Counselling psychologists' experience of their professional identity whilst working in an IAPT service: an interpretative phenomenological analysis

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2017

Content

Acknowledgements

Writing this thesis has been a journey of ups and downs. On this journey I encountered knowledge, excitement, crisis, self-doubt and perseverance. Many have made this journey possible by offering advice, guidance, time and patience and I would like to express my gratitude and thanks to you.

In particular, I am grateful to my participants, without whom this thesis would not have been written and Surrey and Borders Partnership NHS Foundation Trust for kindly granting approval for my research. I would like to thank my supervisors, Dr Philip Hayton and Dr Catherine Athanasiadou-Lewis, who offered advice, constructive criticism and support. My thanks also go to Dr Elaine Kasket, who supervised the beginnings of my thesis.

My deepest gratitude goes to my family and friends, who have had to live with me during the time of writing this thesis. Thank you for all your support.

Abstract

Whilst counselling psychology has established itself as recognised profession in both the NHS and the independent sector, studies and anecdotal evidence have shown that counselling psychology positions itself in opposition to the prevalent medical discourse and is not as well understood an known as its cousin clinical psychology. At the same time, the Increased Access to Psychological Therapies services translate principles of evidence-based practice and clinical governance into a model of psychological therapies delivery, which creates areas of tension between counselling psychology identity and IAPT's identity. Research conducted in the US and UK as well as anecdotal evidence suggests that this conflict can lead to unclear professional identities for counselling psychologists practising in this setting, contributing to burn-out, disillusionment and job dissatisfaction.

Semi-structures interviews were conducted with six counselling psychologists with experience of working in IAPT services, which were analysed using interpretative phenomenological analysis. Their experience of professional identity whilst working in IAPT highlighted an ambivalent relationship with their professional identity, which was attributed to the tension between organisational and professional identities. The consequences were signs of burn-out, disillusionment, disconnection from the profession as well as a negative self-image of clinical skills. The mediating factor of stages of professional development is discussed.

1. Introduction

1.1 Overview

Counselling psychology is a fairly new profession within the arena of mental health care, having become an independent division of the British Psychological Society only in 1994 (Hemsley, 2013a). As a profession counselling psychology subscribes to a humanistic value base with a commitment to pluralism and takes a critical view of the medical model of mental distress. Since its beginnings counselling psychologists have had to respond to changing economic, political and social contexts.

Since the 1990s, there has been an increasing trend towards evidence-based practice in healthcare in Britain (DoH, 1999), which has significantly shaped psychological therapies offered in the NHS by promoting a positivist medical model approach to the treatment of mental distress (DoH, 1999; Mellor-Clark, 2004). This has gone hand in hand with clinical governance and performance management in the NHS, which require services to meet standards of effectiveness, accessibility, safety and accountability (DoH, 1999). These changes climaxed with the introduction of the Improving Access to Psychological Therapies Programme (IAPT) in 2008, which offers low and high intensity psychological treatments (Merrett & Easton, 2008) in accordance with National Institute of Health and Clinical Excellence (NICE) guidelines.

It is within this political and economic climate that the counselling psychology community began to question and debate its identity and role within the new emerging mental health provision. In particular, the debate identified several areas of potential conflict between counselling psychology identity and positivist delivery of psychological therapy. Whilst this debate has been lively also beyond counselling psychology, little has been published about how counselling psychologists experience working within the context of the NHS, especially IAPT services and how this might relate to their professional identity. The purpose of this research is therefore to fill this gap by exploring the possible relations between the professional identity of counselling psychologists and their work setting, IAPT services.

This paper begins with a personal reflexive statement where I aim to position myself in relation to this research and reflect on the process of engaging with this topic. I will begin by outlining my personal interest in the research topic and my relevant personal beliefs and assumptions. This is followed by a critical review of the literature, the scope of which includes research from the field of sociology, the wider psychology community and then narrows to focus on counselling psychology publications. The first part of this review aims to provide the reader with an exploration of the context, in which IAPT was created and is now delivered. The second part offers a definition of counselling psychology identity and its position within the context of mental health care provision. The third part focuses on the relationship between professional identity and work setting, identifying possible areas of tension and negotiation between the two, which will include the discussion of available research in this area.

1.2 Positioning the researcher

Reflexivity is integral to my identity as trainee counselling psychologist. I believe it is important to begin my thesis with this reflexive statement to set the personal context, circumstances and limitations, which inadvertently impact on this piece of research (Shaw, 2010). This involves acknowledging my own values and beliefs in relation to my chosen research topic and making my reader and me aware of biases, values and presumptions with the aim of making the research process as transparent as possible (Henwood, 2008).Furthermore, reflexivity is an integral part of qualitative research, which acknowledges and necessitates the researcher's active role in con-constructing the research findings (Finlay, 2008).

The rollout of IAPT coincided with the start of my doctoral training in counselling psychology, which represented a significant personal and financial investment. The discourse within the counselling psychology and wider psychology community then reflected an anxiety about an uncertain future and the impact IAPT would have on the status and availability of various psychological therapies within an evidence-based practice framework and the role psychologists would or would not be playing in this new service. The introduction of new professional

standards and BABCP accreditation for CBT therapists (Clark, 2013) was specifically worrying for me as trainee as I worried about the impact this new work force would have on my employment prospects.

Therefore when initially engaged with this topic, I was anxious and critical about IAPT and found my feelings largely reflected in the sceptical and somewhat negative reception IAPT received in the counselling psychology publications. In the beginning stages of my literature search I mostly sourced publications, which explored the principles underpinning IAPT, e.g. evidence-based practice and the socio-economic context in which IAPT evolved. Reflecting on this now, I recognise that I was looking for validation of my personal concerns and anxiety and as a result I lost sight of my research question. I believe this somewhat naïve engagement with my research was also a reflection of the stage of training, where I still expected that as therapist I should know what to do and as novice practitioner, I was drawn to CBT as it seemed to offer straight forward practical interventions for specific difficulties. This approach protected me from engaging with clients' distress and having to face the unknown, which means not having the answer or magic wand for clients' difficulties and being comfortable with that.

It was my experience as trainee practitioner working in various NHS settings and undergoing my own personal therapy that I began to become more aware of and engage with my own anxieties and uncertainties. Furthermore, through talking and working with fellow students, colleagues and supervisors and my own clinical practice, highlighted a possible tension between the NICE guidelines, service requirements on the one hand and clinical expertise, experience and client needs on the other. Therefore when I began developing my interview schedule I became very aware of my previous bias in the research process and I returned to the literature with a more open-minded approach and a focus on identity rather than IAPT. Conducting the interviews I learned much from my participants' experiences of their professional journeys and understanding of their identity and place in the field of psychological therapy. Hearing positive and appreciative narratives about IAPT, brought the service to life and provided a more balanced view of its workings on the ground. It also highlighted the importance of personal experience and values but also how social expectations, norms and values impact

hugely on our interpretation of our experience and how my personal story, expectations and wishes, specific social discourses and contexts had coloured my experience of IAPT to this point. This personal journey has certainly contributed to how I have now finalised this piece of research with an appreciation and exploration of the interaction of personal and social contexts.

As IAPT has become more established and I have spent some time engaging with the topic and more recently working in an IAPT service, I have rather divided feelings about IAPT. Whilst I recognise its achievement of making psychological therapies so widely available, there appear to be new challenges such as providing seamless care between IAPT and secondary services and widening the availability of non-CBT therapies across IAPT services. Similarly to my own journey of becoming, I have come to view IAPT in a similar light of developing as psychological therapy provider. In its beginnings, it is still anchored in the medical model, attempting to view psychological distress as treatable symptoms and favouring technique over the relationship. Consequently, whereas my initial reaction to IAPT was one of concern and rejection of the new service, it has developed into an awareness of professional responsibility to participate in the shaping of services and public discourses and therefore facilitate IAPT to grow as its identity beyond its current limitations.

2. Literature Review

2.1 The national health care context

The introduction of IAPT represents a culmination of developments, which have shaped the delivery of health care in the UK over the past 30 years. The following chapter will highlight these contexts and their impact on health care as studied by sociology and epistemology.

2.1.1 Governance, power and the NHS

Healthcare in Britain is provided by a state-funded National Health Service (NHS) set up in 1948 on the basis that cost would level out once the general level of health had been increased, which has not been realised due the challenge of providing sufficient funds for rising costs of medical technology and an aging population. However, society's heightened expectation of healthcare, to the extent that health is now regarded as a right has contributed to increasing financial and outcome pressure on the NHS (Taylor and Field, 2003).

Despite the NHS being a state funded service, the Department of Health is only one decision-maker in relation to the NHS. Until today, the NHS has been shaped by various pressure groups, especially the medical profession, which retains large influence over budget and delivery of care (Ham, 2004), for example the negotiations of GP contracts and clinical commissioning groups. Therefore, decision-making in health policy is a complex interplay between the Department of Health, NHS bodies, pressure groups such as the British Medical Association and businesses providing medical equipment or services. Importantly, the dominance of the medical professional has resulted in NHS services having adopted the language and diagnoses-treatment approach across all areas of health care, including psychological therapies. The consequences of which will be explored later on.

In the 1980s, the government introduced economic market principles into the NHS, enabling service providers to compete for contracts in order to reduce overall costs. This somewhat shifted the focus of health care provision away from medical need and expertise towards economic efficiency. In the 90s, New Labour abolished this internal market focusing instead on measuring clinical performance and treatment outcomes by establishing national frameworks and bodies such as the National Institute of Health and Clinical Excellence (NICE). New Labour also shifted the power from regional administration to newly established Primary Care Trusts. The motivation behind this move was to relinquish responsibility for the NHS. Whereas before, the success or failure of the NHS had been attributed to the Department of Health, this responsibility was now given to the PCTs, more recently clinical commissioning groups and medical professions. Government redefined its role to that of a regulator and inspector setting clinical standards and performance indicators (Ham, 2004). Consequently, clinical decision-making and treatment options are no longer solely located within the professional-client relationship but are influenced by external structures such as clinical guidelines and governance. This somewhat diminished the importance placed on professional expertise and status and potentially removes personal responsibility from the care professional to an institution.

2.1.2 The medical model and the NHS

To this day the underlying epistemological stance of the NHS is linked to the medical model based on empiricism and positivism. The resulting medical model in psychotherapy draws on the medical language of diagnoses and the assumption that mental distress can be categorised and treated by offering diagnosis-tailored treatments including medication. Criticisms has highlighted the limitation of the medical model in adequately accounting for mental distress rooted in interpersonal issues, life stressors, emotional trauma and lifespan transitions rather than biochemical processes and as well as the models inability to capture what actually happens in psychotherapy (Elkin, 2009). Whilst this will be explored in more detail in the following section, when viewing therapy as talking cure and interpersonal process (e.g. Rogers, 1951) the medical analogy of treatment implies the availability of a specific cure rather than a process. Other criticism has been

aimed at the medical model's focus on diagnoses and categorisation, which discounts individual experience of mental distress and its meaning and focuses instead on symptomology. Despite the emergence of such critical voices and alternate models such as the humanistic psychology movement in America in the 1960s as critical alternative voice, the medical model still dominates psychotherapy today. Considering the status associated with science and medicine in our society (Ham, 2004) it is unsurprising that psychotherapy, and with it the field of psychology, draw on medical model discourses to legitimise its knowledge and gain political and economic support (Elkin, 2009).

2.1.3 Evidence-based practice in psychological therapies

In the UK, the evidence-based practice movement has greatly influenced the development and delivery of psychological therapies and consequently affected the employment market, clinical practice and training of psychologists and psychotherapists alike. It is therefore essential to explore this movement further in the context of political and economic influence as well as its relationship with psychological therapies.

Evidence-based practice emerged from the medical setting where it has been defined as the best scientific evidence guiding clinical practice to strengthen its effectiveness and further public health (Institute of Medicine, 2001). Evidence-based practice is based on a positivist epistemology, which advocates an objective truth can be found through a rigorous research process and identifies causal relationships between psychological techniques and outcomes (Ramey & Grubb, 2009). The Department of Health (DoH, 1999) identified five types of evidence acceptable as basis of healthcare provision. In order of preference these are systematic reviews with at least one randomised controlled trial (RCT), a minimum of one RCT, a well-designed study without randomisation, a well-designed observational study and lastly the opinion of experts, service users and carers. It is also implied that such evidence is "quality" evidence (Clark, Fonagy, Turpin et al., 2009). However, evidence-based practice is also located within a political and economic context, such as social need, public budgets and patient need. It is therefore not enough to consider its limitations but highlight potential

long-term consequences. The political legitimisation of knowledge is a selective process and determines the kind of knowledge available in the public domain. As outlined above this process favours certain types of research discounting e.g. qualitative research, which would likely add different insights and knowledge. This can lead to a biased allocation of resources and funding, which imposes restrictions on the types of research questions being asked and knowledge generated.

Evidence-based practice certainly brings advantages, such as improving efficiency and accountability by committing resources to therapies that appear to offer the best outcomes for clients (Spring, 2007). It has further been an impetus for creating a research database for talking therapies and increasing emphasis on continued professional development (Ramey & Grubb, 2009). At the same time, evidence-base practice's positivist approach to research and knowledge have sparked criticism focussed on epistemological issues.

Roth and Fonagy (2005) as well as Cooper (2008) present a coherent summary of psychotherapy research and evidence base for psychological therapies. Both publications cover a range of research methodologies concluding that psychotherapy is beneficial and at least as effective as medication. However, it is also made clear that comparing different types of therapy is challenging as therapies employ different methods to facilitate change making them hard to compare. For example CBT uses distinct cognitive and behavioural interventions (Beck, 1995) whereas psychodynamic therapy works with the therapeutic relationship (Lemma 2003). Additionally, the findings produced by different research methodologies and methods, e.g. outcome versus process studies, are not easily comparable. Hence an objective evaluation of therapies' efficacy and efficiency is not an easy task (Bolsover, 2007, Cooper & McLeod, 2007, Mollon, 2009).

