How Can We Train Beginner Therapists?—Through the Therapist Centered Training for Beginner Therapists

Masahiro Shirai
Shigakukan University, Kagoshima, Japan

Yoshino Matsumoto
Free-lance Psychotherapist

Mihoko Kawamoto
Kagoshima University Graduate School, Kagoshima, Japan

The purpose of this study is to practice Therapist Centered Training (TCT) for beginner therapists and show that effectiveness. TCT is the training that therapist under training is put in center, and the purpose of TCT is to organize clinical view or experience, not to learn knowledge and techniques. In this study, two cases of beginner therapists are picked up. The results suggested: (1) Beginner therapists have anxiety or impatience because they don’t have own base; (2) Therapists could accept their own way of being; and (3) As a result of TCT, their anxiety or impatience related to therapists’ identity is diminishing.

Keywords: therapist training, beginner therapist, Therapist Centered Training (TCT), Theory Centered Training

Purpose

Problems of Beginner Therapists and Necessity of Training

Presently, many kinds of psychotherapies exist and it is getting more important how to train beginner therapists, especially undergraduate and graduate students who have a few-year experience as therapists. In these few years, the number of books featuring beginner therapist’s problems and trainings for them is increasing in Japan (Suzuki, 2012; Minoura et al., 2014; Ide et al., 2015; Kamikura et al., 2016; Warisawa, 2016, etc.).

For example, Suzuki (2012) suggests importance of beginner therapist’s self-understanding because of beginner therapists’ struggle, “They tend to become unstable and, at the same time, face their own issues”, after citing words of Kitajima (2009), “Beginners can be unstable easily with piling up new knowledge and skills and trying to find their own identity as a therapist”.

And Warisawa (2016) analyzes processes of beginner therapist’s experience through Modified Grounded Theory Approach Method with focusing on difference of learning process among them. The targets are 19 undergraduates. And the analysis shows that all of them are seesawing between two thoughts “vagueness” that is the confusion without knowing what and how they should learn, and “Sense of immaturity as a professional and lack of reliance on their own decisions”. And Warisawa suggests that it is important to help beginner therapists feel and think by themselves in order to take a step toward a next stage.

Kamikura et al.’s (2016) study how the beginner therapists react and get over anxiety during interviews with clients by using method of Trajectory equifinality modeling. Kamikura et al. (2016) conclude that those
beginner therapists become anxious first without figuring out what kind of a person the client is, but trying to understand the client and facing and accepting themselves, they finally overcome the anxiety. They also suggest the importance of “the process of supporting beginner therapists to face their own tendency and accept those”.

Moreover, Okamoto (2007) says that beginner therapists with a few-year experience make their existence as a professional unstable because of lack of confidence with them, which is caused by anxiety for not forecasting how to go with clients and little experience of interviews.

This tendency happens not only in Japan. For example, Dantas and Pereira (2012) explain four phases that beginner therapists go through. The first phase is agony caused by sense of useless for client’s expectation. According to Dantas and Pereira (2012), the beginner therapists have agony and anxiety for their abilities at this point.

This shows that the beginner therapists are at unstable state and easily getting anxious and diffident of their abilities. In addition, in order to get out of such state, it is essential for them not only to learn knowledge and technique, but also to have experiences which can support them in self-understanding and their own ideas.

What Is Therapist Centered Training?

As a way of self-understanding and searching for own sense for beginner therapists, I propose a training called Therapist Centered Training (TCT) (Shirai, 2007). TCT, in a word, is training for therapists to look back on themselves and build “my therapy”. TCT is named by me (author), punning on “Client Centered Therapy” named by Rogers. And I have two thoughts on TCT.

First, “Therapist Centered” is the antithesis of “Theory Centered”. Although therapists learn knowledge of therapy, clinical theory, skill and way of assessment and involvement through books, seminars, case conference and supervision, I call such trainings Theory Centered Training (Shirai, 2007), which is thought as knowledge and skill from the outside and theoretical and empirical “right therapy”.

In contrast, I named the therapist training “Therapist Centered Training”, in which, not learning knowledge and skill from the outside, but the therapists can look back own sense or thoughts, confirm own characteristics and peculiarity, and relate own view of life to a therapy to build “my therapy”. Needless to say, both of Theory Centered Training and Therapist Centered Training are important like two wheels of a cart. But current training trend in Japan puts great emphasis on Theory Centered Training. That’s why, it is important to think about Therapist Centered Training.

