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**Stresses reported by UK trainee Counselling Psychologists**

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## **Stresses reported by UK trainee Counselling Psychologists**

### **Abstract**

This study examined stressors and psychological distress in 109 UK counselling psychology trainees. The research focus was two-fold. What is the profile of stressors that counselling psychology trainees report about the components of training? What relationship is there between this profile, and other characteristics of trainees, including their level of current psychological distress? Data from a stress survey and from the General Health Questionnaire were examined. High stress scores were found on three aspects of the stress survey ('academic', 'placements', 'personal and professional development'), but not – surprisingly – on the aspect, 'lack of support systems'. Significant stress differences were reported for gender and age of participants, and highly significant positive relationships were found between General Health Questionnaire and stress scores. Overall, the results suggest actions to be taken. Further research is needed to clarify unavoidable and avoidable stressors in training, and the reduction of trainees' experience of training stress to the necessary minimum needs to be adopted as an active target by programmes.

## **Stresses reported by UK trainee Counselling Psychologists**

### **Introduction**

Workers in counselling-related professions are particularly vulnerable to stress and burnout, and the associated effects on service delivery and quality of care (Cushway & Tyler, 1996; Fothergill *et al.*, 2004; Maslach, 1976; Moore *et al.*, 1996; Rippere & Williams, 1986; Verdenburgh *et al.*, 1999); special attention has been paid to helping them (e.g., Bamber, 2006; Edwards *et al.*, 2002). While most studies concentrate on stress in qualified professionals, trainees in such professions may be even more vulnerable (Halewood & Tribe, 2003; Truell, 2001). Stressors are highly likely to be exacerbated in training, both generally (e.g., Jensen, 1995), and with respect to specific diversities (e.g., Martinez & Baker, 2000). Millon *et al.* (1986) have suggested that training in psychology as a career is “full of intrinsic stressors”, presenting “student practitioners with multiple academic and clinical demands which often lead to early self doubt” (p. 242). Glickhauf-Hughes and Mehlman (1995) comment that counsellors will frequently struggle with doubts and insecurities about being ‘good enough’. Szymanska (2002) argues that even if self-doubt is necessarily to be expected in counselling psychology training, this does not mitigate its negative effect upon trainees.

Just how necessary the various stresses of training are, is a question worthy of consideration. Simply because they are frequently experienced may not mean they are inherent constituents. Take for example, Cushway’s (1992) broad study of UK clinical psychology trainees, in which four major aspects of their training experience were highlighted. Each was an essential part of training as currently

delivered, all inter-related to some extent, and perhaps more importantly, each was reported as a source of stress, cumulative in their combined impact: academic workload, clinical placements, personal stressors, and programme organisation. Some of the stressors identified in the survey cannot be thought of as essential or necessary aspects of training – for instance, poor supervision of client work (see also Nelson & Friedlander, 2001), and (something that affects clinical far less than counselling psychology trainees in the UK) financial costs, such as fees, loss of earnings while training, childcare, personal therapy and extra supervision (see also Jensen, 1995).

Reports that have focused upon counselling psychology training have highlighted similar issues (Bor & Watts, 1997; Milton, 2001; Szymanska 2002). These reports, however, focus upon single issues only – we were unable to find any comprehensive UK investigation of the breadth of Cushway's, that has been reported for counselling psychology – and her findings about clinical psychology trainees cannot necessarily be taken as transferable to counselling psychology trainees. Training for counselling psychology in the UK is differentiated from that provided for clinical psychology in several ways. Counselling psychology trainees are not publicly funded employees (although they may sometimes be employer-sponsored), generally paying college fees and living costs throughout training. Student status is not necessarily full-time, and they have to work in some other employment alongside their professional training. In some programmes, work placements and supervision are not organised by staff, but must be found by the

trainee. In these cases, placement experience may be gained as part of other on-going employment duties, though such an arrangement would be thought through and negotiated by the trainee. Each of these aspects may add to counselling trainees' experience of stress, and place further demands upon their personal and material resources.

