How psychotherapy trainees experience theoretical orientation development: a phenomenological study

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HOW PSYCHOTHERAPY TRAINEES EXPERIENCE THEORETICAL ORIENTATION DEVELOPMENT: A PHENOMENOLOGICAL STUDY

by

Mark D. Mason

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Abstract

Knowledge and application of theory are integral to the practice of psychotherapy. Despite the focus on theory in clinical training, little is known about how psychotherapy trainees experience, learn about, and develop a theoretical orientation. This phenomenological study used grounded theory methods to examine 15 counseling and clinical psychology doctoral students’ experiences developing a theoretical orientation. The specific purpose of the study was to understand in depth these trainees’ perspectives on and attributions about learning and developing expertise with a specific theoretical orientation.

The qualitative themes indicated that the trainees who were interviewed for this study experienced the process of developing a theoretical orientation as ongoing, fluid, and dynamic, often beginning even prior to doctoral study. Most trainees reported seeking out or discovering a personally congruent and meaningful approach to psychotherapy that reflected their personality characteristics, beliefs, values, and interests. The specific personal factors included socio-cultural identities, families of origin, and therapy experiences; the specific professional factors included supervision experience, coursework, and program structure. These trainees’ learning about theory occurred through readings, discussions with peers, clinical practice, and supervision. Other factors that contributed to developing a theoretical orientation included exposure to a variety of theories, trial and error application of theory in clinical practice, experience as a client in personal therapy, involvement with professional organizations and attending scientific and professional conferences. Participants also identified factors that hindered their theoretical orientation development, including negative supervisory experiences,
limited guidance or coaching, insufficient time and attention, and problems with coursework.

These thematic results have theoretical and practical implications for therapists-in-training and for doctoral psychology training programs. Psychotherapy trainees are encouraged to engage in thoughtful reflection on the influences that shape their theoretical preferences and theoretical orientation development. Discussions with supervisors, faculty, and peers about theoretical assumptions and principles can help illuminate trainees’ personal congruence and inconsistencies with theory. Experiences in therapy as a client may facilitate trainees’ development of a personally meaningful approach to psychotherapy. Additional suggestions are discussed for doctoral psychology training programs to enhance trainees’ learning and theoretical orientation development.
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“Students learn what they care about . . .,” Stanford Ericksen has said, but Goethe knew something else: ‘In all things we learn only from those we love.’ Add to that Emerson's declaration: ‘the secret of education lies in respecting the pupil.’ and we have a formula something like this: ‘Students learn what they care about, from people they care about and who, they know, care about them . . .’

--Barbara Harrell Carson (1996, p. 16)
Chapter I

Statement of the Problem

The clinical training and supervision of psychologists has been a prominent topic in the literature. The development of a theoretical orientation has been considered a pivotal component of effective training since Fielder’s (1950a, 1950b) classic studies on the therapeutic relationship (Poznanski & McLennan, 1995; Strupp, 1978). However, Norcross and Prochaska (1983) noted that the topic of theoretical orientation has created more “debate and speculation than scientific investigation” (p. 197) in the literature, with several recent authors observing the paucity of research about the influences on and motives for theoretical preferences and selection (Boswell, Castonguay, & Pincus, 2009; Heffler & Sandell, 2009; Poznanski & McLennan, 2003). The general purpose of the study was to fill this gap by examining in depth the process of theoretical orientation development from the perspective of psychotherapy trainees.

Poznanski and McLennan (1995a), in a review of 40 years of research, defined theoretical orientation as “an organized set of assumptions, which provides a counselor with a theory-based framework for: (a) generating hypotheses about a client’s experience and behavior, (b) formulating a rationale for specific treatment interventions, and (c) evaluating the ongoing therapeutic process” (p. 412). Proposing the “multifaceted and hierarchical” nature of theoretical orientations, Poznanski and McLennan (1995b, p. 428) identified four elements of theoretical orientation based on Argyris and Schon’s (1974) work, including Theoretical School Affiliation, Espoused Theory, Theory in Action, and Personal Therapeutic Belief System. These components reflect adherence to an
orientation, beliefs about the nature of psychopathology, specific interventions used in therapy, and the therapist’s values and beliefs, respectively.

Other authors defined the term theoretical orientation more narrowly according to its functions. Beutler, Machado, and Neufeldt (1994), for example, defined orientation as a therapist’s tool that is “systematically developed during training for the purpose of enhancing psychotherapy outcome” (p. 231). Norcross (1985) proposed that theoretical orientations serve “descriptive, explanatory, developmental, and generative functions in clinical practice” (p. 14). More recently, the common factors perspective on psychotherapy was illustrated by Wampold’s (2007) premise that, “psychotherapies are elaborate rituals, with complex explanatory systems, designed to influence the patient in a variety of ways” (p. 864).

A therapist’s theoretical orientation serves a myriad of purposes. Theories serve as cognitive heuristics for understanding clients’ personality and psychopathology (Beutler, 1983; Norcross & Prochaska, 1983). Theoretical orientations also involve theories of change (Guy, 1987; Truscott, 2010). Holiman and Lauver (1987) described a therapist’s theoretical orientation as one of many filters that influence helping styles. Strupp (1955) proposed that theoretical orientations are a means of translating theory into practice. Binder (2004) proposed that theoretical orientations are a collection of conceptually congruent theories of personality, psychopathology, and the psychotherapy process. Safran (2012) suggested that theories contain assumptions about what contributes to a “good life” (p. 179). Allegiance to a theoretical orientation also allows an individual to join a professional community (Lovingier, 1992; Murdoch, Banta,
Stromseth, Viene, & Brown, 1998; Sullivan, 2008) and facilitates trainees’ socialization into the field.

In summary, theoretical orientations are conceptual frameworks for working with clients therapeutically based on various theories of the human condition, including paradigms to understand suffering and healing (Frank & Frank, 1991). The varied definitions and purposes reflect the multifaceted and complex nature of theoretical orientations, yet fail to describe psychotherapy trainees’ experiences with developing a theoretical orientation, such as discovering interest in an approach, preferring or identifying with an approach, or learning more about theories. Given the importance of a theoretical orientation to clinical practice, the process of developing a theoretical orientation has meaningful consequences for psychotherapist training (Buckman & Barker, 2009; Poznanski & McLennan, 2003).

There are significant professional implications for the development of a theoretical orientation during training, given that uninformed selection may result in costs such as “time, money, and low morale among trainees and tutors” (Scragg, Bor, & Watts, 1999, p. 263). Consequences of inadequate development likely include professional dissatisfaction and attrition due to incongruent personal philosophies and orientations (Fear & Woolfe, 1999; Topolinski & Hertel, 2007). Uninformed choices can also result in poor skill and style integration and practice (Vasco, Garcia-Marques, & Dryden, 1993). Moreover, therapists report that their theoretical orientations strongly influence their clinical practices (Norcross & Prochaska, 1983). Researchers have found that theoretical orientation has more influence on a therapist’s style than does amount of clinical experience (Vasco & Dryden, 1997).
Various factors seem to influence a trainee’s preference of a theoretical orientation in a complex way. These factors include personality variables (Arthur, 2001; Freeman et al, 2007; Ogunfowora & Drapeu, 2008; Topolinski & Hertel, 2007; Varlami & Bayne, 2007), learning styles (Heffler & Sandell, 2009), philosophical beliefs and values (Buckman & Barker, 2010; Fear & Woolfe, 1999; Murdock et al., 1998; Vasco & Dryden, 1994), type of training program (Boswell, Castonguay, & Pincus, 2009), cognitive-emotional styles (Barrio Minton & Myers, 2008), dynamics within a therapist’s family of origin and marriage (Bitar, Bean, & Bermudez, 2007; Rosin & Knudson, 1986), experiences in supervision (Guest & Beutler, 1988; Lochner & Melchert, 1997; Murdock et al., 1998) and with clients (Bitar, Bean, & Bermudez, 2007; Orlinsky & Rønnestad, 2005), psychology specialization (e.g., counseling versus clinical psychology; Boswell, Castonguay, & Pincus, 2009; Orlinsky & Rønnestad, 2005), and personal therapy experiences (Poznanski & McLennan, 2003; Sundland, 1977; Vasco & Dryden, 1994). These factors have generated vigorous debate in the literature about the specific influences on theoretical orientation preference (Rosin & Knudson, 1986). For example, Steiner (1978) quipped that, “The reasons for one’s choice of a particular theoretical orientation are as ineffable as the explanation for the selection of one’s spouse” (p. 371).

To date, researchers have not adequately accounted for how trainees develop a theoretical orientation (Boswell et al., 2009). Influential factors tend to be identified a priori by researchers, with little attention to how the multiple factors interact so as to influence the theoretical development process (Bitar et al., 2007). Relatedly, the influences on trainees tend to be studied in the context of predicting theoretical orientation selection or choice (e.g., Boswell, Castonguay, & Pincus, 2009; Buckman &
Barker, 2009) rather than understanding the process of actually developing a theoretical approach to clinical work. Even the term selection may not fully describe the phenomenon of trainees preferring a theory, learning it, and ultimately developing or constructing a personally meaningful theoretical orientation.

Moreover, these studies were based on the assumption that the development of theoretical orientation is a process that happens to trainees rather by trainees. That is, the developmental and learning processes are described as passive processes, rather than intentional, active learning experiences. Additionally, studies of trainees’ development of theoretical orientations have been hindered by (a) reliance on self-report measures with limited evidence of validity and reliability (e.g., Poznanski & McLennan, 1995), (b) subjective, idiosyncratic interpretations and definitions of theoretical orientation (e.g., Boswell et al., 2009), (c) difficulty assessing and grouping theoretical orientations (e.g., Sperry, 2007; Topolinski & Hertel, 2007), (d) confounds such as psychotherapy integration and endorsement of various techniques and conceptualizations (e.g., Boswell et al., 2009; Thoma & Cecero, 2009), and (e) differing terms, such as theoretical orientation selection, preference, affiliation, development, and identification (e.g., Boswell et al., 2009; Freeman et al., 2007; Murdock et al., 1998; Varlami & Bayne, 2007). Although quantitative studies have explained a moderate proportion of the variance in theoretical selection or choice (e.g., 16 - 35% of the variance in students’ preferences for a specific school of psychotherapy; Buckley & Barkman, 2010), these quantitative inquiries have focused solely on choosing a theoretical orientation. In addition, quantitative methods may not adequately capture the richness of trainees’ experiences and perspectives. As a result, trainees’ learning strategies and processes
remain largely unknown (Holloway, 1987). Little appears to have changed since this dated conclusion.

Developmental models, such as the Integrated Developmental Model (Stoltenberg & Delworth, 1987; Stoltenberg & McNeil, 2009), may overly simplify the identification with a theoretical orientation and developmental processes. This model posits that novice trainees tend to work inflexibly within one approach before flexibly expanding their theoretical orientations. Generally, these developmental models describe a linear process of developing expertise from a beginning or novice level, as described by learning theories, but the models do not explicate specific stages or learning processes in a trainee’s development of a theoretical approach to clinical work. Such models seem to assume a linear process of increased commitment to a specific theoretical approach, which may not be the case for many trainees. Indeed, there is ongoing debate about whether the development of a theoretical orientation occurs intentionally and deliberately or whether the process unfolds randomly and accidentally (e.g., Arthur, 2001; Fear & Woolfe, 1999; Guy, 1987; Heffler & Sandell, 2009; Norcross & Prochaska, 1983; Strupp, 1978).

Thus, the literature suggests that there are significant individual differences in trainees’ theoretical preferences and development of a theoretical orientation, and research in this area has not yet identified for the multitude of factors and influences involved in this process. Further, it seems reasonable to infer that a complex interplay of factors and influences affect what Murdock et al. (1998) called “joining the club” (p. 63). As Guy (1987) noted, “Although a number of influences on the choice of theoretical orientation have been clear, the actual nature and timing of the process involved in this
decision remain unclear” (p. 63). This quote illustrates the longstanding assumption that trainees decide on a theoretical orientation at a specific moment, an assumption that obfuscates trainees’ complex and varied processes and experiences with theoretical orientations. Similarly, Strupp (1978) argued that no one single or straightforward influence on theoretical orientation is clear; rather, many individual differences may play a role in the development process. Moreover, little is known about how psychotherapy trainees actually come to develop a theoretical orientation and the critical, defining events or experiences that contribute to a trainees’ development of a theoretical orientation.

Statement of the Problem

The processes by which psychotherapy trainees develop a theoretical approach to practice have not been fully described or identified. In this phenomenological study, counseling and clinical psychology trainees were interviewed in depth to explore the rich, complex processes and experiences associated with developing a theoretical orientation in order to better understand how this dynamic, multi-dimensional process occurs and the strategies trainees use during their training to facilitate this process.

The primary research question was: How would a sample of advanced psychotherapy trainees describe the process of theoretical orientation development during training? Sub-questions included: (a) what strategies did these trainees use to develop and learn a theoretical orientation?, (b) what critical experiences contributed to and hindered their theoretical orientation development?, and (c) how did these factors and influences affect their process of theoretical orientation development? Results of this phenomenological study are presented in the form of a rich description of the informants’
personal processes, experiences, attributions, and meaning-making related to developing a theoretical orientation.

As mentioned earlier, various terms have been used to describe theoretical orientation development, including theoretical orientation selection, choice, identification, affiliation, preference, development, and commitment among others (cf. Boswell et al., 2009; Buckman & Barker, 2010; Heffler & Sandell, 2009; Murdock et al., 1998; Rihacek, Danelova, & Cermak, 2012; Varlmai & Bayne, 2007). The different terminologies reflect the complexity of the topic and confusion in the literature about the processes of theoretical orientation learning and development. Due to this variability, for purposes of this study, the term theoretical orientation development was used as an inclusive construct. This decision reflected consensus in the training and supervision literature that the term development broadly refers to many elements of becoming a therapist (see Falender et al., 2004; Stoltenberg & McNeil, 2010). Additional terms include theoretical orientation selection or choice, which refer to the intentional or conscious decision to adopt a theoretical framework, and identification, or a more tentative, fluid affiliation with a theoretical preference. The term preference describes a trainees’ interest in or appeal to a theory. In this study, theoretical preference and theoretical orientation preference were used interchangeably. In addition, theoretical orientation development refers to the overall process of exploring theories, discovering interest in an approach, and learning and constructing a personally-congruent and meaningful theoretical orientation.
Significance of the Study

This study was expected to add to a growing body of literature that focuses on graduate students’ experiences and perspectives during professional training (e.g., Furr & Carroll, 2003; Hill et al., 2007; Gross, 2005; Kamen, Veilleux, Bangen, Vanderveen, & Klonoff, 2010; Stahl, Hill, Jacobs, Kleinman, Isenberg, & Stern, 2009; Trotter-Mathison, Koch, Sanger, & Skovholt, 2010). In particular, results were expected to provide rich suggestions for how academic programs should design and implement effective training environments to better facilitate theory development. Training programs that fail to incorporate the subjective experiences and feedback of learners may not be optimal, student-centered, supportive learning environments. As Hill, Sullivan, Knox, and Schlosser (2007) eloquently stated, “An examination of psychotherapy trainees illuminates not only what they absorb from training but also where they struggle and where they triumph” (p. 434).

Additionally, because the process of becoming a professional helper builds on principles of learning and developmental frameworks, results of this study were expected to add to existing developmental models (e.g., Integrated Developmental Model; Stoltenberg & Delworth, 1987; Stoltenberg & McNeil, 2009) as well as to specific learning theories and principles, such as the process of developing expertise, scaffolding, declarative and procedural knowledge (see Brandford, Brown, & Cocking, 2000; Gabbard, 2000; James, Milne, & Morse, 2008).

Finally, because much of the process of becoming a psychotherapist involves learning, which is inherently a constructive, meaning-making process (Bransford et al., 2000), results of the study were expected to provide information on trainees’ unique
knowledge and insights in relation to how they make meaning of the vast body of
knowledge to which they are exposed in graduate school. It seems reasonable to infer
that the learning process is highly influenced by learners themselves as well as their
experiences, characteristics, and preferences. Trainees’ perspectives were privileged in
the present study to better understand their contributions to the learning process.
Chapter II

Review of Literature

Learning and understanding theory are critical components of a psychologist’s training. As Lewin (1951) noted, “There is nothing so practical as a good theory” (p. 169). Over the past 50 years, psychotherapists have witnessed significant growth in the number of theoretical approaches to psychotherapy (Corey, 2008; Corsini & Wedding, 2007). Coinciding with this growth, many researchers and practitioners have stressed the necessary roles of theory and conceptual frameworks to the practice of psychotherapy (e.g., Binder, 2004; Eells, 2007; Teyber, 2006; McWilliams, 2004; Truscott, 2010; Wampold, 2007). Historically, similar calls for incorporating theory into psychotherapy have been made (e.g., Strupp, 1955, 1978), which have often resulted in fierce disagreements and debates between proponents of different schools of therapy (Guy, 1987) and, more recently, a perceived need to justify the legitimacy of one’s theoretical orientation (e.g., Guilfoyle, 2008; Shedler, 2010).

Consequently, this review of the literature examines (a) major systems of psychotherapy and dimensions of theoretical orientations, (b) the role of theoretical orientation in psychotherapists’ training and practice, (c) relevant developmental and learning frameworks of psychotherapist development, and (d) factors and influences on theoretical orientation preferences. The chapter concludes with a rationale for use of a qualitative methodology in the study.

Theoretical Orientations and Dimensions

Historically, several major systems of psychology have influenced the clinical practice of psychotherapy (Corsini, 2007). Often defined as forces within psychology,
these systems include psychoanalysis, behaviorism, humanism, and cognitive or
cognitive-behavioral approaches (Benjamin, 2007). From the 19\textsuperscript{th} century on, these
broad movements within the field of modern psychology shaped the clinical practice of
psychotherapy and endowed the profession with concepts for understanding
psychopathology, personality, psychological development, and professional helping.
Each of these schools is associated with a corresponding theoretical orientation.

Psychoanalysis, based on the influences of Freud (1910), Jung (1916), and
Sullivan (1953) among others, was the original psychotherapy developed in the late 19\textsuperscript{th}
century (Benjamin, 2007). Generally focusing on unconscious dynamics and conflicts
between drives (i.e., aggression and libido) and defenses (i.e., projection, reaction
formation), psychoanalysis encompasses an array of contributions including ego and self
psychology, object relations, and relational psychoanalysis (Mitchell & Black, 1995;
Safran, 2012). Contemporary psychoanalysis focuses highly on a relational and a so-
called two-person psychology that accounts for both therapist and client interpersonal
contributions to the therapeutic working alliance (Safran & Muran, 2000; Wachtel, 2010;
Safran, 2012).

Reflecting American values of optimism, self-sufficiency, and individualism
humanistic psychotherapies developed in the middle 20\textsuperscript{th} century. According to Rogers
(1951, 1967, 1980), Perls (1969) and neo-humanistic psychologists like Greenberg
(2002), humanistic, experiential, and Gestalt approaches are geared to creating conditions
necessary for self-actualization and human growth, often by building on personal
strengths and addressing existential concerns (Greenberg, 2002; Rogers, 1951, 1967,
1980; Yalom, 1980). Such theories emphasize the therapist’s empathic attunement and
presence, a validating and affirming therapeutic alliance, and the promotion of affective experiences to facilitate therapeutic change and transformation (Greenberg, 2002; Greenberg & Watson, 2006).

Behavioral and cognitive psychotherapies, most often grouped together as cognitive-behavioral orientations, are oriented toward resolving psychological difficulties using principles of classical and operant conditioning (Benjamin, 2007). These orientations combine the theories of behaviorists Watson (1913) and Skinner (1953), among others, with the cognitive contributions of theorists like Beck (1976) and Ellis (1973). Recent contributions highlight the roles of acceptance, mindfulness, and experiential avoidance (Hayes, Strosahl, & Wilson, 2011; Linehan, 1993a, 1993b; Persons, 2008).

Across theoretical orientations, several underlying dimensions have been identified. Poznanski and McLennan (1995a) developed a four-celled conceptual model of “therapeutic ideology and in-therapy behavior” (p. 419) based on two dichotomies, an analytic versus experiential general factor (Sundland & Barker, 1962) and an objective versus subjective factor (Coan, 1979). The analytic pole refers to a planned approach that focuses on the unconscious, whereas the experiential pole reflects a reliance on the therapist’s personality and spontaneity (Sundland & Barker, 1962). The objective versus subjective factor has to do with preferences for either observable, factual data versus subjective, experiential data. Coan (1979) also proposed seven other factors: factual vs. theoretical, impersonal causality vs. personal will, behavioral vs. experiential content, elementarism vs. holism, biological determinism, environmental determinism, physicalism, quantitative vs. qualitative and endogenism vs. exogenism. Similarly,
Wogan and Norcross’s (1985) study revealed four dimensions of theoretical orientations, including an active/director factor (behavioral orientation), a psychodynamic factor, an experiential factor for humanistic-existential orientations, and a personal relationship factor, which was conceptualized as “common” or pan-theoretical.

Thus, underlying assumptions, beliefs, and values are inherent components of theoretical orientations (Fear & Wolfe, 1999; Murdock et al., 1998; Truscott, 2010; Vasco & Dryden, 1994). Additional research is needed on trainees’ epistemological and ontological beliefs (i.e., “personal views on reality and knowledge”; Vasco & Dryden, 1994, p. 335) in order to determine what accounts for differences in theoretical orientation preferences and development. Little is known about how trainees understand the philosophical underpinnings of theoretical orientations.

The Role of Theoretical Orientations in Training and Practice

Controversies about theoretical orientations abound. Although there are significant conceptual and philosophical differences and assumptions among the over 400 approaches to psychotherapy (Corsini & Wedding, 2007), evidence suggests, for the most part, that there are no consistent differential outcomes among bona fide psychotherapies or schools of therapy (Beutler & Castonguay, 2006; Duncan, Miller, Wampold, & Hubble, 2010; Luborsky, Singer, & Luborsky, 1975; Wampold, 1997, 2001). Yet vigorous debate continues about the role of empirically-supported therapies in psychotherapy (e.g., APA, 2006; Chambless & Ollendick, 2001) and during training (e.g., Binder, 2004; Chwalisz, 2003), as well as the role of evidence-based practice (e.g., Stewart, Stirman, & Chambless, 2012). Several authors noted that this training philosophy divide is unlikely to be resolved (Buckman & Barker, 2009; Poznanski &
McLennan, 2003). Recent contributions to the supervision literature underscore the ongoing debate about the comparative value of adopting a common factors or an empirically-supported approach to training (Farber, 2010; Farber & Kaslow, 2010).

Training models differ in terms of their focus on a single approach or on developing students’ knowledge and skills of many theoretical frameworks (Stoltenberg & McNeill, 2010). Contrary to the traditional “school” approach to theoretical orientation development and mastery (e.g., Falender & Shafaanske, 2004; Milne & James, 2000; Sarnat, 2010), the philosophy of many training programs is integrative or generalist, which refers to offering students the opportunity to learn a range of orientations and models through supervision, mentoring, didactic training and varying practicum settings (e.g., Ivey et al.’s [2005] Developmental Counseling and Therapy integrative model; Hill’s Helping Skills model; Hill, 2009). In many of these programs, trainees are encouraged to learn about pan-theoretical change mechanisms in psychotherapy (e.g., Beutler & Castonguay, 2006; Norcross & Goldfried, 2005).

As a result, it has become increasingly likely for trainees to embrace an integrative framework early in their careers (Boswell et al., 2009; Lampropoulos & Dixon, 2007). Indeed, faculty in many doctoral training programs teach theoretical integration, including the common factors that cut across theoretical orientations (Buckman & Barker, 2010; Duncan, Miller, Wampold, & Hubble, 2009; Poznanski & McLennan, 2003; Stevens, Dinoff, & Donnenwirth, 1998; Wampold, 2001), whereas faculty in other programs teach solely evidence-based therapies and empirically supported therapies (Chwalsiz, 2003; Guilfoyle, 2008) and the development of
foundational and functional competencies (e.g., Falender et al., 2004; Fouad et al., 2009; Rubin et al., 2007).

Castonguay and colleagues (Boswell & Castonguay, 2007; Boswell, Nelson, Nordberg, MacAleavey, & Castonguay, 2010; Castonguay, 2000), for example, proposed a developmental model of integrative psychotherapy training that focuses on five stages: (1) preparation by learning assessment and interpersonal skills as well as principles of change, (2) exploration of major psychotherapeutic approaches, (3) identification with a specific theory, (4) consolidation of an orientation, and (5) integration of other approaches, first through assimilation and later becoming more accommodative. Overall, trainees in this model begin with exposure to the constructs and assumptions of major orientations. After experiences with theoretical exploration, clinical practice, and supervision, trainees are asked to identify with an approach that is most comfortable conceptually and clinically. Trainees develop expertise with an approach during the consolidation stage and are able to articulate a therapeutic stance and an intervention philosophy. Finally, trainees engage in a renewed exploration of theories and learn how to assimilate and accommodate new conceptualizations and interventions into their established approach to psychotherapy. Trainees in this model may adopt an integrative orientation early or later in training, but they are not required to develop an integrative orientation.

Among experienced psychologists, surveys show that the majority of practitioners describe their approaches as either eclectic or integrative (Hickman, Arnkoff, Glass, & Schottenbauer, 2009; Norcross & Goldfried, 2005) and report using techniques other than those from their preferred theoretical orientation (Thoma & Cecero, 2009). Interestingly,
most integrative and eclectic psychologists report relying primarily on one or two approaches to psychotherapy (Hickman, Arnkoff, Glass, & Schottenbauer, 2009; Norcross, Karp, & Lister, 2005). Besides being grounded in one or more approaches, integrative practitioners may also be in the process of developing a personal therapeutic approach (Rihacek, Danelova, & Cermak, 2012). Adopting an integrative approach to psychotherapy may be the unintended consequence of developing an autonomous personal therapeutic approach, or an orientation that personally fits practitioners and their clinical work (Rihacek et al., 2012).

Despite disagreements about the role of theoretical orientation in practice and training, a therapist’s theoretical approach clearly informs his or her practice of psychotherapy. Research has shown that therapists of different orientations use different verbal responses (Hill, Thames, & Rardin, 1979), different techniques (Luborsky, Singer, & Luborsky, 1975), and have different epistemologies and epistemic beliefs (Fear & Woolfe, 1999; Worthington & Dillon, 2003). For example, at the micro-skill level, Ivey and colleagues (Forsyth & Ivey, 1980; Ivey, 1980) suggested that therapists from different orientations use specific interventions, such as interpretations, attending and influencing skills, and reflections of feelings, more frequently. In addition, different orientations rely on different foci and time dimensions (e.g., psychodynamic therapists tend to focus more on the past than do behavior therapists).