Secondly, TCT is a training led by a therapist who received training, not a teacher or a leader. In conventional training, knowledge and technique are delivered from an acquired person to a non-acquired person. So, it is “Trainer (or Teacher) Centered” and right answers always belong to trainers. When a trainer calls a “right therapy” as the accumulation of the past knowledge and technique, it is clear that the therapy is suitable. But, when a trainee builds “my therapy” in his/her own way, the “Trainee Centered” way is suitable because the trainee plays a leading role and other people support him/her. Trainee’s thoughts, feeling or history are not written on a book and not known by a person called “teacher”. A person who knows a trainee well is him/herself. When it comes to learning knowledge from outside, teaching side has advantage, but in terms of organizing experience from their inside, the therapist (learning side)is the right person.

These two ideas on “Therapist Centered” are the basis and philosophy of TCT. And TCT is the only training in accordance with the idea of “Therapist Centered”. Therefore, TCT is not a specific method but could be various methods and may develop in future.
TCT in this study is using a group approach. The purpose of this study is to consider problems of the beginner therapists and how TCT works for them through two cases of TCT.

Procedure and Cases

Procedure of Therapist Centered Training

Next, I’d like to explain how Therapist-Centered Training goes (see Appendix 1). The cases in this study were conducted in group style. And these cases started from step 3 in the manual because each theme was decided in advance.

First, a speaker explains the theme briefly. Next, supporters or other attendants except the speaker ask questions about the theme. Through answering questions, the speaker understands his theme deeply. And supporters wrote every comment and question on a whiteboard so that the speaker can think back himself with it. After some comments are given, a facilitator confirms whether the speaker has enough images of the theme. If he does, a speaker decides what he would do after this (e.g., picking up some keywords to organize and illustrate, getting advises from supporters, or role-playing and so on). After the speaker organizes his idea about the theme, all members give feedback and the session is closed.

What is important in TCT is that the speaker has the authority to decide everything and supporters follow him. To answer supporters’ questions or not is totally up to the speaker, and same thing to listen to their comments. Supporter’s role is only to assist or help the speaker to organize his experience and thoughts. Through this process, the speaker can have a sense of secure.

In this study, I had an additional interview for the speakers to feedback their training a couple of month later.

Cases

Case 1: Miss A. Miss A is a woman in her twenties. She joined the TCT as a speaker one year after she began to work in a psychiatry clinic. Since then, she had joined the TCT and experienced a supporter several times.

At that time, she thought that she should receive some orientations as a clinical psychologist. Providing counseling to clients every day, she was painfully made aware of her poor knowledge and her ill-organized thoughts. She attributed especially such ill-organized thoughts to lack of a core idea in her therapy. And she felt impatient with such situation. When she tried to find a core idea of her therapy, a question “What is my individuality in my therapy?” aroused in her mind, so she selected “About therapy in my own way” as a theme.

Various questions and answers were exchanged between the speaker and supporters in the TCT’s session. For example, some supporters asked her “What do you keep in mind during therapy?” and “What kind of therapist do you want to become?” And the speaker answered those questions after organizing her thoughts. Among those questions, the most impressive one was “Which type of counseling do you feel more difficult, personal one or group one?”. She answered “Given the choice, I feel difficulty in conducting a group therapy rather than personal. Because sometimes an instructive intervention is needed in group therapy”. Behind her answer there is her worry that her intervention could be one-sided intervention when her thought doesn’t match client’s needs.

As the TCT progresses, she found an interesting thing. There were a lot of words bearing meaning of relationship written on a whiteboard. This suggests that she used such words repeatedly in the TCT. And then she realized that it is important for her to have “inter-relationship” not “one-sided relationship”. To attain the
“Inter-relationship” in her therapy, she wants to try to understand what clients want and think, and to figure out the clients’ problems together.

In a feedback interview about the TCT, she had a chance to think why she wanted to put emphasis on inter-relationship. When looking back on her life, she realized that she has always been wanting to treat every encounter importantly, and to think or do something “together” not “alone”. And she said that such thought might link to the base of her therapy now. Until then, she was lack of confidence, anxious and impatient. So she thought that she should find her therapy, identity, and orientation, and as a result, she push herself too much, and became to feel difficulty in conducting a therapy and lost sight of what she thinks important in therapy.

But through the TCT session, she found out her base which is “inter-relationship”. Still she keeps seeking her therapy, but she came to think that her core idea for therapy is not necessary to be found in a rush, but step by step through studying or learning.

In daily therapy after the TCT, she is becoming to meet her patient calmly with the idea of “inter-relationship”, even though she feels anxiety or impatience.