The present study, therefore, was designed as a broad-based investigation of UK counselling psychology trainees' self-reports of their experiences of stress in training. It focused upon the profile of stressors that counselling psychology trainees reported of their training, and the way in which their ratings of stressors related to their demographic details and to levels of psychological distress.

## **Methodology**

### Sample

All trainees enrolled on accredited UK counselling psychology training programmes in January 2003, who were studying for Part 1 of the British Psychological Society Diploma in Counselling Psychology (N=269), were sent a research pack of information and questionnaires to complete. A 41% (N=109) return rate of usable questionnaires was obtained. Table I shows general characteristics of the sample; in broad demographic terms (gender, age, ethnicity), it was reasonably representative of UK counselling psychology trainees in 2003.

– Table I about here –

### Procedure

Ethical approval for the research was obtained from University of East London. It was conducted as a postal survey. All UK universities offering BPS accredited training programmes in counselling psychology (seven at the time of the study) were approached. A letter was sent to each programme director explaining the study's rationale and requesting permission to distribute the questionnaires to trainees. Sample copies of the questionnaires, consent form, demographics form and letter for trainees were attached. This was followed up by telephone calls and emails to programme directors; all agreed to take part.

Packs were sent in sufficient numbers for every trainee, with a pre-paid envelope for return of each person's questionnaires. After two weeks, reminder emails were sent to programme directors to encourage completion of questionnaires. Data collection was stopped six weeks after initial mailing.

### Instruments

*Counselling Psychology Trainee Stress Survey (CPTSS)* – This questionnaire was devised to examine stressors participants experienced during training, there being no pre-existing instrument measuring stress in counselling psychology trainees. It was developed from Cushway's (1992) stress survey for clinical psychology trainees. Her four categories (academic stressors, placement stressors, organisational stressors and personal stressors) were used as a starting point. A group of five counselling psychology trainees was asked to brainstorm stressors under these four headings and from their discussion the CPTSS was constructed, comprising 36 items. These were piloted on six further trainees; from

their comments, minor adjustments were made and one item added (see Appendix). The items divided into four descriptive categories, slightly different from Cushway's: academic demands (13 items), lack of support systems (5 items), placement stressors (10 items), and personal and professional development (PPD) (9 items). The degree of stressfulness associated with each item was rated on a five-point scale from *very* (4) to *not* (0) stressful.

*General Health Questionnaire 12 (GHQ12)* - The GHQ12 (Goldberg, 1978; Wemeke **et al.**, 2000) is a 12-item short form of the GHQ, a screening device for non-psychotic mental health distress in people in community and medical settings. Each item rates the participant's recent experience of a particular symptom or item of behaviour on a 0-3 four point scale. The GHQ may be scored for extent of distress, but also (in binary format) to indicate 'caseness' – whether or not the distress level might attract a psychiatric diagnosis. The GHQ12 is widely used and has excellent psychometric properties.

## **Results**

### Results from the CPTSS questionnaire

Table II shows the CPTSS items that were regarded by participants as the highest stressors, over a range of indicators: the items included were at or above the 75<sup>th</sup> percentile score of all participants' scores for that item, had a mean in the upper half of the zero to four range, and generally, a median of three and a mode of four. Thirteen items were thus identified. None came from the 'Lack of Support' items. 'Support' had been targeted specifically as a stress issue in the



initial pilot discussions, but it – whether in quality or quantity received – was not generally rated as problematic. The high-rated items of Table II may be said to fall into two groups. The first group concerned very practical issues of finding available time (items 6, 22, 23), funds (items 30, 35), and suitable placements (item 19). Negotiating each of these is often the trainees' responsibility, and each has the potential deeply to affect the quality of their social and domestic life (item 29). The second group might be thought of as a more intrinsic part of postgraduate professional studies: academic pressure (items 1, 5, 9, 13) and professional socialisation (items 21, 33).