Furthermore, as noted earlier, there are significant consequences for trainees to master a specific theoretical orientation. For example, a trainee’s poor development of a theoretical orientation may be associated with professional costs, such as dissatisfaction or attrition from the field (Fear & Woolfe, 1999; Vasco et al., 1993). In a sample of over
4,000 psychotherapists, Orlinsky and Rønnestad (2005) reported that therapists who did not identify with a specific theoretical orientation (i.e., excluding eclectic or integrative orientations) were least likely to show signs of professional growth, most likely to find clinical practice distressing, and frequently demonstrated professional stagnation and dissatisfaction.

Thus, despite the clear need for theory to guide the practice of psychotherapy and observed differences in practice based on theoretical orientation, the mechanisms, components, tasks, and processes that trainees use to develop a theoretical approach are largely unknown. Several developmental models that speak to this issue are reviewed in the following section.

**Developmental Models**

In order to explain the processes of trainees developing a theoretical orientation, several developmental frameworks have been proposed (e.g., Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010). Developmental models include stages or levels that describe therapist processes of change or transformations over time according to an ideal value or criterion (Orlinsky et al., 1999).

Stoltenberg and colleagues’ (Stoltenberg, McNeill, & Delworth, 1998; Stoltenberg & McNeill, 2010) Integrative Developmental Model is one of the most influential developmental models of training. In this framework, therapists are said to change across three overriding structures (i.e., self- and other-awareness, motivation, and autonomy) along three levels of development. Specific domains, such as client conceptualization, theoretical orientation, and treatment planning, can be assessed to determine a trainee’s level of development. In general, trainees start with minimal
experience and expertise and advance to a higher level of functioning and expertise through a variety of tasks such as supervision.

The Integrative Developmental Model (Stoltenberg & McNeill, 2010) describes how trainees develop a theoretical orientation at each level. Psychotherapy trainees begin at level 1, with limited knowledge or understanding of any orientation. During this stage, Stoltenberg and McNeill (2010) recommended that training programs teach one theoretical orientation in order to reduce trainees’ anxiety and to ensure a firm foundation in a single approach. However, Stoltenberg and colleagues also recommended that supervisors explicitly teach trainees how to use and evaluate theories from an integrative or common factors approach. During level 2, trainees begin experimenting with other theoretical orientations, possibly beyond the approaches that are espoused by their academic program or their supervisor, as they realize the limitations of a theoretical orientation. Level 3 trainees use a theoretical orientation with more knowledge and flexibly adapt it to their clients’ worldviews. Therapists at this level demonstrate a nuanced understanding of their theoretical orientation, with an awareness of its strengths and weaknesses. At this stage, trainees borrow constructs or interventions from other approaches in their practice.

Rønnestad and Skovholt (2003) studied therapists’ professional development and reported four styles of attachment to a theoretical orientation. These four distinct ways in which psychotherapists describe their relationship with a theoretical orientation include (a) “no conceptual attachment,” (b) “one theory, open,” (c) a series of attachments to one theory, and (d) “true believers” (p. 16). Participants frequently reported either identification with one theory, with openness to others, or multiple attachments over the
course of their professional development. Although these groupings categorize how therapists develop a theoretical orientation, they fail to adequately describe the specific experiences and processes of doing so.

In response to Rønnestad and Skovholt’s (2003) article, Fouad (2003) speculated about the connections between career development and therapist development. Fouad discussed the similarity between therapist development and Savickas’s (2002) developmental theory of career construction. For example, early students discover the world of work and later, develop growing congruence between their internal and external realities. Therapists in training may undergo similar tasks of exploring and discovering approaches to psychotherapy. Fouad’s contribution also highlighted the role of self-concept in therapist development, such as the role of work life in trainees’ lives and the process of navigating personal and professional roles and boundaries.

Despite these theoretical contributions, there is a substantial literature that criticized developmental models of training. In fact, there is debate about whether trainees actually change in a stepwise, developmental process (e.g., Ellis & Ladany, 1997; Holloway, 1987; Stoltenberg, 2005; Stoltenberg & Delworth, 1988). Holloway (1987) concluded that developmental models describe therapist development but lack explanations for movement between stages. For example, the Integrative Developmental Model describes functioning at each level but does not explain how trainees move from one level of theoretical orientation development to the next. Orlinsky et al. (1999) also challenged developmental models for focusing primarily on the supervision and training needs of novice trainees. Thus, the current developmental models may miss important developmental tasks and processes at later stages of training.
In response to these criticisms, Orlinsky et al. (1999) proposed neutral definitions of development that allow for improvement or decline rather than assuming progress or growth. In addition, previous assumptions of trainees’ linear growth are being replaced by more dynamic, cyclical, and iterative levels of development. For example, Orlinsky and Rønnestad (2005) integrated empirical findings from over 4,000 psychotherapists into a “cyclical-sequential model of psychotherapist development” (p. 166). This model, based on multiple disciplines (e.g., psychiatry, social work, psychology) and data from four countries, allows for concurrent, interlocking, circular developmental cycles, both positive and negative. In the positive developmental cycle, therapists experience clinical work as a healing involvement, which generates therapist’s growth and work satisfaction. Theoretical breadth promotes therapist’s healing involvement in clinical practice. In contrast, therapists in the negative developmental cycle experience therapeutic work as stressful, which leads to feeling depleted and dissatisfied with therapeutic work. Based on their model, Orlinsky and Rønnestad recommended that beginning trainees should (a) be given appropriate theoretical guidance from supervisors, (b) learn orientations that have institutional support and are easily applied across clients and modalities, and (c) be exposed to multiple orientations and models.

Learning Models of Psychotherapist Development

In the counseling psychology literature, Holloway (1987) suggested that learning styles, instructional strategies, and other educational psychology principles are relevant for training and supervision. In particular, learning models also shed light on the process of developing a theoretical orientation during training. Such theories explain how trainees approach training through learning styles (e.g., Heffler & Sandell, 2009), or how
learners gain knowledge or skills (e.g., Brandford et al., 2000; Knowles, Holton, & Swanson, 1998). These models tend to conceptualize learning broadly, including learning as product, process, and function (Knowles et al., 1998). These components include the outcomes of a learning experience, what happens during the course of an experience, and the critical features of learning, such as motivation and transfer (Knowles et al., 1998).

Another important learning concept has to do with the study of developing expertise or mastery (Bransford et al., 2000). Compared to novices, experts are said to develop richer conceptual frameworks for organizing and applying information and tend to show more flexibility and improvisation (Binder, 2004) and “conditionalized” knowledge (Bransford et al., 2000, p. 31). Moreover, experts tend to engage in less trial and error learning and memorization (Binder, 2004; Bransford et al., 2000).

Expanding on these understandings of expertise, Jennings, Goh, Skovholt, Hanson, and Banerjee-Stevens (2003) proposed a definition of therapeutic expertise beyond the numerical counting of years of experience; these authors suggested that therapists’ characteristics, such as motivation, openness to change, and self-awareness, play important roles in therapist learning and the development of expertise. Such contributions draw attention to non-cognitive aspects of learning and suggest that there are other possible influences on theoretical orientation development, such as motivation and reflection.

Adapting terms from cognitive science, some researchers described differences between novices and experts as having and applying different levels of declarative and procedural knowledge (e.g., Binder 1999, 2004). Authors applied these constructs from
research on declarative and procedural memory (Gabbard, 2000; Westen & Gabbard, 2002a, 2002b). Novices first gain declarative knowledge, or a working model composed of facts, theories, principles, concepts, and rules, through coursework, reading, and supervision (Binder, 1999). Through practice and reflection, declarative knowledge becomes transformed into procedural knowledge, or a “knowing-in-action” (Schon, 1983, 1987, p. 26), which refers to the ability to identify and apply declarative knowledge to specific situations and contexts, almost automatically (Binder, 1999). Thus, the learning process involves transforming inert knowledge into a useful, applicable, and active procedural knowledge. Such “knowing-in-action” may represent more tacit or intuitive knowledge that is important for developing expertise. Trainees may engage in a similar process of applying theoretical frameworks and knowledge to clinical practice, changing declarative knowledge of theories to procedural knowledge about working with clients over the course of training.

Integrating declarative, procedural, and reflective systems, Bennett-Levy (2006) proposed a cognitive model of therapist skill development. The declarative-procedural-reflective model, based on information processing contributions, incorporates a self-reflection component. Bennet-Levy described self-reflection as one of the most important ways in which people learn from experience and develop clinical wisdom. Reflection helps trainees compare experiences by analyzing past, current, and future situations, compare present with past knowledge, and maintain or change knowledge as they gain new information. This model highlights the importance of reflective attitudes, clinical practice, writing and reading, and supervision in facilitating trainees’ learning.
Adult learning theorists also elaborated on the processes and conditions that may be important for psychotherapy trainees to develop a theoretical orientation. In the education literature, Knowles et al.’s (1998) andragogical model of adult learning highlights unique factors that affect adult learners, such as the role of motivation, learning experiences, and learners’ self-concepts. Galbraith and Zelenak (1991) suggested methods and techniques for adult learning, such as the use of role plays and mentoring. However, to date, adult learning theories have not been applied to the study of theoretical orientation development. These contributions highlight the importance of further studying adults’ critical learning experiences.

Due to the paucity of research applying learning frameworks to theoretical orientation development, educational studies that examine teachers’ pedagogical development may add to our understanding of theoretical orientation development. Shkedi and Laron (2004), for example, in a case study, found that new teachers experience a shift from idealism to pragmatism in pedagogical beliefs over the course of their first year of teaching. McKeon and Harrison (2010), in a case study of five beginning teachers, reported on the interrelationship between pedagogical development and professional identity development. These findings suggest possible factors that may affect theoretical orientation development, such as the role of clients in providing feedback to trainees or the influence of a professional identity on theoretical orientation development.

In summary, learning and development theories may be important frameworks and concepts that will help explain trainees’ theoretical orientation development. Beginning with Piaget (1967) and Vygotsky (1978), important psychological processes of
learning and development have been debated. Conceptualizations diverge on whether learning and development are distinct psychological processes and whether they precede or subsume one another (Gauvain & Cole, 2008). More recently, therapist training and supervision models conceptualize development as a metaphor for the overall process of trainee growth (Falender et al., 2004; Stoltenberg & McNeill, 2010). Given these philosophical differences, both learning and developmental terms and perspectives were used to inform the present study, namely to shape the interview protocol.

Within these learning and development frameworks, an array of influences on trainees’ theoretical preferences have been proposed and investigated, such as personality factors and experiences in clinical supervision. The following section summarizes and critiques the published research on internal factors (e.g., trainees’ personalities, cognitive and emotional preferences, and worldview or philosophy) and external influences (e.g., clinical work, training models, and supervision). In the following section, the authors’ language is used to describe theoretical orientation development in terms of selection, choice, identification, or preference.

Contributions of Internal Factors to Theoretical Orientation Development

Beginning with Sundland’s (1977) review on theoretical orientation, which suggested that personality characteristics, personal therapy, age, and experience determine theoretical orientation, several authors investigated various individual differences, or therapists’ personal characteristics, that contribute to a trainee’s process of preferring a theoretical orientation (e.g., Vasco & Dryden, 1994). One of the most robust predictors has been personality (Arthur, 2001; Bitar, Bean, & Bermúdez, 2007; Buckman...
& Barker, 2009). Other factors include philosophical beliefs and values, cognitive style, family of origin, previous therapy experience, and socio-cultural identity.

**Personality.** Several scholars described personal characteristics of practitioners that vary by orientation (e.g., Arthur, 2001). Often, these authors identified personality traits that are common among therapists of specific orientations. However, over 30 years ago, Lazarus (1978) criticized attempts to study the relationship between personality and theoretical orientation selection as mere “stereotypes.”

In a seminal article, Arthur (2001) reviewed the literature over the past 50 years to describe cognitive behavioral and psychodynamic psychotherapists according to personality and epistemological traits. Arthur suggested that therapists consistently seek congruent orientations that “resonate” with their personalities and epistemologies over the course of their careers. Thus, cognitive-behavioral therapists tend to be concrete, objective, rational and empirical; they focus on observations and thoughts rather than on feelings and subjective information. Psychodynamic psychologists are more likely to be introverted, depressed, and preferred intuition, “imagination, theorizing and experimenting” (p. 56). Similarly, Guy (1987) speculated that personality and theoretical orientation influence each other dynamically. In other words, psychologists’ personal and professional lives affect each other. Recent evidence highlights the important role of personal characteristics, such as age and gender, on therapists’ development and growth (Orlinsky & Rønnestad, 2005). For example, younger therapists (i.e., under the age of 35) are more likely to experience therapeutic work as distressing compared to older practitioners.
Research has provided empirical support for the association between personality and theoretical preferences. Sampling more than 100 Australian psychologists, for example, Poznanski and McLennan (2003) found significant individual differences for four different orientations (cognitive behavioral, psychodynamic, family-systemic and experiential) based on personality, as operationalized using the Five Factor Model (NEO-IV-TR; Costa & McCrae, 1992), family stress, and personal therapy, among other influences. The authors concluded that different personal characteristics were reflected in each of the groupings. In comparison with psychodynamic psychologists, cognitive-behavioral psychologists were (a) more objective and rational, (b) raised in stable families, (c) strongly influenced by their university training, (d) showed interest in problem solving, (e) had relatively less emotional expressivity and openness to experience, (f) younger, and (g) espoused “pure” allegiance to CBT interventions. In contrast, psychodynamic psychologists tended to be older, more emotionally expressive; they believed in rationality and subjectivity, reported stressful family environments, and were particularly interested in psychodynamic therapies due to ongoing self-healing.

Given the relatively stable nature of personality over time, studies have sought to predict therapists’ theoretical orientation selection based on personality traits. Ogunfowora and Drapeau (2008), for example, taking into account participants’ gender, profession and degree, found that (a) conscientiousness predicted a preference for a cognitive behavioral orientation, whereas (b) openness predicted humanistic/existential and psychodynamic orientations. In one of the few studies to include feminist and multicultural orientations, agreeableness and openness predicted preferences for these approaches. These findings are indicative of previous research on personality influences.
on theoretical identification (e.g., Boswell et al., 2009; Scandell, Wlazelek, & Scandell, 1997; Scragg, Bor, & Watts, 1999; Topolinski & Hertel, 2007; Tremblay, Herron, & Schultz, 1986; Varlami & Bayne, 2007), as measured by instruments like the NEO-IV-TR (McCrae & Costa, 1992), the MBTI (Myers, 1962; Myers & McCaulley, 1985), the Millon Index of Personality Styles (Millon, Weiss, Millon, & Davis, 1994), and the Personal Orientation Interview (Shostrom, 1964).

The influence of personality may be more complex than originally conceptualized, however. Freeman et al. (2007) questioned the effects of personality on theoretical orientation; these authors found no significant differences between personality factors and theoretical orientation in a study of counselor education students. Although theoretical orientations were grouped as affective, behavioral or cognitive and associated with scores on the Self-Directed Search (SDS; Holland, 1994) and the MBTI, discriminant function analyses did not support Freeman et al.’s hypotheses about the influence of personality on theoretical orientation choice. Rather, the researchers concluded that students may select theories based on other factors, such as coursework or to “shed some light on their own personal issues” (Freeman et al., 2007, p. 262).

Interestingly, Topolinski and Hertel (2007) found evidence for the possible “delayed effects” of personality on theoretical orientation in a study of German psychotherapists. Results showed a stronger relationship between personality and theoretical orientation at later career stages. The authors speculated that psychotherapists choose more personally congruent orientations over time, namely after they have had clinical practice with actual clients. However, without longitudinal data, such conclusions remain conjectures.
Authors of several theoretical articles suggested that psychotherapists gravitate to certain theories based on personal attributes. Drawing on Freud (1937) and others from the psychoanalytic literature, Aron (1999) and Greenberg (1995) proposed that psychotherapists’ relational or interactive matrices influence therapeutic stances that draw them to certain theories. In other words, psychotherapists’ personal styles or sensitivities may predispose them to embrace a specific approach. As Greenberg (1995) stated, “It is hard to escape the conclusion that adherents of each school are describing what works for them, and perhaps even inadvertently saying something about what attracted them to the school in the first place” (p. 8). Both authors highlighted the roles of clients’ and therapists’ subjective, personal characteristics that influence the psychotherapy process and psychotherapists’ relationship to theory.

Earlier, Corsini (1956) speculated about the role of psychotherapists’ manifest personalities in the creation of psychoanalytic, client-centered, and psychodrama approaches by Freud, Rogers, and Moreno. Rogers, for example, was described as gentle, considerate, and warm. These personality characteristics lead to a client-centered therapy that mirrored these attributes, such as valuing emotional acceptance and therapist authenticity. In addition, Corsini suggested that Freud himself was aware of the role of his personality on the development of psychoanalysis; Freud recommended that other people may conduct therapy better through different means.

In a recent grounded theory study of experienced clinical psychologists, psychiatrists, and a social pedagogist in Europe, Rihacek et al. (2012) examined seven psychotherapists’ paths toward theoretical orientation integration. Findings suggested that an integrative orientation was the unintended consequence of seeking to create an
autonomous personal therapeutic approach that was congruent and perceived to be efficacious. Participants described developing a working style or approach that fit themselves and their clients, sometimes deliberately and sometimes unintentionally or retrospectively. Over the course of their professional lives, participants in the sample assimilated or rejected various therapeutic concepts, philosophies, or techniques in service of constructing a personally congruent orientation. Thus, personal congruence may be a motive or mechanism by which personality influences theoretical orientation.

Yet, several findings indicate personal congruence may be a later career task or goal of psychotherapist development (Rihacek et al., 2012; Rønnestad & Skovholt, 2003; Topolinski & Hertel, 2007). Additional research on the influence of personality is needed to illuminate the role of personality on theoretical orientation development among trainees.

**Philosophical beliefs and values.** A theoretical orientation is a paradigm, or worldview, to understand healing and suffering according to a theory or philosophy. Each theoretical orientation contains philosophical assumptions, which may interact with trainees’ personal values (Murdock et al., 1998). To test this hypothesis, researchers studied the influence of trainees’ philosophical beliefs and values on theoretical orientation preferences. For example, Vasco and Dryden (1994) found that “personal philosophy and values” was the most important factor in initially selecting a theoretical orientation compared to training and clinical experience. Stevens, Dinott, and Donnenworth (1998) found philosophical differences among clinical psychology instructors who self-identified as either psychodynamic or behavioral/cognitive-
behavioral. The instructors differed in beliefs on the role of the therapist, the importance of oneself being in personal therapy, and the role of family of origin issues.

Murdock et al. (1998) found that philosophical dimensions, as measured using Coan’s (1979) eight philosophical factors, were the best predictors of theoretical orientation in the early stage of therapist development. Coan’s philosophical dimensions differentiated among theoretical orientations, as measured by the Theoretical Orientation Scale (TOS; Coan, 1979). These dimensions were (a) factual vs. theoretical orientation, (b) impersonal causality vs. personal will, (c) behavioral vs. experiential content emphasis, (d) elementarism vs. holism, (e) biological determinism, (f) environmental determinism, (g) physicalism, and (h) quantitative vs. qualitative orientation. Two second-order factors were also identified: objectivism vs. subjectivism and endogenism vs. exogenism. Both students and professionals participated in the study, with backgrounds in social work and clinical and counseling psychology. The researchers conducted discriminant analyses and found that 54% of the variance in orientation choice was accounted for by the 8 TOS scores, 2 interpersonal relating dimensions (affiliation and control), and the match of theoretical orientation between supervisor and supervisee. Comparing students with little experience and professionals, the researchers found that the TOS second-order factors were the best predictors of theoretical orientation choice.

Similarly, Bitar et al. (2007), in a grounded theory study with five licensed marriage and family therapists (MFTs), reported that personal philosophy and values as well as theology influenced theoretical orientation choice. Participants described finding orientations that resonated with their own “becoming process” (p. 114) and their understanding of “how people work” (p. 114). Bitar et al. suggested that the therapists’
processes of orientation development involved a dynamic interaction between theory, theory development, and personal philosophy. It is unknown whether these factors are important for counseling and clinical psychology trainees who engage in lengthier training programs than MFTs.

In a recent qualitative study of master’s level trainees, Fitzpatrick, Kovalak, and Weaver (2010) found that trainees’ professional and personal philosophies influence theoretical orientation identifications. Personal philosophies were defined as self-described attributes, and therapy philosophies were considered to be beliefs about the process of counseling and therapeutic change. The philosophical statements captured concepts such as optimism and spiritual philosophies. Participants, 17 first year master’s students in counseling psychology, reported rejecting theoretical ideas that were not congruent with their philosophies in a series of multiple identifications. The authors proposed a model of tentative identifications based on personal philosophy, practice, supervision, and reading.

Relatively, Bilgrave and Deluty (2002) found evidence for political ideologies and religious beliefs in theoretical orientation preferences. In a sample of counseling and clinical psychologists, practitioners with humanistic orientations were associated with mystical and Eastern religious beliefs, atheism-agnosticism, and political liberalism. Psychologists with cognitive-behavioral orientations tended to agree more with conservative Christian doctrine and believe strongly in science as the only valid epistemology.

Cognitive style and epistemological development. Other authors studied the relationship of cognitive styles and epistemological complexity to theoretical orientation
preference. Cognitive style, defined as an aspect of personality, represents the process by which individuals understand, represent, and organize their environment (Lochner & Melchert, 1997). Ivey et al. (2005) defined cognitive style as how individuals make meaning of experiences. Barrio Minton and Myers (2008), for example, explored the relationship between Ivey et al.’s (2005) cognitive-emotional styles (CES; i.e., sensorimotor, concrete, formal and dialectic) as measured by Ivey’s (1993) Preferred Helping Styles Inventory, theoretical orientation, and intervention use across participants with a wide range of clinical experience (6 months to 32 years) and education (master’s and doctoral students as well as professional counselors). Individuals with sensorimotor CES, for example, tend to focus on their immediate experience and bodily experiences in the here and now, whereas individuals with concrete CES tend to focus on logical thought processes and cause and effect relationships. In general, Barrio et al. found that individuals with different cognitive-emotional styles varied in their preferences for theoretical orientation and intervention use. For example, participants in the high concrete group reported greater interest and preference for cognitive-behavioral orientations, whereas participants with sensorimotor CES reported higher interest and preference of humanistic orientations.

Heffler and Sandell (2009) used Kolb’s (1984) Learning Style Inventory to assess learning styles among graduate students in their third and seventh semesters of their doctoral program. The authors found significant differences between psychodynamic and cognitive-behavioral orientations (“feel and watch” compared to “think and do” learning styles), and more “purification” of the preferred learning style over the course of their training. Heffler and Sandell concluded that psychodynamic trainees were not only
intuitive (cf. Arthur, 2001), but were also “divergers” (Kolb, 1984), imaginative, and able to see through different perspectives. Cognitive-behavioral trainees on the other hand, were not only systematic, objective and realistic, but also reported two learning styles, which Heffler and Sandell called **intuitive pragmatists** and **analytic observers**. These results demonstrate beginning evidence for the important role of trainees’ learning styles and learning needs in development and supervision (cf. Holloway, 1995).

Trainees’ epistemological development, or cognitive complexity, may account for differences in theoretical orientation preferences. Vasco and Dryden (1997) studied psychologists’ epistemological development as measured by an adaptation of Broughton’s (1975, 1978) *Developmental Interview Regarding the Concepts of Mind, Self, Reality, and Knowledge*. Vasco and Dryden (1997) found no significant differences between cognitive and psychodynamic psychologists in level of epistemological development. Interestingly, Vasco and Dryden (1994) found higher levels of epistemological development associated with eclectic orientations.

**Family of origin and previous therapy experience.** Several authors considered the role of life experiences (e.g., family of origin, life experiences, and having had previous therapy) on trainees’ theoretical orientation preferences. Results from Bitar et al.’s (2007) grounded theory study with marriage and family therapy students suggested that participants chose theories that helped them address their own family-of-origin issues and resolve conflicts from the past. Johnson, Campbell, and Masters’ (1992) study suggested that several family-of-origin characteristics influenced theoretical orientation selection, such as the range of feelings expressed, level of empathy, and openness to others in the family.
In order to investigate the influence of family and life experiences, Rosin and Knudson (1986) interviewed clinical psychologists in Australia. Rosin and Knudson found that family influence, training influence, and reasons for becoming a psychotherapist and seeking psychotherapy differed by theoretical approach. For example, psychodynamic therapists often entered the profession to better understand their own lives, personalities, and families, whereas behavioral therapists often cited a desire to help others. Psychodynamic psychologists also reported seeking therapy (95%) more frequently than did behavioral therapists (40%). In addition, more mental illness and family conflict were reported among the families of origin of psychodynamic practitioners than among those of cognitive-behavioral psychologists.

Similarly, Poznanski and McLennan (2003) reported differences among orientations according to families of origin and having had personal therapy experience. For example, psychodynamic psychologists generally characterized their families of origin as emotionally distressing or disengaging, whereas experiential psychologists reported families of origin that were often more emotionally constricted. In contrast, cognitive behavioral psychologists generally described their families of origin as positive, often with a focus on problem-solving.

Personal therapy experience may also influence theoretical preferences. Steiner (1978) found that the theoretical orientation of participants’ personal therapists was the greatest influence on trainees’ orientation selection, surpassing the influences of didactic coursework and supervision. The findings suggest that the “therapist’s therapist” (p. 373) may affect orientation preferences. However, the majority of the sample identified as psychoanalytic or psychodynamic. Vasco and Dryden (1994) found that humanistic and
psychodynamic therapists stressed the importance of their therapist’s orientation in selecting their own orientation.

**Socio-cultural identities.** Related to worldview and personality, an additional factor that seems to influence the trainees’ development of a theoretical orientation is socio-cultural identities (Bernard & Goodyear, 2009), which refers to the range of a person’s cultural identities (e.g., feminist, racial/sexual identities). However, this factor has rarely been discussed in the literature on theoretical orientation. One exception is Szymanski (2005), who suggested a connection between feminism and supervision. In a study of clinical supervisors, she found that supervisors’ feminist identity development and use of feminist supervision practices (e.g., focus on clients’ contextual factors) were most common among women, participants who identified as lesbian, gay, or bisexual, and those who were committed to feminist activism. The role of socio-cultural identities in theoretical orientation development remains unclear.