Case 2: Miss B. Miss B is a woman in her twenties, too. After learning music therapy in a university and working for several years, then she entered a graduate school. Just before finishing the master’s course, she participated the TCT session as a speaker. She had already participated the TCT several times as a supporter.

At that time, Miss B has been worrying about not having the core theory as a clinical psychologist. She was a second year graduate student, almost completing the graduate school. But she thought she did not make assessment well, and when her client showed improvement she did not understand why. And she wondered how her therapy worked to the client. Especially she thought her assessment was just a long list of features or symptoms of a client. In spite of making great efforts to relate them to cause, she could not have confidence and had anxiety and dissatisfaction. And she thought that the reason why she felt in that way was she had no theory as a base of her therapy. So, she selected the TCT’s theme, “I can’t decide the theory which becomes grounds for my therapy.”

At the beginning of the TCT, a supporter asked such question, “What kind of field and theory are you interested in?”. She answered that, “I’m interested in psychoanalysis and Client Centered Therapy”. Other asked her, “What kind of therapist do you want to be?”. She answered, “I want to be a therapist who can give client warm and secure feeling and help them get back their self-confidence or power”.

And, other supporter asked, “Why do you decide to choose only one theory?” Miss B had thought that she could use the best of many theories for client when she started learning clinical psychology. As she learned it, she thought that with specific single theory, she could understand clients more. And to a question, “If you decide the theory, what will happen to you?”, she answered that she could be confident in her therapy, but on the other hand, she might be obsessed with the theory she had chosen. She seemed to realize that she had two contradicting aspects, like she is basically indecisive but once makes a decision, she is stubborn. Moreover, through other various questions, she became aware of her tendency that she considers nonverbal communication and sense and impression she gets from her client important for assessment. As a result, she thought that having only one theory could make her less flexible and destroy the warm atmosphere.

Through these exchange with supporters, she noticed that double-licensed of clinical psychologist and music therapist, which is her start of learning psychology, was disturbing her to select one direction, and this is why she felt her therapy was incomplete. But at the same time, such licenses were the evidence of precious knowledge with her. Having such awareness, she could pay more attention to her inside in which she felt fear.
and anxiety with the idea of having a single theory, and felt such fear and anxiety shrinking. Then an idea
aroused in her mind that it is good to have several her favorite theories and it should not be only one theory if it
causes difficulty during her therapy. Moreover, she came to even think that to worry is not bad. After the TCT
was over, she thought that for the time being, she had found an answer, but if something happens in the future,
she could lose sight of the fundamental idea and she might be confused in her therapy again. But, at the same
time, she also seemed to realize that it is good to find an answer each time she becomes under such
circumstances, and the moment of worrying or wavering is not bad.

In a follow up interview, she said that “Most impressive thing in the TCT is I felt that I love myself”. She
agreed genuinely that what she had acquired and her efforts she had made until now were not useless, and think
that all what she has done have formed her as it is now. And, through such opportunities to exchange, she, who
is graduating and heading to the next stage, seems to have a confidence with an idea that even she has such
confusion in her therapy again, she can overcome and go forward like this time.

Consideration

Summary of the Result

I consider about the meanings of the TCT for beginner therapist with these two cases. Miss A had
impatience for having unsettled therapist identity, which should be the grounds of her therapy, and had anxiety
and lack of confidence for her own therapy. So, she thought that she should have one clear orientation. But
through the TCT, she could ascertain her keyword of “inter-relationship”. It was very important that the
keyword was not an existing orientation but it came from her. As a result, she found the base of her own
therapy, and her anxiety and impatience reduced. And even she has doubts about her therapy, she could meet
her client calmly with the base of inter-relationship.

Miss B had felt lack of confidence and impatient because she didn’t have the main theory in her therapy.
Through the TCT, she noticed disadvantages of having only one theory, and good aspects of having some
favorite theories. Deciding not to decide one theory and just accepting worrying and wavering herself make her
identity as a therapist. And her fear and anxiety are decreasing by accepting how she has been until now and
she becomes confident enough to advance forward.

Comparing Two Cases

Next, I consider the features by comparing these two cases at each timing of before, after, and ongoing
TCT.

First, the feature before the TCT is both of the speakers have anxiety and impatience about lack of base or
core idea. They felt unstable in their therapist identity without any base and made efforts to get over such
anxiety by learning theories. Such problems related to therapists’ identity is considered in common among
many beginner therapists. As a result of having these problems, they are trying to adopt a specific theory
forcibly and lose sight of their own clinical styles.

