularly challenged by it; I just found it quite a pleasant experience really. [#1, O, PC/I]

Those who perceived potential inconsistencies as a threat to their preferred mode of practice and felt that it was something they were being forced to practice with all clients, had a negative experience of the training and tended not to complete.

> … they shouldn't make us all go down the person-centred approach because it's not what we all do; it's narrowing counselling. [#8, W, I]

Insufficient time spent on emotion-focused element

Some counsellors felt that insufficient time was spent on the emotion-focused aspect of the training. Such counsellors found this element was rushed and lacked depth and substance, and thus felt under-informed after the initial five days of training. Furthermore, given that the majority of counsellors came from a person-centred background, many felt excess time was spent on this element of the training, some of which could have been spent on the newer emotion-focused element.

> The emotion-focused work … was all sort of shoved into one day I think … there's not enough time on it … there was no depth to it, no substance to it somehow, and I came away not really being any the wiser. [#6, C, PC/I]

> Although it was nice doing the person-centred bit, we kind of knew all that already … we could have done that bit much quicker, in a day or something … and then we could have had a lot more on the newer element. [#7, O, PC/I]

Consolidating vs. deskilling

Feelings of consolidation or reassurance

Some counsellors alluded to feelings of consolidation or reassurance about their current practice. These feelings were generally made by person-centred counsellors with reference to the person-centred aspects of PCET training.

> I felt actually the way I work is good, so it was a good confidence builder … very reassuring … that I was working very well already. [#3, O, PC]

Feelings of deskilling

Conversely, some counsellors reported feelings of deskilling during PCET training, particularly around assessments. Again, this was more pronounced for those who felt most distant from their theoretical background. This had an adverse effect on counsellors' confidence and feelings of doubt in their abilities as a therapist.

> There was some of it that I just didn't get the hang of. I thought I'm not sure what they're asking of me here … it made me feel deskilled and a bit stupid. [#8, W, I]

> I lost the plot with the audio recording, and started to feel really deskilled at that stage … and actually my tapes were really quite good, but I felt they were really bad, and I think when you start to unpick everything you do you can start to feel unhinged … It had an adverse effect on me as a clinician for a while. [#9, C, PC/I]

Training as a process: deskilling, then skilling

Many counsellors reported feelings of both deskilling and skilling in relation to different aspects of the PCET model or different time points in the training. Such counsellors tended to report deskilling earlier in the training and skilling later in the training. Counsellors who moved through this process tended to be those who had completed the training.

> … through to the end I felt I was getting somewhere with it, I guess it's a process … so you have to shift your stance … and this process can take some time, but overall, for me, after I left I felt okay. [#10, C, PD/I]

Loss of authenticity

Some counsellors reported feeling a loss of authenticity during the training. Such feelings tended to take place during the process identified in the previous theme (training as a process: deskilling, then skilling). A few counsellors felt that they temporarily shifted from their theoretical stance or values as a counsellor in order to submit successful tapes for assessment and complete the training.

> It can be a bit mechanical, can move you away from being real in a way. [#7, O, PC/I]

> I know this is terrible but when I had a client who was a crier it was like "bingo", it felt like a bit of a game … I did respond to her (supervisor's) feedback and put in a tape which was more in line with what they wanted, which was basically talking a lot less. I felt like I lost some of my authenticity and integrity in trying to pass the tapes. [#9, C, PC/I]

Others felt they could not make this shift from their core values in order to pass the tapes.

> I think the conflict is that I can't not stick to what feels ethical in terms of the way I practice, I've developed that over the years … I got through three (tapes), one I didn't. I was never going to score very highly because it's not how I work, and I'm sure I could've finished. I don't think it would've been difficult if I didn't put the brakes on. [#4, W, I/PD]

Intrapersonal factors as facilitators or barriers

Flexibility and readiness to change

Differences were identified in counsellors' flexibility and readiness to change. Some counsellors outlined a commitment to professional development and learning as personal values. Other counsellors

expressed concern that adapting to PCET would have involved contradicting their personal values and ethics. Greater flexibility and readiness to change was a facilitator, tending to be demonstrated by counsellors who completed the training.

> My values are about … a willingness to be open to new experiences, a willingness to challenge myself, a willingness to develop my practice … a value of ongoing learning really. [#7, O, PC/I]

The importance of the need to take account of the readiness to engage with a philosophical shift was highlighted.

> Whoever planned and designed the course, they missed out the most important factor: our readiness to engage with a new philosophical stance. [#10, C, PD/I]

Resilience

Some counsellors referred to demonstrations of resilience during PCET training. Counsellors' resilience was a facilitating factor, and those who expressed this quality tended to be completers of the training.