**Summary**

In summary, many internal, personal characteristics (e.g., personality, cognitive style, philosophical beliefs and values) seem to influence trainees’ theoretical preferences. Ample evidence suggests that practitioners of different orientations report, and value, different internal factors that influence theoretical preferences (e.g., Poznanski & McLennan, 2003; Rosin & Knudson, 1987; Vasco & Dryden, 1994). However, despite a plethora of studies on the relationship between internal factors and theoretical orientation, research in this area has been limited by reliance on descriptive quantitative analyses (e.g., Buckman & Barker, 2010; Heffler & Sandell, 2009), which have limited ability to discover additional potential influences on theoretical orientation development.
Several authors proposed other individual factors that may affect theoretical preferences, such as socio-cultural identity (Bernard & Goodyear, 2009), or self-healing (Freeman et al., 2007), which remain to be examined. Qualitative research, such as Bitar et al.’s (2007) grounded theory study, has identified additional influences on theoretical orientation development, such as the therapist’s theology. However, this study was conducted with MFTs; additional research is needed with counseling and clinical psychology trainees.

Research has also been limited by sampling problems. First, studies frequently examined experienced therapists’ theoretical preferences (e.g., Bitar et al., 2007; Poznanski & McLennan, 2003), which may not describe trainees’ influences. Also, retrospective accounts of theoretical orientation selection are vulnerable to distortion due to time and memory (see Shadish, Cook, & Campbell, 2002). Because incongruent orientation choices may result in psychotherapists leaving the field, studies on psychotherapists also ignore attrition from graduate programs or professional practice.

Second, several studies grouped participants together regardless of differences in training or education (e.g., Murdock et al., 1998; Scandell et al., 1997), which may confound differences according to training level or specialty (e.g., social work, clinical vs. counseling psychology). Finally, sampling demographics, when reported, were not representative of doctoral programs (see Norcross, Evans, & Ellis, 2010). Although many studies were conducted outside the U.S. (e.g., Vasco & Dryden, 1994; Buckman & Barker, 2010; Poznanski & McLennan, 2003), white and female participants were most often represented in most studies (e.g., Freeman et al., 2007; Murdock et al., 1998).
Together, these limitations restrict conclusions about trainees’ influences on theoretical orientation preferences to a limited population. To better understand the process of theoretical orientation development, more needs to be learned about the personal factors that affect trainees’ theoretical preferences and how the factors interact over the course of training. In other words, the subjective meanings of these variables warrants further examination as well as the broader term theoretical orientation development.

**Contributions of External Factors to Theoretical Orientation Development**

**Clinical experience.** One external factor that is likely to shape theoretical orientation preference is actual clinical experience (Bitar et al., 2007; Fitzpatrick, Kovalak, & Weaver, 2010; Norcross & Prochaska, 1983; Skovholt & Rønnestad, 2003; Vasco & Dryden, 1994). However, little research has examined how trainees’ work with clients affects their theoretical orientation development. One exception is Bitar et al.’s qualitative study, which identified two pathways. In this study, licensed therapists reported that clients (a) give positive feedback when the approach is appropriate and (b) clinical experience provides opportunities to “identify and confirm patterns that become a part of their theoretical orientation” (p. 118). Clinical experience may also be a central factor in therapists changing theoretical orientation (Vasco & Dryden, 1994).

Fitzpatrick et al. (2010), in a study of first-year master’s students, found that clinical practice promotes theoretical orientation development. Trainees reported directly identifying with a theoretical orientation via therapeutic work by applying theory to cases, observing its clinical effectiveness or failures, and noticing whether the intervention fit with their philosophy. Additional research with doctoral clinical and
counseling psychology students is needed to determine similarities and differences with master’s students who engage in less clinical training.

**Clinical training.** Trainees’ initial clinical experiences occur within a supervised training program. Buckman and Barker (2010) classified theoretical orientation training as one of three approaches: evidence-based practice models, client-fit models, and developmental models. Within the evidence-based practice and client-fit models, therapists draw on a variety of theoretical approaches to address clients’ specific problems (evidence-based) or to meet clients’ unique needs and their presenting concerns (client-fit).

In one of the few studies to compare and contrast internal and external influences on theoretical orientation preferences, Buckman and Barker (2010) compared training effects to personality variables with clinical psychology students (primarily White and women) in the United Kingdom. Because personality traits tend to be stable, the authors compared person variables (personality and worldview) with training factors (course emphasis, supervision). As mentioned earlier, results were consistent with previous findings about the role of personality factors in theoretical preferences. Moreover, the influence of personality versus training factors differed by theoretical orientation. Person factors were more influential for cognitive-behavioral trainees (22% of the variance) whereas training factors (including supervision) were more influential for trainees who chose a psychodynamic orientation (27% of the variance). Both sets of factors equally influenced trainees’ preferences for a systemic orientation (10% vs. 8% of the variance for person versus training factors). Although personality and training variables were influential for all of the preferred orientations, the comprehensive model that included
course emphasis, supervision, personality variables, and worldview accounted for, at most, about a quarter of the variance in the orientation preference.

In a cluster analysis of trainees’ theoretical orientations, Boswell, Castonguay, and Pincus (2009) found differential endorsements of theoretical identifications. Using the NEO-PI and the Development of Psychotherapists Common Core Questionnaire (DPCCQ; Orlinsky et al., 1991), Boswell et al. found differences between humanistic, psychodynamic, and cognitive-behavioral trainees. The results also showed that counseling psychology students were more likely to belong to the humanistic/systems/dynamic cluster than to the CBT cluster, which consisted largely of clinical psychology students. The authors conjectured about the possible harmful effects of mismatches between therapist personalities, theoretical preferences, and their training program’s prescribed approach.

**Supervision.** The supervisor’s theoretical orientation has been found to influence trainees’ preferences for a specific theoretical approach (Guest & Beutler, 1988; Murdock et al., 1998; Poznanski & McLennan, 2003; Steiner, 1978), although the extent and mechanisms of influence are unclear. For example, this influence may simply be a manifestation of the power and prestige of the supervisor (Gross, 2005). Alternatively, students may be expected to learn a specific approach from an expert faculty member. It is worth noting that various authors conceptualized supervision as either a component of training (e.g., Bitar et al., 2007; Buckman & Barker, 2009) or as distinct and separate from training (e.g., Guest & Buetler, 1988; Murdock et al., 1998). This is an important distinction because the terms supervision and training are often used interchangeably in the literature.
Some researchers reported that clinical psychology students tend to endorse their supervisors’ theoretical orientations, especially that of the director of training (Beutler & McNabb, 1981; Guest & Beutler, 1988), and that a supervisor’s influence on a student’s orientation tends to last for three to five years (Guest & Beutler, 1988). However, the nature of this influence is not well understood, and may be an artifact of the power differential between students and faculty. For example, Holloway, Freund, Gardner, Nelson and Walker (1989) identified a teacher-learner interaction in supervision transcripts with major theorists. Varying levels of involvement and the use of power were associated with supervisors’ different theoretical orientations. For example, Ellis’ supervision was characterized by a high proportion of advice-giving interventions.

Thus, the available studies suggest that supervision influences trainees’ theoretical orientation preferences. However, it is possible that trainees’ theoretical orientation alters the perceptions of supervision. In other words, preferences for a theoretical approach may affect how trainees engage in supervision, or, whether they report supervision to be an important influence on theoretical orientation development. For example, a trainee who has a self-identified humanistic orientation may be unlikely to describe supervision with a cognitive-behavioral supervisor as an important influence on his or her theoretical orientation development.

This conclusion is supported by studies that match supervisors and supervisees on theoretical orientation. Murdock et al. (1998), for example, found that theoretical match was one of the strongest predictors of theoretical orientation. Likewise, Putney, Worthington, and McCullough (1992) found that “perceived theoretical matching predicted perceived effectiveness” (p. 262). In other words, a supervisee’s perception of
his or her supervisor’s orientation influenced the reported effectiveness of supervision. Indeed, trainees’ theoretical orientation has been found to influence their preferences for supervision, such as task- or relationship-oriented supervision (Lochner & Melchert, 1997). Thus, it seems reasonable to infer that trainees report supervision to be an influence on theoretical orientation development when they perceive a theoretical orientation match and their supervisor.

In summary, the available research suggests a relationship between a trainee’s theoretical orientation preference and several external factors, including clinical experience, training, and supervision. Buckman and Barker’s (2010) study, which compared internal and external factors on trainees’ selection of an orientation, represents a unique contribution to the literature. Further research is needed to identify, compare, and integrate various internal and external factors for their joint or unique contributions.

Published studies do not address how these factors influence theoretical preferences or theoretical orientation development, however. As previously mentioned, research on internal and external factors do not explain the mechanisms of influence on a trainee’s preferences or theoretical orientation development. For example, how do training models influence a trainee’s preference for a theory or affect their development of a theoretical orientation? It seems possible that external factors restrict trainees’ opportunities to prefer or develop a theoretical approach. A training model that focuses on a single theoretical approach, for example, may limit trainees’ opportunities to develop an eclectic or integrative orientation or learn about interpersonal theories.

Findings from Fitzpatrick et al.’s (2010) qualitative study with master’s level-counseling trainees suggested several processes of how external factors contribute to
theoretical orientation development. Based on a grounded theory analysis of students’ journals, the authors proposed a process model of tentative identifications with a theoretical orientation. The model, which incorporated professional and personal factors such as assigned reading, clinical practice, and individual philosophies and aspirations, suggested that direct and indirect factors influence trainees’ processes of identifying with a theory and subsequently constructing a theory of practice. Trainees rejected theoretical orientations that were not congruent with professional or personal factors.

In the present study, the goal was to understand the influences of both internal and external factors on theoretical orientation development among doctoral clinical and counseling psychology trainees. To do so, a sample of trainees was interviewed in depth. The study relied on qualitative methods, which are explained in the next session. Specifically, frameworks of psychological phenomenology, social constructivism, and critical incidents are discussed.

**Qualitative Methods**

A qualitative method of inquiry was selected in order to examine trainees’ processes and experiences with developing a theoretical orientation. Qualitative methods are appropriate for identifying new variables, to build theory, and “to delve into complex processes and illustrate the multifaceted nature of human phenomena” (Morrow, 2007, p. 211). Thus, this methodology allowed for a deep, contextual exploration and analysis of trainees’ experiences with theoretical orientation development, and also accommodated what Stiles (1993) called *polydimensional* factors and nonlinear processes that underlie development. In fact, Stiles suggested that developmental processes may be naturally chaotic in nature. In other words, nonlinear systems may be less predictable due to
variables that interact with each other across time. Applied to this study, trainees’ theoretical orientation preferences and development may be less amenable to study with quantitative methods.

As discussed earlier, an individual trainee’s theoretical orientation develops within a context of his or her personal understanding of a variety of internal and external factors. It was reasoned that internal processes and experiences may be best understood from a phenomenological perspective (Creswell, 2007; Moustakas, 1994). Phenomenological inquiry aims to describe the meaning for individuals of their lived experiences by examining participants’ interpretations in order to develop a rich description of the essence of their experience (Creswell, 2007; Moustakas, 1994). To this end, the present study privileged trainees’ voices in order to understand their experiences and meanings of theoretical orientation development.

To further understand trainees’ experiences with theoretical orientation development, this phenomenological study was informed by social constructivist theory (Gergen, 1987) and the critical incidents paradigm (Skovholt & McCarthy, 1988). These frameworks complemented the phenomenological framework, and shed light on trainees’ experiences, specifically, social constructivism was used to understand how trainees make sense of their experiences, and the critical incidents paradigm was used to explore and uncover participants’ most meaningful events during training.

Social constructionist inquiry seeks to explicate “the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (Gergen, 1987, p. 266). As such, social constructionist inquiry best fit this study due to (a) the inherent interpersonal, social, and humanistic process of
psychotherapy between therapist (or trainee) and client (Wampold, 2007), (b) trainees’ self-perceived attributions of personal learning and developmental processes, and (c) the complex interplay of many factors, influences, and events. Thus, social constructivism provided a framework to uncover participants’ phenomenological experiences and processes with developing a theoretical orientation.

A critical incidents perspective, which identifies events that are catalysts for change (see Skovholt & McCarthy, 1988), was also used in this study. Research on critical incidents has already elucidated important positive and negative events during therapist development, such as the influences of trainees’ personal issues on therapist development (e.g., Furr & Carroll, 2003) and various developmental needs for trainees during supervision (e.g., Heppner & Roehlke, 1984). Similarly in this study, participants were asked to identify and discuss critical incidents during their process of developing a theoretical orientation.

Thus, the present phenomenological study incorporated a critical incidents and social constructivist lens to understanding trainees’ experiences with theoretical orientation development. Within this framework, grounded theory procedures, developed by Glaser and Strauss (1967) and expanded on by Strauss and Corbin (1990) and Corbin and Strauss (2008), were used to analyze the data. Charmaz’s (2006) work on constructivist grounded theory procedures also informed the analyses.

**Summary and Research Questions**

In summary, many factors appear to influence counseling and clinical psychology trainees’ theoretical preferences and development of a theoretical orientation. These internal and external factors include personality, philosophical beliefs and values,
cognitive style, family of origin and previous therapy experience, socio-cultural identity, training, clinical experience and supervision. Theoretical preferences seem to be shaped by a variety of influences.

Indeed, theoretical orientation development appears to be a multi-determined and complex process, as posited by several authors (Bitar et al., 2007; Guy, 1987; Strupp, 1978). However, the literature on theoretical orientation development has been limited by the near exclusive reliance on (a) ex post facto, quantitative designs, (b) sampling problems, and (c) insufficient theorizing beyond selection of an orientation. The research to date has failed to address trainees’ processes with developing a theoretical orientation, such as preferring or identifying with an orientation, learning an approach, and constructing a personally congruent and meaningful orientation. Thus, despite a significant literature on the broad topic, there are few studies that inform our understanding of how trainees explore and develop in one or more theoretical approaches over the course of their training. In particular, little is known about what trainees themselves consider to be the most important facilitative and hindering influences on their theoretical orientation development.

In order to address this gap in the literature, a sample of clinical and counseling psychology trainees were interviewed in depth about their experiences with theoretical orientation development. The primary research question was: How would a sample of advanced psychology trainees describe the process of theoretical orientation development during training? Sub-questions included: (a) what strategies did these trainees use to develop and learn a theoretical orientation?, (b) what critical experiences contributed to and hindered their theoretical orientation development?, and (c) how did these factors and
influences affect their process of theoretical orientation development? Results of this study were expected to be a rich, thick description of trainees’ experiences and processes of theoretical orientation development.
Chapter 3

Method

The general purpose of this phenomenological study was to explore the experiences of psychotherapy trainees in developing a theoretical orientation. The goal of the study was to derive qualitative themes that would best capture the training experiences of advanced doctoral counseling and clinical psychology trainees. Semi-structured, in-depth interviews were conducted to explore a sample of trainees’ processes and experiences of developing a theoretical orientation. The focus was on attending to their individual experiences and attributions about meaningful events and influences on theoretical orientation development during training. The sample, study procedures, and qualitative analyses are discussed in this chapter.

Participants

Volunteers from counseling and clinical psychology programs were purposefully recruited from scientist-practitioner as well as practitioner-scholar Ph.D. programs (see Stoltenberg et al., 2000, for an explanation of these programs). Both kinds of programs were sampled in order to include participants with diverse experiences (cf. Creswell, 2007). Sampling targeted advanced counseling and clinical psychology students because those at advanced stages of training were expected to be best able to articulate a coherent theoretical approach to psychotherapy.

Fifteen counseling and clinical psychology doctoral students (8 women, 7 men) from nine American Psychological Association-accredited (APA) doctoral programs participated in the study (see Table 1 for an overview). Nine participants were clinical psychology Ph.D. students, and six were counseling psychology Ph.D. students. Their
ages ranged from 24 to 50 years ($M = 30.67$, $SD = 6.25$), with a modal age of 27. Thirteen participants identified as White or Caucasian, including two international students. One participant was Korean and another African American. All but one participant held a master’s degree in counseling, marriage and family therapy, or counseling or clinical psychology; half of the sample had earned a master’s degree while working toward their doctoral degree.

In terms of training level, 13 participants were in their fourth year of doctoral studies or beyond, including two individuals who were in the process of completing their pre-doctoral internships and one who recently finished her internship. One additional student was in his third year of study, and one was a first-year student who had had extensive clinical experience before beginning doctoral training. In terms of self-identified theoretical orientation, eight participants indicated that their approach was integrative ($n = 7$) or assimilative ($n = 1$), two participants self-identified primarily as cognitive behavioral, two identified as psychodynamic or psychoanalytic, one as emotion-focused, one as systemic/ecological, and one as solution-focused.

Participants reported varying levels of clinical experience. At the time of the interviews, participants had completed between one semester and six years of clinical practicum ($M = 3.66$ years, $SD = 1.29$). All but two participants had finished three or more years of supervised clinical work. Several participants also described clinical assistantships in addition to supervised clinical practicum. During doctoral training, the number of clients previously seen in individual therapy ranged from 4 to 150 ($M = 48$, $SD$
<table>
<thead>
<tr>
<th>Participant*</th>
<th>Age range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Highest degree</th>
<th>Specialty</th>
<th>Year in program</th>
<th>Years in practica</th>
<th>Theoretical orientation</th>
<th>Clinical experience **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danielle</td>
<td>30-40</td>
<td>F</td>
<td>White</td>
<td>Master’s in mental health counseling</td>
<td>Counseling</td>
<td>4</td>
<td>2</td>
<td>Integrative with relational and feminist</td>
<td>20</td>
</tr>
<tr>
<td>David</td>
<td>20-30</td>
<td>M</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>4</td>
<td>4</td>
<td>Integrative, primarily cognitive behavioral</td>
<td>20</td>
</tr>
<tr>
<td>Garrett</td>
<td>30-40</td>
<td>M</td>
<td>African American</td>
<td>Master’s in clinical psychology</td>
<td>Counseling</td>
<td>6</td>
<td>5</td>
<td>Psychoanalytic</td>
<td>150</td>
</tr>
<tr>
<td>Haley</td>
<td>20-30</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>5</td>
<td>5</td>
<td>Integrative with cognitive and psychodynamic</td>
<td>25</td>
</tr>
<tr>
<td>Harriet</td>
<td>20-30</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>4</td>
<td>3</td>
<td>Cognitive behavioral</td>
<td>25</td>
</tr>
</tbody>
</table>

Table continues
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Highest degree</th>
<th>Specialty</th>
<th>Year in program</th>
<th>Years in practica</th>
<th>Theoretical orientation</th>
<th>Clinical experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian</td>
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<td>M</td>
<td>White</td>
<td>Master’s in counseling (community mental health track)</td>
<td>Counseling</td>
<td>3</td>
<td>3</td>
<td>Solution-focused with social justice</td>
<td>30</td>
</tr>
<tr>
<td>Lamar</td>
<td>30-40</td>
<td>M</td>
<td>White</td>
<td>Master’s in family and marriage therapy</td>
<td>Counseling</td>
<td>1</td>
<td>1</td>
<td>Emotion focused couples therapy</td>
<td>4</td>
</tr>
<tr>
<td>Lee</td>
<td>40-50</td>
<td>M</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>5</td>
<td>5</td>
<td>Integrative</td>
<td>100</td>
</tr>
<tr>
<td>Linda</td>
<td>30-40</td>
<td>F</td>
<td>Korean</td>
<td>Master’s in clinical psychology</td>
<td>Counseling</td>
<td>5</td>
<td>3</td>
<td>Psychodynamic with interpersonal and systems</td>
<td>55</td>
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<tr>
<td>Lucy</td>
<td>20-30</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>4</td>
<td>4</td>
<td>Systems or ecological approach</td>
<td>40</td>
</tr>
<tr>
<td>Participant</td>
<td>Age range</td>
<td>Gender</td>
<td>Ethnicity</td>
<td>Highest degree</td>
<td>Specialty</td>
<td>Year in program</td>
<td>Years in practica</td>
<td>Theoretical orientation</td>
<td>Clinical experience **</td>
</tr>
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</tr>
<tr>
<td>Marsha</td>
<td>20-30</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>4</td>
<td>4</td>
<td>Assimilative and grounded in behavioral theory</td>
<td>6</td>
</tr>
<tr>
<td>Nancy</td>
<td>30-40</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>6</td>
<td>6</td>
<td>Integrative with dynamic, interpersonal, and humanistic</td>
<td>150</td>
</tr>
<tr>
<td>Paul</td>
<td>30-40</td>
<td>M</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>5</td>
<td>4</td>
<td>Integrative with emphasis on interpersonal</td>
<td>40</td>
</tr>
<tr>
<td>Scott</td>
<td>20-30</td>
<td>M</td>
<td>White</td>
<td>Bachelor’s in psychology</td>
<td>Counseling</td>
<td>4</td>
<td>3</td>
<td>Integrative with CBT, emotion focused, interpersonal, and client centered</td>
<td>30</td>
</tr>
</tbody>
</table>
Table 1, continued

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Highest degree</th>
<th>Specialty</th>
<th>Year in program</th>
<th>Years in practica</th>
<th>Theoretical orientation</th>
<th>Clinical experience **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan</td>
<td>20-30</td>
<td>F</td>
<td>White</td>
<td>Master’s in clinical psychology</td>
<td>Clinical</td>
<td>5</td>
<td>3</td>
<td>Cognitive behavioral</td>
<td>25</td>
</tr>
</tbody>
</table>

*Note: Participants’ names are pseudonyms

**Note: Clinical experience refers to the number of clients seen in individual therapy.
The modal number was 25 cases. Two participants reported having had fewer individual therapy cases (4 and 20 clients) due to their clinical specializations in neuropsychological assessment and family therapy, respectively.

Near the end of the semi-structured interviews, participants were asked to identify the theoretical orientations of the faculty in their program as well as those of their previous supervisors (see Table 2). These theoretical orientations were diverse; most participants reported experiencing various kinds of supervision and having been exposed to multiple theoretical orientations within their programs. Several participants, however, described their program as mostly cognitive behavioral in orientation.

**Interview Protocol**

The list of interview questions (see Appendix A) was developed based on a review of relevant literature and theory, the investigator’s personal experiences in doctoral training, and consultation with faculty members and peers. These questions focused on eliciting trainees’ experiences, meanings, and critical incidents that facilitated or hindered their theoretical orientation development. Additional questions were asked to invite participants to share their perspectives on how these experiences affected their theoretical orientation development. Interviews followed recommendations from the literature, including briefing and debriefing the interviewee, scripting the interview, and asking introductory, follow-up, probing, and specifying questions (Kvale & Brinkman, 2008).

A funnel approach was used to guide the structure of the interview (Fassinger, 2005). Interview questions began with more open-ended questions and continued with greater levels of specificity while maintaining the semi-structure nature of the interview
Table 2

*Theoretical Orientations of Supervisors and Faculty*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Faculty orientations</th>
<th>Supervisors’ orientations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danielle</td>
<td>Variety, with dynamic, relational, and multicultural and social justice</td>
<td>CBT/feminist, relational/feminist/social justice</td>
</tr>
<tr>
<td>David</td>
<td>Cognitive behavioral</td>
<td>Systems/eclectic, interpersonal, psychodynamic, psychodynamic</td>
</tr>
<tr>
<td>Garrett</td>
<td>Variety, mostly psychodynamic and person centered</td>
<td>Psychodynamic, psychodynamic, CBT, psychodynamic, and psychodynamic</td>
</tr>
<tr>
<td>Haley</td>
<td>Variety, mostly cognitive behavioral, psychodynamic, humanistic, and integrative</td>
<td>Psychodynamic, psychodynamic, CBT, CBT, integrative, integrative</td>
</tr>
<tr>
<td>Harriet</td>
<td>Cognitive behavioral</td>
<td>CBT, psychodynamic, existential, and psychoanalytic</td>
</tr>
<tr>
<td>Ian</td>
<td>Variety, mostly feminist, solutions focused, emotion focused, and dynamic</td>
<td>Developmental-existential, developmental-existential, solutions</td>
</tr>
</tbody>
</table>

Table continues
<table>
<thead>
<tr>
<th>Participant</th>
<th>Faculty orientations</th>
<th>Supervisors’ orientations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamar</td>
<td>Variety, mostly emotion focused couples, solutions focused, and integrative</td>
<td>Integrative</td>
</tr>
<tr>
<td>Lee</td>
<td>Cognitive behavioral</td>
<td>Humanistic, psychodynamic, CBT, family systems, family systems, CBT, and psychodynamic/eclectic</td>
</tr>
<tr>
<td>Linda</td>
<td>Mostly integrative</td>
<td>Psychodynamic/humanistic, psychodynamic/humanistic, CBT, psychodynamic/object relations, psychodynamic</td>
</tr>
<tr>
<td>Lucy</td>
<td>Systems and eclectic</td>
<td>CBT, interpersonal, eclectic, and eclectic</td>
</tr>
<tr>
<td>Marsha</td>
<td>Cognitive behavioral</td>
<td>Acceptance and Commitment Therapy, CBT/integrative, and 4 neuropsych supervisors who identify as medical</td>
</tr>
</tbody>
</table>

Table continues
<table>
<thead>
<tr>
<th>Participant</th>
<th>Faculty orientations</th>
<th>Supervisors’ orientations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy</td>
<td>Variety, mostly cognitive behavioral, dynamic, and humanistic</td>
<td>Psychodynamic, humanistic, psychodynamic, CBT, interpersonal/integrative, and interpersonal/humanistic/existential</td>
</tr>
<tr>
<td>Paul</td>
<td>Variety, mostly dynamic, interpersonal, family systems, and behavioral</td>
<td>Psychodynamic, family systems, interpersonal, and integrative</td>
</tr>
<tr>
<td>Scott</td>
<td>Variety, mostly psychodynamic</td>
<td>Client centered, integrative with CBT, transtheoretical, mostly dynamic, psychoanalytic, and psychodynamic</td>
</tr>
<tr>
<td>Susan</td>
<td>Cognitive behavioral</td>
<td>CBT, CBT, Acceptance and Commitment Therapy, CBT, psychoanalytic</td>
</tr>
</tbody>
</table>
protocol. After several brief demographic questions, each interview began with the general question, “Describe your experiences of developing a theoretical orientation over the course of your training.” Subsequent questions were more targeted such as, “To what extent if any, did your theoretical orientation change over the course of your training?”

This semi-structured nature of the interview questions allowed for an in-depth exploration of the participants’ experiences. All participants were asked the same primary questions, but interviews sometimes diverged in minor ways. A laddering technique was used that occasionally deviated from the list of identified interview questions. Laddering is a process by which the interviewer elicits personal values about participants’ choices with questions like, “Why is this important to you?” and “What does it mean to you?” (Jaccard & Jacoby, 2010). This technique allowed for a rich exploration of participants’ processes and experiences. Through use of probes, the interviewer sought to examine participants’ most important, basic values and experiences related to developing a theoretical orientation. The probes evolved over the course of data collection in order to elicit detailed information and clarify the data.