However, economic and political pressures call for clear evidence and easily measurable outcomes to justify the allocation of limited budgets, and it is therefore unsurprising that positivist research, which produces outcomes that are easily measurable, comparable, generalisable and replicable, is favoured by decision-makers. However, giving prevalence to a certain type of research as the

DoH (1999) has done has far reaching consequences. When looking at such legitimate evidence, CBT emerges as slightly more effective than other psychotherapies with a range of diagnoses (Roth & Fonagy, 2005; Bolsover, 2007). Consequently, NICE guidelines such as for depression and anxiety (NICE, 2009; NICE 2007) recommend CBT as preferred treatment choice, the most common therapy offered in IAPT services is CBT limiting patient choice. IAPT's evaluation reports highlight a success rate of just over 50% highlighting that CBT is not helpful for a significant proportion of clients (Clark, Layard, Smithies, et. al, 2009; Glover, Webb & Evison, 2010). There is also a danger to confuse evidence-base practice with scientific enquiry (Hart & Hogan, 2003) instead of recognising it as a framework, which is easily accessible to service managers (Monk, 2003) and provides a systematic way of ensuring value for money in the National Health Service (Hart & Hogan, 2003).

Concerns have also been raised in relation to methodological issues and the focus of evidence-based practice research. Many have argued against the use of RCTs as gold standard evidence as results are often based on homogenous participant groups (Boyle, 2002). For example RCTs exclude clients with high comorbidity (Westen et al., 2004), which is not representative of clients in the real world. Hence translating the results from controlled research studies to clinical practice is only possible to a limited degree (Marzilier & Hall, 2009a). Furthermore researchers encounter the challenge of having equally matched treatment and control groups (Bolsover, 2007) and control therapeutic variables, which often results in an unrealistic highly manualised treatment offered to clients involved in trials (Westen et al., 2004, Mollon, 2009). Others have argued that the therapeutic relationship (James, 2009a) or the process of therapy (Newness, 2007; Rowan, 2001), such as the experience of empathy are more central to the success of therapy and should therefore also be the focus of research investigation. Newness (2007) warns that reducing therapy training to specific skills or interventions misses the human element and will jeopardise successes in therapy.

Criticism has also focused on the fact that NICE relies on narrow psychiatric diagnosis to inform specific interventions rather than focusing on the wide spectrum of human distress (Bolsover, 2008; Marzilier & Hall, 2009a/b; Carey &

Pilgrim, 2011). Similarly Fairfax (2008) questions, whether the evidence informing NICE guidelines really reflects best practice or merely identifies evidence, which fits pre-determined criteria, such as diagnoses. Furthermore, there are high levels of co-morbidity amongst people with a psychiatric diagnosis (Marzilier & Hall, 2009a), who often also have to face issues related to housing, low income and lack of social support.

As has been highlighted, evidence-based practice is a complex phenomenon, with a strong grounding in modernist science and political legitimisation. As such it has shaped NICE guidelines and consequently the delivery of services and in turn the kind of outcome data collected by these services. At this point in time there is no alternative to evidence-based practice available. Whilst robust qualitative research, including process research, and practice-based evidence is available especially within Counselling Psychology, these do currently not form part of the evidence base.

2.2 IAPT: principles institutionalised

IAPT as an institution embodies the social, economic and scientific, epistemological contexts outlined above whilst also serving a particular function in our society. As such it represents a new model of delivery for psychological therapies in the UK. The following chapter will therefore offer a brief introduction to IAPT and explore some of its underlying principles relevant to this research.

2.2.1 An introduction to IAPT

As service IAPT is firmly rooted within the principles of evidence-based practice, clinical governance and accountability reflecting an increasing interest by policy makers in the economic cost of mental health care and more generally the wellbeing of the nation (Clark, 2013). The publication of Layard's (2004) report on "Mental Health: Britain's biggest social problem" and the NICE review of evidence of the effectiveness of interventions for anxiety (NICE, 2004a) and depression (NICE, 2004b) sparked an interest amongst politicians, economists and researchers in the shaping of standardised, measurable and time-limited

interventions, which emphasised the accountability and efficacy of health services to the public. Some have consequently understood IAPT as a politically motivated project rather than being rooted in emerging scientific evidence (Beutler, 1998; Hubble, Duncan, & Miller, 1999; Bohart, & House, 2008). As the implementation of IAPT was greatly supported by Layard's report (Layard et al. (2007) "Cost benefit analysis of psychological therapy", which offered an economic argument for offering a stepped care approach to psychological therapy at primary care level it is important to acknowledge that economic considerations were central to IAPT's development. This went hand in hand with a new workforce, which is trained in CBT and accredited through the BABCP (Clark et al., 2007). Training focuses on standardised evidence-based disorder-specific interventions and is aimed at health care professionals, including psychologists. Until 2015, the government has invested £400 Million in the development of IAPT, which included the training of 6000 new therapists and the aim 900 000 people accessing the service (DoH, 2014). Recently, IAPT has also increased its remit by developing services for children and young people, people with long-term health conditions, unexplained medical symptoms and severe mental health difficulties, such as psychosis (DoH, 2011).

2.2.2 IAPT and the dominance of CBT

As previously discussed, NICE guidelines recommend CBT as treatment of choice for anxiety disorders whilst other therapies are beginning to emerge as alternative for the treatment of depression. A lively debate of CBT, its evidence-base and application in IAPT is published in *The Psychologist* (Casement, 2009; Marzilier & Hall, 2009a/b; Gilbert, 2009; Clark, Fonagy, Turpin, et al., 2009; Mollon, 2009). Whilst some view IAPT and the implementation of CBT as important recognition of psychological therapies in health care and the opportunity to develop a larger evidence base, others worry this will lead to an exclusion of therapeutic approaches, which don't easily fit within the evidence-based framework. A knock-on effect might be that investment into further developments of these approaches will also reduce and potentially restrict choices available to patients.

It is also important to reflect on the fact that different therapeutic models are based on specific principles. CBT assumes a direct link between cognitions, emotions and behaviour, with the aim to facilitate change by identifying and modifying dysfunctional cognitions through the use of cognitive and behavioural techniques (Westbrook et al., 2007). As such CBT has a present-focus with therapy being concerned with the here and now as opposed to the client's past. As Marzillier and Hall (2009a) have suggested, the NHS favours a more manualised version of CBT, which focuses on treatment protocols related to specific diagnosis. This has fed into a debate about the importance and prominence given to the therapeutic relationship in CBT models (Marzillier, 2009b) due to a focus on techniques rather than therapeutic process, which has been shown to be an important factor of therapeutic change (Lambert & Barley, 2001). In contrast, Gilbert and Leahy (2007) and Veale (2009) have put forward the argument that CBT is a collaborative approach, which views both therapist and client as active agents in the therapeutic work. This argument represents a more fundamental discord amongst the therapeutic community, where the different schools of therapeutic approaches hold often contradictory view of what therapy is and how therapeutic change is achieved (Bolsover, 2007, Cooper & McLeod, 2007, Mollon, 2009).

Often neglected in these discourses are the needs of the clients seen in psychological therapy. It is fair to say that at this moment in time CBT is promoted heavily within the NHS, which the consequence that clients have less treatment choice (Guy et al., 2012). There seems to be tension between the wish to practice ethically by providing effective therapies based on research evidence whilst at the same time allowing this evidence to restrict the availability of a range of treatment options. Therefore the loser in this particular argument however is not non-CBT therapies but the users of psychological therapies, whose choices are limited depending on their local IAPT service and financial means to access therapy privately.

2.2.3 Language and terminology in IAPT

The prevalent use of medical terminology in IAPT such as diagnosis, treatment, evidence and outcomes imply a certain confidence in the successful treatment of mental distress, which ignores some the complexity and uncertainty experienced by clients and clinicians alike when faced with severe and enduring mental distress. Rizq (2013a) highlights how the use of certain language conveys a particular meaning, which carries with it a social understanding of human distress as "dysfunctional" and removes the element of care from health care replacing it with a provider-consumer relationship. As a consequence, the relationship between health care professional becomes a transaction of services rather than a relationship in which the client is allowed to show vulnerability and dependence (Rizq, 2013a). Rizq (2013b) understands this process as an attempt to defend against society's unwanted feelings of uncertainty and anxiety. She further argues that following this dominant discourse currently promoted by such institutions as NICE and IAPT, results in a dangerous restriction of available discourses especially those which focus on issues of feeling and relationships, which counselling psychology holds central to its practice.

Whilst this is slightly curtailed by the introduction of the Recovery Movement and the introduction of Payment by Results (Fairfax, 2013), there is no sufficiently organised movement within the psychological or psychotherapeutic community to take the lead in challenging this climate (Fairfax, 2013). Even counselling psychology does not hold considerable influencing power or has chosen not to take up a more prominent role. This may partly be due to counselling psychologists' lack of unified voice (Fairfax, 2008) but also because feeling of powerlessness or containment by these structures (Hemsley, 2013a).

2.2.4 The standardisation of psychological therapy and its outcomes

As a model for the delivery of psychological therapy, IAPT has a strong emphasis on outcome monitoring, which includes the performance management of its therapists (DoH, 2008; Hoggett, 2010; Rizq, 2011). A new focus on payment by results might even increase the focus on meeting referral and recovery targets,

which were set out in “Achieving Better Access to Mental Health Services by 2020” (NHS England, 2015). Targets include a reduction in waiting time and a recovery rate of 50% of those accessing IAPT. Recovery in IAPT is defined by the use of psychometric outcome measures, which are recorded at each client contact. Many have expressed concern about the business-like focus on outcomes. In particular Rizq (2011) expresses the view that there is a danger of marginalising clients’ distress over outcome targets.

Related to this is also an increased trend to standardise treatments for specific diagnoses, which is reflected in competency-based training of psychological well-being and high intensity practitioners (DoH, 2008). The underlying assumption is that therapists would be able to deliver exactly the same therapy. However, as Bohart et al. (2008) content, the interaction between client and therapist is shaped by the interaction between those two individuals and cannot be predetermined. The standardisation and close monitoring of psychological therapy delivery can also be understood as representing a distrust of professional expertise (O’Neil, 2002) and undermines the caring element of the caring professions by focusing health professionals on meeting targets and following the correct protocols and procedures than attending to the emotional needs of their clients (Rizq, 2011).

Overall, the current social, economic and political context of health care provision, which is reflected in the IAPT model of psychological therapies, impacts on the relationship between clients and health care professionals as well as health care professionals and the NHS. Both relationships have become subject to monitoring and standardisation, with the expectation that if only the correct treatment is given clients will recover or at least show improvement. This expectation has the potential to label the client as “non-compliant” or the therapist as “incapable” and at the same time ignoring distress and the human factor in therapy. The question is if and how this impacts on the healthcare professional, whose professional identity may prescribe to a differing view of care. Furthermore, whilst there is a clear need to research psychological therapies and ensure that clients are offered ethically sound and effective therapies, there is also a need to keep an open mind about we accept as research evidence and how we define success in therapy. It is within this context, that counselling psychologists

train and practice. The following chapter will therefore explore the concept of identity, the values and beliefs related to counselling psychology and its relationship with the current health care context.

2.3 Identity Theory

The following chapter will focus on identify theories which explore the concept of identity in relationship with the social context they are experienced in. Disciplines including sociology, psychology and management studies have explored identity with often varying meanings. Before discussion identity theories, the following will therefore focus on offering a definition of identity and explore the research context.

2.3.1 Definitions and research context

Considering the width of disciplines and definitions of the self and identity in the literature, it is essential to define the use of these terms. In the context of this research, the term self refers to individuals' ability for reflexive thinking (Leary & Tangney, 2012). The self contains self-concepts, which reflect attitudes, values and traits related to aspects of the self with the aim making sense of the world and protect individual self-worth. Identities are defined as expressions and process of sense-making of such self-concepts (Stryker & Burke, 2000; Tajfel & Turner, 1986). The literature often refers to several types of identity (Owens et al., 2010); personal identity containing personal biography and self-descriptions and self-categorisations, e.g. such as social class, role-based and group-based identities.

Professional identity is an expression of an individual's self-concept in a professional role, which includes values, beliefs and expectations linked to this professional role and its social context and also provides a sense of meaningfulness and self-worth (Lloyd et al., 2011). Research with trainee counselling psychologists explored the development of professional identity and identified a range of important variables including personal values, placement experiences, lecturers, supervisors and reading whilst in training and personal preferences for therapeutic approaches (Monk, 2003). This highlights the

interaction between the individual and the social structures an individual is in interaction with. As such professional identity cannot be examined without taking into account the social structures and context in which it exists. Indeed research and theory on the development of professional identity talks about an on-going process of integration (Horton, 2008) throughout training and professional practice (Ronnestad & Skovholt, 2003) suggesting that professional identity is an evolving construct. Professional identity can therefore be understood as a process aiming to fulfil a specific professional role, which is linked to specific personal values and beliefs, professional values and beliefs, our past experience of fulfilling a specific role and motives for future versions of this identity (Ibara, 1999).