– Table II about here –

The CPTSS items are grouped descriptively into four sections (Table III). Apart from 'Support' items (mentioned above), the totals for the three other sections each received about the same level of rating as stressors. In order to determine a basis for the four groupings within the 37 single items of the CPTSS to be employed as four subscales ('Academic', 'Placement', 'PPD' and 'Lack of Support') of a viable 'Total' scale, reliability analyses were conducted for the items comprising each section, and for all the items as a whole. The analyses gave acceptable levels of internal reliability (Kline, 1986) ranging from .77 to .92 (Table IV). Scores for the Total scale and for the four subscales were then employed to examine the extent to which the remaining data (demographic and GHQ12 scores) were statistically related to them.

– Tables III and IV about here –

CPTSS scores and other data from the present sample\*

Two demographic variables significantly differentiated the sample's CPTSS scores (Table V). Higher stress ratings were recorded by female participants – a trend only for the Total scale ( $p=.003$ ), and significantly at  $p=.002$  specifically for the Academic subscale. Significantly higher stress ratings were also recorded by younger participants (and lower by those who were older) both for the Total scale, and specifically for the Placement subscale (Anova post hoc tests demonstrated significant differences between all three age groups for Total and for Placement CPTSS scores).

– Table V about here –

Table VI shows the GHQ12 results for the sample, in the two scoring forms available – 'caseness', and extent of distress. The 54 participants identified as 'cases' had significantly higher CPTSS scores than the 39 'non-cases'. GHQ12 ratings were highly significantly and positively correlated with each subscale, and with the Total scale. The higher the stress rated for any aspect of counselling psychology training, the clearer the indicators of psychiatric distress became.

– Table VI about here –

### **Discussion**

The various components of training in counselling psychology were clearly associated by the study's participants with substantial ratings of stress; we found

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\*Only statistically significant results are reported here (full details of analysis are available in Kumary, 2003). Considering the effect of multiple tests on Type I error probability, the criterion value for alpha at which significance is reported was set at  $p=.002$ . Given that a variety of tests was used, this value was decided by inspection.

that the highest-rated items seemed to delineate two sorts of stressor, issues that were more practical and organisational, and others that seemed more intrinsic to postgraduate professional training.

Although pilot discussions led us specifically to include questions about support – or rather, the lack of it – these CPTSS items attracted considerably less attribution as stressors than academic, placement and PPD issues. Indeed, Cushway's (1992) data about support do not emerge in the context of problems, rather, support is accounted for as a solution to training-induced stress, and this may be the way that most of our participants viewed it – as a resource to be created and used, rather than as a cause of distress because it was insufficiently provided. The absence of resource may be experienced as qualitatively different from the presence of active contribution to distress (i.e., the other subscale items).

In terms of the remaining CPTSS scores, the other three subscales (academic, placement and PPD) were not obviously differentiated as active ingredients of stress – no 'profile' emerged distinguishing one from another. When the sample was split by gender, however, men reported lower CPTSS ratings, most noticeably on academic items. Similar gender-differentiated data have led others (e.g., Cushway, 1992) to comment on women's greater willingness to be open about the emotions they experience; but this is speculation, no more worthy an explanation than talking about men's reputed attraction to intellectual challenge. From a not dissimilar study of medical training, Moffatt et al. (2004)

simply concluded that male-female differences in self-reported stress need further investigation. We agree with them.

When the present sample was split by age groups, older participants had lower CPTSS ratings – especially on placement issues. Again, speculation might lead one to imagine that with age came wisdom that enabled the older counselling psychology trainees to find and negotiate their placements more calmly, or perhaps made them appear more attractive to potential supervisors; but further research is needed.

The idea of understanding trainee stress in greater specificity was even more poorly served by examining the CPTSS data by the degree of psychiatric distress reported: there was an undifferentiated association between the two. Each CPTSS subscale showed a very highly significant positive correlation with GHQ12 scores. The 59% proportion of counselling psychology participants that was identified as within the GHQ caseness range is identical to that in Cushway's (1992) sample of clinical trainees. The one point of difference with findings elsewhere, is that in the present study, levels of counselling psychology trainee distress remained steady over time (Year One participants' scores were not significantly different from those of Year Two). GHQ caseness has been reported as significantly increasing over time for medical students (Moffatt *et al.*, 2004) and for clinical psychology trainees (Hatton & Gray, 2004) – indeed, in the latter study, caseness levels reached 100% at the end of the second year of training.