**Procedure**

In order to identify participants for whom the topic is salient, purposeful sampling was conducted. Sampling occurred until the investigator determined sufficient data to saturate, or describe the phenomena with “considerable depth and breadth for understanding” (Corbin & Strauss, 2008, p. 149). A saturation point was determined when the concepts were “well defined and explained” (Corbin & Strauss, 2008, p. 145) and the essence of the phenomenon could be described (Moustakas, 1994).
This purposeful sampling is an important component of qualitative inquiry and grounded theory methodology (Corbin & Strauss, 2008; Creswell, 2007; Jaccard & Jacoby, 2010). Purposeful sampling allows for, and indeed encourages (cf. Charmaz, 2006) the incorporation of new information, constructs, and perspectives that extend understanding of the topic. Further, this sampling method is concept-driven, open, and flexible (Corbin & Strauss, 2008). Rather than seek representativeness, this qualitative study purposefully interviewed participants who could provide rich, narrative data on which to develop a thorough description of trainees’ experiences with theoretical orientation development. As such, volunteers were solicited who were “interested and passionate about the topic of theoretical orientation(s) and its development” (see Appendix C).

Volunteers were invited to participate in the study through email solicitations sent to doctoral program training directors (see Appendix B). These programs included 12 APA-accredited, scientist-practitioner or practitioner-scholar programs that offered doctoral degrees in counseling or clinical psychology. Programs were identified from a list of Ph.D. counseling and clinical psychology doctoral programs to include geographic diversity and different training models as described above.

Interested individuals were asked to contact the investigator for details and to set up an appointment for a telephone interview. The investigator conducted all interviews by telephone with participants between June, 2011, and February, 2012. Participants were sent the interview protocol by email in advance of the appointment for review. As compensation, participants were given the opportunity to be enrolled in a raffle to win one of two $50 Amazon gift certificates.
All interviews were audio-recorded and later transcribed to serve as narrative data. Informed consent was described and obtained at the start of each interview. Participants were informed that their participation was voluntary and confidential; they received an emailed copy of their rights, which described the option to withdraw from the study at any time (see Appendix C). Volunteers’ names were omitted from the transcripts. Interviews lasted 45 to 65 minutes ($M = 55$ minutes), and were conducted according to recommended guidelines, as mentioned earlier (e.g., Kvale & Brinkman, 2008). During the interviews, the investigator collected the demographic data described earlier.

Each interview was transcribed verbatim by the investigator. Following the transcription process, participants were sent the transcript to review for accuracy and completeness and offered an opportunity to edit or revise their responses. All participants responded to this request. Several participants offered small edits to the transcripts, such as elaborating on experiences or thoughts that they had had after the interview. Most participants indicated that the transcript was accurate and complete without requiring edits. Nearly all people in this sample offered small edits without major changes; they most often attended to grammar, incorporated additional thoughts, or commented on the use of “uh” or “ums.” One participant shortened the transcript significantly by eliminating unnecessary words (i.e., um, you know) and rewording her answers to be more succinct. She edited the transcript to be less conversational and more concise in her language.

In an effort to increase trustworthiness of the study, preliminary findings were sent to participants for their review after the analyses were complete. An email invited
participants to comment or provide reactions to the results presented in three versions including (a) a table of results, (b) a five-page condensed outline, and (c) the complete chapter of results with quotations. As suggested by grounded theorists (Charmaz, 2006), this strategy offered participants an opportunity to comment on the findings for credibility purposes as well as collect additional data. Twelve of the 15 participants (75%) responded to requests for feedback, including two participants who stated that they had insufficient time to review the findings.

**Pilot study**

A pilot study was conducted with three individuals to determine the appropriateness of the interview questions and the average length of time needed for the interview. The pilot study was also an opportunity for the investigator to practice the interview process and receive feedback from the pilot participants about the nature and clarity of the interview questions.

Based on participants’ feedback about the interview protocol and consultation with the investigator’s dissertation chair, the interview protocol was accepted and did not need modification. Data collection resumed after completion of the pilot study, and the data were subsumed in the final sample.

**Qualitative Analysis**

This phenomenological study used grounded theory procedures for analysis. The purpose of phenomenological inquiry is to identify a phenomenon experienced by participants, namely theoretical orientation development, and describe its essence (Moustakas, 1994). The description captures textural (“what” was experienced) and structural parts (“how” it was experienced) of the phenomenon (Creswell, 2007; p. 58).
Grounded theory procedures were selected due to their explicit focus on entering the phenomenological world of participants (Fassinger, 2005). In addition, this structured approach allowed for the close investigation of trainees’ meanings and attributions about their experiences with theoretical orientation development.

Grounded theory is generally used to generate an emerging or tentative framework that is “grounded” in the data by discovering the “basic social processes that underlie behavior” (McLeod, 2001, p. 72). Originally informed by the work of Mead (1959), Blumer (1969), and Dewey (1929), the grounded theory approach was influenced by symbolic interactionism (Corbin & Strauss, 2008; Fassinger, 2005; Jaccard & Jacoby, 2010), which is based on three assumptions: (a) people interact toward things based on their meanings toward those things, (b) meaning develops within the context of social interactions, and (c) people actively engage in interpreting (Jaccard & Jacoby, 2010). In accordance with grounded theory principles, the present analyses occurred simultaneously during the data collection process (Corbin & Strauss, 2008).

A cornerstone of the grounded theory approach is the investigator’s immersion in the data (McLeod, 2001). In this method, the investigator is the primary tool for data collection and analysis. As such, the investigator conducted all interviews, transcribed them, and served as one of three judges in the analysis process (details about the other judges appear below). Investigators using this method recognize the interplay of researcher with the data in which the subjective nature of data analysis is assumed (Corbin & Strauss, 2008). Findings are understood to be a co-construction between investigators and participants (Charmaz, 2006).
According to grounded theorists (Charmaz, 2006; Corbin & Strauss, 2008), investigators apply four main analytic strategies to “mine the data” (Corbin & Strauss, 2008, p. 66). These procedures include asking questions, memo-writing, coding, and constant comparisons. Each of these analytic strategies is described below.

**Asking questions.** Throughout the study, the investigator asked himself questions about the data. Asking questions allows for a rich analysis and facilitates probing the data with potentially more meaningful results. Corbin and Strauss (2008) suggested several types of questions, including sensitizing, theoretical, practical, and guiding questions. Sensitizing questions attuned and oriented the investigator to the data. Theoretical questions assisted the investigator to understand patterns and variations in the data, including themes. Practical questions guided the sampling procedures and helped with developing themes and emergent theory. Guiding questions gave direction to the data collection and interviewing processes. One theoretical question the investigator asked, for example, was related to the differences between theoretical preference and selection. These types of questions were used over the course of conducting the study to guide the data collection and analysis processes. The investigator documented these questions and thoughts by memo-writing.

**Memo-writing.** Memo-writing is an integral part of grounded theory analysis. Memo-writing serves as a means for qualitative investigators to explore and document ideas, insights, and connections (Jaccard & Jacoby, 2010). Several methods of memo-writing were used during the pilot study, data collection, and analysis procedures, including code memos and theoretical memos (Jaccard & Jacoby, 2010). Code memos, or notes about the creation of categories, were used to guide the process of developing
categories and themes. Theoretical memos assisted in organizing and connecting the variables and categories to create a rich description. The investigator also used memos to aid in developing categories or connections during data collection and coding (Corbin & Strauss, 2008; Creswell, 2007; Jaccard & Jacoby, 2010). These memos, written by the investigator, were incorporated into developing the codes, categories, and thematic results in collaborative discussions with the other two judges.

**Coding.** Coding is the process of “taking raw data and moving it to the conceptual level” (Corbin & Strauss, 2008, p. 66). The purpose of coding is to “interpret/construct meaning out of narrative data from a number of individuals or incidents” (Fassinger, 2005, p. 160). Through a process of increasing abstraction, coding procedures break apart the data, identify concepts to capture meaning, and put data back together by relating concepts to each other (Charmaz, 2006; Corbin & Strauss, 2008; Fassinger, 2005).

Grounded theory coding includes open, focused, axial, and selective coding processes. Open or initial coding is the process of breaking data apart and assigning names or concepts to blocks of data (Corbin & Strauss, 2008). It involves closely reading narrative data and summarizing each separate piece by using action-words that stay close to participants’ language (Charmaz, 2006). Axial or focused coding requires organizing the data into categories and relating concepts to each other (Bogdan & Biklen, 1992; Corbin & Strauss, 2008). In this process, the most important open codes are sorted, synthesized, and integrated to develop salient categories. Codes are constructed through this multiple-layered process to name, interpret, and organize the data (Charmaz, 2006);
however, the distinctions between the different types of coding are understood to be artificial (Corbin & Strauss, 2008).

To illustrate the coding process, an example is provided. First, participants’ responses were open coded. One participant, for example, stated, “Some of the spiritual, religious positions seemed to me very aligned to psychodynamic supposition, particularly as it relates to the unconscious and curiosity and awareness, and things outside of our self-awareness having impact on how we behave and how we think, and so that is how I developed an interest in psychodynamic theory.” This response was first coded “believes psychodynamic tenets and religious beliefs align,” “believes unconscious processes influence behaviors and cognitions,” and “interest in psychodynamic theory developed from alignment of religious and psychodynamic suppositions.” These codes were subsequently combined into the axial codes “overlap of religious and theoretical tenets influenced theoretical preference” and “believes unconscious processes influence behaviors and cognitions.” Axial codes were compared and contrasted within and between participants and subsequently were collapsed into coded themes. The previous axial codes were subsumed into the coded themes of “seeking or finding a personal fit with an orientation” and the influence of “personal interests, beliefs, and values.”

Following instruction in and practice with grounded theory procedures (to be discussed in the next section), the three judges conducted all coding. Independent work began after two judges’ codes matched 80% of the investigator’s codes on one transcribed interview. Each judge individually read five transcribed interviews and open coded the narrative data line by line. Open coding on each transcript required one to four hours. All open codes were recorded in word documents and collectively distributed to
the research team. Upon completion of the open coding process, the team met and discussed the open codes for all 15 transcripts to negotiate to consensus.

Subsequently, each judge individually conducted focused coding on the same five transcripts that he or she had completed during the open coding. This focused coding involved integrating open codes into higher conceptual codes. Reading through the open codes and the original narrative data again, each judge conducted focused coding to sift through large numbers of open codes and synthesize the responses. Open codes were grouped together at this stage and constantly compared to other data. Thus, open codes were transformed to focused codes in order to become broader codes. Each transcript required one to four hours of focused coding. After completing focused coding, the team met again to review all focused codes and find consensus.

The final coding procedure was axial coding, that is, identifying categories from the focused codes and assigning conceptual names to the ideas represented in those codes. Categories were based on participants’ language and terminology, judges’ ideas and experiences, and technical terms from the professional literature (Bogdan & Biklen, 1992; McLeod, 2001). Through negotiation, the judges identified a set of categories, themes, and sub-themes representing both majority and minority experiences within the data. The team of judges thoroughly discussed and compared categories among the participants in order to develop collaborative thematic results that represented the data of all participants. Disagreements were resolved through discussion and re-examination of the narrative data.

Upon completion of all coding procedures, the investigator reviewed all open and focused codes and categories and themes for a final check. Frequency counts of thematic
results were undertaken to ensure representation of both majority and minority participant experiences within the sample.

**Constant comparisons.** Making comparisons was another analytic tool for data analysis and for examining the commonalities and differences between the data. Constant comparisons allowed the research team to compare the data, incident with incident and participant by participant, in order to classify the data and consider similarities and differences (Corbin & Strauss, 2008). During analysis, whenever a new code was found, all previous transcripts were re-reviewed to ensure that the new code was included in all transcripts. Theoretical comparisons allowed for meaning to be investigated about outlier data and to describe trainees’ processes of theoretical orientation development. All data were analyzed according to both of these comparisons. Subsequently, the comparisons were applied to the data to compare and contrast the emerging categories and themes and to capture both majority and minority experiences among participants.

**Judges.** As mentioned, three judges (i.e., the investigator and two additional judges) participated in the qualitative analyses. The investigator was a white, male, fifth-year candidate in counseling psychology who had experience in qualitative coursework and research, specifically consensual qualitative research methods (Hill et al., 2005; Hill, Thomson, & Williams, 1997). The other judges were two female, Psy.D. students, one biracial and one Asian American, in their second and third years of a clinical psychology program. They had no previous experience in qualitative inquiry. The two judges were provided small monetary compensation.
Training was provided by the investigator. The team read, reviewed, and discussed a collection of articles and chapters on qualitative coding analysis and grounded theory methodology (e.g., Charmaz, 2006; Corbin & Strauss, 2008; Creswell, 2007) before engaging in practice coding and analysis. Instruction and discussion of all qualitative procedures was given by the investigator. In addition, before the analyses began, the judges were asked to write a statement about their backgrounds, biases, expectations, and experiences with developing a theoretical orientation.

Investigator/Judge 1. The investigator is a White, gay, 34-year-old, fifth-year Ph.D. candidate in a counseling psychology, scientist-practitioner program accredited by the American Psychological Association. He holds a master’s of education degree in counseling and personnel services, which focused on college student development. He had previous experience with qualitative inquiry including coursework and collaborative project work on a study using CQR.

Theoretically, the investigator identifies with a broad humanistic theoretical orientation and integrates a variety of approaches and theories including interpersonal (e.g., Teyber, 2006), narrative (e.g., White, 2007), multicultural and social justice (e.g., Aldarondo, 2007; Ponterotto, Casas, Suzuki, & Alexander, 2009; Sue & Sue, 2009; Toporek et al., 2007), and psychodynamic approaches (e.g., Binder, 2004; Levenson, 1995; McWilliams, 2004). In general, humanistic orientations appeal to him due to his interest in the interpersonal process (Yalom & Leszcz, 2005; Hill & Knox, 2009), his optimistic worldview, and his belief in the therapeutic relationship as a vehicle for change. In addition, his experiences with several privileged identities (e.g., White, male; see Johnson, 2006), his individualistic cultural background, and his belief in the inherent
self-actualization and strengths of individuals contributed to his theoretical affiliation. Important humanistic orientations that influenced his thinking included existential therapy (Yalom, 1980), client-centered therapy (e.g., Rogers, 1967, 1980), Gestalt therapy (e.g., Woldt & Toman, 2005), and experiential approaches, such as emotion-focused therapy (EFT; Greenberg & Paivio, 1997; Greenberg & Watson, 2006).

Several important factors shape the investigator’s identification with and interest in these orientations, including mentorship by faculty members and supervisors, attending a graduate training program that focuses on a common factors approach to psychotherapy, and his reading in the field. Furthermore, he finds Rogerian principles of therapist congruence, warmth, authenticity, empathic listening, and unconditional positive regard highly appealing and powerful. The investigator views his personality as open, extraverted, and curious. He highly enjoys and values learning about theory and conceptualized training and development according to learning principles and educational paradigms (e.g., scaffolding; see James, Milne, & Morse, 2008).

Personal attributes influenced several internal processes that occurred during the investigator’s development of a theoretical orientation. First, although he remained open to various theories and approaches to psychotherapy, he valued theories that were most congruent with his worldview and personal philosophy (e.g., appreciating the complexity of the human condition, recognition of unconscious processes, valuing deep empathy and therapeutic understanding as well as corrective emotional experiences). Thus, the investigator’s personal values and beliefs about change affected his identifications to his theoretical preferences. Through a process of circumscription, similar to Gottfredson’s (2005) Theory of Career Circumscription and Compromise, the investigator eliminated
orientation alternatives based on these beliefs and values over the course of his training. Second, exposure to various orientations through readings, supervision, and training facilitated opportunities for reflection and occasional moments of crises of confidence. Clinical work, supervision, and training promoted the investigator’s process of active exploration of various theoretical approaches.

In terms of biases, the investigator believes that theory is an integral component of ethical and efficacious therapy (e.g., Wampold, 2007) and that no one school of therapy is more effective than another (e.g., Stiles, Shapiro, & Elliott, 1986; Wampold, 2001). Furthermore, he believes that the common factors approach to training allows for trainees to explore and study a variety of orientations and empowers trainees to take responsibility for their own learning.

With respect to results of the study, the investigator expected that participants would report explicit, intentional strategies and learning processes of developing a theoretical orientation, rather than unintentional or accidental strategies. These processes were further expected to be fluid, multidimensional, and cyclical. In addition, the investigator expected that participants would tend to find theoretical orientations that matched their personalities, worldviews, values, experiences, and personal or folk theories of change. For participants who report eclectic or integrative orientations, it was expected that they would rely on one or two predominant approaches, often for conceptualization and treatment planning purposes, as supported in the literature (e.g., Hickman et al., 2009).

**Judge 2.** The second member of the research team is a 33-year-old, biracial, heterosexual female in her third year of a clinical psychology Psy.D. program. She
graduated from a psychodynamically-oriented master's degree program and preferred an eclectic orientation that she believed was fitting for her career directions. Work and life experiences led her to become more pragmatic, action-oriented, and problem-solving in approach. Upon entering her doctoral program, cognitive-behavioral therapy began to appeal to her due to its practicality, and her appreciation for the approach as a result of a class and the influence of a faculty member. During her training, she reportedly did not enjoy psychodynamically-oriented courses and professors as much as other theories, but gained respect for that orientation and understood the usefulness and necessity for that approach. She describes herself as still formulating her approach as a whole, but takes an eclectic approach and builds a toolbox of therapeutic skills from numerous orientations in order to allow flexibility in working with diverse clients and their specific needs.

Related to this study, this judge expected participants to report that theoretical orientation was not always a conscious choice. She believed that little learning occurred in the classroom but rather through practical experience and application of theory to clinical work. In addition, she anticipated that participants would report that theoretical orientation development was not complete or finished.

Judge 3. The third rater is a 24-year-old, Asian American woman who identifies as heterosexual, atheist, and feminist. As a second-year Psy.D. student in clinical psychology, she reported adopting an integrative orientation to therapy, although she prefers psychodynamic and relational types of approaches. This appeal of theoretical integration and psychodynamic and relational theories was partly based on her belief in the complexity of people and situations and appreciation for seeing things from multiple
perspectives. She shared that she is still developing her theoretical orientation and is open to change.

The main contributing factors to this judge’s preference for an integrative approach with psychodynamic and relational elements were her past supervisor and her clinical experiences working at medical center. Prior to working at the medical center, she had not conducted therapy and reported feeling initially highly nervous, which was a memorable experience with theoretical orientation development. She consulted several professors with varying theoretical orientations to solicit advice or help on how to conduct therapy. She was initially attracted to cognitive behavioral orientations because of the structure and linear aspects of the approach in comparison to what she initially believed were more ambiguous approaches (e.g., psychodynamic therapy). However, once beginning to conduct therapy, she quickly realized that most patients did not respond well to CBT techniques. She consulted her supervisor and was encouraged to mix and match techniques and not be tied to one orientation. Subsequently, she followed her professor’s advice and reported tailoring her techniques to each individual patient. Through clinical practice, she realized that some individuals responded much better to a psychodynamic or interpersonal approach, whereas others responded better to a CBT approach. Since those clinical experiences, she has identified more with an integrative orientation than any one particular approach, but reported that she is still figuring out her theoretical orientation.

Judge 3 expected participants’ past experiences to shape their theoretical orientation preferences. She anticipated participants to report doing what works for
clients regardless of theoretical allegiance. In addition, she believed that participants would seek theories that work for them personally.

Before beginning qualitative coding and analysis, all judges discussed expected findings from the study. Consensus seeking decisions were made within the context of being aware of and bracketing our experiences and biases in order to stay close to the data and participants’ lived experiences. One salient common bias was the shared sentiment that theoretical orientation is fluid and unfinished, which reflected the judges’ training statuses as graduate students.

**Trustworthiness, Transferability, and Reflexivity**

Trustworthiness has been compared to validity and reliability concepts in quantitative methodology (Fassinger, 2005; Morrow, 2005; Williams & Morrow, 2009). Although difficult to exactly define, trustworthiness refers to the dependability or confidence in the findings in qualitative methodologies. Williams and Morrow (2009) identified several components of trustworthiness including attending to (a) the integrity of the data, (b) the balance between participant subjectivity and researcher reflectivity, and (c) a clear communication of the findings. The authors suggested that investigators thoroughly and specifically communicate all steps of qualitative research and present the findings with detail.

In order to establish the trustworthiness of this study, several validation strategies or credibility checks were used. First, investigator immersion in the research process (i.e., conducting the interviews, transcribing the interviews, coding the data, discussing codes and categories with a research team with other members) served as a means of promoting understanding and identifying possible misperceptions of the data and
analyses (Lincoln & Guba, 1985). Second, analyses were conducted by three judges who sought consensus throughout the analysis processes. A team of judges allowed for multiple ways of understanding and coding the data and ensured that no one individual’s biases overly influenced the results. Moreover, the investigator strived to share power in the analyses, including in decision-making and by seeking group consensus on final categories and themes. Third, a “rich, thick” description of the phenomenon promotes “transferability” of the findings and allows readers to determine the applicability of the results (Creswell, 2007, p. 209; Williams & Morrow, 2009). Transferability enables readers to determine whether the findings fit in other situations and settings (Creswell, 2007). In addition, the rich, thematic results are illustrated with numerous quotations from participants, as suggested by grounded theorists (Fassinger, 2005).

Finally, the transcribed interviews and the preliminary analyses were shared with participants in an effort to solicit member checks or respondent validation (Creswell, 2007; Lincoln & Guba, 1985). Cited as the most critical way to establish credibility (Lincoln & Guba, 1985), this strategy involved taking the data and the findings back to participants for confirmation (Charmaz, 2006). Participants’ feedback and reactions are provided in the results chapter.

In addition to credibility checks, investigator reflexivity is an important element of establishing trustworthiness or credibility (Corbin & Strauss, 2008). Reflexivity refers to the process of the investigator developing awareness and attending to the ways in which he or she influences the qualitative inquiry (Charmaz, 2006).

Similar to other qualitative researchers (e.g., Charmaz, 2006), Corbin and Strauss (2008) agreed that researcher objectivity is a myth. Because an investigator’s beliefs,
knowledge, experiences, and perspectives are often implicitly or explicitly interwoven throughout the qualitative research process, efforts must be made to protect the validity and the reliability of the study as well as the integrity of the results and interpretations. In addition, the investigator’s immersion in the data and unique interactions with the participants and data necessitated a means to protect the integrity of the results. Scholars have noted that the investigator’s interactions with participants, the data, and the analyses inherently shape the research process (e.g., Charmaz, 2006; Creswell, 2007). Investigator sensitivity, reflexivity, and clear statements of positionality and assumptions must be examined in order to clearly explicate the qualitative inquiry process and develop results grounded in the data.

Investigator sensitivity refers to the investigator’s insight and awareness and “enables a researcher to grasp meaning and respond intellectually (and emotionally) to what is being said in the data during data collection and analysis” (Corbin & Strauss, 2008, p. 41). The investigator must balance his or her understanding of the relevant research with allegiance to the data. There is debate in the field about the extent to which investigators should be familiar with extant literature (Charmaz, 2007; Fassinger, 2005). Although knowledge of the literature can inform the research questions and allow for the detection of subtle, nuanced data during the data collection process (Corbin & Strauss, 2008), intentional efforts must be undertaken to remain close to the data. Such practices guarded against the investigator’s biases or expectations or preconceived notions from the literature being imposed on the data (Corbin & Strauss, 2008).

Investigator reflexivity refers to an awareness of the role of the investigator in the study. By being reflexive, an investigator considers how his or her experiences,
perspectives, contributions, and identities shape, inform, and influence the research process. The present investigator reflected on and evaluated his reactions, ideas, and thoughts over the course of the study methods (Corbin & Strauss, 2008).

As part of this process, investigator sensitivity and reflexivity required an examination of the judges’ positionalities, including backgrounds, biases, experiences with the topic, and expectations. Each of the judges’ positions, backgrounds, and expectations were provided earlier in this chapter. Research team discussions of judges’ biases, expectations, backgrounds and beliefs encouraged additional investigator sensitivity and reflexivity. Thoughts about how the judges’ positionalities and experiences interacted with the findings were shared in conversation as the analyses continued.

**Summary**

Based on phenomenological inquiry (Creswell, 2007; Moustakas, 1994), this study used grounded theory procedures (Charmaz, 2006; Corbin & Strauss, 2008) to analyze narrative data taken from in-depth interviews with advanced counseling and clinical psychology trainees. Three judges analyzed the data through open, focused, and axial coding procedures. From these codes, the team developed categories and themes that captured participants’ lived experiences with theoretical orientation development. Credibility checks, memoing, and reflexivity, were used to maximize trustworthiness and credibility in the findings.
Chapter 4

Results

Feedback on Themes from Participants

Participants who replied to the request for feedback on the categories and themes generally offered support for the findings. They stated that the findings were “relevant,” “fitting,” “cool,” “great,” “thorough,” “important,” and “interesting.” Several participants stated that they were not surprised; in their words, the findings were consistent with their own and with many of their peers’ experiences. One participant wrote that the findings fit so well with her personal experience that they seemed to be compiled solely from her interview.

Three participants provided more in-depth feedback. One individual identified a hope to read more about how people dealt with the limitations of their preferred orientation. As part of her evolution, she shared that she was trying to find a way of integrating social justice and diversity interventions within her preferred orientation that she believed was limiting. Another participant found the finding regarding orientation development being an independent task without much guidance “interesting.” She worried that participants may have been influenced by biased hindsight interpretations, and they were not “crediting” the information programs provided that “dramatically shape” theoretical orientation development.

In contrast, another participant wrote that she hoped that programs would use the results to better tailor the development of a theoretical orientation with trainees at an earlier stage for improved clinical training. She wrote:
"Your data suggests that personality characteristics are really important in determining which orientation fits or feels best. For me, this was something that had to happen on its own and I imagine others have shared my disappointment in trying to fit myself into orientations that were not appropriate for me. I likely would have benefited from at least one training experience that encouraged me [to] use introspection to my personality characteristics and preferences while exploring theoretical orientation. Most of the discussions around this topic were focused on external factors like patient presentation and treatment setting."

She further conjectured about the relationship between treatment outcomes and trainees/clinicians’ degree of confidence and comfort with their orientation.