> It was a struggle really, but with time worth it … I kind of worked at it, eventually I passed, but there were disappointments on the way. [#5, C, I]

Discussion

Counsellors who completed the training in PCET tended to perceive the training as an opportunity for personal or professional development or stated an enjoyment of learning. In particular, they tended to have positive supervisory relationships and were less likely to perceive inconsistencies between PCET and their previous background or, if they did occur, then they were more likely to resolve any perceived inconsistencies between the emotion-focused and person-centred elements of the PCET model. Counsellors who completed training, but experienced feelings of deskilling, persevered through this stage of the process, eventually overcoming issues and developing new skills. They demonstrated resilience and willingness to adopt a new model, or similarly had less loyalty to their prior model.

In contrast, counsellors who did not complete the training were more likely to perceive the training as obligatory. They were also more likely to report poorer experiences of supervision and non-completers, in particular, were more likely to perceive inconsistencies between PCET and their previous background and were unable to resolve these issues. They were also more likely to have difficulty resolving the person-centred and emotion-focused aspects of PCET and reported feelings of deskilling during training.

Explanation of findings and potential implications

It is unsurprising perhaps that some counsellors reported initial feelings of obligation given their requirement to participate as part of the PRaCTICED trial. Recall that this service-level training model is not the norm; training normally progresses by individual practitioners deciding they wish to do the training and, it might be assumed, are therefore highly motivated. Future service-level training will need to emphasise the value of PCET training in order to encourage greater feelings of opportunity, which was a facilitator to support completion of the training. This element will become increasingly important as IAPT services require all their counsellors to complete the PCET training.

The tendency of some counsellors to perceive PCET as an opportunity may be related to another theme: the professional context. Counsellors who had a deeper understanding of the professional context may have perceived a greater need to strengthen their professional standing due to perceived vulnerabilities about counselling in the NHS. Such counsellors may, therefore, have been more likely to perceive PCET training as an opportunity and place greater value in the PCET

qualification. Consequently, future training could begin by clearly describing the current professional context and the potential value of a PCET qualification within this setting.

In relation to counsellors' positive experiences of the training, the advantage of training with colleagues could be harnessed by arranging for optional meetings or study groups to take place following the initial classroom training. Such meetings could result in more counsellors benefitting from building new or developing existing working relationships with counselling colleagues. Furthermore, this arrangement could help resolve another finding, where counsellors enjoyed the initial classroom training but had poorer experiences of subsequent work (where some counsellors reported feeling lonely or solitary). In particular, counsellors could particularly benefit from a day of "top-up" or "refresher" training at regular intervals as part of continuing professional development. The other commonly reported positive experience – the quality of trainers – was the experience shared most frequently among counsellors, with participants almost unanimous in their referral to this as a positive of PCET training.

Experience of supervision was an important facilitator or barrier to successful completion of the training, with some counsellors stating this could be the difference between completing and dropping out of PCET training. One explanation for differences in counsellors' experiences of supervision was the degree of similarity between supervisor and supervisee's theoretical orientation. Some counsellors alluded to their supervisor's theoretical orientation as a barrier in the relationship. As this relationship was such an important factor for training completion, great care should be taken when matching counsellors to supervisors. One counsellor suggested that supervisors could detail their philosophical stance to help counsellors choose between prospective supervisors. However, counsellors' experiences of the supervisory relationship may also depend on personal values or other attributes. Given the newness of the model and the scarcity of training in emotion-focused therapy in the UK, there are obvious limitations to the experience of supervisors, who have had to develop their own ways of understanding and explaining the model. At the time that the counsellors in this study undertook their training, it was occasionally the case that the supervisor's interpretation of the model conflicted with that of the training agency, putting the trainee at a disadvantage in their assessments.

A particularly important common experience was a perception of inconsistencies between counsellors' previous backgrounds and PCET. Training could account for this by setting aside time in training for counsellors to reflect on their previous theoretical orientations and personal values, and how they may relate to the competencies which underlie PCET. However, given that no clear association was found between counsellors' previous theoretical association and likelihood of perceiving inconsistencies with PCET, it could be that intrapersonal factors such as resilience and flexibility are important factors in adapting to complete training. Indeed, positive expression of these intrapersonal factors may underlie a facilitating response to perceived inconsistencies. However, as the sample size was small it cannot be ruled out that an association between previous theoretical orientation and feelings of inconsistency does exist.

Also, with regards to the inconsistency and emotion-focused theme, counsellors felt insufficient time was spent on the emotion-focused aspect of training. With counsellors also reporting that too much time was spent on the person-centred element of training, future training should consider shifting this balance towards the emotion-focused aspect. The only available text on PCET, using the term CfD, at the time was also weighted more to person-centred than emotion-focused aspects and also towards theory rather than practice (Sanders & Hill, 2014). The Manual used in the trial was more practically oriented, but there is a need for a more practice-oriented text/manual akin to that for a Conversational Model within psychodynamic-interpersonal therapy (see Barkham, Guthrie, Hardy, & Margison, 2017).