Identity theories which focus on the social context broadly fall into two categories. Role-based identity theories, including Role-Identity Theory (McCall & Simmons, 1966), Identity Theory (Stryker, 1980) and Identity Control Theory (Burke, 1991) regard identities as internalised meanings of significant repeated social interactions, which over time become part of self-concepts. Consequently, identities are considered to be stable across a variety of social situations and expressed in role relationships with others (Burke, 1991). Social and group-based identity theories, such as Affect Control Theory (Heise, 2007) and Social Identity Theory (Tajfel &Turner, 1986), focus on the impact of social contexts, culture and social structures on the behavioural, emotional and cognitive responses individuals display in social interactions. Consequently, identities are regarded situation dependent and fluid.

The focus of this research is to explore the experience professional identity in a specific social context. An underlying assumption when using interpretative phenomenological analysis as research method is that relatively stable cognitive structures such as beliefs, values and attitudes can be accessed via language. This further leads to the understanding that professional identity is an expression of such personal beliefs, values and attitudes in interaction with social structures, such as institutions, professions, and shared social expectations and values linked to particular social roles, e.g. that of a counselling psychologist. Consequently, the following section will focus on role-based identity theories, which reflect the

definition and understanding of professional identity used in this piece of research.

2.3.2 Role-based identity theory

Role-based identity theories regard identities as developing through the internalisation of meanings and expectations attached to particular roles individuals take on in social contexts, e.g. professional roles (Owens et al., 2010). Importantly, identities are seen to develop in interaction with social structures and are therefore only meaningful in in relation to their counter-identity, e.g. counselling psychologist and client (Stets & Burke, 2012). Consequently, individuals hold a range of identities, which are relevant to different aspects of life and roles.

With multiple identities, an interesting question is what motivates individuals to commit to and behave in line with particular identities? Stryker suggested a salience hierarchy (Stryker & Serpe, 1994), which argues that social contexts determine the activation of particular role-identities. In contrast to earlier theories by McCall & Simmons (1966) this salience was less depending on identity-related values but on the level of commitment individuals have to a particular identity, both in terms of extensiveness of identity interactions and emotional commitment to a role. In contrast, Burke's identity control theory argues that identities are a process of self-verification, which aims to affirm the meanings attached to an identity and related self-concept (Stryker and Burke, 2000). Social interactions are therefore guided by individuals' desire to meet the expectations and meanings attached to a particular identity both related to their own perception of how well a role is fulfilled as well as the feedback received by others. Consequently, individuals' behaviours can be understood as the result of an interaction between the internal self-meanings and the social contexts. Research has also linked self-esteem as a motivating force to identity verification. This was explored by Cast & Burke (2002), who found that self-esteem was an outcome when identities were confirmed and failure to achieve satisfactory identity affirmation lead depression and emotional distress (Burke, 1991).

Consequently, the experience of and emotional response to an identity is dependent on the personal evaluation and perceived others' appraisal of individuals' expression of their identity. Research by Brook et al. (2008) highlighted that when there role demands are conflicting or an identity becomes too time consuming and draining this can result in psychological distress and depression (Brook et al., 2008). Equally, research carried out with married couples found that individuals with higher social status, e.g. related to education, income or education, had more influence over other's self-views and other's views of them (Cast et al., 1999). Similarly, Thoits (1992) found that roles which are obligatory, e.g. spouse, worker or parent) are only beneficial to psychological well-being when stress levels are low as they cannot be easily opted out of. In contrast voluntary roles, such as friendships can help reduce psychological distress as they tend to be less demanding and can be dropped more easily.

Role identities can therefore become a source of distress when individuals don't have access to the resources needed to verify their identity, e.g. power in a reciprocal role relationship or lower social standing (Burke & Stets, 2009) when the resources needed to maintain an identity become stressful or too time-demanding (Thoits, 2003) or when meanings and role performance are not agreed or shared (Stets and Burke, 2012) within the identity-relevant social context.

2.3.3 Identity change

In particular transitions between stages of professional life are associated with changes of professional identity and particular transitional challenges. Skovholt (2012) explicitly recognises the transition stage from trainee to professional as linked to particular challenges for the novice practitioner, such as adjusting to increasing autonomy, disillusionment with one's training and profession and defining one's work role and therapeutic style. This transition period, two to three years post qualification (Blair, 2016), has been associated with a change in professional identity. Sugarman (2009) proposes that life transitions are always accompanied with anxiety about change and involve individuals undergoing a series of transition phases, including depression, acceptance, letting go and search for meaning. When transferring this to the experience of newly qualified

counselling psychologists, moving into role of qualified practitioner involves a revaluation of one's professional identity in the context of increased autonomy, performance expectations and a particular work setting without the on-going support of a training institution. Poor mentoring support and preparation by the training course for this transition as well as professional isolation and inappropriate supervision were cited as factors negatively impacting on mastering this stage successfully (Blair, 2016; Baron, Sekel and Stott, 1984). These findings support the idea that affirmation, both in terms of one's perceived performance as counselling psychologists and perceived appraisal by other professionals and clients is crucial in achieving identity verification and positive affect and self-esteem.

However identity change has not been a major focus of identity theory and related research and Burke and Stets (2009) recognise this as an area for future research. Identity theory proposes several processes which aim to achieve self-verification and reduce perceived incongruence between identity standards and the appraisal of one's ability to successfully fulfil such standards. It proposes that individuals will firstly attempt to change their behaviour in order to conform to the meanings contained within an identity standard. If this is unsuccessful or not possible, individuals might change the meaning of a situation, e.g. take the position of an outsider, opposition or minority (Stets and Burke, 2012). However, there is also an acknowledgement that prolonged negative affect and incongruence associated with an identity may also lead to identity change. This process takes place of longer periods of time as it requires the change of underlying identity standards, i.e. associated meanings, values and beliefs. In a study investigating spousal roles using self-report questionnaire measures, Burke (2002) found that spousal behaviour adjusted initially to conform to identity meanings, e.g. in order to be a caring wife, spouse increases share of housework. However over time, the identity standard shifted to conform to meanings of behaviour, e.g. doing more of the housework is an integral part of being a good wife.

This suggests that identity change is a slow process, which happens as response to our social environment and in interaction with other significant counter-identities,

such as colleagues, clients and supervisors and could take place without the individual necessarily being aware of this change taking place.

2.4 Counselling psychology and professional identity

In order to explore the professional identity of individual counselling psychologists, it is first necessary to explore the journey of development for counselling psychology as a profession and also define some of its underpinning values, beliefs and principles, which may have been internalised by its professionals. The chapter will then explore some research related to how counselling psychologists have made sense of and defined their professional identity.

2.4.1 The evolving identity of counselling psychology

As a fairly new profession in the arena of mental health, counselling psychology initially emerged as a movement against the prevailing medical model. Over time counselling psychology has evolved into a profession with a distinct value, skills and knowledge base, which sets it apart from other psychological and psychotherapeutic professions. When consulting the *Counselling Psychology Review* counselling psychology is conceptualised as a profession independent and different from clinical psychology and humanistic counselling, by drawing on its foundation in science, phenomenology and humanism (Woolfe, 2006; van Deurzen, 2006; Strawbrdige, 2006).

Two studies by Pugh and Coyle (2000) and Hemsley (2013a) explored the construction of counselling psychology's professional identity in published discipline-related journals in the UK using discourse analysis. Pugh and Coyle's (2000) findings indicate a shift in the discourses employed. In 1990 discourses centred on distinguishing counselling psychology from clinical psychology and drew on similarities to other related therapeutic professions to establish status and expertise. In 1996 counselling psychology was constructed as a profession with rooted within a strong shared psychological knowledge base with a distinct focus on subjectivity and socio-political awareness (Pugh & Coyle, 2000). Hemsely

(2013a) focused on articles published between 2007 and 2009. Here counselling psychology was constructed as a profession still in opposition to the medical model but also as being committed to understanding human distress and offering client empowerment and choice, hence offering an alternative to the medical model. Whilst both studies offer interesting explorations of identity constructions, it should be acknowledged that their focus was solely on articles published in discipline specific publications, which does not offer an outsider view of the profession. In both cases discourse analysis was the method of choice, which is concerned with issues of power, social-political context and change as well as ideology and relies on the researchers' interpretation of language use. Therefore the results reflect a particular interpretation or truth rather than a generalizable view across the profession (Wetherell, 1998).

A recent discourse analysis of interviews with eight counselling psychologists (Moore & Rae, 2009) revealed that participants positioned counselling psychology outside mainstream psychology and constructed it as challenging traditional ways. This position was understood to offer a certain freedom to explore and achieve new breakthroughs, whilst this position was also associated with having to work harder to be seen as employable and being not as supported by the BPS as other psychological disciplines. However as Moore and Rae (2009) point out the position as outsider somewhat contradicts a commitment to a stable identity with the danger that professional identity could be absorbed into the mainstream (Moore & Rae, 2009). Focusing on interpretative repertoires this study does not offer insight into individuals' experience of professional identity in their work setting. However, it highlights some important issues of the tension between establishing a stable clear statement of professional identity and openness to challenge and accepting diversity.

Other theoretical articles published in the Counselling Psychology Review (e.g. Spinelli, 2001; Strawbrige, 2006; Corrie, 2003; Monk, 2003; Bury & Strauss, 2006; Blair, 2010; Moller, 2011) represent the need to continually review and reshape counselling psychology identity in light of socio-political contexts. However, they also express uncertainty and longing for a more stable identity. Especially publications contributing to the *Counselling Psychology Review* "The

first 10 years" (2006) and "The next 10 years" (2009) reflect individual counselling psychologists' personal understanding of their professional identity. This diversity confronts counselling psychology with additional difficulties when responding to changing political climates which demand the profession and its members to make informed choices about the future (Bor, 2006). Considering the findings of these studies and the debate in published articles, it is safe to conclude that counselling psychology is not easily defined and differs across its membership. It can therefore be suggested that the understanding professional identity varies amongst counselling psychologists whilst there also being a commitment to a shared value base.

2.4.2 Counselling psychology philosophy, research and practice

It might therefore be helpful to explore counselling psychology's underlying values, research focus and clinical practice. Counselling psychology's underlying philosophy draws on the American humanistic counselling movement, European psychotherapy and mainstream psychology theory and research (James, 2013). It strongly emphasises the importance of phenomenological enquiry, respect for individual experiences and the collaborative nature of the therapeutic relationship (Lane & Corrie, 2006, Moller, 2011). A strong belief in the potential of human growth and empowerment leads to the recognition that clients should be seen in their cultural, social and family contexts rather than be categorised according to symptoms (Swanepoel, 2013).

The scientist-practitioner model is often used to conceptualise counselling psychology emphasising its commitment and contribution to scientific research (Lane & Corrie, 2006). The model stipulates that counselling psychologists apply psychological knowledge to their practice, and vice versa that research emerges from practice (Crane & McArthur, 2002; Blair, 2010). James (2013) points out that whilst having a humanistic value base is not the same as subscribing to humanistic therapy. Instead the counselling psychology researcher takes a humanistic stance towards scientific enquiry with respect for individual experiences and a special interest in qualitative research (Strawbridge & Woolfe, 2010). In the context of evidence-based practice, it has been debated whether the

scientist-practitioner model still applies to counselling psychology (Corrie, 2003; Monk, 2003; Bury & Strauss, 2006; Blair, 2010). In particular criticism has been voiced in relation to the reluctance of counselling psychologists to take responsibility to influence policy-makers and promote alternative forms of evidence, such as qualitative data (Corrie, 2003; Fairfax, 2011). These discourses hint at an uneasy tension that exists between counselling psychology values and research focus and the ability or willingness to take up a public position in the evidence-based practice discourse.

This tension is also reflected in Counselling Psychology practice. Counselling psychologists are often integrative practitioners balancing the evidence base with practice-based experience and the needs of individual clients (Swanepoel, 2013). Whilst this reinforces a reflective stance towards practice it also entails having to make decisions about how best to support each client. However, this way of working is integral to the therapeutic aims counselling psychology aligns itself to which are aiding self-awareness and growth as opposed to offering a cure to symptoms. Over recent years, counselling psychology has become increasingly associated with a pluralistic stance both to scientific enquiry and clinical practice (Cooper & McLeod, 2007) resulting in not giving preference to any particular therapeutic model and acceptance of multiple truths and realities. Consequently, there is a strong focus on understanding the meanings created in the context of the therapeutic relationship (Orlans, 2013) and reluctance to work within the confines of diagnoses (James, 2013).

As a result the Counselling Psychology family consists of a diverse group of practitioners who practice a range of therapeutic models across a wide range of settings and have differing research interests. The advantage of this pluralistic stance is that it allows counselling psychologists to adapt to different settings, client groups and presentations (James, 2009a). However, it could be a disadvantage when working in an environment where structures are designed to favour more standardised working practices. As previously discussed, studies by Pugh and Coyle (2000) and Hemsley (2013a) have highlights how counselling psychology identity has changed over time both in terms of maturity and in response to its social and political context.

2.5 Professional identity in the context of the work setting

As explored in the previous chapters, counselling psychology and IAPT are based on different principles and assumptions in terms of how we understand, conceptualise and approach mental distress. Whilst both subscribe to the principles of scientific enquiry and evidence-based practice, there are differences in what is understood by evidence and what types of enquiry are preferable. Again both IAPT and counselling psychology aim to provide psychological therapies, however have different aims, with IAPT being more focused on applying diagnosis-specific treatments and counselling psychology on enabling personal growth and managing distress. The following chapter will explore some areas of potential tensions between counselling psychology professional identity and IAPT's underlying values and further explore the consequences this may have for counselling psychologists practicing in IAPT settings.