None of these figures are data to be proud of, not even the present study's evidence that levels of distress may remain steady over time. Cooper and Quick's article (2003) is one of several voices maintaining that high stress 'goes with the territory' of high success, and undoubtedly, getting accepted onto postgraduate professional training programmes is a sign of success. The discourse of inevitability that surrounds reports of stress of an undifferentiated 'across the board' nature may lead trainers and trainees to accept the situation as endemic. While we acknowledge the flaws of this study – for example, the unstandardised status of the CPTSS questionnaire, and relatively unsophisticated though legitimate statistical analysis – an important conclusion may be argued from its data. We did not perceive it at first, so convinced were we of the inevitable presence of stressors, and of the value of the 'profile' approach of comparing and contrasting the different CPTSS subscale scores. The study's main, obvious and repeated feature is that counselling psychology trainees report stress levels and associated distress levels that are unacceptably high. Such a conclusion presents a great challenge to the status quo of training, and thereby provokes convincing rationalisations. However, the present data are similar to those of many other studies of training in a variety of related professions, and to that extent the conclusion is certainly arguable, however starkly counter-intuitive it may be to trainers' ways of thinking. We are still asking ourselves questions such as, do training programmes expose trainees to unacceptable stress levels while simultaneously promoting high levels of vulnerability/openness to experience –

and then use their resilience as an assessment criterion of professional suitability?

Do we thus – knowingly or unwittingly – advantage those with backgrounds

providing such resilience, and disadvantage those with more disabling

biographies?

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APPENDIX - Counselling Psychology Trainee Stress Survey (CPTSS) Items

'Academic' items

- 1 Meeting deadlines
- 2 Time spent doing assignments
- 3 Transcribing transcripts
- 4 Demanding timetable
- 5 Amount of work expected from trainee
- 6 Finding time for reading and critical reflection
- 7 Developing academic writing style (for process reports, case studies, research)
- 8 Feedback received
- 9 Taking examinations
- 10 Attitude of staff
- 11 Putting theory into practice – learning about different models
- 12 Learning about what is the identity of the counselling psychologist
- 13 Doing research

'Support system' items

- 14 General support from the course – resources and information
- 15 Support from tutors
- 16 Support from peers
- 17 Support from others
- 18 Support in the process of becoming a counselling psychologist

'Placement' items

- 19 Difficulty in finding counselling placements
- 20 Being interviewed for placements
- 21 Feeling deskilled – questioning your professional ability
- 22 Completing counselling hours
- 23 Fitting placement in with other commitments
- 24 Applying theory to clinical practice
- 25 Demanding clients
- 26 Coping with client dilemmas
- 27 Assessing clients
- 28 Developing professional writing skills (for session notes, reports, etc)

'Personal and professional development' items

- 29 Managing life outside the course – fitting personal life with professional life
- 30 Paying for fees and other course-based money restrictions
- 31 Dual role of being a trainee and a professional
- 32 Finding time to reflect (in the face of 'constantly running')
- 33 Starting three things at once – personal therapy, placement and supervision

- 34 Finding a personal therapist
- 35 Finding money to attend other short courses
- 36 Travelling incurred by placement and/or academic course
- 37 Coping with supervision

**Table I: Respondent characteristics (N=109\*)**

Gender	Women	87	81%
	Men	21	19%
Age group	20-30 years	47	43%
	31-40 years	36	34%
	41+ years	24	22%
Ethnicity	White	89	83%
	Minority Ethnic	18	17%
	Asian	7	6%
	Mixed	4	4%
	Black	5	5%
	Other	2	2%
Training mode	Full time	63	58%
	Part time	45	42%
Programme duration	1 year	13	12%
	2 year	46	43%
	3 year	49	45%
Year of training	First	59	54%
	Second	50	46%
Time since previous academic study	One to two years	84	77%
	Three years or more	25	23%
Occupation	Commercial/business	31	29%
	Administration	5	5%
	Psychology/counselling	7	7%
	NHS-support/care work	9	8%
	Research/teaching	5	5%
	Unemployed/other	50	47%