Secondly, I consider the feature seen at ongoing TCT. Miss A could find the keyword of her clinical base
“inter-relationship” through the TCT. On the other hand, Miss B didn’t find her base, but she could accept
uncertain herself. As it shows, the conclusions they got through the TCT are different each other. But it is in
common to think about how they have been and accept themselves. So, I could say that speakers have the
common manner to accept themselves with problems through the TCT.
These results explain the TCT’s characteristics very well. The purpose of the TCT is to find each answer for each person. Although the answers vary, those let speakers accept what they are. Both of the diversity of answers and the commonality of finding and accepting themselves knowing what they are at foundation are very important to build “my therapy” and to become fully functioning therapists in their own ways.

Finally, I consider the change after the TCT. In both cases speakers had changes with decreasing anxiety to be a therapist. Through the TCT, by reconfirming their own therapist identity in their minds and having a sense of secure to keep “own therapy”, they could break off their anxiety and impatient related to their therapist identity, which have bothered them until then.

From the above results, although the problem of therapist identity is big theme for the beginner therapists, it is suggested that the TCT can help them accept how they are in their therapy and to make therapist identity in their ways, not existing ones or ones built by others.

References


Appendix 1

Therapist Centered Training Manual

Method for Therapist Centered Training

- This training is not “the Theory Centered”, “the Knowledge Centered” or “the Technique Centered” but “the Therapist Centered”.
- The purpose of this training is not education or learning but organizing oneself.
- The therapist has a right to make decision.
- The therapist makes decisions when he/she is comfortable with it, not it sounds right.

The rule of the Therapist Centered Training

- Don’t treat the therapist like a defendant. Don’t criticize the therapist.
- Don’t try to change the therapist’s thoughts. Supporters help the therapist organize his/her experience and solve a problem.
- Any questions and comments are all right. But don’t impose own opinions on the therapist. Basically supporters express their opinions, not expecting any response from the therapist. Whether accepting their opinions or not depends on the therapist.
- To enjoy the session is most important.

To prepare;

(1) Necessary things ⋯ ⋯ White board× 2

Snacks or sweets (for relaxation)

(2) Place ⋯ ⋯ The place the therapist can feel secured and relaxed

(3) Members ⋯ ⋯ a Therapist, a Facilitator, a Recorder, Supporters

A group of four to eight people

Procedure

This manual shows a basic flow. If there is better way, you can choose it.

(1) At first attendants decide their own theme. Attendants brainstorm about annoyance they have. Any kinds of annoyance are O.K. The attendants don’t need to worry about if their theme becomes the object to discuss in a session. Just make a list of annoyance. A recorder writes them on a white board.

(2) Decide the presenter (therapist) based on their wishes. (You can decide the order in advance.)

(3) A therapist tells his theme briefly.

(4) Supporters ask questions to the therapist in turn. After each asks one or two, supporters ask questions freely. (If the members are used to this method, supporters can ask the questions freely from the beginning.) The therapist can reject a question if he doesn’t want to answer. The supporters only ask a question even if they want to tell their opinions or thoughts. When they really want to tell their opinions or thoughts, they should ask for permission to the therapist. (If the therapist rejects to answer the question, they should give up.) The recorder write down comments on a white board.

(5) When the image of the theme seems to become clear, the facilitator asks the therapist if he has an almost clear idea. If the therapist says not yet, supporters continue to ask a question. If the therapist says yes, you go to the next step.

(6) The next step could vary.

Ex1) When the therapist finds a new theme, you will ask a question about the new theme.

Ex2) When the therapist wants to organize and understand his theme, the therapist underline the keywords or illustrate them.

Ex3) When the therapist wants to have some advices from supporters, supporters brainstorm and give their opinions. Then, a facilitator needs to tell the therapist it’s totally up to him to listen to it or not. The therapist can choose a good advice and discuss how to realize it.
Ex4) When the therapist wants to listen to supporters’ thoughts or experiences, supporters can tell it if they want.

(7) When therapist’s theme is organized, we can finish. Finally, everyone tells their impression.

A role of a facilitator

In the Therapist Centered Training, “an expert of the person” is his/herself. The role of the facilitator is to maintain therapist’s specialty. The facilitator confirms the therapist his decision time to time, and be careful not make the therapist a defendant.

A list of things a facilitator needs to be careful is as follows:

• We don’t need to be in haste. It is common that things do not go like the manual says.
• We don’t need to organize the group.
• We enjoy the Therapist Centered Training very much.
• When we are in trouble, we need to ask the therapist. And we sometimes need to ask the therapist what he wants to do time to time.