2.5.1. Counselling psychology and evidence-based work settings

IAPT has reshaped the employment landscape with the now established accreditation of CBT therapists through the BABCP, which has led a reconsideration of the role of clinical and counselling psychologists within IAPT. As has been outlined by the New Ways of Working Workforce Group (Taylor & Lavender, 2007) and echoed by others (James, 2009a; Athanasiades, 2009) counselling psychologists' roles may move more towards supervising and training less qualified therapists, which may involve a restriction of the therapist role. However, this shift might not be any easy one as previous studies have shown (e.g. Hemsley, 2013b, Pough and Coyle, 2000, Moore and Rae (2009), most participants draw on their role as practitioners when defining their identity as counselling psychologists. Alternatively, counselling psychologists may chose o work as CBT therapists, which again could potentially restrict their roles to delivering a particular form of therapy. However both scenarios may demand a re-evaluation by counselling psychologists concerning their role within professions delivering psychological therapies in primary care settings.

As previously explored, the trend towards standardised treatments in psychological therapies has implications for the autonomy of practitioners. Counselling psychology ascribes clinical autonomy to the practitioner, who draws on a range of evidence from research, practice-based experience and client need to arrive at individual formulations and treatment plans (Hemmersley, 2002). Following NICE guidelines has been seen s restriction of this autonomy and disregarding the fact that guidelines cannot cover all situations practitioners will encounter (Monk, 2003). A study by Hemsley (2013b) interviewed counselling psychologists about their positioning in relation to NICE guidelines. Some participants experienced NICE guidelines as powerful and non-negotiable. They felt robbed of professional autonomy and experienced a conflict with their professional identity. For others the guidelines represented a relief from the tension and responsibility counselling psychologists hold as a result of holding a pluralistic stance. For these practitioners NICE offered consistency and containment rather than contradiction and anxiety. Another group of participants had a more ambivalent relationship with NICE. Whilst they viewed them as flawed and often ignored them, they also acknowledged them as part of the NHS and therefore a need to engage with them as equal partners. Whilst the study only focused on counselling psychologists positioning towards NICE guidelines rather than explicitly on professional identity, it does highlight the important interplay between Counselling Psychology identity, work place requirements and clinical practice. All participants saw pluralism as part of their professional identity, but not all translated this into their practice. Those who aligned their clinical practice to NICE requirements either experienced disempowerment and conflict or relief and containment. Findings indicate that there can be tension between counselling psychologists' professional identity and evidence-based practice settings. However, participants understood and managed this tension differently suggesting that other personal or contextual factors also impact on this process.

In the US, several studies have investigated the relationship between professional identity and managed care settings, which are comparable to evidence-based practice settings in so far they dictate the type and amount of treatment available to a range of patients. Whilst these studies cannot reflect the situation in the UK, they offer some interesting insights into how psychologists experience and

manage conflict between professional identity and organisational identity. In her paper, Bernard (1992) discusses an alienation counselling psychologists working in medical settings experience by acknowledging her own experience of working in non-traditional Counselling Psychology settings. She felt unsupported by her division, which did not provide activities related to her work setting and consequently she experienced alienated both from her professional identity and professional body. Contrary, Altmair et al. (1998) and Hoffman and Driscoll (2000) argue that it is possible for counselling psychologists to practice in medical settings by integrating counselling psychology values with the medical model. However, this also suggests that this process of integration results in a change of professional identity with the explicit aim of reducing the possible tensions experienced between the medical model setting and professional identity.

As previously discussed, IAPT services are currently still dominated by CBT, which is not a requirement on counselling psychology training courses. Counselling psychology has a strong statement of identity that emphasises the pluralistic stance of the profession. Embracing diversity and various therapeutic approaches the current training on professional doctorate courses reflects this diversity. Whilst all courses have incorporated CBT as one therapeutic model, courses specialise on existential, psychodynamic and CBT models. This means that counselling psychologists, who have not trained in CBT as their main therapeutic model might struggle to find employment opportunities or feel restricted in their use of skills when working in an IAPT service. A recent workforce survey conducted by IAPT (2016) reported that 70% of IAPTs workforce were IAPT-trained qualified CBT therapists, 19% were non-IAPT trained therapists and 4% delivered non-CBT therapies. These data demonstrate the strong CBT focus in IAPT (IAPT, 2016).

The language employed in IAPT is strongly aligned to the medical model, talking about treatments, diagnoses and outcomes. It is important to consider the consequences of such dominant discourses. Firstly, as this language is adopted by practitioners, clients and commissioners, it becomes restrictive not allowing other discourses to take place (Rizq, 2013a). This includes those which might be more in line with counselling psychology, such as of talking about human distress,

emotions and relationships. Secondly, a common language fosters standardisation, which is favoured across IAPT in the delivery of treatments and outcome measurements. As a result, ideas and innovations, which digress from this standardisation are not actively encouraged. Thirdly, this trend expresses a change in the work carried out by the NHS. IAPT now focuses on well-being work (Rizq, 2011) rather than care of those with mental health difficulties. Consequently, staff no longer have to engage with the complexities experienced by many clients and the limitations faced when supporting clients. This relinquishing of responsibility can be containing for staff but also lead to feeling disempowered.

Anecdotal evidence, which echoes Hemsley's (2013b) findings, talks about counselling psychologists compromising for the sake of gaining employment by delivering therapies with a relational touch (James, 2010), moving away from their practitioner roles into supervisory and training roles or moving away from IAPT services (James, 2010). In 2009 Pam James led an IAPT-focused workshop at the Division of Counselling Psychology conference. Whilst some clearly spoke of feeling de-skilled by the promotion of less-trained IAPT staff (Greenfield, 2010) and a danger of losing one's professional identity (James, 2009b) others voiced that counselling psychologists needed to be part of IAPT in order to influence its future development, away from prescriptive CBT delivery towards including other therapies (James, 2009b). In a personal account Monk (2003) describes the NHS as an intolerant place, where the medical model is the predominant discourse. She experienced anxiety realising that this may result in her identity as counselling psychologist being lost.

Considering the above research and anecdotal evidence, counselling psychologists working in IAPT could experience difficulties in fulfilling their professional roles in line with their professional identities and its related identity standards, such as values and beliefs and hence not achieve self-verification. The articles presented above have also highlighted that this could result in some change to professional identity, either as a conscious process of integration or as a result of adaptation. There is also the suggestion that such change is not always welcome and for some could result in feelings of anxiety and loss. Whilst this lack of self-verification is

possibly linked to internal factors, structural and contextual factors can also be important, which are explored in more detail below.

2.5.2 Identity conflict and burn-out

As explored above, identity theory acknowledges the importance of social interaction and social structures in achieving self-verification. Consequently, there will be factors, such as access to resources, lack of role agreement with those in position of power, that can prevent self-verification and cannot be easily changed (Burke & Stets, 2009)

Research investigating the interaction between the individual and their work setting, where professional identity is in interaction with organisations as social structures, talks about a process of assimilation of organisational values (Pratt, 1998) leading to organisational identification (Pratt, 1998) and has been positively associated with job satisfaction and performance (Pate et al., 2009) and negatively associated with staff turnover and burnout (Demerouti et al., 2001, Kirpal, 2004). This suggests that where organisational identification is not possible due to a tension between professional identify and role assigned to an individual by the organisation, there is a higher risk of negative affect, which could lead to burn-out.

Burnout is traditionally associated with caring professions and had been defined as Maslach (1982) “syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach, 1982). Emotional exhaustion reflects someone’s inability to meet the emotional demands of their work, which has been linked to work factors such as workload and role problems, such as conflict between role and professional identity (Lee and Ashforth, 1996). Depersonalisation can be understood as mentally distancing oneself from patients and feeling alienated from one’s role (Demerouti et al., 2001). A lack of personal accomplishment is often linked to negative self-evaluation (Rai, 2010).

Based on Maslach’s model of burnout, previous studies identified a target-driven and high pressure work environment as factors increasing the risk of burn-out in psychotherapists (Lasalvia, 2009; Lee, 2011), which is also true for IAPT (Rizq,

2013b). Other predictors of psychotherapist burn-out include perceived lack of control and issues of professional identity (Lee, 2011), control oriented coping styles (Leiter, 1991) and disappointment of career expectations and professional values (Cordes and Dougherty (1993). When examining burn-out amongst counselling psychologists, Vredenburgh et al.'s (1999) questionnaire-study found that psychologists working in hospital settings experienced higher levels of burn-out than those in private practice. A similar study by Rupert and Kent (2007) showed that psychologist working in hospital settings reported less personal achievement, more sources of stress and less control at work than those in private practice. Importantly, they identified maintaining a professional identity and values as protective factor against burn-out (Rupert & Kent, 2007).

A more recent UK study explored burn-out amongst IAPT therapists (Steele, McDonald, Schröder and Mellor-Clark, 2015) by administering a self-report survey amongst therapists employed across a range of IAPT services. The findings highlighted that IAPT therapists were at risk of burn-out in particular emotional exhaustion. The findings further identified factors of lack of autonomy and high work demands as predictors of emotional exhaustion and the experience of in-session anxiety by therapists as predictor of depersonalisation. Length of training, active coping styles and increasing autonomy were positively associated with personal achievement. Whilst these findings are relying on self-report measures and related to sample of mostly inner-city services, it confirms that IAPT therapists are at risk of burn-out. Demerouti et al. (2001) researched resources and demands in the work place and found that protective factors such as organisational support, e.g. positive feedback, supervision and professional growth could offset other stressors. Whilst their study was cross-sectional and produced associations rather than causal relationships amongst work place factors, their study highlights the importance of the working environment and organisational values towards employees in regards to their well-being.

Whilst none of the above studies focused directly on professional identity, their findings highlight the importance of social context. Identify theory understands self-esteem to be a motivating factor for self-verification and commitment to a particular identity. As the above studies have highlighted lack of control, high

pressure work environment and lack of resources can lead to burnout and lack of job-satisfaction, which in turn means a lack of self-verification. Interestingly, none of these studies explore how participants resolve e.g. lack of identity verification or burn-out.

2.6 Rationale and research questions

Existing theory and research shows that professional identity is an important part of the self, can foster self-esteem and create psychological meaning (Owens, 2010; Stets and Burke, 2012). Furthermore it serves as a means of defining one's role as a professional, social and professional status and can be a protective factor against burn-out (Stevanovic & Rupert, 2004; Rupert & Kent, 2007). Theory and research also shows that professional identity can also be a source of negative affect and stress, when individuals experience a negative appraisal in response to identity related behaviour or lack the resources and appropriate environment to fulfil or behave in accordance with their professional identity.

This study explored the interaction and possible dissonance between counselling psychology professional identity and IAPT as work-setting, due to diverging underlying values and principles. This leaves counselling psychologists in a position where the verification of their professional identity might be difficult or inhibited. Whilst some studies have explored professional burn-out and counselling psychologists' use of discourses in defining their identity and positioning towards evidence-based practice, no research was identified that explored the experience of professional identity of counselling psychologists' professional identity in IAPT settings.

Why is this important? Firstly, there is no research that explore how counselling psychologist actually experience their identity in the context of IAPT and whether there is cause for concern. Secondly, there is evidence that an unclear professional identity or unresolved incongruence experienced between professional role and professional identity can result in negative affect, stress, low self-esteem and contribute to burn-out, which in turn impacts on the professional practice. Thirdly, there is has been little focus in research on identity change, particularly in the area

of counselling psychology. Whilst it is acknowledged that professional identity evolves over time there is little research as to how counselling psychologists experience and make sense of such change. Lastly, Blair (2010) and research into burn-out suggests that there are protective factors, e.g. adequate resources, supervision and connection with peers that can protect against negative affect and stress associated with identity transition or change.

As acknowledged previously the researcher is intrinsically part of their research and certainly in this case, there is an interest and motivation to understand more about how counselling psychologists make sense of their identity in settings where their professional might not be well known or be the preferred choice. Moreover, having experienced the challenge of practicing as a counselling psychologist trainee in evidence-based secondary care settings, I wish to learn how already qualified practitioners understand and manage this task in a setting which appears to possibly be more challenging. This interest is also driven by some excitement and anxiety about stepping out of the safe position of trainee to becoming a fully accountable and autonomous qualified practitioner.

The current study therefore hopes to address these gaps by exploring the counselling psychologists' experience of their professional identity working in IAPT by asking the following questions. How counselling psychologists experience their identity in an IAPT setting and if they experience a change in their identity how they understand and evaluate such change. The study will further explore whether participants experience any areas of tension between their professional identity and their work setting and how these may be negotiated. As a secondary area of enquiry, this study will also explore how professional identity relates to the clinical practice of counselling psychologists in an IAPT setting.

3. Method and methodology

The following chapter provides a description and rationale of the research method and methodology in relation to the research question and aims. The chapter begins with a reflexive statement positioning the researcher in regards to her ontological and epistemological stance. This is followed by an introduction to Interpretative Phenomenological Analysis, a rationale for choosing this research design and gives the reader an outline of participants, procedure, interview schedule and ethical considerations.

3.1 The researcher's stance

Epistemology, the nature of knowledge and its accessibility, is crucial for any researcher to consider prior to embarking on research. The epistemological position most tune with my personal values and experience of being a counselling psychologist is critical realism (Bhaskar, 1978). As counselling psychologist, I engage with and respect the individual meaning clients give to life events and make active use of the therapeutic relationship whilst also acknowledging the impact the social world has on human experience.

Traditionally, the two opposing constructionist and realist objectivist views have been the dominant philosophies underpinning research in the field of psychology. The objectivist position assumes an objective reality independently of human interpretations, values and experiences and research aims to discover an objective truth. In contrast constructionism rejects a causal understanding of the social world and instead allows for a multitude of realities created by our engagement with and interpretation of the world around us. Consequently, our knowledge of the world is shaped not only by the context of an experience, but also by individuals' previous experiences, culture and values (Houston, 2001; Eatough & Smith, 2006).