A major finding from the present study centres on the difficulties that trainees have trying to learn the new, emotion-focused skills and integrating these into a person-centred model. Training needs to dedicate more time to identifying and resolving the perceived philosophical conflict between the person-centred and emotion-focused elements of the model. For example, one counsellor stated

that perceiving the person-centred and emotion-focused elements as opposite points on a spectrum of counsellor directiveness was key to their eventual understanding of PCET. Addressing potential conflicts arising out of ethical viewpoints and the value systems of individual counsellors needs to be attended to very early in training, or preferably prior to training. As an example, Proctor and Hayes (2017) have described how using experiential-based approaches in the training that are consistent with PCET can be used to help address tensions between the therapy model and, in their example, the values and assumptions underpinning the IAPT service delivery model. But the principle of adopting an experiential approach consistent with the therapy model, as opposed to, for example, a cognitive or rational approach, equally applies.

From the perspective of a PCET supervisor (RH), emotion-focused practitioners tend to describe their way of working not as directive, but as process-guiding (Haake, 2018). It is interesting that all the participants in this study, whether they came from a person-centred background or not, viewed the model as directive. Trainers and supervisors try to make the distinction between guiding the client's process, while also following the client's content, but in practice these are difficult concepts to apply.

In relation to feelings of consolidation vs. feelings of deskilling, the data suggest that counsellors who completed training were not necessarily less likely to experience feelings of deskilling – they simply were more likely to persevere through this process. This was due to either demonstrating a facilitating response to inconsistencies and/or expressing the facilitating intrapersonal factors. This is one demonstration of the many interconnections between themes. For example, it could be that resilient or flexible counsellors were also those more likely to express the facilitating response to perceived inconsistencies. These perceived inconsistencies could have underlain the feelings of deskilling experienced by counsellors. The transient loss of authenticity experienced by some counsellors may have occurred during this deskilling process as a necessary part of successfully passing the training.

As the analysis in this study suggests, it is also the supervisors' experience that counsellors vary in how successfully they can integrate new concepts into their practice. Some counsellors are more able to compare these new ideas with their existing philosophy. This means either translating the concept into the language of their own model, and therefore recognising it as a concept they are already familiar with, or, if it is a new concept, deciding whether to adopt it to enhance their practice, or reject it as incompatible with their philosophy. It seems that some of the counsellors in this study were unable to reconcile the new model with their existing values, while for others it added a new clarity to their understanding of counselling. Difficulties may have been exacerbated by a lack of preparedness by some individual counsellors due to the training being initiated by a service-level directive in which insufficient pre-training socialisation to the model may have occurred (eg Kramer, 2010).

Finally, the intrapersonal factors – resilience and flexibility or readiness to change – were particularly important facilitators or barriers to completion of PCET training. Indeed, one participant suggested that counsellors' readiness to adopt a new philosophical stance was the most important factor in determining training completion. Future training could account for this by emphasising the need for prospective trainees to be prepared to adapt and persevere. Readiness to change could also be linked to the first theme (initial feelings of obligation) – counsellors who perceived the training as obligatory may have been less ready or willing to change. Future training could seek to persuade such counsellors of the opportunity afforded by PCET given the current professional context.

Limitations of the present study

The present study relied on counsellors' abilities to remember training that took place in the past, albeit recently. However, a large body of research has demonstrated the flaws in retrospective memory (Unsworth, McMillan, Brewer, & Spillers, 2013). For example, participants could have been subject to hindsight bias (Roese & Vohs, 2012) where counsellors who completed the training may have tended to recall positive initial feelings, as this would seem more consistent with the eventual

outcome. Similarly, attribution bias (Tetlock & Levi, 1982) may have affected results. For example, counsellors who completed training may have attributed this to internal factors, such as greater resilience and flexibility. By contrast, non-completers may have attributed this to external factors, such as a failure of training, to account for potential inconsistencies (Campbell & Sedikides, 1999). The study could have addressed this issue by interviewing all counsellors during training and following-up at a later date to find out which counsellors completed training. However, this was not possible due to resource limitations.

Conclusion

The present study identified key issues that affect counsellors' tendency to complete training, including their perceptions of inconsistencies between PCET and previous theoretical backgrounds, perceptions of inconsistencies between the person-centred and emotion-focused elements of PCET, and their flexibility and resilience as mediators of successful completion of PCET training. It would seem important to use these findings to strengthen PCET training, particularly given the evidence to-date showing that PCET is as effective as CBT in the treatment of depression when delivered within the UK national IAPT programme (Barkham & Saxon, 2018; NHS Digital, 2016, 2017; Pybis, Saxon, Hill, & Barkham, 2017). It is proposed that future training should dedicate time to resolving such potential inconsistencies and further research might focus on counsellors' intrapersonal factors as predictors of successful training completion.

Note

1. The trial was named PRaCTICED and comprised a non-inferiority comparison between PCET and CBT for moderate to severe depression carried out within the local IAPT service and funded by the BACP Research Foundation.

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No potential conflict of interest was reported by the authors.

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