**Thematic Results**

A number of concepts and themes emerged from the data, which are grouped as follows: (a) theoretical preferences and theoretical orientation development processes, (b) influences and subjective meanings, (c) learning strategies, (d) contributing factors to theoretical orientation development, and (e) hindering factors to theoretical orientation development. In the following sections, categories and themes are illustrated with participants’ statements and quotations (see Table 3). In the spirit of phenomenological inquiry (Moustakas, 1994), participants’ language was used in the thematic titles to stay as close to the descriptions of theoretical orientation development. Participants were assigned pseudonyms, which are used in the remainder of this chapter. Qualifying terms were as follows (cf. Fassinger, 2005): *most* participants (at least 75% of participants), *many or a majority* (50% or more of participants), *several* (20% to 33% of participants) and *a few* (10% to 20% of participants).
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<tr>
<th>Category</th>
<th>Theme</th>
<th>Illustrative quotations</th>
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<tbody>
<tr>
<td>Interrelation of theoretical orientation preference and development</td>
<td>Early appeal and identification with an approach</td>
<td>&quot;From the first time I saw that theory, I felt like this might be interesting&quot;</td>
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<td></td>
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<td>“When I came into graduate school, I already had a sense that was the orientation that I preferred”</td>
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<td>Combination of personal and professional variables</td>
<td>&quot;It’s like a combination of practicum, reading, just seeing clients and figuring out what works when I do it and my experience in therapy, I think that all of [them] together&quot;</td>
<td>&quot;I think it has been multiple things&quot;</td>
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<td>Seeking or finding a personal fit with an orientation</td>
<td>&quot;It just feels natural to me&quot;</td>
<td>&quot;What I find really appealing is that it’s really consistent with my values, my experience&quot;</td>
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<td></td>
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<td>&quot;I guess it was intuitive, it was ringing true in me about people, what happens to folks, especially in their very close personal relationships, why people can [get] stuck sometimes and kind of what is the way forward from getting themselves unstuck&quot;</td>
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<td>Category</td>
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<td>Ongoing, slow, fluid process of development</td>
<td>&quot;More of an even, slow process&quot;</td>
<td>&quot;I don’t feel like I’m completely settled, I feel like I am still learning&quot;</td>
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<td>Subtle changes in theoretical orientation</td>
<td>&quot;I’ve refined my approach&quot;</td>
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<td>General frustration with the language and politics of theoretical orientations</td>
<td>&quot;When a conversation about theory devolves into someone pooh-poohing another, their therapeutic approach, or talking down to another therapeutic approach, I found those distracting, or they interfere with my learning&quot;</td>
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<tr>
<td>Influences and subjective meanings</td>
<td>Personality</td>
<td>&quot;I can feel my personality fits with CBT, I tend to be concrete, rational more than emotionally drive, I tend to be more rationally driven, problem-solving, very active, and I think that is consistent with a cognitive behavioral approach&quot;</td>
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<td></td>
<td>Personal interests, beliefs, and values</td>
<td>&quot;I fell in love with psychodynamic theory, particularly because I felt that there was a strong affinity and a correlation, actually, with my spiritual and religious training&quot;</td>
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<td>&quot;I find [theoretical integration] intellectually stimulating, I also find it feels less rigid, it feels like it accounts for more experience, and it just fits well into my worldview more generally I guess, that there are multiple ways to look at things&quot;</td>
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<td>Category</td>
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<td>Illustrative quotations</td>
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<tr>
<td>Socio-cultural identities and families of origin</td>
<td>&quot;I grew up in a very Italian neighborhood and that culture really emphasizes family and a neighborhood as being very important&quot;</td>
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<td></td>
<td>&quot;I can see solutions focused be something that I could take back home, to my own country, because not all of the approaches can be transferred home&quot;</td>
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<tr>
<td>Psychological difficulties and experiences</td>
<td>“Based on my own struggle with depression, when I focused just on what’s wrong with my thinking, it has never been that helpful…Being insight oriented was helpful to me and so that was a big factor in developing an orientation that’s insight oriented, broadly psychodynamic.”</td>
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<td>Personal therapy experiences influenced theoretical preferences</td>
<td>“I found myself getting frustrated by that [psychodynamic] approach…and that probably pointed me a little more in the direction of a CBT approach which is more structured, more direct.”</td>
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<td></td>
<td>“Having been a client in therapy and knowing what works for me and what didn’t work for me in therapy, I bring that into my work as a therapist.”</td>
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<td>Coursework</td>
<td>“Most of my orientation has been developed through my classes, so coursework was the first area that I really started to understand CBT for what it was”</td>
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<th>Category</th>
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<tr>
<td>Supervision experiences</td>
<td>&quot;That supervisor was very important for me in broadening my understanding of my orientation and what it meant to think about cognitions and to think about behaviors and how to apply those thoughts in actual therapy&quot;</td>
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<td></td>
<td>&quot;I had the most exposure to different theories through different supervisors, either their own theoretical orientation and kind of how they operated or assigned readings they had us read for supervision&quot;</td>
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<tr>
<td>Clinical experience</td>
<td>&quot;Since your theoretical orientation is your foundation, it seems to me that working with different referrals forces you to try out and evaluate your orientation along the way, and make it work better for you&quot;</td>
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<td></td>
<td>&quot;I felt validated because I did this work with this client that was, I felt some of the integrative work and it was successful&quot;</td>
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<tr>
<td>Research experiences and interests</td>
<td>&quot;My research has also impacted where my theoretical has come from just because I’m interested in emotion, that’s the process of change in therapy&quot;</td>
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<td>Category</td>
<td>Theme</td>
<td>Illustrative quotations</td>
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<tr>
<td>Learning strategies</td>
<td>Readings</td>
<td>&quot;I immersed myself in theory to solidify an understanding of this orientation&quot;</td>
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<td>&quot;Trying to understand the tenets of the orientation, kind of the history and development of it, and the basic underlying principles&quot;</td>
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<td>Discussions with peers and supervisors</td>
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<td>&quot;I have friends in my program and others who are like a year or two years, three years…ahead of me and just having conversations over dinner…talking sort of outside the clinical setting or outside the classroom setting about the work&quot;</td>
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<tr>
<td>Supervision</td>
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<td>&quot;Asking supervisors to help me focus on specific things within that orientation that I need to develop further&quot;</td>
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<td>Clinical practice</td>
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<td>&quot;To a certain extent it’s just trying things out in sessions. I would learn about an approach and think, hmm, I wonder how this would work in session&quot;</td>
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<tr>
<td>Contributing factors/Critical incidents</td>
<td>Clinical work</td>
<td>&quot;Those first few clients stand out for me as critical experiences that helped me decide that CBT was something that made a lot of sense to me and that I found was useful for people&quot;</td>
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<td>Category</td>
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<tr>
<td>Exposure to different theories</td>
<td>The faculty in our program, they did a very good job of allowing us the freedom to explore and find our way around theoretical orientations that seem to fit well with us</td>
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<td>&quot;There is this openness, this idea that you can pick and choose what direction you want to head in as far as development of your theoretical orientation&quot;</td>
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<td>Discussions about theoretical</td>
<td>&quot;The kind of discussions that I’ve been able to have in those supervisory experiences have really shaped my current orientation quite a bit&quot;</td>
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<td>orientations</td>
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<tr>
<td>Personal therapy experiences</td>
<td>“My experience [in therapy] has been one of the vital things that’s been helpful, that I have sat in that [client] seat, I have struggled, and continue to struggle, with things myself, and with issues myself, and that in and of itself has developed my sophistication [of my theoretical orientation].”</td>
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<td>Involvement with professional</td>
<td>&quot;When I came back from conferences I always felt ‘jazzed’ to do more, and apply more, and answer more questions and I think that seeing the current research makes you think about how you approach studying and practicing psychology&quot;</td>
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<td>organizations/conferences</td>
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<td>Category</td>
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<td>Hindering factors</td>
<td>Negative supervision experiences</td>
<td>&quot;I couldn’t develop my own orientation that I just had to sort of accept the orientation of my supervisor, that my thoughts about it and my ideas about it were growth on my part wasn’t as important&quot;</td>
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<td>Limited direction, guiding, or mentoring</td>
<td>&quot;I didn’t have a lot of support in this…there was nobody around that I could ask about how to do that [develop an integrative orientation]&quot;</td>
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<td>Insufficient time and attention</td>
<td>&quot;I just don’t feel like I have the time to do it&quot;</td>
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<td>Problems with coursework</td>
<td>&quot;Although my program is very open about theoretical orientations, there’s not a lot of classes on particular orientations&quot;</td>
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**Interrelation of theoretical orientation preference and development.** Six themes in this general category included (a) early appeal and identification with an approach, (b) a combination of personal and professional influences, (c) personal fit with an orientation, (d) an ongoing, slow, fluid, and dynamic process of developing an orientation over time, (e) subtle changes in one’s theoretical orientation, and (f) a general frustration with the language and politics of theoretical orientations. Participants described theoretical orientation preferences and development processes as interrelated. This category reflected a fluid, dynamic process of identifying with theory and developing an orientation simultaneously.

**Early appeal and identification with an approach.** Most participants described experiences of “gravitating” toward a preferred orientation early in their training. Interest usually began during a master’s program or the first year of doctoral training. As Scott reported:

“From the first time I saw that theory [cognitive behavioral theory; CBT], I felt like this might be interesting, and then, it might fit me well, and then over time, [as] I learned more about it, I learned ok this does fit me well through my different experiences.”

Lamar stated, “As I was just learning and researching about the various models through classwork and through outside research experiences, I began to connect [to] emotionally-focused couples therapy as a model that seemed to really resonate with me.” Garrett found psychodynamic theory in his “journey to find myself and to find that philosophy of the most values that most resonated with me.”
For many individuals, interest in an approach began during their undergraduate years (or high school for one individual) and influenced his or her choice of a master’s or doctoral program. Susan explained:

“When I came into graduate school, I already had a sense that was the orientation that I preferred, so, I actually I sought out graduate programs that had a strong focus on CBT and other behavioral therapies, based on my undergraduate courses in psychology.”

Similarly, Lee explained, “I came into it [graduate school] with a bias towards eclecticism and or integrationism…part of the reason why I was interested in [a specific program] was because of their eclectic[ism].” Paul said, “Honestly, I had sort of decided before I even entered grad school, that I would be trying to take on an integrative approach.” Nancy chose her graduate program based on interest in and value on integration, explaining that:

“I think I was reinforcing that, by going to a program that has professors who come from a number of different theoretical orientations and they value integration or at least people who are not integrative, they at least value the fact that we need to be trained in all of these different models.”

Talking about these early experiences, many participants cited her or his first theories class as an influential introduction to theory. At times, these courses provided a thorough overview and survey of various theories and at other times insufficiently introduced trainees to theories. For example, Garrett’s experience was positive, noting, “I find I’m looking as we talk, imagining my first theories class…she was a lovely woman, did a very great job giving us an understanding of sort of the four forces or five
forces of psychotherapy or psychological orientations.” Other participants described cursory introductions; Scott stated:

“I think that the classes just provide an overview, and piqued my interest in certain theories so I might learn about one very broadly, not many details, but just the general basis of a theory, and say, hmm, that’s one I would like to learn more about.”

A few participants stressed that it was helpful to learn about a faculty member’s or an advisor’s processes of preferring and developing a theoretical orientation through discussions, clinical examples, and faculty members’ self-disclosures was helpful. For example, Danielle said she “felt blessed,” explaining:

“I’ve had some really great professors who were very candid and talked a lot about their own clinical experiences, if it was our theories class or in a practicum supervision class, it was really helpful to get a sense of they do this and this is what they call it and that’s what I do.”

Opportunities to explore, be exposed to, or conceptualize from various theoretical perspectives early in training often clarified and facilitated participants’ theoretical orientation preferences. David explained:

“Just being exposed to a variety of courses, I always had a number of interests that were largely uncontained early in my academic career, so just exploring a whole host of different types of courses that ranged in their applications from social sciences to life sciences to philosophy and the arts helped me to start to develop a broad framework that…would help me understand various aspects of the world.”
Susan reported that conceptualizing cases through different theoretical orientations was “really helpful for me because it really allowed me to explore in depth not just CBT, but other orientations and how you might conceptualize differently and treat clients from that perspective…I was really able to explore different options, and it helped me to understand my orientation better, that’s what helped, ultimately, aiding my decision to stick with CBT.”

Lamar sought “supervision with a broad range of people to get a broad range of experiences and input…to help me develop my understanding of how to practice this particular model and theory.”

Several participants recognized influential mentors, supervisors, and advisors who shaped an early identification with a specific theoretical orientation. These advisors represented similar as well as different theoretical orientations. Garrett, for example, appreciated supervision from a different perspective, sharing, “it was a challenge, and it was a good challenge, because we weekly argued about how we saw the same patient differently, and we argued in a respectful, in a very scholarly manner, and it helped [my approach].”

**Combination of personal and professional influences.** The “appeal,” “liking,” “bias,” “hunch” or “leanings” to an approach corresponded with participants’ personal and professional influences. Danielle stated:

“In part, it just feels natural to me, what did I find helpful in my own therapy and how is that consistent with my personality, my values, things like that, and bringing that into the room…what I find really appealing is that it’s really
consistent with my values, my experience, I find it really helpful, it allows me to conceptualize my role.”

Participants reported that unique combinations of personal variables, professional readings, coursework, supervision, clinical work and practice, personal therapy experiences, and personal exploration and reflection contributed to their identification with a theory and development of a theoretical approach. Nancy’s interview captured this sentiment:

“What I would say to tell you the truth, it’s like a combination of practicum, reading, just seeing clients and figuring out what works when I do it and my experience in therapy, I think that all of together, and I don’t know that any component could be taken out of that, I think that they were all really necessary.”

Core components of theories were part of that appeal that attracted nearly all participants early to specific orientations. Participants were interested in ideas about (a) valuing the unconsciousness, insight and relational patterns, and the therapeutic relationship as a vehicle for change in psychodynamic orientations, (b) common factors, pan theoretical concepts, and meanings across theories in integrative approaches, (c) the focus on strengths, problem-solving, and empowerment within solutions focused therapy, and the roles of (d) emotions and attachment style in emotion focused therapy (EFT), (e) thinking, behaviors, and the Socratic method in cognitive behavioral therapy (CBT), and (f) systems influencing change in ecological approaches, to name a few. With early appeal and interest, participants repeatedly talked about central tenets or specific elements of theories. Susan reported:
“It intuitively makes a lot of sense, that we want to take the time to monitor our own internal perspectives on things, our thoughts, and kind of schemas, in order to influence the way that we are interacting with the world…to try to allow yourself to change your thoughts and to change your behaviors to something that’s more adaptive, I think that a lot of it appeals to me intuitively.”

Garrett depicted this interest in his comment:

“The value of taking one’s time to sit with things and to understand oneself is a value that I have, that resonates for me personally in that life is really about thinking and reflecting and understanding the various dimensions of personality and behavior and thought process, and so that appeals to me more than maybe a cookie cutter approach, or a sort of manualized approach to behavior and understanding human thoughts and understanding self.”

Underlying these tenets was the implicit belief in the efficacy of an orientation. Most participants described gravitating to a specific theory because assumptions seemed intuitively correct and meaningful. Lee stated this belief more explicitly: “I guess like any propagator of a strong perspective, I think it’s [theoretical integration] right.”

Most participants who described their orientation as integrative or assimilative spoke about incorporating different approaches such as motivational interviewing, cognitive behavioral, client-centered, emotion-focused, humanistic, interpersonal, family systems, and psychodynamic theories. Several integrative participants stressed the importance of having theoretical bases or foundations from which to incorporate additional approaches or build upon.
Several individuals mentioned the role of empirical support in theoretical preferences. Harriet explained her preference for CBT this way:

“I started to become more interested in empiricism and research and science, and from there I realized that cognitive behavioral orientation was more on track with what I was interested in terms of empiricism. CBT really fit with that for me, it seemed these are usually the therapies that are empirically supported, that people can test, and they really mixed well with biological aspects that I was interested in terms of my research and also clinical work, so that’s the majority of the appeal for me, that it was more testable, less metaphorical than a lot of orientations tended to be.”

Lamar reasoned:

“I don’t want to go to a heart doctor who’s going to operate on me with a procedure that hasn’t been corroborated and so, no more would I want to sit in a therapy room with a therapist who’s not doing models that are efficacious, so that’s why it [EFT] is also appealing to me.”

**Personal fit with an orientation.** As part of this early preference of a theoretical approach, most participants described seeking or discovering that a theory “resonated,” felt “right,” “comfortable,” or “natural,” or fit well or best with his or her personality, beliefs, worldview, and values, usually in an intuitive way. Lamar said:

“I guess it was intuitive, it was ringing true in me about people, what happens to folks, especially in their very close personal relationships, why people can [get] stuck sometimes and kind of what is the way forward from getting themselves unstuck.”
Nancy stated:

“I paid attention to what felt most natural to me, like how it was most natural not only for me to be intervening but also to be conceptualizing and thinking about clients…[my approach] feels like it really resonates with me and my personal experiences, and so I think that it feels very natural for me to think about other people’s experiences that way, and that’s not to assume that everybody is the same as me, but I think that it means that thinking about things in that way [interpersonally, dynamically, and integratively] is easier for me, than thinking about things in terms of cognitive or behavioral terms more specifically.”

Garrett elaborated:

“When I did get in this field, I was trying to find something out about myself, and so there is such a personal piece to this for me, in that dynamic theory or the field of psychology, helped me [find] more authentic pieces of myself, and then…that is one of the most salient things that connects me to this [theory], is that it has been so personally enriching.”

Without a natural fit or comfort, many people ruled out theories. Several participants eliminated theories that seemed less personally meaningful or congruent with one’s personality. Marsha explained:

“[I] automatically would eliminate some types of orientations that I wouldn’t find functional…just to give an example, eclectic orientation is not grounded in any theory, and thus allows for the clinician to pull even haphazardly from all types of therapies as they see fit. I didn’t think this orientation fit with my tendency to want to be balanced, and not on an extreme, and also was unsure if all therapy
would be under this orientation would be quick fixes (putting out fires) rather than steadily working towards a good long term solution.”

Similarly, Haley added, “Personality-wise, I don’t fit with a very strict CBT approach, just because of the requirement of being more directive in the room, it’s not really my style.” Danielle explained, “At the master’s level, I realized the utility of the behavioral side, but also realized it wasn’t my natural, I didn’t sort of gravitate to that naturally.”

Nancy finished her undergraduate years believing that “CBT was probably the most effective form of treatment,” but later had other ideas. She said:

“But if I imagined using it with myself, it didn’t feel like it would resonate, it felt like it would kind of miss emotional components…so it imagined that it would be hard for other people to make real changes based on it as well.”

This identification process with a theory was described at times as intentional, in other cases unconscious or only realized in hindsight through retrospection. Scott stated:

“Some of the reasons, I’m talking about after the fact, that I didn’t necessarily think, this is going to be a good fit for me….sometimes it [CBT and interpersonal theory] just felt like a good fit, something about it felt natural to me, but now as I’m talking about it, I’m trying to go back and think through what appealed to me, those are some of the reasons that I am able to pull out, but to a certain extent, a lot of it was what felt like a good fit, again what was a good match for my personality and what felt well as a person.”

Haley stated:

“I feel like I wasn’t super aware in the beginning, I think it’s something that I realized more in the last year or so of the work that I’ve been doing, in a way I
became comfortable doing certain things in the room and then realize retrospectively, I think I like this because it leads to this outcome or I’d say in the last year I’ve done a lot of reflecting on why I like doing the things I do in therapy.”

Harriet offered similar sentiments: “When I think back about me developing my orientation, it seems like a very gradual process that just happened.” In elaborating on the unconscious effects of personality influences and incomplete awareness, Garret speculated that, “I think on some level that it is true that your theory picks you…that you’re drawn because of your personality.”

Several participants described a process of reconciling and integrating personal beliefs and experiences and professional training, of figuring out who one is as a therapist, as challenging and “hard,” at times “paralyzing,” leading to occasional crises of confidence. The process of theoretical orientation development was depicted as difficult. Paul, for example, stated:

“Part of what I’ve experienced in trying to put into words what my theoretical orientation is, is that it’s hard. I have a hard time explaining what my orientation is, because I don’t buy one sort of [theory]. It would be easier to pick one, so to speak, and use that language in an essay…It’s much harder to say well, I pick and choose…I follow an integrative approach, because of the sort of argument that you have to make.”

Danielle identified her challenge as her belief that she didn’t “fit” in a traditional theoretical camp. Ian experienced anxiety with pressure to choose an orientation before he felt ready. On occasion, these difficult moments occurred working with clients; for
example, Paul observed, “I do recall a lot of work with clients where the crisis was ‘what do I do with this person.’”

**Ongoing, dynamic process of theoretical orientation development.** The development of a theoretical orientation or approach to psychotherapy was portrayed as an ongoing, dynamic, fluid, slow process that occurred over a period time. It was often discussed as a progression or “evolution.” The “gradual,” “subtle” process started with “incomplete knowledge” and “slow learning” early in participants’ doctoral programs and to a deeper, richer, more complex understanding of an orientation over the course of training.

Scott described his process was “more of an even, slow process,” and David indicated, “it hasn’t been a particular aha moment, it’s been more like a very subtle, like well-timed head nod, being like, ok, so this is what I’ve been working on, and now making [a theoretical orientation] translate in vivo.” Danielle summed up her gradual process by saying, “I started just being able to name what I was already doing in the room, and starting to realize my natural inclination, I have a theory behind it.”

Many participants’ orientations were in progress or under development. Danielle stated that she had not “arrived” with a theoretical orientation, and Scott’s theoretical orientation wasn’t “fully set.” David shared that his orientation is constantly in flux. Both Danielle and David concluded that theoretical orientation development is a “life long process.”

Interestingly, only two participants described a precise and clear decision moment of selecting a theory. Rather, most participants described a more dynamic, tentative, and
ongoing process of identifying and revising a theoretical orientation under constant
development during training and practice.

In fact, several participants indicated they did not understand or grasp theoretical
orientations until they were asked to name one during training. Sometimes this occurred
when they were pressured externally (i.e., by supervisors, by the intern application
process, or by participating in this research study). In his first theories class during his
doctoral program, Ian remembered the pressure to choose an orientation:

“I was told I had to choose, I was not allowed not to choose even though I was
still learning some basic counseling skills and I felt like I had to have them down
before I could choose a theoretical orientation, but I was just told that if I wanted
to pass that part of the exam I would have to have a theoretical orientation.”

**Subtle changes in orientation.** Most participants described subtle changes or
shifts in their preferred theoretical orientation during their doctoral training. Small
changes ranged from gaining a more nuanced understanding of their approach to
integrating or incorporating new and different aspects into an orientation (e.g., social
justice interventions and conceptualizations; an interpersonal, here-and-now focus).
Participants reported working more autonomously and with more confidence and comfort
within an orientation. A majority of participants developed more belief, knowledge, or
commitment to a specific orientation, whereas several participants changed to become
more open to other theories and flexible within their orientation. Paul described
modifying his approach by learning, stating, “I’ve refined my approach, and obviously
learned quite a bit in the past five years.” Marsha’s change happened when she “was
functioning more autonomously, when I felt like I could assert myself a little bit more.”
David described his change process as integrating his personality more into his theoretical orientation. He elaborated:

“These things are somewhat subtle for me…this kind of a gradual realization that… I started gradually bringing, I feel like I was bringing more of myself to the process, and relying less and less on the kind of guidance and cues that I hadn’t, I guess throughout the earlier parts of my training, just ascribed ultimate credit for knowing the best approach, and more time to realizing that the best approach is the one that’s dynamic and a reflection of my own interactions.”

Susan summarized several changes in herself:

“Starting graduate school I was almost more married to this approach [CBT] than I am now, I think I’m more flexible now, that I would try to explore other options for being helpful to a client…while I do feel that I am much more skilled as a CBT therapist specifically than when I began, I also have to think that I feel that I am somewhat more flexible and more likely also to focus on common therapeutic factors.”

Only one participant described exchanging one theoretical orientation for another entirely. Lucy explained her shift from a cognitive behavioral orientation to more ecological conceptualizations through her work with children and adolescents. She observed:

“Especially with kids and adolescents, it’s very pronounced that you really can’t get anything done if you’re only working at the individual level because they have families that are going to affect their mental health…realizing that to get anything done I was going to need to talk to their teacher or their coach…to talk with a lot
of different people in their ecology is just really important for making changes for kids.”

Clinical experience, however, was frequently cited for contributing to refinements of one’s theoretical orientation. Susan clarified:

“I think [the change] really has to do with clinical work, because when you’re in the room, you see what’s helpful, what’s resonating with someone and what isn’t. Sometimes people are very resistant to a certain perspective or approach, and you have to take a step back and decide, whether you want to force something that isn’t quite feeling right or maybe take a different direction.”

Individuals’ paths, influences, and experiences with theoretical orientation development were varied and often quite different and unique. Several participants like Garrett and Lee “fell in love” with an orientation, whereas others’ paths were more circuitous, uncertain, flowing and changing, even anxiety-producing or pressured at times. Moreover, the mix and impact of personal and professional variables differed. For example, Haley stated:

“The biggest thing has been through my training, what I’ve been exposed to, and then, what fits best for me, and then that’s impacted by the type of supervision that I’ve been receiving through the years…my training and my supervision was probably the biggest thing that impacted my current orientation largely because the way the program was structured, we had to do a number of different kinds of therapy.”

This narrative contrasted with the salience of personality for Linda, who noted, “my own personality has been a big factor in what I prefer.” As such, personal fit was rated most
influential by some interviewees compared to others’ statements that the training program was most impactful.

*General frustration with language/politics of theoretical orientations.* Finally, several participants shared frustration with the language or politics of theoretical orientations, namely how certain orientations are commonly misunderstood or disparaged, the existence of warring “camps,” or the way orientations are discussed as being too “narrow,” “insular,” or distinct. Paul explained: “when a conversation about theory devolves into someone pooh-poohing another, their therapeutic approach, or talking down to another therapeutic approach, I found those distracting, or they interfere with my learning…I think it’s sad, like ‘is that necessary?’” He also spoke about the professional hazards and difficulties associated with self-identifying as integrative in orientation. Danielle also expressed frustration with theoretical orientation demarcations, stating that she was “concerned that I wasn’t sort of in a more traditional camp, like I’m definitely psychodynamic, I’m definitely CBT…it took me a while to realize, ok, I don’t have to fit into one of those two camps, there’s more room to move, I think I was just a little bit afraid.” Ian described:

> “Having supervisors and teachers who talk badly about a certain approach or misunderstand it strongly and perhaps hint in a way that is very negative to you and your classmates repeatedly, it of course has a debilitating influence on how vocal you can be about your approach.”

David expressed dissatisfaction about the language of theoretical orientations and proposed a solution:
“The way we talk about theoretical orientations sounds somewhat narrow, but I think if we think about it more as a theoretical persuasion, something that we tend to do naturally, how we navigate the world and how we approach a given problem, it’s beneficial.”

**Influences and subjective meanings.** Both personal and professional factors shaped participants’ experiences with preferring a theory and developing an orientation. These influences were usually depicted as co-occurring rather than as separate. That is, factors acted in mutually influencing or overlapping ways. Linda’s process, for example, was typical. She said:

“I think it has been multiple things…my own personality has been a big factor in what I prefer…being more in my head and knowing how much my own past experiences have shaped who I am, my own personality has shaped my preference and leanings and then training experiences like readings, working with certain supervisors, working in specific settings and with certain kinds of clients helped me to develop the theoretical orientation that I already preferred, but then supervisors would help me develop it further, readings helped me develop it further, working with clients helped me to develop it further.”