Critical realism, a stance explored by Bhaskar (1978) and Willig (1999), aims to provide a framework, which accounts for both human agency in experiencing and interpreting our social world, whilst also recognising the impact social structures

such as economics and politics have. Critical realism accepts the existence of reality, which is independent of human thought and experience. It defines our social wold as consisting of many systems, which are in constant interaction with each other, as for example the psychological mechanisms innate in persons interact with systems of racism or feminism. In contrast to positivist approaches, critical realism rejects cause-effect relationships, and instead recognises the role of person as actively transforming social systems whilst also being shaped by them (Houston, 2001, Elder-Vass, 2012).

In terms of the researcher's role and study findings, critical realism places persons' narratives at the starting point of research. However, the knowledge gained by such research is not an objective truth, but a transitive view (Houston, 2001) of the world, which is influenced by culture, language and experience of both the researcher and participants. Whereas this does not invalidate the research, it must be acknowledged that such enquiry creates knowledge located within a specific context and time. I believe that this epistemological and ontological stance also reflects the topic of my research well, as both counselling psychology and professional identity are constructs situated within cultural, political and social contexts or systems, which have changed over time and are continually in interaction with individuals. Embracing a critical realist stance also reflects counselling psychology's pluralistic approach to knowledge, theory and practice, demonstrating an openness to accept diversity and placing human experience firmly in the context of the social world.

3.2 Study design

3.2.1 Rationale for qualitative paradigm

This study has an exploratory qualitative design, which employs semi-structured interviews as data collection tool. Interviews will be analysed using Interpretive Phenomenological Analysis (IPA). Taking a qualitative phenomenological rather than hypothetico-deductive stance is inherent in my research inquiry. The hypothetico-deductive approach would require me to test an already formulated hypothesis based on existing theories of professional identity formation (Willig,

2006). However, considering the lack of research in my chosen area of interest and the specific working-context, an open-minded explorative design will allow for a journey, which may show the way to further areas of enquiry.

3.2.2 An introduction to IPA

IPA accesses people's experiences and meanings using the researcher's reflexivity and interpretation as tools (Smith, Flowers and Larkin, 2009) and hence combines ideographic, phenomenological and hermeneutic perspectives. The following will briefly reflect on their relevance to this research. Phenomenology aims to move beyond the discourses to arrive at individual meaning-making (Wertz, 2005); however this meaning is located within and shaped by our language, culture and ideology. As a result phenomenological research is the study of persons-in-context, offering an insight into a person's relationship and engagement with a specific experience whilst accepting that this kind of enquiry will not produce generalisable knowledge beyond the context and experience. This symbolic interactionist perspective (Eatough & Smith, 2006) of locating experiences in social interaction rejects a positivist view of an objective reality. However, at the same time IPA assumes there is a link between people's narratives and their cognitions, which are more stable constructs and accessible through narrative accounts which communicate meaning (Willig, 1999). Therefore, IPA's perception of knowledge subscribes to a relativist ontology allowing for many individual truths of experience and meaning (Willig, 2006). Even though I realise that identities are experienced in social contexts they are an expression of more stable cognitive constructs of personal beliefs and values which can be accessed via interviews (Smith, 2008).

This ideographic and phenomenological focus of IPA reflects the aim of this study well. A phenomenon, counselling psychologists' experience of their identity, is explored in a specific context, IAPT. Importantly this study does not aim to arrive at a common definition of counselling psychologist identity rather it aims to gain an insight into participants' experience of and relationship to their professional identity whilst working in an evidence-based practice environment. Identity is shaped by the interaction of social systems, cultural contexts, prior experiences, as

well as personal values and beliefs. Consequently, each individual will have a different perception of their professional identity, which may change over time depending on context and experience.

However rather than remaining at a descriptive level of a person's experience, the IPA researcher aims to provide an interpretative account of participants' meaning-making of a phenomenon and what is means to participants to experience the phenomenon (Larkin et al., 2006). Focusing on individual accounts in this way allows for an epistemological openness rather than resting an existing hypothesis or assumption. This demands that I as researcher engage in reflexivity and awareness of my own knowledge, culture, assumptions and ideology and bracket these when engaging with the data. However, it whilst it is important to be aware of my own biases it is essential to recognise that the political, economic and social contexts in which participants' and researcher are located will shape their experiences and meanings and therefore must be stated and actively drawn upon when interpreting data. Consequently, IPA and its underlying philosophical tenets meet the requirements both in regards to the researcher's epistemological and ontological stance as well as offering a good fit to exploring the research question.

3.2.3 Consideration of other qualitative methods

With a range of qualitative research methods available, particularly Grounded Theory and Discourse Analysis were considered as alternative methods in the context of this research. As previously discussed, IPA offers a bridge between social cognitive psychology and discourse analysis by recognising that meaning making is shaped by a person's environment and experience as well as assuming a link between beliefs, attitudes and behaviour (Larkin & Flowers, 2006).

Discourse Analysis is an umbrella for a range of discourse analyses; however their aim in the broadest sense is to understand social interactions. Discourse Analysis subscribes to strong social constructionist epistemology and whilst it rejects the notion of stable cognitive constructs (Larkin & Flowers, 2006) it takes the position that narratives are constructed within the social context they occur in depending on an individual's stake in the conversation taking place (Willig,

2006). Consequently, Discourse Analysis does not aim to capture and explore the meaning of particular life events of its participants but focuses instead on the resources available to individuals to create meaning. These resources include language, discourses and cultural frameworks and the limits these impose on creating meaning. Importantly, meaning and experience are co-constructed between researcher and participant in the context of the interview. This defines the researcher as an active agent in creating research data and puts him/her in a more central and powerful position than IPA. Foucauldian Discourse Analysis focuses specifically on issues of power and how social structures and institutions influence and limit the availability of discourses and their impact on the creation of knowledge (Hook, 2007).

Using Foucauldian Discourse Analysis would have been an interesting alternative to IPA whereby exploring how counselling psychology is positioned within the power structures and discourses currently dominant in healthcare settings and how this impacts on counselling psychologists' use of discourse in relation to their professional identity. However, this would shift the focus of this research away from individual experience and meaning making towards a critical analysis of current social and political structures surrounding psychological therapies.

Grounded Theory aims to explain certain phenomena and psychological processes by developing a theory based on an analysis of collected data. In particular Charmaz's (2006) version of Grounded Theory is used in psychology research and shares its constructionist epistemology with IPA. However, whereas IPA focuses on individuals' experiences and how these may be similar or different, Grounded Theory aims to work at an explanatory level, which offers the foundation for a developing theory. Even though this method would have been possible for this piece of research, it would have somewhat shifted the research focus. Firstly, the research question would have moved away from the individual experience of counselling psychology identity in an IAPT setting towards an explanation of how counselling psychologists might negotiate their identity in this setting. Secondly, the aim of the research would have shifted away from providing an insight into the experience towards developing an explanatory framework.

However, considering the lack of published research in this field, it seems more appropriate to offer an as detailed as possible account of lived experience.

3.2.4 Quality in qualitative research

The past decade has seen the development of various standards aiding the evaluation of quality in qualitative research (e.g. Smith, 2011; Elliot et al., 1999). For this particular piece of research, the following section will consider how the current research has met criteria of quality and rigor set out by Yardly (2000) and Smith (2011).

Sensitivity to context

Yardly (2000) proposes that the researcher must demonstrate sensitivity to context, when conducting good quality research. Prior to formulating the research question, a thorough literature review ensured an awareness of the theoretical and topical context of the research topic, which explored the socio-political context of the topic as well as the scope of research available. This ensured that the topic of identity could be explored in an ethical and open-minded manner to ensure the individual experiences, values and identity of participants could emerge. This required a methodology, which would allow idiographic experiences to emerge and IPA was chosen as methodology which specifically focuses on the exploration of individual experiences in a specific context. Great care was taken to devise an interview schedule that allowed a wide exploration of the research topic without restricting participants to the researcher's agenda. This process was helped by the researcher keeping a reflective diary in order to bracket some preconceptions and expectations. Conducting analysis at micro level demands the researcher become immersed in the data more rigorously and in great detail. At this stage, keeping reflexive records of the research process and the researcher's interpretation of the material was crucial to allow for both the emergence of participants' experience and the interpretation of these experience within their social and political context. In qualitative methods the researcher co-creates material through the interview process and functions as lens through with data will be interpreted and therefore takes up a position of power in the research process. It is therefore paramount to consider the participants' well-being and

safety not only during the interview but also respect and allow their experience to be heard in presentation of the findings.

Commitment and rigor

The researcher conducted the research over a period of time which allowed for an in depth consultation of the existing literature and a thorough engagement in the analytic process. The skills and knowledge needed to conduct this piece of research were acquired throughout the academic career of the research both through taught elements at Master and Doctoral level courses as well as prior experience of conducting a qualitative MSc dissertation. The author also participated in interactive learning opportunities provided by the university and informal learning with peers and in self-study. Study inclusion criteria were considered prior to the interview process and potential participants were screened against these to ensure a homogenous sample. The analysis was a process which moved between the different stages of coding and interpretation to give voice to individual experiences and allow the researcher to develop an interpretation of the material as a whole. The analysis was peer reviewed to ensure the research process was sound.

Transparency and coherence

The study's findings are placed in a clear context and presented in relation to clearly defined research questions. The researcher presented a coherent epistemological stance, which was a fit with the research enquiry, method and interpretation of findings. The study's findings are presented in the context of reflexive statements on the research process and relevant quotes by participants'. In combination with memos and reflexive notes kept by the researcher throughout the engagement with this paper, the transparency of the research process is observed. In this particular study participants came forward based on their interest in the topic under investigation. As part of the reflexive process, the researcher has considered how this has impacted on the study's findings. The researcher has considered how the findings can inform and improve the training and practice of counselling psychologists and discussed these points.

3.3 Procedure

3.3.1 Participants

Participant	Age	Background	Years qualified	Training main therapeutic model	Years in IAPT
Abbey	28	White British	2	Psychodynamic	3
Becca	33	White European	2	CBT	4
Carol	29	White British	3	Psychodynamic	3
Dora	31	White British	2	CBT	1
Emma	35	White British	6	Psychodynamic	5
Fey	32	White European	3	CBT	4

The identified target population for this study were Counselling Psychologists with experience of working in IAPT services. All participants in the study were required to have worked in IAPT services for at least six months in order for participants to gain sufficient experience of working in this setting. All participants were female, which was not intended however, only female participants came forward to take part in the study. The sample consisted of six Counselling Psychologists, which is in line with recommendations made by Smith et al. (2009) which suggest these numbers still allow for an adequate in depth analysis of individual material. Overall, a homogenous sample was achieved, which is important in the context of IPA data analysis (Smith et al., 2009).

All participants had started working in IAPT services as trainees and five continued working in IAPT after completing their training as counselling psychologists. The lengths of time worked in IAPT was between one and five years. Of the five participants employed in IAPT two held posts as counsellors, two as high intensity therapists and one as counselling psychologist. Four of the participants had experience of working for more than one mental health trust in an IAPT service.

3.3.2 Ethical considerations and participant recruitment

This research was conducted as part of the Professional Doctorate in Counselling Psychology at London Metropolitan University and was supervised by an academic member of the faculty. It was approved by the Research Degrees Committee Ethics Committee at London Metropolitan University and Surrey and Borders NHS Trust R&D office. Participants were recruited through an advert placed on the Counselling Psychologists facebook page and an email sent to the Surrey IAPT team on the researcher's behalf. Once a participant had expressed an interest, they were contacted directly via email by the researcher. The initial email included the participant information sheet, consent form and the researcher's contact details. Subsequent contact with participants was then established via phone and the research topic and procedure were explained. Specific issues discussed were confidentiality of data, recording and storage of interviews and the rights of participants to withdraw from the study. Before the actual interviews were carried out, participants were given the opportunity to ask any questions about the study and were also given the consent form to sign, which again summarised the main aims of the research and outlined the rights of participants and confidentiality. It was emphasised that the data was collected as part of a doctoral thesis. It was further explained that for the case of potential publication, anonymised transcripts are kept for 5 years and then destroyed. A copy of the thesis will also be kept in the library of London Metropolitan University and will therefore be viewable by students, researchers, teaching staff and examiners. Data and signed forms will be kept separate and stored in locked filing cabinets at the researcher's home. Electronic data will be stored in a password-protected home computer. All identifying information were be removed to ensure anonymity. According to the BPS Code of Human Research Etihcs (BPS, 2010), the confidentiality might need to be mitigated, if participants disclose a danger of harm coming to themselves or others, or if they reveal details of practice, which might raise serious ethical concerns.

3.3.3 Interviews

Data was collected by conducting semi-structured interviews. Using semi-structured interviews is an appropriate method of data collection as it provides some structure and focus for the interview but allows participants and researcher to emerging topics of interest freely adding more depth and insight to the topic area (Smith et al, 2009). The initial interview schedule was peer-reviewed and the amended schedule was then used as guide for the interviews. The interviews began with a question about participants' professional identity and followed on to explore its understanding and experience of the IAPT setting. A copy of the interview schedule can be found in Appendix 7.7.

3.3.4 Analytic procedure

Following Smith, Flowers & Larkin's (2009) guidance, an ideographic approach was adopted examining one transcript in detail before moving on to the next. Transcripts were read several times ensuring a thorough engagement with participants' narratives. The following textual coding produced detailed notes of the transcript, which included descriptive notes of its content, linguistic notes of certain use of language and interpretative notes, which link the narrative to theoretical concepts or take the form of interrogative questions.