[\*In this and all other Tables, missing data are represented by N < 109]

**Table II: High-rated CPTSS items**

<u>No &amp; content of CPTSS Item (N)</u>	<u>Mean</u> (SD)	<u>Median</u>	<u>Mode</u>
Of the 13 'academic' items			
9 Taking examinations (93)	2.9 (1.1)	3	4
6 Time for reading/critical reflection (108)	2.7 (1.2)	3	3
1 Meeting academic deadlines (109)	2.6 (1.2)	3	3
5 Amount of academic work expected (109)	2.6 (1.1)	3	3
13 Doing research (99)	2.6 (1.2)	3	4
Of the 9 'PPD' items			
30 Paying for programme fees (109)	2.6 (1.5)	3	4
33 Starting personal therapy, placement, and supervision simultaneously (105)	2.6 (1.4)	3	4
29 Managing life outside programme (109)	2.5 (1.3)	3	4
35 Finding money to go on programmes (109)	2.5 (1.5)	3	4
Of the 10 'placement' items			
21 Feeling deskilled (105)	2.6 (1.4)	3	4
23 Fitting placement with commitments (104)	2.5 (1.4)	3	4
19 Difficulty finding placements (107)	2.4 (1.5)	3	4
22 Completing counselling hours (103)	2.3 (1.4)	2	4

**Table III: Mean scores for CPTSS sections, and for all items combined**

<u>Part of CPTSS (No of items)</u>	<u>Mean</u>	<u>(SD)</u>	<u>Proportion represented by mean, of maximum possible score</u>
'Academic' (13 items)	27.5	(8.9)	57%
'Placement' (10 items)	21.2	(8.4)	53%
'PPD' (9 items)	22.3	(9.7)	56%
'Lack of support' (5 items)	5.2	(4.0)	26%
Overall mean score (37 items)	77.7	(23.7)	53%

**Table IV: Reliability analysis (Cronbach's Alpha) for CPTSS items**

Academic subscale (13 items)	.8355
Placement subscale (10 items)	.8584
PPD subscale (9 items)	.8595
Lack of Support subscale (5 items)	.7734
Total scale (37 items)	.9247

**Table V:** CPTSS means (SDs) for female and male, older and younger, participants

	<u>Female</u>	<u>Male</u>	<u>Significant difference (2-tailed)</u>	
Total scale	81.3 (21.5)	63.5 (27.0)	t(75,19)=-3.05, p=.003	
Academic subscale	28.9 ( 7.9)	20.8 (11.0)	t(64,13)=-3.17, p=.002	
	<u>20-30yrs</u>	<u>31-40yrs</u>	<u>41yrs+</u>	<u>Significant difference</u>
Total scale	87.5 (19.8)	74.3 (21.2)	62.9 (26.8)	F(2,90)=9.15, p=.000
Placement subscale	24.7 ( 7.9)	18.8 ( 7.7)	17.6 ( 8.1)	F(2,90)=7.71, p=.001



**Table VI: Significant relationships between CPTSS and GHQ12 results**

GHQ12 'disorder score' mean (SD) for all participants:		14.26 (5.9)
<u>Significance of correlation (Pearson) (2-tailed)</u>		
GHQ12 'disorder score' and:		
Total scale		r(91)=+.572 p=.000
Academic subscale		r(75)=+.543 p=.000
Placement subscale		r(93)=+.419 p=.000
PPD subscale		r(94)=+.677 p=.000
Lack of Support subscale		r(98)=+.418 p=.000
	<u>GHQ12 'case'</u>	<u>GHQ12 'non-case'</u>
		<u>Significance of difference (2-tailed)</u>
CPTSS Total scale mean (SD)	90.0 (17.8)	62.0 (21.2) t(54,39)= -6.8 p=.000