In addition to identifying influences and factors, participants shared the meaning of influences on their processes. That is, participants explained how personal factors and training experiences shaped their theoretical identifications and growth.

**Personal factors.** Individual, subjective factors greatly shaped the preferences for a theory and theoretical orientation development. Personal variables included
personality, interests, beliefs and values, socio-cultural identities and families of origin, psychological difficulties and experiences, and experiences in therapy as clients.

First, most participants identified personality as an important variable; a majority recognized personality as the most influential variable. Participants characterized themselves as being rational and problem solving, analytical and intellectual, skeptical, practical, curious, comfortable with structure and flexibility, open, or introverted. Over the course of training, participants described seeking, or sometimes discovering after reflection, a congruence or fit between one’s personality and way of being in the world and theoretical characteristics or assumptions. Harriet, for example, stated:

“I have a tendency to be more optimistic and positive, I think that’s part of my personality, and for me, CBT is really about, ‘let’s get in there and you can do this,’ and we can make change, and it can be fast, that’s part of my personality as well, I have this high tempo, I like to do things quickly ad I like things to be fast and to see progress quickly in anything that I do, and I like to teach, and I think a lot of cognitive behavioral therapy begins with a psycho-education piece, and I think that fits my personality as well.”

Marsha elucidated her theoretical interest in saying:

“I am kind of a ‘moderate’ sort of person, and I think being flexible and adaptable is sort of a strength…like I am sort of in the middle, I don’t tend to be very extreme with things and I felt like this [assimilative] approach also doesn’t really limit you to one position or another, so that’s why I liked it.”

Susan explained the fit by noting: “I can feel my personality fits with CBT, I tend to be concrete, rational more than emotionally drive, I tend to be more rationally driven,
problem-solving, very active, and I think that is consistent with a cognitive-behavioral approach.” By contrast, Linda said:

“Personality wise, I’m in my head a lot, I’m not the most active person, I tend to be much more in my head, and I think of myself as pretty emotional I guess, I mean I’m not outwardly emotional, but internally, emotions are a big part of my experience, and also, being in my head a lot, I tend to be sort of analytical, and so bringing those emotional and analytical elements in, I think that impacted my selection and development of broadly psychodynamic orientation versus say something like behavioral or CBT, that incorporates feeling but it’s sort of much more secondary.”

Scott justified his theoretical preference in this way:

“I think that [CBT] from the beginning was a good fit because with my personality I tend to like structure, I tend to like order, I tend to like doing things sequentially and I think that just inherently, when I would read about it, fit me well, so I think that played a huge role.”

Haley added, “I do like to be more active, and I think that’s fitting with my personality style of wanting to be active but not necessarily directive all the time.”

Several participants reported feeling competent and better able to facilitate change if the theoretical orientation personally fit or instilled belief in the approach. Ian asserted:

“For me, it’s the whole thing that I need [solutions-focused therapy], I need it in order to enjoy counseling, I need something to fit myself, the way I am as a person and the way I interact with the world. There must be a congruence between all of my worlds or there is discomfort and fatigue.”
In following up, Ian added that the fit between his personality and tenets of the theory aided him, which he described in this way:

“I guess it increases your belief in the approach, the value of it, if I know that I can do this with myself, somebody else must be able to, maybe I can better facilitate someone else’s change if there’s something I am most familiar with, I’m using a theory that I almost have used my whole life, I just need to change my words with what I use a little bit, and then it will be more, I’ll feel more competent then it’ll be better.”

In addition to personality fit, a variety of personal elements or interests attracted participants to specific theories. The overlap with one’s spiritual beliefs or worldview, an orientation being intellectually stimulating, an orientation’s fit with one’s career plans, or even gaining a new perspective on one’s own psychological struggles drew participants to specific theories. Garrett explained:

“I fell in love with psychodynamic theory, particularly because I felt that there was a strong affinity and a correlation, actually, with my spiritual and religious training. Some of the spiritual/religious positions seemed to me very aligned to psychodynamic supposition, particularly as it relates to the unconscious, and curiosity, and awareness, and things outside of our self-awareness having impact on how we behave and think, and so that is how I developed an interest in psychodynamic theory.”

Later in the interview, he added more about the meaning of this personal interest by saying, “Ah! Now I have more psychologically focused way of explaining spiritual phenomena, and a way that would be helpful to churches and to ministries and to people
inside of ministries.” Nancy, who said that she tends to “sit on the fence a lot of times and want[s] to be able to jump around,” stated:

“I find [theoretical integration] intellectually stimulating, I also find it feels less rigid, it feels like it accounts for more experience, and it just fits well into my worldview more generally I guess, that there are multiple ways to look at things.”

David, who is interested in addictions and who recently lost a friend due to a drug overdose, found that his search for information was not “only a matter of intellectual curiosity, but perhaps help[s] me regulate my own emotional response to these personal issues, like gambling.”

Many participants also discussed personal philosophies, beliefs, and values that influenced their processes, such as feminist and social justice values and beliefs in the complexity of human nature or that no one theory can meet all clients’ needs. Linda, for example, believes in the importance of helping the client be an agent of their own healing. Harriet identified having “a lot of feminist values, which extends to men as well.” She stated that, “I feel like people have the right to this kind of freedom and independence and they should have the right to do what makes them happen, so I really pull that into my orientation as well.” Lamar said:

“My view of the world and people is definitely influenced by my spiritual beliefs and my worldview, and I feel like this model fit well within my spiritual worldview, like there’s nothing contradictory that creates any kind of cognitive dissonance.”

Nancy appreciated that theoretical integration was intellectually stimulating. She found integrative orientations meaningful because “I also find it feels less rigid, it feels like it
accounts for more experience, and it just fits well into my worldview more generally I
guess that there are multiple ways to look at things.” Garrett also valued the
philosophical element in his preferred orientation; he noted:

“For me, dynamic theory is so philosophically oriented that you ask these Socratic
questions, and you think about things not just as they are, but the symbol of
words, and emotional, it’s just not what meets the eye, it goes deeper, that’s what
intellectualism is about in general…intellectualism is the ability to be able to
navigate the concrete and the abstract, and to make sense of it, within one’s lived
experience, and make it useful, and so that speaks to me.”

David integrated his personal self more into his orientation in this way:

“It became evident of the limitations of any particular approach, so I found that
what made me most able to consider it in a thoughtful and sensitive manner, was
drawing on my own personal experience that extended beyond any particular
clinical experience or training experience, but more so on my life experiences,
which included some of the other considerations, just my general philosophies,
and I was able to tie and string together in creative and dynamic ways into what I
now consider as integrative theoretical orientation.”

Related to personality, several participants’ socio-cultural backgrounds, personal
identities, and families of origin shaped their orientation preferences, sometimes
intentionally, sometimes with less awareness. Lucy disclosed, “I grew up in a very
Italian neighborhood, and that culture really emphasizes family and a neighborhood as
being very important.” Linda stated:
“This might be more indirect, but moving around a lot as a Korean living in the US and mostly sort of Western countries…but having an insight oriented bent, or being more sort of inner-focused, and then having those experiences of living as an outsider a lot of the places that I lived, I think it made me think that insight into my experiences is [more] important than just behaviors or thinking about cognitions and insight-oriented therapy better captured those complexities of experiences.”

Paul wondered aloud about the role of socio-cultural background:

“I guess you could make the argument that I’m sort of comfortable being, straddling two different cultures or ways of being. My parents [Eastern European mother and Italian father] are definitely two kinds of people, and they’re culturally two different kinds of people, and so that’s maybe a comfortable place for me to be, I could imagine that influencing my approach to therapy.”

More intentionally, Ian explicitly chose a theory that was personally fitting and also aligned with the cultural norms of his country of origin. He said: “not every theory is as well interpretable.” He explained:

“I can see solutions focused be something that I could take back home, to my own country, because not all of the approaches can be transferred home and I’ll be viewed as an outsider coming back home with an American degree. I need to be not too different, but still helpful and that approach is definitely something that fits into mainstream ways of dealing with things…so I will be [a] more successful therapist I believe, and [have] less cultural disruptions.”

In discussing the role of culture on theoretical preference, he elaborated by declaring that,
“My fellow [individuals from his country of origin] are practical often, they’re not so much for sentimental things and dwelling on being into things than also doing, if they come to seek help, they want to see some change, they want to solve the problem basically, they do want to see results and many other approaches may be too indirect…some multicultural books I read had supported this notion, that in [specific region] cultures, solutions focused seemed to fit well.”

Many participants also described the influence of family and upbringing in relation to their theoretical orientation development. They talked about learning and valuing multiple perspectives, the importance of reaching out to others in the community, the influence of religious lessons, teachings, and dogmatic thinking or the experiences of being a first-generation family of immigrants. One participant identified the influence of family members’ occupations in the health care industry. Paul, who described himself as coming from “a family of skeptics,” characterized his family as a “people who are happy to argue and reluctant to take something as truth, and so I think I probably learned from them to be skeptical of anyone claiming that they know exactly how things are.” David, for example, elaborated:

“I’m developing a particular theoretical orientation that has some utility within a clinical context, but for me, it was born as much out of necessity as out of interest, and given my own personal experiences, which I feel were certainly at least socio-culturally influenced, growing up as a first generation [specific nationality] to [nationality]-born parents, who faced a tremendous struggle adjusting to a new country and the challenges of acculturation.”
Lamar made clear the role of family by reasoning, “It’s like oh wow, here’s a model of therapy that uses that particular model as a way of understanding people better and that fit with me real well based on my experiences growing up in the home [with divorced parents] that I did.”

A majority of participants discussed personal psychological difficulties related to their theoretical orientation development. That is, they disclosed challenges with depression and bipolar disorder, generalized and social anxiety, rigid or black and white thinking, substance abuse or other addictions (e.g., gambling) that had some bearing on theoretical orientation preferences and development. More specifically, participants’ preferred theoretical orientations that provided a better understanding or even resolution of their psychological difficulties. Several individuals also stated that their theoretical orientation gave them a new perspective on working through their own struggles, which influenced their theoretical preferences. For example, Linda explained:

“Based on my own struggle with depression, it wasn’t when I focused just on what’s wrong with my thinking, it has never been helpful because I think a lot of psychological problems, my own problems are much more complex than that. For me, it felt much more complex and when I am in the throes of depression, I am not feeling like those things are going to be helpful for me. I feel like something needs to happen at a much deeper level and I call that emotional insight. I think that influenced me to develop my theoretical orientation…An insight orientation was something that was important to me and helpful to me in my own therapy and in my own figuring out my own personal problems. Being
insight oriented was helpful to me and it was a big factor in developing an orientation that’s insight oriented, broadly psychodynamic.”

Garrett talked about “wrestling with generalized anxiety disorder for a long time.” He said he came from “a very religious, really rigidly religiously background, Pentecostalism.” His difficulties contributed to his interest in psychodynamic thought, which allowed him to address rigid and dualistic thinking. He explained:

“As I practiced, it was very guilt-producing, very dogmatic, very rules-oriented, and psychodynamic theory, although some people have a misnomer that it is that way, is really not, in the sense of how it is internalized into the patient. I began to be in therapy and began to become free from rigidity and from being dualistic. I began to be questioned about how I saw things and the world and from this curiosity, really helped decrease, not all gone, but decreased a good level of my rigidity and dualistic thinking, it opened up a new way of seeing myself and seeing the world, and it said that we don’t always have the answers and it’s ok, and that’s what life is about, being able to operate in those gray areas.”

Susan disclosed the following:

“I definitely have my own struggles with anxiety, particularly social anxiety, so I can say that over the course of the first couple years in graduate school, I obtained a new perspective on my own individual struggles with anxiety, learning to question some of my negative perspectives on things and some of my behaviors, like I have a high tendency to avoid social situations…While learning this about this stuff, I also was, to some extent, applying it to myself. I think that definitely
has an effort on the development of my orientation because it was helpful for me.’”

She went on to say the following:

“When you have a personal experience that you can reference, I think it makes what you’re doing much more real, when you’re trying to help someone else, and also, I tend to think that, if you don’t believe in what you’re doing as a therapist, then it’s unlikely to be useful for the client.”

Given their psychological difficulties, many participants described seeking psychotherapy. Personal experiences in therapy often led to interest and confirmation of their beliefs in a specific orientation. In seeking therapy themselves, participants reported developing “buy in” about a theory, experiencing different approaches of therapy and witnessing different examples for comparison, and learning the importance of therapeutic foci (e.g., attending to emotional insight, cognitions, interpersonal dynamics). Therapy repeatedly provided opportunities for experiential learning. Nancy, for example, described her experiences in therapy as “really helpful for me and resonated with me further, [they] kind of reinforced my own kind of ways of working with clients.” She added:

“Developing insight into the way in which these kind of interpersonal dynamics impact my own life really made me more attuned to the fact that this can be really going on for other people as well, and it wasn’t just an intellectual piece at that point, it was like this is my real life, and this is really making a difference, so you know that’s exciting…being on the other side of the room…it’s different from just reading a book and thinking that all makes sense but then to feel like this is
really resonating with me, it’s really making a difference in my life, like that further reinforced for me what I thought about how I want to practice.”

Lee’s experiences supported his “bias” toward theoretical integration. He noted,

“I think my experiences in psychotherapy and quasi-psychotherapeutic, counseling situations I’ve been exposed to a variety of orientations as well. In each of my experiences provided, with one exception that I mentioned, each of them provided some value, some very significant.”

Danielle discovered in therapy that “basically some of the traits that I sort of most appreciated [in her therapist], those that I embody naturally, those are the kinds that I try to focus on [myself].” Garret explained, “my own personal work being in therapy now for maybe over 10 years with psychodynamically oriented therapists, except for one, was another experience that definitely helped develop an interest and a buy into the utility of psychodynamic theory.” He added:

“[my therapists] were interested in knowing about my narrative, my life narrative, and how I came to be, and interested in me becoming curious about how I came to be, and whether these thoughts and who I was actually serving me well, and this journey of understanding myself from the many layers of who I was, was interesting to me, and captivating to me, and so it worked for me, it works for me, and I guess that’s another buy-in, if it worked for me, might just be helpful for other people.”

Dynamically-oriented trainees frequently identified experiences in therapy as an influence for their theoretical preference. In this sample, most participants interested in psychodynamic theories talked about personal therapy experiences as influencing their
own theoretical orientation. In addition to personal influences, professional training factors shaped trainees’ theoretical orientation development.

**Professional factors.** Training programs were said to significantly shape participants’ preferences and development of a theoretical orientation. Participants reported much diversity in how theories and orientations were taught. Professional factors encompassed coursework and program structure, supervision, clinical practice, and research.

First, coursework often provided the “know how” or foundational knowledge related to conceptualization and intervention as well as exposure to various ideas and theories. Harriet explained:

“Most of my orientation has been developed through my classes, so coursework was the first area that I really started to understand CBT for what it was, and looking at cognitions and looking at behavior and how that could impart change, and how that affected my conceptualization of psychopathology in general.”

Lucy stated that her coursework helped her to “connect the dots” between traditional techniques and conceptualizations with her preferred ecological approach to clinical work. David explained:

“The early aspects of training are focused more on coursework, so you’re engaging in the content in a much more theoretical and conceptual manner without necessarily having the opportunity to engage in practical experiences that would otherwise, perhaps shape them different, and in the more latter aspects of my graduate training, I’ve had the chance to work in a number of different
settings with various populations, be faced with a number of challenging clinical problems.”

Participants reported that several programs structured practicum yearly according to a specific orientation (e.g., the first year being a humanistic orientation), whereas other programs taught a single approach (e.g., an ecological approach or a mostly cognitive-behavioral training program). Alternatively, some trainees described learning common factors across psychotherapies in which they were mostly exposed to different orientations through various supervisors. For some participants, clinical practice involved in-depth practicum experiences within specific frameworks that helped to facilitate development of an orientation for participants. Haley described her growing comfort with her orientation:

“[It was] a function of the kind of program that we’re in, in that we had to do certain types of therapy each year, in the beginning, it was ‘well this is what I’m supposed to be doing right now,’ this is what my supervisor says I should be doing, and then I as got more comfortable with the types of therapy and more involved with more integrated supervision styles, then I felt like I could maybe reflect a little bit more on why I liked the things that I was doing.”

Nancy said that her “in depth practicum experiences in each of these frameworks helped a lot.” She also highlighted exposure to different approaches and supervisors’ orientation, stating:

“I was exposed to each of these different orientations but also in an environment all of the supervisors were pretty open to thinking integratively too, they wanted us to practice what we were being taught, but if we wanted to draw from other
orientations in the work with clients they wouldn’t be upset by that, I found that to be unrestricting, which was nice.”

Similarly, Lee depicted his program as “eclectic by design,” with each year focused on clinical training within an orientation; his first year was humanistic, his second year was psychodynamic (specifically object relations), and his third year was cognitive behavioral.

Other participants found that supervisors were more influential on theoretical preferences and development than the program structure. Scott explained, “I had the most exposure to different theories through different supervisors that I had.” That is, supervisors offered trainees experiences to compare and contrast various different theoretical orientations.

Second, supervision experiences and the supervisor’s theoretical orientation influenced participants’ growth through a variety of means. In fact, nearly all participants identified supervision as an influential factor. Supervisors offered participants (a) support and encouragement, (b) opportunities to discuss interventions, feelings, and find the best personal fit (including what worked best for trainees), (c) constructive and positive feedback about trainees’ strengths, weaknesses, and skills, (d) assigned readings and understanding of more the subtleties of an orientation, and (e) mentoring and coaching, often by modeling how to apply an orientation to clinical practice. Haley, for example, appreciated being “encouraged by my supervisors and faculty to figure out which felt best and think about why certain things didn’t seem to work for me.” She added:
“I really liked the supervisors I had in both orientations [CBT and dynamic], and I think they did a great job of highlighting this is what this orientation can offer, and as I had experiences with both, I feel like I was able to take the pieces that worked best for me.”

Emphasizing the learning process, Harriet reported that her supervisor was “very important for me in broadening my understanding of my orientation and what it meant to think about cognitions and to think about behaviors and how to apply those thoughts in actual therapy.”

Susan described how her supervisor “helped me to develop my orientation in a way…he gave me another option to consider…it gave me fuel for me to think about, what are the subtleties of this orientation and what are the reasons that I would choose to ascribe to one perspective over another.” She added:

“The supervisor experiences have been really critical for me as well, especially when at times when I feel stuck, and it seems, I just don’t see how this is going to work for this person. A lot of times in supervision you’re able to take a step back and get some ideas about different ways that you might approach it or different kinds of methods.”

Scott related that supervision provided an opportunity for him to learn more about orientations and theories. He reported being exposed to different theories through various supervisors, “either their own theoretical orientation and kind of how they operated or assigned readings they had us read for supervision.” Similarly, David appreciated “working with a number of supervisors, who ascribe to various approaches and theoretical orientations, and just being able to learn how they come to articulate and
develop a narrative that helps them understand a particular problem.” He added, “in some sense, [to] take advantage of their efforts and learn from their experiences, it allowed me to test the applicability of their approach and see how it actually worked for me.” He further explained, “it was almost modeling, I saw them doing things I was interested in and just working with them, it was motivating, inspiring, it just seemed to make sense.”

Nancy’s research supervisor and mentor served as a point of comparison. She observed:

“What differentiates me from my advisor, where we fall more naturally, is I think he feels overwhelmed by his emotions and wants to control them and therefore gravitates more to these cognitive strategies that do help him feel more under control, whereas I feel like when I have strong emotions I want them to be attended to, I want someone to acknowledge them and validate them and then that helps me regulate my emotions.”

Garrett reported identifying with his supervisor. He explained:

“We were almost like twins, here is this guy who has a spiritual background, but also psychodynamically oriented, was in psychoanalysis himself, integrating spirituality and dynamic work, so sitting with him and others, they were models of what it looked like to be dynamically oriented, not just what it looked like in terms of taking a theory on, but living the theory, these were people who were in and out of it themselves, who had been analyzed, who had had long term therapy, who had done work on themselves, and what I began to see by their interpretations and their conceptualizations, and their ability to be dead-on
without having much information…I found that I guess almost natural on some level to just watch them.”

Lamar valued the supervisory feedback he received. He explained:

“I was able to get real time feedback whether it was on an externship or even through supervision about, ok, this was very good…this is what you’re doing…a marker that you missed, here’s a place you could of focused more.”

Third, clinical practice afforded participants experiences to discover for themselves what works in psychotherapy and with different clients as well as to observe and reflect on theoretical orientation preference and development. Highlighted as an influence, a contributing growth factor, and a learning strategy, clinical practice was portrayed as putting theory into action. After learning the “know how” in coursework, participants reported being unsure about how to use the information in practice until they had worked with clients. Marsha, for example, recalled having “really complex cases, both clinical cases and neuropsych cases.” She added:

“All cases are unique, and so that helped me quickly realize that what you might apply to one case is likely not going to apply to the next…Since your theoretical orientation is your foundation, it seems to me that working with different referrals forces you to try out and evaluate your orientation along the way, and make it work better for you.”

Harriet stated, “I didn’t really understand until I actually started doing clinical work that it’s really difficult to stick with one orientation, so I learned pretty quickly that ok, at times you need to be flexible and you need to extend.” Paul found that his clinical work
“validated my [approach], I felt validated because I did this work with this client that was, I felt some of the integrative work and it was successful.”

Several participants identified the clinical work that they did before doctoral training as an influence. Lamar explained:

“Being a full time therapist for the six years before going back to school, something that I can appreciate that some of the folks in my cohort who don’t have as much clinical experience, I can tell that developmentally we’re at a different place.”

Fourth, research experiences and research interests (e.g., emotional disorders, therapeutic alliance, emotion-focused therapy for couples, psychotherapy integration) were discussed as a means to identify, synthesize, learn, and deepen the theoretical orientation of several participants. Lamar’s “love for the [EFT] model” was “half born out of [his] relationship” with a faculty member and “half born out of researching” it. He explained:

“[I] learn[ed] the model even better because here I am looking at all of these other therapists in what they’re doing and I’m coding these transcripts. So for a year, I was basically immersed in kind of the data of the model…because you’re looking at it, dissecting it, you’re doing the lit review.”

Haley, who studied emotion, noted:

“My research has also impacted where my theoretical [orientation] has come from just because I’m interested in emotion, that’s the process of change in therapy…so that’s also definitely impacted me…as I’ve done more of therapy, it’s
Nancy sought a research environment where professors studied integration, preferring “an environment where it’s valued within the department.”

Several other participants described reciprocal influences among research, clinical interests, and theoretical orientation. Professional interests included preferring to work with specific populations (e.g., children) or the amenability of a specific orientation to research (i.e., cognitive behavioral). David stated, “as a researcher, that’s [writing an article on theories of drug use and existential concepts] a specific activity or aspect of my training that has helped me to synthesize ideas and help inform my theoretical orientation.” Paul’s preference for theoretical integration emerged from his choice in research interests, namely the therapeutic alliance. He described:

“I was focusing on that concept when I started doing therapy because in moments of panic, which there were probably many when I started seeing clients, that was something I could grasp on to that I felt like, ‘ok, if I don’t know how to be a psychodynamic psychotherapist, at least I know how to form a therapeutic alliance, that I can do.’”

**Learning strategies.** Several participants initially reported no learning strategies, especially individuals who reportedly did not think about or understand theoretical orientations explicitly earlier in training. However, most participants shared specific ways that they gained understanding about theoretical foundations. Learning was reported to occur via readings, discussions with other doctoral students, supervision, and clinical experience.
**Readings.** Participants most frequently identified reading and reflecting on books and articles about theory and orientations, especially clinically-related works, as a learning strategy. They reportedly read theoretical writings, those that were course-related and those that were not required by their program, in order to learn more about theories. For example, Garrett “immersed [himself] in theory to solidify an understanding of this [psychoanalytic] orientation.” Susan discussed reading in depth about cognitive-behavioral therapy, “trying to understand the tenets of the orientation, kind of the history and development of it, and the basic underlying principles.” David explained:

> “Jumping into the literature has been a fun endeavor for me, just recognizing that there’s a body of work that precedes my own interests and recognizing that I was also asking questions that were common, so seeking out opportunities that would essentially help me enrich and complement the things that I thought about already was one strategy.”

Ian treated his own reading in solution-focused therapy as an informal, independent course. He stated that he “studied the books, but I did it in more detail than any other course.” Meanwhile, he “took philosophical statements and thought about them, wondered about them, wrote them up, wrote them down, read them, I practiced them and [had] discussions with people in my real life as well as professional.”

**Discussions with peers and supervisors.** During training, most participants had discussions with fellow doctoral students about readings as well as what occurs in therapy and theoretical orientations in order to promote their learning. Danielle described:
“I’m fortunate, I have friends in my program and others who are like a year or two years, three years…ahead of me and just having conversations over dinner…talking sort of outside the clinical setting or outside the classroom setting about the work, and I don’t mean talking about specific clients but talking about how we sort of approach the work and figuring out points of similarities, points of differences, that has been really, really helpful.”

She explained further:

“Just to see how they approach things and see how their training has prepared them and see how I approach things, and really seeing kind of where I’m strong and seeing where my blind spots and thinking how much of that is a training issue and how much of that is an orientation issue and yes, I’m going to prioritize this because this is part of how I conceptualize with clients, that’s been really helpful.”

Similarly, after having conversations with peers and supervisors, Paul created a reading group with younger students. “We got together every week,” he added and, “we had pizza and read a chapter [of Nancy McWilliams’ (1999) *Psychoanalytic case formulations*] a week, and that was tremendously helpful…to understand what psychodynamic therapy is really about.”

A few participants also noted that observing peers’ processes and experiences with theoretical orientation identification and development, including during group supervision, clarified their own theoretical preferences. For example, Lee contrasted his integrative interests with peers in his program who preferred and developed more cognitive behavioral orientations.
Along with conversations with peers, supervisors were often cited as a helpful resource for participants to learn aspects of an orientation through guidance, instruction, experience, and comparison. Linda remembered “asking supervisors to help me focus on specific things within that orientation that I need to develop further.” Several participants also described seeking clinical rotations and supervision experiences within a preferred approach (e.g., dynamically oriented) as well as choosing different orientations and styles for greater exposure to various approaches. Lucy actively sought different supervisors, stating that she “deliberately [took] practicums with supervisors who have different approaches or different takes on therapy or just their interpersonal style when they’re in the room. So that kind of helps me see what I like and don’t like about different people’s approaches.”