The next step of analysis involved an in depth engagement with the initial coding and the exploration of emerging themes. These themes aimed to capture connections between initial coding segments and summarise the essence of what was being said. These emerging themes represent an initial interpretation by the researcher by drawing on the researcher's knowledge of the literature and psychological concepts. Working with the resulting chronological lists of themes, clusters of themes were identified by following Smith et al. (2009) principles of abstraction, seeking out patterns or similarities amongst themes, polarization, examining oppositional thematic relationships and function, considering the positioning of participants in their context. The emerging super-ordinate themes were then given appropriate titles. For each superordinate theme, a list of representative quotes was collated from the transcript. This process helped refine

the list of themes, as some were renamed, dropped or merged. This process was repeated for all interviews and notes were kept at each stage documenting the evolving analysis to enable an independent audit of the analysis. In keeping with the idiographic focus of IPA, a conscious effort was made to bracket ideas and concepts emerging from previous transcripts.

The next step of the analysis was to explore patterns across the six accounts. This involved seeking out connections between superordinate themes across cases and recurrent patterns. This process also highlighted the differences amongst participants, which represented different facets of the concept of identity. The emerging master themes are presented in a table with relevant super-ordinate themes and quotes (Appendix 7.8).

3.4 Reflections on the research process

Reflexivity is an integral part of conducting an IPA analysis, in part to enable the researcher to bracket their own beliefs and assumptions related to the research process (Smith, Flowers and Larkin, 2009) and the following section is a summary of some of the reflexivity I engaged in during the research process.

Beyond the actual research process, I have to consider myself as contributor to the research process. As a white European trainee counselling psychologist, I built up a good rapport the interviewees, who were all white British or white European and also counselling psychologists at the beginning of their careers. Whilst three participants were known to the researcher prior to the interviews, all of us shared gender, ethnic background and profession. This may well have influenced how participants spoke about their experiences, for example the language used and possibly feeling more comfortable talking to someone, who they felt shared some of their experience. However this apparent familiarity could have led to both sides making assumptions about shared understanding of experiences or terminology used, which in fact may not have been the case and therefore to misunderstandings.

As researcher I embarked on this research with some background knowledge, having immersed myself in the available literature and having spoken to friends, who had experience of working in IAPT services. Whilst this is of course helpful in determining the research question and designing the interview schedule, there is of course the danger of bringing presumptions, beliefs and biases to the interview and analysis. Especially during the interviews, using the interview schedule and prompts as guide was helpful in order to avoid leading questions. Despite this, it is unavoidable that participants noticed a possible bias in my responses, e.g. encouraging nodding or agreeable comments, which may have influenced the kind of issues they chose to talk about.

Similarly during the analysis, keeping a research diary was immensely helpful in creating some reflective distance between myself and the analytic process and allowed me to return to the analysis with fresh eyes. IPA findings represent my interpretation of the study participants' meaning making and interpretation of their experiences. It follows that my interpretations of the material is unique and coloured by my personal interest in the topic and it is unavoidable that another researcher might have been drawn to other aspects. Moving between the different levels of interpretation represented an initial challenge. This has been identified as a common experience for the novice IPA researcher, where moving towards more abstract interpretation away from participants' accounts is understood as misrepresenting their experience (Larkin et al., 2006). Referring to the literature on IAP and informal support from peers, who were also working with IPA in their research, enabled me to return to the analysis extracting myself from the individual participants' accounts and engaging in the interpretative process from more abstract standpoint.

During three interviews, we were required to pause the interview for up to two minutes due to interruptions, once to vacate a room and twice as interviewees had to attend to their young babies. On two occasions the break occurred toward the end of the interview and the flow of the interview did not seem to be affected significantly. However in one case, the interruption was early on in the interview process, and I wonder whether this impacted on the ability the participant to engage fully in the interview process possibly resulting in less rich data.

4. Analysis

The following chapter presents the themes identified during the analysis of the data using Interpretative Phenomenological Analysis. The three master themes with subordinate themes will be discussed in turn.

Master Theme 1: Establishing a professional identity: an on-going process	
Superordinate Theme: Identity as puzzle with many parts	"I think partly maybe I'll have these values sort of subconsciously and I'm not so aware of that they are actually there" "I think to some degree […] the values that you take from your training to your profession they can overlap with your personal values as well"
Superordinate Theme: Searching for an identity in the NHS	"I think then we become a bit ashamed of being a counselling psychologist in the NHS." "A doctorate, three years training and then it still not enough in the current alignment of particularly being CBT focused"
Superordinate Theme: Transitioning from trainee to qualified practitioner	"You are writing diagnosis and you are kind of wondering if they should have medication […] you have to figure out" "There's a lot of questions unanswered for me basically." "I didn't feel well prepared for it"
Master Theme 2: Managing a sense of professional identity in IAPT	
Superordinate Theme: The pumping machine: Understanding the IAPT model	"So the idea is very much run as a business" "I have a lot of issue with diagnoses and that whole system of pumping machine working IAPT is" "You go to an IAPT service and the client is kind of point four or five on the list"
Superordinate theme: Assimilating organisational expectations	"That's how the organisation maybe defined me. And that's maybe the label I took on" "I felt I sold my soul" "You do compromise. You have to compromise." "We kind of automatically take part of that institution identity as your own kind of person"
Superordinate Theme: Resisting identity change	"It just feels as a profession we have, we have done this thing of I'll get the job and I'll do whatever I want in the room" "And so you find trying to find my niche of how I can work effectively and meaningful but with my clients" "Once I get out of here, I'm not going to continue practicing in this way"
Master Theme 3: Psychological consequences	
Superordinate Theme: The danger of burn-out	"It gets exhausting. It's, it's like a hamster wheel." "Because it is a little bit boring". "You did have that fear of, 'Oh God, they're going to think, you know, I'm crap."
Superordinate Theme: Self-care and support	"I wasn't getting supervision. […] I wasn't getting things that I needed to be better. " "I have got my supervision with a therapist that I think is really good and where I learn a lot"

	"I also sought supports from other counselling psychologists to who go through the process as well and that was really, really valuable for me" "I think obviously support […] having a good team. And so, having a good old moan"
Superordinate Theme: Not meeting expectations as a psychologist	"I could imagine myself being in the same job in two years' time having never improved" "As a band 7 CBT therapist, you only use sort of such a little amount of what you've learned which can feel or feels for me a little bit [...] unsatisfactory" "So, supervision which psychologists do […] training which psychologists do"

4.1 Establishing a professional identity: an on-going process

This theme explores professional identity as an on-going process of interaction between different layers of the self and identity. These include personal values, social status of professional identity and professional values as well as the work setting and role expectations. At the same time participants also experience personal transition from trainee to qualified professional, which impacts on the experience of their professional identity.

4.1.1 Identity as puzzle with many parts

Professional identity is a process of internalisation and interaction of values, expectations and beliefs from personal, professional and work realms. Whilst five participants affirmed their professional identity as counselling psychologists the meaning of this varied amongst participants. For some there was a strong link between underlying personal values and their professional identity. Abbey emphasises this "*It isn't just about being a counselling psychologist but my identity as being a counselling psychologist*" (p.8 ll.7-10). Consequently, professional identity is more than an affiliation to a profession and also an expression of aspects of the self. Dora similarly talks about her professional identity in the context of personal identity "*And yes, I do have my own values and I do have my own strengths*" (p.5 l.6).

This link between personal and professional identities is experienced both as stable and evolving. Whilst Abbey acknowledges that her professional identity

may have changed over time, she experiences its core values as stable constructs. "*It's very fluid but the core things that I mentioned, about boundaries, about process, about thinking about the relationship that probably hasn't changed" (p.6 ll.7-9).* Abbey's sense of self and professional identity are strongly integrated and adhering to her core values is expressed in her realisation of professional identity. In Dora's experience values linked to counselling psychology have become less important over time "*I am counselling psychologist […] but it seems much less important*" (p.5 ll.7-9) whereas personal values have become more salient in shaping her sense of professional identity, which are important to Dora as these values are shared across professions and subscribe to the higher purpose of social responsibility "s*o being influenced by things like psychologists against austerity" (p.5 l.20).*

The role expectations and values attached to being therapist in an IAPT service, were experienced as important influence on professional identity for Becca and Carol. Becca identifies with her role as CBT therapist rather than her core profession of counselling psychology. "*I think that shaped my, um, professional identity probably more than the training did because I spent more time there*" (Becca, p.1 ll.30-32). It is interesting that the assimilation of values, either through training or working in a particular setting, is not necessarily a conscious process as the interview appears to prompt Becca to reflect on her value base. "*My values as a therapist is probably, again probably quite similar to that of a counselling psychologist I would assume*" (Becca, p.2 ll.10-11). Becca's choice of words such as "probably", "I would assume" suggest some uncertainty. On reflection she adds "*but actually when I think about it, I guess my work itself with patients and colleagues is underpinned by […] things that are […] important to counselling psychologists*" (p.3 ll.29-33). Interestingly, Becca's experience of professional identity is rooted in role expectations as IAPT therapist than Abbey or Dora.

Carol completed the IAPT training following her qualification as counselling psychologist. She describes a process of temporary alienation from the values she associates with counselling psychology. "*I challenged myself, I took what I could from it and I've come back feeling quite secure in the therapist that I wanted to*

be" (Carol, p.23 ll.21-23). This temporary dissonance between counselling psychologist and high intensity trainee identity is eventually resolved by committing to the more salient identity. In contrast to Becca, Carol's narrative suggests a stronger commitment to counselling psychology professional identity despite holding similar roles in IAPT. This could be due to Carol having already completed her counselling psychology training and therefore having established a stronger professional identity than Becca, who worked in IAPT throughout her training.

Fey experienced her identity as stable and unchanged until she consciously drew comparisons over longer periods of time "*And I found it really difficult to go back to seeing my work there, and before the things that were important between then when I started the training and up to now. How I developed from that or how I maybe missed something somewhere […] on the way*" (p.28 ll.25-32). The process of reflecting on professional identity and how it can be realised and fulfilled in the workplace, involved a sense of disappointment for Fey.

The internalisation of professional values and role expectations does not seem to necessarily translate into a sense of belonging or connection to professional structures of counselling psychology, such as the Counselling Psychology Division at the British Psychological Society. Instead being part of counselling psychology as profession is experienced though a shared understanding of therapy and style of practice. Abbey and Emma describe this respectively "*I'm quite connected because I'm still very good friends with the people I studied with. […] So in a way, I'm connected to that and to still get that style of thinking*" (p.9 ll.10-13) and "*I am connected to it because […], it's a relational model*" (p.4. ll.15-16). However when talking about a more formal connection Abbey seems dismissive "*I know it never, never crossed my mind to […] link with them at all. I don't care*" (p.45 ll.15-18). For Becca the experience centres on feeling disconnected "*I don't really have much to do you with them*" (p.11 ll.6-9). The use of the word "them" even creating the impression that she feels completely separate from counselling psychology. Qualifying and moving into the workplace is named as a reason for feeling less connected to the profession. Dora says "*when I was training very, very much so […] now that I am working, now that I'm qualified*

and working, less so" (p.3 ll.6-7). Fey suggests that the work setting lead to a disconnection "*I feel like being in IAPT, I feel I detached a little bit*" (p.27 ll.4-6) whilst Becca more specifically sees a lack of relevance to the demands of her work "*I'm a member of the sort of Facebook group that they have. […] I don't really feel that a lot of the things or issues that are discussed there has so much impact on me*" (p.11 ll.11-15). It appears that participants experience professional identity as part of who they are or have become with little need for organisational structure.

Professional identity is experienced very differently by participants. Whilst some experience professional identity as expression of personal values others understand their identity as fulfilment of a work role. Whilst all participants acknowledge underlying internalised professional values as shaping their professional identity and talk about translating these into their clinical practice, such as relational and client-centred values. At the same time participants experience their professional identities as something they own and professional organisational structure is experienced as either unnecessary or irrelevant to their working lives. Participants also acknowledge professional identity as evolving over time attributed to transitioning from trainee to practitioner, influences of the work setting and professional maturity.

4.1.2 Searching for an identity in the NHS

This theme reflects participants' struggle to assert a clear and strong professional identity in IAPT. Participants position their professional identity in opposition with the medical model, which is experienced as powerful and dominant in IAPT. Counselling psychology is experienced less powerful in comparison to medical model institutions. Abbey's excerpt highlights this "*I don't think we have a huge voice compared to IAPT. I mean, IAPT's like a machine*" (p. 44 ll.16-18). The word machine implies that IAPT is a powerful institution, more powerful than individual but possibly with less human qualities. Overall, counselling psychology is ascribed a lower professional status than clinical psychology whose association with the medical model makes it more established and accepted in the NHS.

Participants' narratives reflect a strong awareness and identification with counselling psychology as a bit of an outsider and possibly less well established profession in the NHS. This is experienced as an obstacle in expressing professional identity openly with some participants expressing a fear of loss or shame in relation to their identity. Emma talks about a resulting lack of confidence "*there seems to be maybe a lack of confidence or lack of feeling an identity* (p.9 ll.14-16), which culminates in hidden identities "*they have to hide it*" (p.8 l.4). Abbey expresses a very similar experience. "*I think then we become a bit ashamed of being a counselling psychologist in the NHS. [...] And I can do it sometimes that if you're going around a room and people say 'I'm a clinical psychologist, I'm a clinical psychologist, I'm a psychologist (…) I bet you they are counselling psychologist*" (p.51 l31 – p.52 l.2). It is interesting that the words "hiding" and "shame" are used this context. Shame is an emotion usually associated with the violation of an expectation or standard. It insinuates experiencing oneself different from social or role norms and therefore and wanting to hide that difference. It is also interesting that both participants talk about the counselling psychologists generally as though to distance themselves from this kind of behaviour.

Especially Becca, Abbey, Carol and Dora talk about their professional identity not being clear to colleagues and feeling disrespected at times. Carol narrates this experience "*I remember [...] this professional well-being practitioner, she said to me "I remember you when you were here as a trainee" and she said "So you're a counsellor, right*?" *and so I again I think that can bring up confusion […] that yes, we do counselling but I'm a counselling psychologist, which in my mind is also something very different from being a counsellor*" (p.16 l.28-p.17 l.3). Similarly, Abbey recounts "*What is it? Are you a couns–…are you a clinical psychologist*?" (Abbey, p.52 ll.31-32). Interestingly, none of the participants talk about explaining or promoting their professional identity in their work setting. Instead, they experience frustration about a lack of understanding and in some cases even a disregard for their expertise. "*If you think you've made […] a doctorate, three years training and then it still not enough in the current alignment of particularly being CBT focused*" (Becca, p.6 l.33-p.7 l.2) and "*Because actually you shouldn't have to do a BABCP accredited course, um, as a*

counselling psychologist to prove that you can do CBT. And it's part of our learning and teaching" (Carol, p.26 l.31-33). Whilst this pressure to become BABCP accredited is experienced by many professions across IAPT services, participants experience this as specifically targeting them as counselling psychologists and is likely related to the perception that counselling psychology is less well established in the NHS than for example clinical psychology.

Participants manage this situation differently. Dora draws on shared psychological knowledge amongst psychological professions to assert herself as part of the team "*I mean counselling psychology is not so important but psychologists that having the opportunity to sort of think in that broad psychological way*" (p.14 ll.32-34). In contrast, Emma and Abbey attempt to resolve this situation by establishing their professional identity in their clinical practice by splitting their experience of professional identity in their practice from symbols of professional identity such as professional titles. "*I was being a counselling psychologist. My title wasn't that but […] I was practicing that way*" (Abbey, p.20 ll.26-29) and "*I'm working in the same way when I […] held a post where I am called a counselling psychologist*" (Emma, p.6 ll.14-16). Carol, who initially asked her employer to recognise and use her professional title, feels she has to compromise and take on the title of CBT therapist "*why was I expected to almost withhold that or have to balance that with using a different label […] a different title for myself is interesting and I think a lack of understanding about what we are about as a profession"* (p.15 ll.24-29). However, in her experience professional title and identity are linked and she experiences the denial of her professional title as rejection of her identity. As a result, she talks about feeling devalued and a lack of commitment to her employer. Clearly, not having their professional identity acknowledged and agreed by colleagues and employers, results in negative emotional experiences, such as frustration.

Fey is the only participant who holds the title counselling psychologist in her employment and understands her recruitment as acknowledgement of expertise in her field. "*The reason for looking for counselling psychologist at that time […] why that was the case is because the one that the advantage perhaps you can work with more complex clients we will have more and more*" (p.22 ll.23-27).

To summarise, apart from Fey, participants experienced expressing their professional identity in IAPT as difficult. This was attributed to the less powerful status counselling psychology holds as a profession and the lack of knowledge regarding counselling psychology expertise. Participants navigated this situation by expressing their identity in their practice, drawing on similarities with clinical psychology or attempting to assert their identity through recognition of titles.

4.1.3 Transitioning from trainee to qualified practitioner

All participants talked about their training in ambivalent terms. On the one hand participants recognise that the training imparted the values, which have become part of their professional identity, and equipped them with a specific skills set. On the other hand participants experience some disillusionment with their training as it has left them feeling unprepared for the working realities of IAPT.

The experience of training is strongly associated with imparting a certain set of values on trainees. For some these values are experienced as congruent will existing personal values, which are affirmed during training. "M*y tutor was a big influence as well in terms of, she was very similar in her viewpoints*" (Emma, p.37 ll.7-8), *"I think to some degree […] the values that you take from your training to your profession they can overlap with your personal values as well"* (Fey, p.5 ll.3-7). Interestingly, Fey's narrative suggests we internalise those professional values that are reflected in existing personal values. However, there is an understanding that counselling psychology values are possibly not always compatible with clinical practice in the NHS. "*Our course sort of was very strong on the ideals, very idealistic almost"* (Abbey, p.6 ll.22-24) and *"when I studied counselling psychology, I'd always found that I felt that we're living in an ideal world in these lectures"* (Becca, p.4 ll.17-19). Abbey and Becca use the terms "idealistic" and "ideal world" respectively suggesting that counselling psychology has strong principles however these may represent a tension with the experience of clinical practice.

Participants share the understanding that their professional identity is linked with specific expertise and particular way of relating to clients. Whilst participants draw on different skills, counselling psychologists are expected to formulate, work with and respond to complex client presentations, possibly more so than other therapists "*we work well with complex cases, with systems […] because of sort of holistic approach sort of thinking systemically*" (Dora, p.23 ll.28-30). Participants attribute these abilities to being trained across different approaches "*having access to the whole of psychology so not being limited by one therapeutic approach even if I'm practicing with solely one approach being informed by sort of all psychological knowledge*" (Dora, p.2 ll.3-6), being able to work with the process of the therapeutic relationship *"the person who needs more of a relational approach and for practitioners we are able to include that reflective thinking"* (Carol, p.22 ll.10-13), *"you have to have more of an understanding of process and the complexities and what's underneath all this and be more curious which I think fits with us*" (Abbey, p.56 ll.30-32). In addition, counselling psychologists are trained to be aware of and use their own self in the therapeutic process *"we have a lot more personal insight as well into our own feelings […] on how we can bring that into our therapy that other practitioner might not have or might find difficult"* (Carol,p.22 ll.18-22).

Becoming qualified practitioners challenged some of these expectations and values associated with counselling psychology professional identity as participants talked about struggling to fulfil these satisfactorily. In particular, participants experienced adapting to work setting *"I didn't feel well prepared for it*" (Dora, p. 24 ll.9) in terms of *"thinking about the speed of formulation, thinking about working within limitations"* (Dora, p.24 ll.L22-23) and "*I felt and realised in a sort of psychotherapy service within the NHS that is short-term and where things are quite different to maybe the lectures that were set up*" (Becca, p4 ll.21-23). Beyond service limitations and requirements, there was also a sense that the training had not sufficiently engaged with the medical model and equipped participants to work within medical model settings as counselling psychologists. Participants feel left alone to resolve this tension especially in relation to labelling clients with diagnoses "*we learned a little bit on diagnosis and this and that. […] I think it was my own experience as opposed to my training that prepared, gave*

me a better standing in that" (Emma, p.39 ll.15-17) and "*we can have a lot of discussion about the use of labels and pathologising clients. […] there's a lot of questions unanswered for me basically"* (Carol, p.24 ll.26-29). Interestingly, Abbey acknowledges the dilemma for counselling psychology "*It's all […] staying with the ideas […] by challenging it but being more curious which is all great. And I think if you took that away, we wouldn't be counselling psychologists anymore*" [p.51 ll.13-22) as adapting to the medical model and relinquishing some of counselling psychology's values could also eventually lead to a loss of professional identity. It is also noticeable that participants attribute their difficulties in fulfilling professional expectations to diverging underlying philosophies, humanistic vs. medical model, rather than their transition from trainee to qualified professional.

Counselling psychology's oppositional stance towards the medical model is seen to bias the training against CBT as a therapeutic model resulting in a lack of confidence in CBT skills. "*Being critical about CBT but […] only after you've actually had some training in it. So rather than just sort of setting us up with this idea that maybe other therapy forms are […] better or […] more helpful or whatever. […] You need to have one model that you are sort of an expert or professional in. I think then it's the time to kind of getting more in depth with other forms of therapy"* (Becca, p.9 ll.3-9) and "*within the university spectrum it was counselling psychologist using CBT […] but how pro-CBT were they"* (Carol, p.24 ll.21-24). Consequently IAPT was also experienced as learning opportunity "*it's really great because actually I can learn a lot. […] at the same time, I was exposed to clients who came with all sorts of different difficulties"* (Fey, p.22 ll.27-33).

Interestingly, participants did not understand their experiences as part of maturing into independent practitioners and instead located their difficulties in failings associated their training and the conflict between the ideal values of counselling psychology and the realities of working in short-term psychotherapy services underpinned by the medical model.

4.2 Managing a sense of professional identity in IAPT

This theme explores how participants experience and negotiate their professional identity in interaction with IAPT' organisational structure. Participants' experience varied from loss to feeling a stronger sense of identity. The theme also explores which aspects of the IAPT model of psychological therapy was understood to have had a direct impact on identity experience.

4.2.1 The pumping machine: Understanding the IAPT model

The IAPT model of delivering psychological therapies is placed in a social and political context, such as medical model tenants of quantifiable effectiveness of interventions and diagnoses specific treatments, financial benefits of investing in the treatment of common mental health problems and the political agenda of happiness. Participants were very aware of these contexts and how these impacted on how IAPT delivered psychological therapies.

IAPT is understood as a business model rather than a care provider. Emma expresses her dislike for this model saying "*I have a lot of issue with diagnoses and that whole system of pumping machine working […] IAPT is*" (p.7 ll.22-23). The phrase "pumping machine" implies an almost inhuman overpowering quality to IAPT, with a focus on efficiency and target-oriented "*so the idea is very much run as a business*" (Becca, p.14 l.5), "*it's just ultimately a goal-driven, target-driven service*" (Emma, p.10 ll.11-12). This business model is experienced as contradiction to realising counselling psychology's phenomenological and client-centred approach to therapy "*I think being a counselling psychologist because in our training we do very much to think about how we want to put the client in the centre ah of the treatment. And then, you go to an IAPT service and the client is kind of point four or five on the list versus, you know, service needs[…] recovery rates, the funding or what the commissioner wants*" (Fey, p.23 ll.38-43).

Participants are also aware that IAPT's structure is a direct reflection of the dominant discourses around mental health in the political arena and wider society. As such the meaning and purpose of therapy also alters with an increasing focus

on individual functioning and productivity rather than personal growth and wellbeing. It's "*about getting people to fit into, being less of a bother to society or to sort of be cheaper in some way for society*" (Dora, p.16 ll.14-15). And "*the purpose in IAPT was [...] what I said earlier about returning to work, being, not being off sick so much at work. So not bothering the economy too much*" (Becca, p. 16 ll.11-13). Hence as a business IAPT is only effective if it succeeds in individuals returning into employment. This in turn impacts on the expectations placed on individual therapists practicing in IAPT as therapy has a predetermined goal of sustained or recovered employability.

Participants experience this as dissonance between what they believe therapy should be and the reality of what is required by the service as they understood therapy as relational meaning-making process and primarily focused on clients' needs. This is described as follows "*so as a counselling psychologist, it would be thinking about what's important to the client and […] what they need to do to reach that journey"* (Carol, p.19 ll.4-6) and "*it's about helping them to make sense of how they feel and what that means to them*" (Emma, p.28 ll.26-27). Instead participants felt pressured to provide more standardised treatments which also led to less emotional and relational engagement with clients "*it's a little bit of a one-size-fits-all approach so you have...your certain CBT skills and techniques that you teach them and then off you go. […] which doesn't really go very well with, you know, counselling psychology*" (Becca, p.21 ll.14-16) and "*very protocol driven […] using diagnostic labels and trying to fit clients in those categories*" (Carol, p.4 ll.28-21).

This incongruence between expectations of what a therapist should facilitate in the therapeutic process has several consequences. Firstly, participants experience a restriction of clinical autonomy, where clinical choice is limited by service requirements "*I always thought there are certain things needed to do […] to kind of stay on the CBT track […] even though […] I felt like CBT wasn't actually a practical help for her*" (Fey, p.11 ll.7-18) and "*you're there to provide CBT. Um, and that might not always be the client's best interest or meeting their needs*" (p.22 ll.26-27). Secondly, participants also began to question the usefulness of their therapeutic interventions and expressed some disillusionment with their

therapist role "*I'm not sure they ever really felt that I was helping people to necessarily make the changes they wanted to make*" (Dora, p.9 ll.11-12). The IAPT model of therapy is associated with facilitating change and goal-oriented, which is captured through the use of outcome measures. However, participants questioned whether it is always the role of a therapist to facilitate change "*in IAPT […] I have to be usually very much by our CBT model of change. And how […] it can make us change who we are. How therapy we have actually teaches you how to do that. Some people might want to change and […] they want have to explore and make other change in their life […]. Or some people might just want to explore what are the options […]. Not everyone […] likes to act on things.*" (Fey, p.30 ll.15-11). Dora shares this experience and questions whether this actually hinders recovery and well-being "*healing may have happened but it wasn't recognised All the sort of people healing people felt should happen couldn't because it couldn't happen in a particular way, in particular box*" (p.12 ll.13-14).

As a result participants are faced with navigating the questions whether or not their understanding of therapist role and therapy purpose in line with their professional identity is somehow compatible with the IAPT model and how much compromise is possible? Whilst all participants agree that compromise and adaptation is possible and necessary, it is not a long-term options "*there was a particularly strong sense of this isn't who I am and what I do as a counselling psychologist. This, this isn't what I am going to do*" (Dora, p.13 ll.16-18) and "*I didn't stay that long because the things I felt more important I was doing but they weren't valued as being important*" (Abbey, p.15 ll.29-30).

To summarise, participants understanding of the political and social contexts IAPT is placed in, clearly influenced their perception of IAPT's identity as business and led to a sense of disillusionment with the benefits therapy could provide in this context. Participants experienced in impact on their practice, which was sometimes experienced in conflict with client needs and their view of the therapeutic purpose.