Experiences in supervision, discussions with peers, and examples offered trainees points of comparison to understand the similarities and differences between theories and theoretical orientations. Lee explained:

“Certainly at [a specific program], discussion was very much encouraged and having program mates and cohorts who were pursuing a strong version of one orientation rather than a more eclectic perspective provided clarity on what belonged and what can’t, which in turn allowed me to think more clearly about how things, how different components relate or didn’t. So [the] short version of that is while all of this was going on with me it was also going on with all of the students around me and the environment that that created was very conducive to further exploration of my already bias towards being integrative.”
A personal openness and interest in various approaches facilitated the process of trainees comparing and contrasting theories. Several participants discussed being personally open-minded, and “not foreclosed” to different approaches as a strategy to learning. Harriet observed:

“During my training I’ve been pretty open-minded about anybody from any orientation and hearing what they have to say and how they are conceptualizing things, where they are coming from, which treatment, so that’s been helpful for me because I don’t feel like I’m completely settled, I feel like I am still learning, so I’ve been able to capitalize on listening to other people who believe in their orientations.”

**Clinical practice.** Applying reading, theory, and orientation-specific interventions to clinical practice was another important strategy reported by participants. Scott explained:

“To a certain extent it’s just trying things out in sessions. I would learn about an approach and think, hmm, I wonder how this would work in session ‘cause oftentimes you read about something, but the way that unfolds in session is quite different. So I think trying out some approaches to see how they work was something I’ve done.”

Most participants described a “trial and error” application of theory to clinical practice, with subsequent reflection, as aiding their understanding of theoretical orientation. Harriet suggested:

“Trying new things out has been another strategy, trial and error if you will, has been important to me, seeing what works, with what clients it works with, what
fits with me best, just by practicing it and being willing to adjust if something doesn’t work.”

A few participants indicated watching videotaped sessions, self-observation, and reflection on what worked and what did not work in psychotherapy sessions as helpful strategies.

**Contributing Factors/Critical Incidents.** Participants identified several contributing factors that aided the process of developing an approach to psychotherapy. An important theme in this category had to do with defining pivotal and memorable experiences with theoretical orientation development. Critical and memorable experiences of theoretical orientation development included (a) clinical cases early in training that were complex, unique, different, diverse, or influential, (b) literature and readings (e.g., works by Jung, Freud, Teyber, Safran, Norcross, etc.) that influenced participants’ thinking and motivation for practicing psychotherapy, and (c) supervisors who influenced participants’ thinking about psychotherapy by supporting, challenging, or adding to their thoughts, beliefs, and values about psychotherapy.

Themes within this category included clinical work and experiences, exposure to different theories, discussions about theoretical orientations, personal therapy experiences, and involvement with professional organization and conferences. Clinical experiences were the most frequently cited critical incident with theoretical orientation development.

**Clinical work.** Nearly all participants recognized that clinical work and clinical experiences as significantly contributing to the development of a theoretical orientation. Work with clients offered trainees learning opportunities to (a) apply theory to practice,
including conceptualizing cases from different theoretical perspectives, (b) experiences that solidified or supported the validity of theoretical assumptions, premises, conceptualizations, and underpinnings (often in successful cases), (c) experiment with different orientations, conceptualizations, and skills, (d) have clarifying or illuminating moments (especially with early clients who often helped participants decide which orientation made sense, what resonated with clients, and illustrated what was useful in therapy), and (e) have anxiety-producing moments of sitting with clients and feeling unsure how to proceed. For example, Susan described:

“Most instrumental to me was that period where I was first learning how to do the work, you don’t get a full understanding for an orientation until you actually go to conceptualize real clients and practice, the application of it…So I think those first few clients stand out for me as critical experiences that helped me decide that CBT was something that made a lot of sense to me and that I found was useful for people.”

She elaborated, as follows:

“One client in particular…we were really working hard on behavioral activation techniques, and for me, I saw some improvement in him, and to me that really solidified for me, yeah, this makes sense to me and I can see how it’s helpful for people.”

Paul described anxiety of sitting with clients:

“On some level, every client I’ve had has been a critical incident because there’s those moments of panic, where I’m sitting with a client, getting the sense of what their issues are, and thinking, ‘Holy shit! How am I supposed to help this person?’”
I don’t know what I’m doing!...I found that, working with that client really stressful, and that ratcheted up my sense of needing to have some kind of theoretical orientation to hold onto, because I couldn’t just sort of go with the flow with this client.”

Danielle underscored the importance of clinical work, saying, “I think that most of the critical events [were] around individual client interactions truthfully.” Lucy stated that “particular clients just provided really good examples of how this could work.”

**Exposure to different theories and openness.** Exposure to different theories and supervisors, as well as the program’s invitation and openness to theoretical exploration and learning was conducive to many participants’ development. Lamar explained:

> “The training that you’re exposed to a broad range of theoretical orientations and schools of therapy, and the faculty in our program, they did a very good job of allowing us the freedom to explore and find our way around theoretical orientations that seem to fit well with us. The beginning of it for me was just having the opportunity to be exposed to a broad range of theoretical orientations.”

Lucy sought “supervisors who have different approaches or different takes on therapy or just their interpersonal style in the room, so that kind of helps me see what I like and don’t like about different people’s approaches, that was kind of a deliberate strategy just to seek supervision from different kinds of clinicians.” Scott described openness as a helpful factor:

> “An openness in the program in which I trained to different theoretical orientations. The program that I’m in does not focus on a particular orientation, and there is this openness, this idea that you can pick and choose what direction
you want to head in as far as development of your theoretical orientation and in general, faculty members, the supervisors, are very supportive of that, so I think that’s been immensely helpful for me to set my own path and try to figure out what works for me instead of a particular orientation being jammed down my throat.”

Open discussions and conversations about approaches with peers, faculty, and supervisors clarified trainees’ orientations. Scott commented:

“How being surrounded by friends and peers with varying theoretical orientations, I came to appreciate various theoretical orientations. For peers whom I really respected, I was even more likely to want to adopt certain aspects of how they work with clients.”

Haley stated that those “kind of discussions that I’ve been able to have in those supervisory experiences have really shaped my current orientation quite a bit.” Ian related:

“My ex-partner and I had solutions focused training with the person I met every two weeks outside of school and we talked about it and I like the philosophical views and I just got very attracted, basically I was sold on it then, that was actually the best tool available and I had the most affinity to.”

**Personal therapy as critical incidents.** Personal experiences in therapy provided experiential insights and influenced participants’ beliefs about change and theoretical approaches, sometimes after difficult experiences. Nancy reported that in therapy she felt “completely invalidated, I felt like she [her therapist] was telling me all sorts of things that I already knew, but they weren’t making any difference because of course I knew I
was being irrational in my worries or whatever, it felt like that was sort of invalidating the fact that I was indeed worrying about these things.”

Garrett described his experiences by telling:

“As I sat there as a patient, wow, this woman understands me and knows me, and so watching that, and utilizing those things with my own patients, not in a very individualistic or operationalized or manual way, but in the context of the relationship and the dialogue, using those things and seeing them work again, has solidified [my belief in a psychoanalytic orientation].”

He added that talking with his therapist “solidified for me that it works, that it [psychoanalytically-oriented psychotherapy] is progressive in nature.” He explained:

“I cannot express the importance of, and this is my bias, but I think it’s a good one, the importance of one doing their own work, I cannot express the importance of that, my experience has been one of the vital things that’s been helpful, that I have sat in that seat, I have struggled, and continue to struggle, with things myself, and with issues myself, and that in and of itself has developed my sophistication.”

**Involvement with professional organizations/conferences.** A few participants’ involvement with professional organizations and conferences (e.g., Society for the Exploration of Psychotherapy Integration) provided models of practice that validated their theoretical preferences and offered inspiration. Marsha explained:

“When I came back from conferences I always felt ‘jazzed’ to do more, and apply more, and answer more questions and I think that seeing the current research makes you think about how you approach studying and practicing psychology.”
Lee found that attending a Society for the Exploration of Psychotherapy Integration conference (SEPI) “greatly facilitated the whole process.” In reflecting on his early training experiences, he stated:

“I had the idea that this [theoretical orientation] can be done but I have no idea how. And at SEPI, I was able to see all kinds of different ways of how it could be done. So it really was very, not only eye opening and mind opening, but it was really inspiring on a very personal level and very validating. I felt like, wow, I really am barking up the right tree and not only that, there’s a whole bunch of really smart people who are working on this too.”

**Hindering factors.** Several issues impeded participants’ enhancement of their theoretical orientation. These factors included (a) negative supervisory experiences, (b) limited direction, guidance, or modeling, (c) insufficient time and attention during training, and (d) problems with coursework. Several participants stated that no factors obstructed their development, or they described experiences that initially seemed challenging or led to questioning an orientation, but later became growth experiences. For example, Nancy described a “personal problem” with her supervisor after she experienced “negative reactions” to the way clients were being treated and disrespected. She later interpreted the experiences as facilitating because “it made me feel really strongly about wanting to have a kind of more egalitarian relationship and be a real person in the room and not this holier than thou kind of therapist.” Susan found that, “Sometimes when you’re exposed to somebody who is very passionate about another perspective, that often may cause you to question your own assumptions or beliefs about
Aside from these comments that reflect challenges leading to growth, several factors interfered with participants’ development of an approach to psychotherapy.

**Negative supervisory experiences.** Negative supervisory experiences reportedly obstructed many participants’ growth and development. Such experiences included (a) difficult supervision dynamics and personality clashes, (b) highly prescriptive supervisors that limited flexibility in psychotherapy and supervisee autonomy, (c) little direction/structure and few opportunities for exploration and discussion of the supervisee’s developing orientation, (d) lack of a positive or trusting relationship to voice one’s needs, (e) fear of having a different orientation than a supervisor, and (f) unfair evaluations.

Ian, for example, described a dynamic interaction with a supervisor whom he called a “bulldozer” that “stunted my growth I think for a long time” and heightened his “self-criticalness” with “unfair evaluations.” Lucy had a supervisor with whom “personalities clashed” and she “struggled with personally.” This supervisor reportedly had a “prescribed treatment for every client and it was just purely based on kind of their narrow view of clients’ diagnosis.” Lucy stated that as a result, “I couldn’t develop my own orientation—that I just had to sort of accept the orientation of my supervisor, that my thoughts about it and my ideas about it were growth on my part, wasn’t as important.”

Scott said:

“Supervisors that I have not had a good relationship with, that I don’t feel like I can trust and come to with things, that I don’t feel like I can kind of voice my needs as much, or that supervisors won’t be responsive to those needs, I feel like in those cases, it’s been harder to focus on orientation and learn more about it.”
Limited direction, guiding, or mentoring. Theoretical orientation development was depicted by participants as a task that was left to trainees to navigate independently. A majority of trainees described receiving little guidance, structure, or direction in their programs and sometimes had no models or examples to emulate. Scott described the process as “nondirective,” with little structure in his program, whereas David stated:

“[I was] somewhat disappointed…that it’s [theoretical orientation] not made more explicit in our training, what this is as a process, what a theoretical orientation is, and what it’s utility is…so it’s not an easy thing to be able to articulate, and I don’t think there’s necessarily enough emphasis placed on its importance in thinking about it in training.”

Paul missed, “having a faculty that presented my options in some sort of clear and concise way, but since…I didn’t feel like they were doing a great job of it, then it’s on me to go out and figure it out on my own.” He also experienced his supervisors as “not really providing much theoretical guidance.” Lee lamented that “I didn’t have a lot of support in this…there was nobody around that I could ask about how to do that [develop an integrative orientation].”

To compensate for insufficient training, many participants described reading beyond programmatic expectations for development. A few participants sought external supervision to develop their expertise in a specific approach. Moreover, many participants expressed interest in more explicit focus and dialogue on theoretical orientations in supervision, training programs, and classes on clinical theory. Interestingly, several participants noted that involvement in the present study was helpful.
in elucidating their thinking about their theoretical orientation preferences and development.

**Insufficient time and attention.** Insufficient time to study the breadth and depth of theories or give one’s theoretical orientation much thought were reportedly barriers to progress. Scott said:

“There have been many times where I would love to sit down and read more about an orientation…but I just don’t feel like I have the time to do it because I have other classwork I have to focus on or have to work on my dissertation or focus on research or teaching, whatever other hundred things I have to be doing as a graduate student.”

Harriet suggested, “The graduate school setting doesn’t leave, or I felt, it hasn’t left me with a lot of time to explore.” David framed the problem differently by explaining that “the only obstacle has been just the sheer number of opportunities and trying to capitalize on any one of them, there’s never enough hours in the day.” Due to other demands during graduate school, a few participants described feeling overwhelmed with the array of theoretical resources and information available. Paul described this breadth of theories:

“I would say just the quantity of different theories out there, and the amount of writing that has been done really makes it difficult to have a sort of sensible way of approaching, trying to learn a theoretical orientation… and that’s a hard task, when there’s just so much out there, it’s hard to even know where to begin.”

Similarly, Lee explained:
“Each sub-discipline with an orientation is a world unto itself. I mean you can and people do spend lifetimes exploring just one sub-specialty within an orientation, so there’s literally worlds to be known and only one lifetime, I’m sorry, it’s just not happening.”

Harriet said:

“I think I will probably do the bulk of really solidifying my orientation after graduate school, just because I will be able to have the time to go where I want, to really sit down and have a long conversation with someone how they are conceptualizing a case, with less evaluation pressure.”

**Problems with coursework.** Coursework interfered with several participants’ processes of theoretical orientation development. Either limited classes in specific theories (e.g., psychodynamic theory) or the manner in which classes were taught (e.g., as if theories were monolithic and unrelated; insufficient depth/too broad overview of theories; limited applied experiences) impeded participants’ growth. Scott stated:

“Although my program is very open about theoretical orientations, there’s not a lot of classes on particular orientations. So I feel like it’s been difficult to learn about orientations in detail. Like in the program, there’s this broad overview, and again the way that I perceive it, the idea that ok, well, now you can kind of choose which direction you would like to go in, but you’re going to have to seek that out and make sure that you learn about that orientation.”

Similarly, Linda, who was from the same training program as Scott, wished that her “training included more coursework to develop specific orientations.” Several participants complained about the manner or style of instruction. Lee stated that his
courses and practica were taught in “as narrowly circumscribed a manner as was practical” and in a “monolithic approach to each orientation,” which “got in the way of me learning how to actually go about locking the pieces together.”
Chapter 5
Discussion

Results from this qualitative study support previous findings that multiple factors shape psychotherapy trainees’ theoretical orientation development in complex ways (e.g., Bitar et al., 2007; Fitzpatrick et al., 2010; Guy, 1987; Murdock et al., 1998). The advanced psychotherapy trainees in this sample reported that personal variables (e.g., personality traits, personal beliefs and values, personal therapy experiences, socio-cultural identities, psychological difficulties) as well as professional training factors (e.g., supervision, readings, coursework, professional discussions) influenced their co-occurring processes of preferring a specific theory and developing an orientation.

By examining trainees’ phenomenological experiences with developing an orientation, this study privileged individuals’ perspectives and insights. Based on phenomenological inquiry, the findings captured both structural and textural descriptions of participants’ experiences with theoretical orientation development. Findings from this study suggested ways in which multiple factors shaped this sample of trainees’ theoretical orientation preferences and development, including factors that both facilitated and hindered the theoretical orientation development process.

The following discussion highlights the thematic results and categories, including theoretical preferences and theoretical orientation development processes, influences and subjective meanings, learning strategies, and contributing and hindering factors to theoretical orientation development. These categories and themes are reviewed within the context of available research and theorizing on psychotherapist development. More specifically, theoretical orientation development and learning processes are discussed.
according to theoretical implications. Influences and subjective meanings, trainees’
learning strategies, and contributing and hindering factors on development are reviewed
in relation to practical implications. The chapter concludes with the present study’s
strengths, limitations, and suggestions for future research.

**Theoretical Implications**

Various findings of this study captured participants’ processes of preferring and
developing a theoretical orientation. Rather than specific choice moments of selecting a
theoretical orientation, most participants described an ongoing, fluid process of preferring
and identifying with one or more theories, while simultaneously developing a specific
orientation over the course of their training. This result suggests that the delineation in
the literature between theoretical preferences and theoretical orientation development
may be an artificial one.

Based on these informants’ perspectives, theoretical orientation development
seems to be a non-linear, iterative process. Through introduction to theory, exposure to
multiple approaches, case conceptualizations, supervision, readings, and trial and error
application in clinical practice, the present trainees gained information and understanding
about theories while applying theory to specific clinical cases. Much of the research and
literature on theoretical orientation development, however, seems to assume specific,
identifiable, and discrete moments of selecting or choosing a theoretical orientation (e.g.,
Poznanski & McLennan, 2003; Varlami & Bayne, 2007). Results of this study suggest a
more gradual aligning with an approach while engaging in various training program and
clinical tasks. In other words, the selection process may not reflect a finite or definitive
moment in which an orientation is decided upon, but rather a series of fluid
identifications. This finding echoes results in recent studies, such as Fitzpatrick et al. (2010), who found that identifications with theory were “provisional” (p. 95). During graduate training, counseling and clinical psychology students may be in the process of “trying out” theoretical orientations while engaging in clinical work, discussions, reflection, and supervision.

Although the present participants generally could not identify a specific moment when they selected or chose a theory, most described experiences of being drawn to a theory early in their training. Interest in an approach often predated doctoral graduate training. This preference usually began during their undergraduate education, master’s program, or early in doctoral training when they took an introductory theories course. Over the course of training, participants described revisiting, revising, deepening, and at times questioning the appeal of this first theoretical preference while engaging in supervision, clinical practice, self-directed reading, discussions, and self-reflection. Participants generally credited theories courses in their doctoral and master’s programs as influencing their theoretical preferences; these overview classes were alternatively described as thorough and helpful or as insufficient or cursory. Because the sample included participants from nine training programs, it is not surprising that participants had diverse experiences with their initial theories courses.

Nearly all participants described this early preference, appeal, or gravitation toward a specific orientation as memorable. Core tenets of each orientation appealed to participants, reflecting the notion that theoretical orientations are a collection of concepts, assumptions, and epistemological underpinnings (Binder, 2004; Trustcott, 2010; Vasco & Dryden, 1994). Thus, participants’ preferences were based on orientation assumptions,
principles, prescribed interventions, and conceptualizations. In addition, these trainees seemed to be in the process of consolidating multiple domains of learning, such as knowledge about psychopathology, mechanisms of change, and the psychotherapy process, in order to develop a theoretical orientation. Empirical support, scientific evidence, and research interests also played a role in participants’ gravitation toward a specific theoretical approach. Contrary to past findings with experienced practitioners (Nelson, Steele, & Mize, 2006; Stewart, Stirman, & Chambless, 2012), the present results suggest that trainees’ theoretical orientations are strongly influenced by the current evidence-based practice movement in the field. Indeed, several participants described wanting to use a theoretical approach that has an empirical evidence base.

Importantly, participants’ early draw to a theory frequently corresponded with seeking a personal fit or noticing congruence between central tenets of a theory and one’s personality characteristics. As predicted, participants repeatedly talked about finding or discovering a “natural fit” of a theory conceptually and at the intervention level, while eliminating theories that resonated less well for them personally. These findings add to the large body of literature on the role of personality on theoretical orientation development (e.g., Arthur, 2001; Freeman et al, 2007; Ogunfowora & Drapeu, 2008; Topolinski & Hertel, 2007; Varlami & Bayne, 2007). In addition, participants’ narratives lend support for several writers’ calls for trainees to seek congruence between their personal philosophy and their theoretical orientation (Fear & Woolfe, 1999; Halbur & Halbur, 2010; Truscott, 2010).

The personal nature of developing a theoretical orientation was underscored by trainees’ descriptions of how their beliefs, values, families of origin, personal
psychological difficulties, socio-cultural identities, and own therapy experiences influenced this process. Nearly all participants reported that their personal beliefs and values shaped their theoretical preferences and development of an orientation. Each participant detailed one or more beliefs that guided their theoretical orientation development. Several participants reported adapting their theoretical orientation based on underlying beliefs or experiences conducting therapy. For example, Scott reported a shift from a cognitive-behavioral orientation to an integrative orientation because he discovered that no one theory can serve all clients. Linda also found through her clinical practice that a psychodynamic orientation did not sufficiently address the topics about which she was passionate, such as systemic issues of discrimination and oppression. Her belief in and value of social justice principles influenced her desire to incorporate a multicultural, social justice perspective into her orientation. Thus, for these participants developing a theoretical orientation seemed highly related to discovering and becoming aware of their personal characteristics, such as their socio-cultural identities and beliefs about psychotherapy, while integrating experiences and lessons from coursework, supervision, and other aspects of training. Other authors have labeled these personal factors “visions of reality” (Fear & Woolfe, 1999, p. 254) or personal philosophy and values (Murdock et al., 1999; Vasco & Dryden, 1994).

The present participants emphasized the importance of a natural fit or personal relationship with a theoretical orientation. Given the intimate nature of the therapeutic relationship, it is not surprising that trainees tend to seek a theoretical orientation that is personally congruent and meaningful. Psychotherapy is inherently a personal, humanistic encounter (Frank & Frank, 1991; Wampold, 2007). Participants described gravitating to
a theory by searching for, or later discovering, a personal match with a theory. As the psychoanalyst Aron (1999) asserted, “As someone who teaches and supervises psychoanalysts-in-training, I would forcefully argue that systematic and rigorous thinking about psychoanalytic technique remains essential and that it is in the very process of establishing a personal relationship [italics added] to psychoanalytic theory and to the profession that one becomes a psychoanalyst (p. 4).”

Aron (1999) suggested that theory functions as a balancing force to manage the tension between personal, idiosyncratic factors and objective, professional responsibilities. A personal relationship with theory thus takes into account a trainee’s individuality and subjectivity while ensuring that the therapeutic relationship does not devolve into little more than a friendly interaction. Alternatively, a therapist’s personal relationship to one or more theories has been called adapting an approach from a theoretical base (Truscott, 2010, p. 157).

The present trainees identified personal congruence or natural fit that motivated them to a theoretical orientation preference and subsequent development. This finding can be best understood from a social constructivist perspective. In other words, psychotherapy trainees seem to derive meaning from a theoretical orientation to the extent that it matches with personal characteristics, beliefs, interests, backgrounds, and ideas about change. The utility of a theoretical orientation, and corresponding consequences of developing an approach, thus hinge on the extent to which trainees can personalize theory to make it clinically useful and helpful.

As several participants noted, however, it may be possible that the early process of theoretical orientation development is not intentional or deliberate. In other words, for
some individuals, early preference or identification with a specific approach may be determined by influences outside of the trainee’s awareness. For some participants, only over time did they discover a natural fit with a specific theoretical orientation. Similarly, Rihacek et al. (2012) found that practitioners were not always aware of developing a personal therapeutic approach at the beginning of their careers.

Exposure to theories and self-reflection often allowed participants to examine similarities and differences between one’s personhood and theoretical components or assumptions. Participants compared theoretical characteristics with their personal attributes, eliminating theories that seemed personally incongruent and seeking or, discovering over time, that another theory was a better match. In addition, peers, supervisors, and faculty members served as models for comparison in order to better understand personally complementary or incongruent theories.

Thus, for some individuals at least, personality may influence theoretical preferences but may not play a conscious role until later in the process of theoretical orientation development. Researchers have speculated about the delayed effects of personality on theoretical orientation development (Topolinski & Hertel, 2007). Reflecting this idea, as mentioned earlier, one participant quipped that “the theory chooses the therapist.” Over time, through exposure, reflection, discussion, clinical practice, and experimentation, trainees may develop a better appreciation for the reasons behind their preferences for a specific approach. Trainees’ active learning strategies, theoretical exploration and comparison, self-reflection, discussions with peers, and supervision experiences may facilitate this process.
Most changes in the present participants’ orientations were subtle, such as developing a more sophisticated understanding of theory or becoming more flexible in applying theory to clinical cases. Participants seemed to gain confidence and comfort within a preferred approach, sometimes integrating other theories such as those with an interpersonal, relational focus or with social justice tenets and interventions. When more significant changes in their preferred orientation occurred, the adaptation was frequently attributed to clinical work, namely not being able to enact change or failing to see positive results with one or more clients.

Several participants described their theoretical orientations as being in flux or not completely formed and settled. Two individuals speculated that theoretical orientation development may be a life-long process. As such, it seems reasonable to infer that personal events and experiences in the lives of therapists continue to shape the development and evolution of their theoretical orientations.

Part of the theoretical orientation development process may involve a trainee’s desire to find the approach that works best for him or her, such as a match with personality, epistemological and philosophical beliefs about the change process, and clinical work with clients. For example, Susan observed, “if you don’t believe in what you’re doing as a therapist, then it’s unlikely to be useful for the client.” In other words, a trainee’s theoretical orientation may be a tool for understanding suffering and healing. In fact, this explanatory mechanism of the therapist’s orientation has been identified as an important component to psychotherapy (Frank & Frank, 1991; Wampold, 2007). It has been found that without a theoretical orientation to help explain and understand the
ambiguous psychotherapy process, practitioners are more likely to experience clinical practice as distressing (Orlinsky & Rønnestad, 2005). Trainees may engage in trial and error experimentation, as authors have suggested how novices approach theory earlier in the learning process (Binder, 2004). Trial and error practice seemed to help some participants find a theoretical orientation that they could believe in and communicate to clients. The belief that one’s orientation is effective may shape trainees’ theoretical preferences and development of an orientation. Personal fit and belief, either through one’s own experiences in therapy or observing the efficacy of theory in clinical practice, may add to this belief in one’s approach. In addition to serving explanatory purposes, a trainee’s theoretical orientation may be a means to regulate anxiety and ambiguity (Lovinger, 1992). The practice of psychotherapy is replete with ambiguity and uncertainty; a theoretical orientation allows a trainee to apply a structure that explains what is going on and alleviates anxiety. This idea was reflected in one participant’s comment that he felt reassured and efficacious as a trainee when he relied on his own interpersonal skills and humanistic orientation tendencies to develop therapeutic relationships and alliances.

The present findings have further implications for understanding psychotherapist development, more specifically how trainees learn and understand theory and construct a personally-meaningful theoretical orientation or unified therapeutic self (Goldfried, 2001; Orlinsky & Rønnestad, 2005). Within Rønnestad and Skovholt’s (2003) model, most of the present trainees seemed to map onto phase 3 or 4, the “advanced student phase” or the “novice professional phase” (p. 14 – 17). Participants in this sample reported evaluating approaches of psychotherapy consistent with phase 3 and “shedding and adding” (p. 17)
theoretically, common during the novice professional phase. In addition, Rønnestad and Skovholt (2003) found that novice professionals become more aware of expressing their personality in their work. The authors elaborated on this finding as a theme, namely that professional development involves increasingly integrating personal and professional selves. This theme is supported by the present trainees, who discussed seeking or discovering a natural fit with their theoretical orientation. Thus, constructing a personally meaningful theoretical orientation may be a later component of theoretical orientation development.

Rønnestad and Skovholt (2003) proposed four prototypical ways in which students develop a theoretical orientation. These categories include (a) “no conceptual attachment,” (b) “one theory, open,” (c) a series of attachments to one theory, and (d) “true believers” (p. 16). The present participants’ narratives support several of these categories (i.e., one theory, open, and true believers). Findings from the present study, however, suggest potentially different or more than these four paths of theoretical orientation development. In fact, participants reported varied and unique combinations of influences and paths of theoretical orientation development, often with different relationships to theory.

The development of a theoretical orientation may be further explained by concepts from research on learning (Branford et al., 2000), specifically declarative and procedural knowledge concepts (see Binder, 1999, 2004; Gabbard, 2000; Westen and Gabbard, 2002a, 2002b). The process of developing a theoretical orientation seems to reflect a transformation of declarative knowledge about theories, to procedural knowledge about clinical work. This shift ultimately helps trainees consolidate their
learning and form or construct a personally-congruent theoretical orientation. Through
exposure, practice, reflection, and active, applied learning (rather than didactic training),
participants reported experiences applying and examining theories in more depth. These
processes seem to reflect a deeper identification with theory and, in a way, developing a
personally meaningful approach to psychotherapy.

Finally, it seems important to consider redefining the term theoretical orientation,
as well as differentiating this term from the more inclusive construct psychotherapist
development. As Binder (2004) suggested in a discussion of brief psychodynamic
competencies, theoretical orientation is best conceptualized as an overarching collection
or corpus of theories about personality and psychopathology, the interpersonal and
psychotherapeutic interaction processes, and hypotheses about how people change. Each
theory delineates how psychotherapy should proceed, proposes mechanisms that are
important for change, and describes healthy and maladaptive ways of being. In this way,
a theoretical orientation represents a coherent organization of a student’s
psychotherapeutic training and serves as a useful heuristic for collecting clinical data,
formulating conceptualizations, and planning treatment. Findings from the present study
suggest that developing or constructing a theoretical orientation involves integrating
personal data with professional training and finding an approach that fits naturally with
one’s personhood. This process involves trainees’ learning experiences with theory but
also broader experiences in becoming a psychotherapist.

Theoretical orientation development and psychotherapist development may be
best conceived of as two overlapping circles, with shared space along with separate
space. In other words, theoretical orientation development is only one component of
psychotherapist development, and it is only one aspect, albeit an important one, of professional identity and clinical practice.

**Practical Implications**

The thematic results of this study have implications for counseling and clinical psychology trainees and their doctoral training programs. In designing the study, it was anticipated that identifying personal and professional influences on theoretical orientation development would be helpful for counseling and clinical psychology trainees. The results provide potential topics for reflection related to theoretical exploration and orientation development, as well as possible learning strategies and factors that may contribute to or hinder theoretical orientation development.

The present findings suggest that counseling and clinical psychology trainees should deliberately reflect on the various influences that are shaping their preferences for and general development of a theoretical orientation. Several participants stated that they had not thought about the reasons for gravitating toward a specific theoretical approach. One participant stated that his lack of a communicable, coherent integrative orientation may have interfered with his pre-doctoral internship application process. Thus, it seems imperative that trainees consider the basis for the appeal of a certain theory or theories. In fact, trainees may well reflect on the present interview questions in order to deepen their understanding of their preferences in light of personal and professional experiences. Doing so may contribute to a trainee’s development of a personal relationship to theory, adapting a theory to his or her clinical approach so as to present a unified therapeutic self to clients. A number of resources have been published to assist trainees in the exploration and reflection processes (e.g., Halbur & Halbur, 2010; Truscott, 2010).
In the present study, participants reported developing an orientation as a result of a confluence of personal and professional influences. Both training experiences and personal characteristics (e.g., beliefs, values, socio-cultural backgrounds, families of origin, and interests) influenced their theoretical orientation preferences and development. Specifically, through clinical practice, reading, supervision, and discussions with peers and colleagues, these trainees developed a theoretical orientation to their clinical work.

Most participants identified specific ways in which they learned a theoretical approach to psychotherapy. They gained understanding of theories and developed theoretical orientations by reading theoretical and clinical works, discussing and comparing ideas, readings, conceptualizations, and theories with peers and supervisors, and by applying formulations to clinical cases. One of the most frequently cited learning strategies was reading works by major theorists (e.g., Jung, McWilliams, Norcross, Teyber, Safran). Based on this finding, instructors who teach introductory theories courses might consider incorporating original works into their curricula rather than textbooks (e.g., Corsini, 2007). Due to the significant influence or inspiration that these writings provided to participants, it seems that primary sources of theory may provide the richest descriptions of clinical concepts.

Interestingly, several participants had difficulty identifying learning strategies, which may reflect the belief that learning and developing a theoretical orientation is an implicit component of psychotherapy training. In one participant’s response to the findings, she noted that trainees are expected to have clear theoretical preferences when they apply for doctoral training. This participant lamented that she had received little
exposure to various theories after her undergraduate experiences. Early foreclosure or uncritically adopting a theoretical orientation may preclude trainees from developing a personal relationship to their theoretical orientation, which may lead to professional stagnation, distressing and dissatisfying clinical practice, and attrition from the profession (Orlinsky & Rønnestad, 2005; Vasco & Dryden, 1994).

Of special interest to doctoral psychology training programs are the contributing and hindering factors that the present participants identified. Exposure to different ideas and orientations, learning from clients, and discussion and self-reflection with supervisors and peers furthered these trainees’ understanding and growth in their theoretical orientation. Many of these themes support previous research on the role of supervision and the value of learning directly from clients (see Murdoch et al., 1998; Orlinsky & Rønnestad, 2005; Ronnestad & Skovholt, 2003; Stahl, Hill, Jacobs, Kleinman, Isenberg, & Stern, 2009). Thus, supervisors are encouraged to incorporate discussions about theoretical orientation development and lessons learned during clinical work. Many participants expressed interest in engaging in such conversations with supervisors. Similarly, Fitzpatrick et al. (2010) recommended that supervisors build in more time and space into the supervisory relationship for trainees to reflect on their philosophies, aspirations, and the fit of specific interventions. Because experienced psychotherapists learn a great deal from clinical work (Orlinsky & Rønnestad, 2005; Rihacek et al., 2012), providing opportunities in supervision to discuss learning about theory from effective work with clients may be particularly beneficial.

Exposure to various orientations was an influential factor in the present trainees’ theoretical orientation development. Most participants appreciated training programs that
supported exploration and exposure to varied orientations, either through supervision or coursework. This result supports Orlinsky and Rønnestad’s (2005) recommendation that programs expose trainees to a range of orientations in order to facilitate theoretical orientation development.

Exposure may help trainees to actively and intentionally engage in developing an orientation through reflection rather than merely accepting and copying their supervisors’ prescribed interventions and conceptualizations. Castonguay and colleagues’ (Boswell & Castonguay, 2007; Boswell, Nelson, Nordberg, MacAleavey, & Castonguay, 2010; Castonguay, 2000) model of integrative psychotherapy training, for example, capitalizes on this finding by intentionally exposing trainees to different orientations in order to promote therapeutic integration. Beyond such integrative training programs, clinical and counseling psychology environments that espouse one theoretical orientation may benefit from teaching a variety of therapeutic approaches in depth. Exposure to multiple theories may help psychotherapy trainees have a better developed, more in-depth and nuanced understanding of theoretical orientation.

Many participants cited personal experiences as a client as instrumental to theoretical orientation development. These trainees described personal therapy as an opportunity to directly experience psychotherapy in practice and learn what works personally for them. In other words, positive experiences contributed to belief in the efficacy of an orientation whereas negative or invalidating experiences provided disconfirming evidence that helped these trainees rule out the theory. Thus, trainees should be encouraged to seek personal therapy to facilitate their theoretical orientation development. Results from this study support previous findings that psychodynamic
therapists tend to seek therapy more often than clinicians with other orientations (e.g., Rosin & Knudson, 1986), and therapists from humanistic and dynamic orientations may place greater import on the therapist’s theoretical orientation in their development of an approach to clinical practice.

Related to exposure, opportunities to compare and contrast theories increased many of the present trainees’ understanding of their preferred and other orientations. Practically, trainees might be asked to compare and contrast theories according to assumptions, mechanisms of change, epistemological viewpoints, values, and techniques. By discussing theories and observing peers’ and mentors’ paths with theoretical orientation, participants in this study engaged in comparison in order to identify what might work and not work for them personally. This comparison process seems to be at the heart of understanding theoretical preferences and identifications.

Hindering factors coalesced around negative supervision experiences, limited direction and guidance, insufficient time and resources, and inadequate coursework. Negative supervision experiences captured a variety of different sentiments that participants described blocking or interfering with their theoretical orientation development. Although some participants reported feeling unsafe with faculty or supervisors, other participants described personality clashes or difficult dynamics. Several individuals indicated that their theoretical orientation development was constrained due to highly prescriptive supervisors or insufficient opportunities to explore alternatives.

The reported lack of guidance, assistance, or support in developing a theoretical orientation is disconcerting. Trainees in this sample depicted little help with or modeling
of theoretical orientation development. As one participated noted, there is a dizzying array of theoretical approaches, which may complicate trainees’ learning processes and add frustration and confusion to developing an orientation. Rather than developing a clinically useful and organizing heuristic, trainees risk leaving clinical training programs without developing a coherent orientation. As mentioned earlier, a theoretical orientation serves as an anchor or grounding for clinical work and an important part of socialization into the profession (Binder, 2004; Murdock et al., 1998; Sullivan, 2008). Inadequate theoretical orientation development may jeopardize or complicate a trainee’s candidacy during the competitive pre-doctoral internship application process. In other words, it seems critically important for programs to actively facilitate their trainees’ growth, self-reflection, and learning of one or multiple theoretical approaches to clinical practice.

Because of the salience of finding a personally congruent theoretical orientation, supervisors, training directors, and faculty members who teach theories courses are encouraged to promote trainees’ reflection and self-examination when discussing theories, case conceptualizations, and theoretical identifications and preferences. Indeed, an important part of psychotherapist development seems to be the socialization process of integrating one’s personal and professional selves (Rønnestad & Skovholt, 2003). One way of modeling reflection and the integration of one’s personal and professional selves and promoting theoretical orientation development and socialization into the profession may be supervisors and mentors’ self-disclosures about their paths and the factors that influenced their theoretical orientation development. Several participants in this study appreciated moments when faculty members and clinical supervisors shared their personal experiences related to preferring and developing a theoretical orientation. For
example, faculty and supervisors may share with trainees what appealed about specific theories during mentors’ careers.

After sharing hindering events or experiences, several participants reframed difficulties as challenges that facilitated their development. Susan, for example, talked about her exposure to “passionate” other perspectives as leading to a crisis of confidence in her approach that initially lead her reevaluate her orientation, but ultimately helped her to consolidate and deepen her belief in her orientation. Several other individuals shared that challenging or confrontational supervisors helped them clarify and solidify their theoretical preferences. In a way, participants reframed difficult experiences to view challenging moments as growth-inducing. Orlinsky and Rønnestad (2005) suggest this focus on growth-inducing experiences may prevent professional burnout.

**Strengths, Limitations, and Directions for Future Research**

The present study had a number of strengths. First, a variety of Ph.D. training programs in clinical and counseling psychology were sampled. By incorporating different training programs and philosophies, the design helped to ensure that the findings were not idiosyncratic of one program. The sample included a diverse group of participants. Although the sample was mostly white (86.6%), domestic (86.6%) and international students (13.3%) were represented; men and women were nearly equally distributed (i.e., 53% of sample were men). Participants identified with a variety of theoretical orientations, including psychodynamic, emotion-focused, cognitive behavioral, and systems. The majority of trainees in this sample (53%) described their orientation as integrative or assimilative, which is consistent with a growing body of literature on integrative orientations (Boswell et al., 2009).
Second, purposeful sampling of advanced trainees for whom the topic is highly salient allowed for a rich description of theoretical orientation development. At advanced stages of training, these counseling and clinical psychology students were able to provide structural and textural descriptions of the phenomenon over the course of training. Because theoretical orientation development is important for pre-doctoral internship applications, the findings are timely; that is, they captured experiences with theoretical orientation development toward the end of formal training. As such, the findings likely have significant implications for training programs, internship sites, and trainees.

Third, results from the present study support previous findings, such as the role of personality and personal influences (e.g., Arthur, 2001; Bitar et al., 2007; Murdock et al., 1998; Poznanski & McLennan, 2003), as well as professional training variables (e.g., Buckman & Barker, 2009; Guest & Beutler, 1988). The overall results fit with theory and previous research in many instances. Such consistent findings lend further evidence for the role of personal variables (i.e., personality) in theoretical orientation development.

Fourth, participants were provided with a copy of the interview protocol in advance. Interview questions followed a funnel-approach of starting more open-ended and becoming more specific and targeted over the course of the interview (see Fassinger, 2005). This procedure likely promoted participants’ reflection and meaningful answers (i.e., allowing participants’ thoughts and ideas to emerge). With time to review the interview protocol, participants likely were able to answer more intentionally rather than spontaneously responding to the interview protocol.

Fifth, several participants spontaneously reported that participation in this research study deeply affected their theoretical orientation development. Such feedback
provided evidence of “catalytic validity” (Stiles, 1999, p. 100), or that participation in the study produced focus, energy, and growth. In this study, participants reflected on and described their experiences with theoretical orientation development, which resulted in better understanding their process and feeling empowered about their development.

Finally, credibility checks with participants added to the trustworthiness of the findings. Participants were given several opportunities to ensure the accuracy of the transcripts and provide reactions to the preliminary findings. Respondents’ feedback generally supported the findings and lent further credibility to the results.

In terms of limitations, the study was designed to investigate trainees’ experiences and processes of developing a theoretical orientation. Thus, the process of theoretical orientation development was solely studied from trainees’ perspectives. As such, trainees’ attributions and own understanding of their development may reflect self-serving and confirmatory biases as well as social desirability. Moreover, trainees’ self-reports of their development may have reflected their limited understanding of the phenomenon, especially if they had little self-awareness or engaged in minimal self-reflection related to this topic.

Additionally, participants were asked to retrospectively account for their training experiences and theoretical orientation development. Poor memory may have distorted the findings due to time and narrative-making processes. Although this procedure may have captured richer and more nuanced perspectives, retrospective accounts may not fully describe moment-by-moment experiencing or reflection-in-action during the course of training.
Third, the present trainees may have not developed a clear preference for a specific theoretical orientation at the time of the study. As a result, results of the study may reflect an unclear or uncertain identification with a theoretical orientation. Trainees’ theoretical preferences may further change over time as theoretical orientation development becomes more crystallized. Although efforts were taken to mitigate this limitation by sampling advanced doctoral students, the results may reflect only a snapshot of development in progress and may describe trainees’ incomplete theoretical orientation development. Despite this limitation, findings in this study and others (Rihacek et al., 2012; Rønnestad & Skovholt, 2003) suggest that theoretical orientation development may be better conceptualized as a fluid, lifelong process.

Fourth, the racial and ethnic homogeneity of the sample was a limitation. Most participants in the study were white. Findings from this study suggest that theoretical orientation development is influenced by one’s personal values, which are assumed to be culturally informed. Thus, the importance of cultural fit with a theory may be more salient, and possibly more prominent, for different populations.

Finally, all judges were advanced students in doctoral counseling and clinical psychology programs, which may have biased the results. All efforts were undertaken to identify and “bracket” the judges’ experiences and biases in order to ground the thematic results in the data. The research team members worked together to ensure that they stayed close to participants’ language and data in the spirit of phenomenological inquiry. That said, as counseling and clinical psychology trainees themselves, they were limited by their own developmental stages and status as trainees. However, in contrast, they may also have been more attuned to the nuances of participants’ experiences and perspectives.
Analyses from more constructivist conceptualizations of grounded theory procedures (Charmaz, 2006) view findings as co-constructions between participants and investigators. Judges’ experiences are viewed in this light less as a limitation and more as an asset in developing rich, in-depth analysis.

Future research is needed to expand on this study. The rich, thematic results suggest ways in which trainees prefer, learn, and develop a theoretical orientation. To better understand the phenomenon of theoretical orientation, future studies should examine the insights, experiences, and perspectives of others involved in the training process. Studying the perspectives of supervisors, faculty members, and training directors could enrich our understanding the process of theoretical orientation development. For example, future researchers might study faculty members’ experiences of teaching introductory theories courses or sample training directors to invite them to share their observations, viewpoints, and insights about the phenomenon.

Future researchers may consider using in-depth analyses to study trainees’ theoretical orientation development experiences at other times, such as during introductory theories courses, first pre-practicum (e.g., Hill, Sullivan, Knox, & Schlosser, 2007), or later stages of clinical practice, such as the pre-doctoral internship or post-doctoral fellowship. Such studies would likely better account for trainees’ immediate experiences and limit distortions due to retrospective reflection and recounting. Additional data would allow for comparisons between different levels of training. Methods beyond interviewing, such as analyzing trainees’ journals (e.g., Fitzpatrick et al., 2010; Hill et al., 2007), may also shed light on the processes of theoretical orientation development.
Even with the present small sample, there were significant individual differences in theoretical orientation development. Additional research is recommended to identify pathways or categories of theoretical orientation development. Rønnestad and Skovholt’s (2003) four examples of trainees’ relationships with theory are one example of such a typology. More research with larger samples may illuminate common pathways to developing an approach to psychotherapy. Recent studies (Buckman & Barker, 2010) that compare influences on theoretical orientation development may help to clarify trainees’ paths.

The present study included a sample of advanced clinical and counseling psychology trainees. Future research is needed to compare and contrast findings among trainees and clinicians with varying levels of experience (e.g., from early trainees to experienced clinicians). Valuable insights about theoretical orientation development may be gained by investigating individuals’ experiences according to different levels of training and clinical experience, such as during the post-doctoral year of training.

Longitudinal studies are also recommended to study theoretical orientation development over time. Sampling the same individuals at multiple points over the course of training would allow for more causal conclusions. Many authors have joined the chorus of scholars calling for studies that examine learning and development over time (e.g., Binder, 2004; Orlinsky & Rønnestad, 2005). There are many barriers to studying training environments including limited time and money, multiple supervisors and faculty members, and complex factors (Bennet-Levy, 2006; Binder, 1999). Although authors have bemoaned the overemphasis on theory during training (e.g., Fauth, Vinca, Gates, Boles, & Hayes, 2007), theoretical orientation development remains an important aspect
of training to become a psychotherapist. Comparative, longitudinal studies may provide data about which types of training programs, environments, and conditions best facilitate the development of a theoretical orientation.
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Appendix A

Interview Protocol

Introduction

“Hi, my name is Mark Mason. Thank you for participating in this study.

First, I would like to confirm that you meet the criteria for this study.
- Are you currently a counseling or clinical psychology doctoral student in at least your third year of study? [Yes]
- Have you had a chance to review the interview questions? [Yes]

Great! At this time, I would like to review the informed consent materials with you. First, this interview will last about an hour and will focus on your experiences with theoretical orientation development during training. I will be asking a series of demographic and semi-structured interview questions. Please take your time and reflect on your experiences of developing a theoretical orientation during training. Second, you may withdraw from the study at any time without penalty, and you may choose not to answer any question that you wish. Third, there are no foreseeable risks associated with this study beyond that of a typical classroom activity. Fourth, the interview will be audiorecorded and stored securely under encryption in the investigator’s office. Transcriptions and audio-recorded files will be destroyed following completion of the study. Fifth, please refrain from mentioning the names or identifying information about third parties. Finally, upon completion of the study, you will have the chance to be entered into a raffle to win a $50 gift certificate for Amazon.com in exchange for your time.

What questions do you have at this point?
<…> 

Do you give your verbal consent?
<…>
I’ll start the tape now and begin with the demographic questions.”

Demographic questions

1. What is your age?
2. What is your gender?
3. What is your racial/ethnic background?
4. What is your current level of training (i.e., year in school)?
5. What is your highest degree attained (Bachelor’s or Master’s degrees)?
Semi-structured interview questions

1. Describe your experiences of developing a theoretical orientation over the course of your training.

2. What interests or appeals to you most about this theoretical orientation(s)?

3. Were there any critical experiences or events that influenced your selection or preference of a theoretical orientation(s)? If so, how?
   a. To what extent if any, have any personal experiences you had (e.g., being in therapy yourself, overcoming some kind of problem) affected your theoretical orientation?
   b. What effects did your didactic training, your supervisors or other graduate experiences affect your choice of a theoretical orientation? If so, how?
   c. To what extent if any, has your personality or your socio-cultural identities or background influenced your choice of theoretical orientation? If so, how?

4. What strategies did you use to help you develop a theoretical orientation?

5. To what extent if any, did any critical incidents help you to develop a theoretical orientation? If so, how?

6. What specific experiences have aided in this process of developing a theoretical orientation(s)? If so, how?

7. What experiences have hindered your process of developing a theoretical orientation? If so, how?

8. To what extent if any, did your theoretical orientation change over the course of your training? If so, what experiences prompted this change?
9. To what extent if any, do your beliefs and values affect your theoretical orientation development?

**More demographic questions**

1. Approximately, how many clients have you worked with? How many practicum assignments have you completed?

2. Do you have a preferred theoretical orientation or several preferred orientations? If so, what is/are they?

3. Does your faculty adhere to a predominant theoretical orientation?

4. What are the preferred theoretical orientations of your previous supervisors?

5. Are there any other aspects of your identity that are salient to you (i.e., religious affiliation, sexual orientation, ability, etc.)?

**Closing**

“Thank you very much for your participation! At this time, we have completed the interview questions.

Following the completion of all interviews, a raffle will be drawn for two winners of a $50 Amazon gift certificate. Would you like your name to be placed in the drawing?

In the coming months, I will follow up with you over email to solicit your feedback on preliminary results. This will be an opportunity for you to review a transcript of this interview for any errors and provide reactions to the preliminary results. Thank you again for your time!”
Appendix B

Invitation to Training Directors

Dear Counseling or Clinical Psychology Training Director,

My name is Mark Mason, and I am a fourth year doctoral student in counseling psychology at the University at Albany. Currently, I am conducting a dissertation study on how psychotherapy trainees develop a theoretical orientation. The purpose of the study is to better understand the influences on and processes of developing a theoretical orientation over the course of training. I request your help in identifying students who are highly interested in this topic.

I am seeking advanced students (i.e., third, fourth, fifth, or sixth years of study) who are highly interested and passionate about the topic of theoretical orientation. If possible, please forward me one or several names and their emails. Volunteers will be contacted and asked to participate in an hour long interview either in person or over the phone. By participating in this study, students will be eligible to win one of two $50 Amazon® gift certificates. This study has been approved by the Institutional Review Board (IRB) at the University at Albany/SUNY.

Thank you in advance!

Sincerely,

Mark Mason
Doctoral candidate
Division of Counseling Psychology
Department of Education and Counseling Psychology
School of Education
University at Albany
(518) 442-5043
mark.mason01@albany.edu
Appendix C

Invitation to participate/Informed consent

Dear Counseling or Clinical Psychology Student,

You are invited to participate in a study called “Psychology trainees’ experiences with theoretical orientation development.” This study seeks to interview students who are highly interested in and passionate about the topic of theoretical orientation(s). The purpose of the study is to examine the influences on and processes of developing a theoretical orientation over the course of training. By participating, you will be eligible to win one of two $50 Amazon® gift certificates.

The interview will last about 60 minutes. These interviews will be conducted either over the phone or in person, depending on your preference. Upon completion of all interviews, interview transcripts and preliminary analyses will be shared with you in order to solicit your feedback. You may withdraw from this study at any time; there are no penalties for withdrawal. If at any time you withdraw, you may still enter the raffle to win a gift certificate. By participating in this study, you may benefit by examining the influences on your development as a therapist.

Your participation in this study is voluntary and confidential. Recorded interviews will be kept in a secure cabinet in the investigator’s office, with access restricted to members of the research team.

If you would like more information about this study, please feel free to contact me at mark.mason01@albany.edu, or my advisor, Dr. Alex Pieterse at apieterse@albany.edu. Additionally, you may contact the University at Albany Office for Research Compliance Institutional Review Board (IRB). The phone number for the IRB is (518) 442-9055. Alternatively, you can contact the IRB through email (orc@uamail.albany.edu) or postal mail at Office for Research Compliance, Lecture Center Sub-Basement Room 28 (LCSB 28), 1400 Washington Avenue, Albany, NY 12222.

Thank you for considering participation in this study. I look forward to hearing from you and learning more about your training experiences!

Sincerely,

Mark Mason
Doctoral candidate
Division of Counseling Psychology
Department of Education and Counseling Psychology
School of Education
University at Albany
(518) 442-5043
Appendix D

PARTICIPANTS’ RIGHTS

☐ I have read and understand the accompanying letter that provides a summary of information about this study.

☐ I have been informed that completing the interview will last about 60 minutes.

☐ I have been informed that this interview will be audio-recorded and later transcribed. In other words, audio-recording equipment will be used to record the interview. Recorded interviews and all data will be confidential and securely kept in the researcher’s office, with access restricted to the investigator and research team. Following completion of the study, recorded sessions and transcriptions will be destroyed. You may still participate in this study if you are not willing to have the interview recorded.

☐ I have been informed to please refrain from mentioning the names of or identifying information about third parties during the interview. Should any names or identifying information about third parties be inadvertently mentioned, the identifying information will be erased.

☐ I understand that I will be contacted again upon completion of interviews to provide feedback about the accuracy of the transcription and preliminary analyses.

☐ I understand that there are minimal risks involved and that benefits may entail a deeper understanding of my own development as a therapist, especially related to theoretical orientations.

☐ I understand that I have the right to ask questions at any time. If I have questions about the study, I may contact Mark Mason at mark.mason01@albany.edu. If I have questions about my rights as a participant, I may contact the University at Albany Institutional Review Board (IRB). The phone number for the IRB is (518) 437-4569. In addition, I can write to the IRB at Office for Research Compliance, Lecture Center Sub-Basement Room 28 (LCSB 28), 1400 Washington Avenue, Albany, NY 12222.

☐ The investigator may withdraw me from the research at her/his professional discretion.

☐ I understand my participation is voluntary and that I may refuse to complete the interview or discontinue participation at any time without penalty.

☐ I understand that a copy of the Research Description and this Participant's Rights document will be distributed to me in person or through the mail.
☐ Please sign below, or give consent over the phone, if you are willing to have this interview audio-recorded.

I have read, or been informed of, the information about this study. I hereby consent to participate in the study. I understand that my initials indicate informed consent if this interview is conducted over the telephone.

Participant's signature: __________________________ Date: ___/___/____

Name: _____________________________________________

Investigator’s Signature: __________________________ Date: ___/___/____

Name: _____________________________________________