4.2.2 Assimilating organisational expectations

As the previous themes have illustrated establishing a clear sense of professional identity is a continuous process of interaction with internal and external value systems, expectations associated with an identity as well as social and political contexts. Differing role expectations, values, specific service requirements and professional development have contributed to an experience of tensions with participants' professional identity. The following themes explore individuals' attempts to resolve these.

Most participants recognise that these tensions cannot be held indefinitely and seek to resolve them by adapting to the work setting, which is also experienced as loss or change in their professional identity. This assimilation of organisational values and expectations does not appear to be a conscious process. However participants respond to this change of professional identity differently. Some understand it as a natural process of becoming part of an organisation. "W*e work under the umbrella, and we work under the institution. So, we kind of automatically take part of that institution identity as your own kind of person*" (Fey, p.28 ll.42-44). At the same time, it is the responsibility of the individual counselling psychologist to actively recognise and engage with this process and consequently guard against losing one's professional identity "*being aware of what are the pressures or limitations of the service and how that can impact on you as a therapist or on the sessions with clients. So I think keeping that in mind, being aware of that so you don't lose yourself"* (Fey p.32 ll.39-43), "*so it's kind of try to get out of the house once in a while, see where you are*" (Fey, p.33 ll.7-9). Therefore, identity change in relation to and in interaction with the work setting is a natural process, which demands active reflexivity by the individual in order to protect against identity loss. At the same time, this process is also necessary in order to counselling psychologists to function and not to be consumed by tension. "*I guess you adjust. You have to adjust. I mean, if want to survive, that's what you kind of have to"* (Fey, p.33 ll.27-28).

However, when identity change is not a gradual process of adaptation and assimilation but a result of demands of structural compliance and rejection of

alternative professional identities as invalid, this process is experienced as threatening and potential loss. One participant says "*I felt I sold my soul*" (Carol, p.6 l.1). Her use of language is very emotive and implies that she had to betray her professional identity in order to gain employment. However the word "soul" suggests that for Carol, professional identity is something very personal and important to her sense of self. However, after this initial loss, Carol's experience is one of growth and consolidation. In the beginning "*I felt almost very confused about what was my identity as a professional"* (p.5 ll.30-31) she struggles with the transition from being a counselling psychologist to working as high intensity therapist "*I needed to kind of think very differently and my identity changed just to do what I needed to do*" (p.8 ll.16-18) but accepts that change is necessary for her to fulfil this role. Being able to integrate her learning and practice in IAPT with her existing counselling psychology identity is an ongoing process of becoming a stronger practitioner "*I've now come through that and it's against looking how that can complement my position as a counselling psychologist and I can […] integrate that rather than being very separate*" (p.4 ll.12-16).

Becca experiences the most noticeable identity change amongst the participants. She identifies with her professional role in IAPT rather than her core profession "*I would say my primary identification I think it is more of a CBT therapist working in primary care*" (p.1 ll.18-20) because "*that's how the organisation maybe defined me. And that's maybe the label I took on.* (p.19 ll.24-25). She attributes this change in her professional identity to a mismatch between her expectations of a psychologist's role and her role in IAPT, which has led her to conclude that at least at this point in time she cannot identify as counselling psychologist. "*There is a part of me who thinks […] I use only part of the knowledge […] in my current role. […] I don't see myself as a psychologist so much at the moment rather than as a psychotherapist or a therapist*" (p.4 ll.5-7). Later in the interview, Becca refers to counselling psychology as "*indulgence*" (p.21 l.21). She says "*But sometimes I do find counselling psychology a little bit of indulgence […] indulging in that philosophy, indulging in the thinking about thinking, thinking about therapy, thinking about patients, which maybe in practice you don't really need to do that much*" (p.21 ll.21-26). Becca explains this further saying: "*if you have such a high number of patients, I find that I get into a little bit of a*

standardised therapy protocol almost" (p.5 ll.13-14). Whilst this might certainly reflect Becca's experience of her clinical practice in IAPT, her rejection of some of counselling psychology's values could also be a justification for her change in identity as she feels sad about the change of her professional identity. "*I'm in a sort of a different in place which is sad really*" (p.12 l.4).

Carol, Fey and Becca experience a change in their professional identity in order to adapt to work place demands and expectations. This is understood as an unavoidable and natural process, however not an easy one as it demands conscious and reflexive engagement. Identity change is also associated with some negative emotional experience of confusion, regret and sadness. However, participants appear hopeful that this process can be mastered and resolved by accepting some change to professional identity or in the case of Becca this process of creating meaningful professional identity is still on-going.

4.2.3 Resisting identity change

In contrast, some participants' narratives reflect the attempt to resist a change of professional identity by at the one hand seeking affirmation of their professional identities from outside the work setting and separating their professional identities from structural expectations that they disown. Interestingly Becca also uses these strategies, which illustrates that the process resolving tensions with professional identity is not a linear one.

The therapy room is a confidential space between therapist and client and for some participants this confidentiality also extends to their clinical practice. The work with clients becomes a space where they feel safe and confident to assert their identity more freely. Abbey attempts to avoid having her values challenged by colleagues and supervisors by splitting her identity into an external role identity reflecting organisational demands and internal identity which reflects her professional identity and is expressed in the privacy of her consulting room. She explains "*I never said to anyone that I was in personal therapy because I just think they will go, 'But why?'* (p.4 ll.2-3) *"I would never have dared to talk like that in IAPT. And even to my supervisor, it just was a way of thinking that, um, it was like another language*" (p.34 ll.7-9). Asserting her professional identity

amongst colleagues, who may not understand or share some of her values, clearly causes her some anxiety. This is likely enhanced by the fact that she feels that she would receive little backing from other counselling psychologists. "*It just feels as a profession we have, we have done this thing of I'll get the job and I'll do whatever I want in the room. That feels like that's our standpoint*" (p.45 ll.22-24). She therefore avoids aspects of role expectations, which she perceives in conflict with her identity rather than addressing them. She gives uses outcome measures as example. "*I just know my way was to cut off from them. And not pay that much attention*" (p.24 ll.26/28). Abbey's avoidance is coupled with a passive-aggressive resistance by utilising parts of the system. This is important for her and she refers to this several times throughout the interview. This passive resistance gives her the possibility of feeling strong, in a way even standing up against the system "*I think I'm a bit rebellious. I'm stubborn. I think I became quite stubborn"* (p.42 ll.8-9). And "*I still find my way to offer everyone 10 sessions. So I still find my way or to write longer GP letters"* (p.43 ll.20-22). As explored in the previous theme, Becca's identity is not fully established as she is reluctant to let go of her counselling psychology identity entirely whilst defining her role identity as CBT therapist. This is expressed in Becca's attempt to separate the therapeutic space with her clients from the institution of IAPT. "*And so you find trying to find my niche of how I can work effectively and meaningful but with my clients, which seems to work okay*" (p.16 ll.4-6). To achieve this Becca actively positions herself in opposition to certain working practices and principles. She describes this in the following excerpt "*I set it out about the measurements and things that we have to do, part of the service which I feel I don't really own. So I kind of make it sound like this is part of the system. This is part of the organisation. I'm not really behind that either"* (p.17 ll.1-7). And *"I don't know if I try that but it comes across a little bit as them and us. So I kind of try to bond with my clients by making the organisation the out group and we're the in group"* (p.18 ll.6-12).

Dora experienced the tensions of being in an IAPT service as reinforcement of values, which she felt able to assert. She gives the following example "*people having to give out their own, their personal mobile numbers to clients to arrange appointments. And, and I had to make it very clear that no doubt that wasn't happening and that wasn't an option for me*" (p.12 ll.17-33). However, there was

an understanding that asserting her identity unreservedly was not possible and she describes her experience of IAPT as "*that was much more toeing the line and just doing what, what was expected*" (p.20 ll.28-29). Her experience serves as affirmation of her identity and motivation for seeking out future roles, which match her professional values "*once I get out of here, I'm not going to continue practicing in this way*" (p.13 ll.21-22). She describes the impact of her time in IAPT as formative of her identity as follows "*I think it had a lot to do with me sort of thinking about what is the work I'm, what sort of a therapist or a sort of a psychologist do I want to be? And what sort of service do I want to work in"* (p.10 ll.13-17). Ultimately, Becca regards the level of compromise unacceptable and a long-term position in IAPT is not compatible with her identity.

Throughout the interview, Emma's use of language conveys that she regards her identity as strong and unchanged by her experience of working in IAPT "*I have got a strong identity"* (p.7 l.16), "*I hold quite a strong position here*" (p.7 l.21). Similarly to Abbey and Becca, she positions herself against the service requirements she experiences in conflict with her values "*I was just like, you know, these are just things we are asked to do, you know, sort of x, y, z. However, I think I would stress that for me, what was more important, was them and what they were saying to me. That I was paying attention to them*" (p.20 ll.21-27). In contrast to other participants Emma asserts her identity by actively speaking up against what she perceives as wrongs. "*I think more confident in my position, I will always kind of stick up like that*" (p.17 l.23) and feels validated in her views by her superiors "*she also felt the same about a lot of the stuff. So it was useful*" (p.18 ll.26-27). Emma's experience of having her views validated by colleagues clearly is an important factor in her being able to hold this tension. At the same time Emma feels powerless to affect any change "*You have to compromise"* (p.9 ll.18-19), "*There's not much, I feel much else to do*" (p.17 l.21) and "*obviously we still got to follow […] procedures*" (p.19 ll.23-25). Consequently, Emma voicing her views and standing up for her identity is her way of managing the tension between identity and work setting rather than an attempt at bringing about change.

It appears that whilst all participants experienced a tension between identity and work setting they responded in different ways. For most, it involved either

splitting into an external role identity and private professional identity or a continuous negotiation between the values and practice of counselling psychology and the requirements of IAPT, which could potentially cause conflict. There was also an understanding that this tension could not be held indefinitely and there had to be some level of compromise.

4.3 Psychological consequences

This on-going process of professional identity change and negotiation was experienced as exhausting and participants described several psychological consequences experienced as a result. This was likely compounded by the fact that all participants had been qualified counselling psychologists for between two to four years at the time of interview. This period is often regarded as transition period from trainee to independent practitioner and associated with particular challenges. The following themes explore the psychological consequences of professional and organisational identities being in discord and therefore demanding adjustment by the professional.

4.3.1 The danger of burn-out

All participants described IAPT as a high-pressure work setting with particular reference to time limits "*I felt that there was an awful lot of pressure to do things in a certain amount of time*" (Dora, p.8 ll.3-4), recovery rates "*The scores. So I felt a huge pressure*" (Abbey, p.19 l.2) and high caseloads "*the higher caseload I guess. And, and it became a bit much*" (Emma, p.13 ll.20-22). For some participants this pressure created anxiety and worry about meeting the service targets "*Sometimes I will worry about that*" (Fey, p.13 l.9) to the extent where is can even turn into fear being seen as failure by colleagues and supervisors. Abbey describes this happening "*I did start to think, 'My God, my clients are not really improving. I'm not really getting to recovery rates. It's […] what's anyone going to think?"* (p.60 ll.3-5). This is also shared by Emma "*you did have that fear of, 'Oh God, they're going to think, you know, I'm crap*" (p.19 l.31).

Abbey attributes some of that pressure to perform well to her level of training compared to colleagues who completed shorter training courses "*here's me three years, four years trained, thinking a different way and it just doesn't fit*" (p.21 ll.10-11). Abbey experiences a misfit between her expectation in terms of her abilities as psychologist and her actual performance according to outcome measures. She talks about "*thinking in a different way*" implying that her under-performance is possibly rooted in fundamental epistemological and philosophical differences in understanding mental distress. A consequence of her experience is anxiety and eventually self-doubt in relation to her skills and competencies as counselling psychologist "*And so, it felt the more I was there, the more I felt I was trying to find reasons. […] maybe I'm just not good at this."* (p.20 ll.21-23). *"And I thought, 'Maybe I should go and do the high-intensity training because, actually, maybe CBT is the best model for these clients'"* (p.20 ll.29-31) Dora struggles with a similar experience resulting in questioning her own competencies rather than attributing her struggle to a tension between counselling psychology and the IAPT model *"I'm struggling to formulate people in a way that I'm being expected to or in a way that then matches up with the treatment plan. There must be something wrong with me because this isn't working sort of thing"* (p.22 ll.13-17). Importantly, low self-esteem and a negative self-image over time contribute to burn-out, which is recognised by both Emma and Abbey, who explicitly state this "*it gets exhausting. It's, it's like a hamster wheel. It just […] never stops. And you could easily [burn out]"* (Abbey, p.60 ll.30-31), "*I think the whole IAPT, it's, it did burn me out*" (Emma, p.23 l.2). These experiences highlight an important link between positive self-image and well-being and professional identity. Feeling different and rejected can foster negative feelings about the self, low self-esteem and reduce resilience against burn-out.

4.3.2 Self-care and support

Surprisingly for a caring profession, participants speak very little about self-care and sources of support. Feeling supported was often equated with being valued and given opportunity for professional development. Four participants located this within their supervision relationship, which Abbey experiences as lacking and

therefore saw this as limiting her professional development "*I wasn't getting supervision. […] I wasn't getting things that I needed to be better. I was just, I could imagine myself being in the same job in two years' time having never improved*" (p.15 ll.16-20). In contrast, Becca and Fey understood supervision a crucial factor and opportunity for growth and learning. Becca describes this "*I have got my supervision with a therapist that I think is really good and where I learn a lot*" (p.15 ll.14-15). Similarly, Fey experiences her supervision as supportive environment and she describes herself as an active contributor "*Well we come up with a compromise. I think he trusts me. […] we have a pretty good based on trust relationship. And I think that's a really good place to be in*" (p.19 ll.36-39). Fey highlights the importance of trust in the supervision relationship. Trust in her expertise as practitioner is an explicit recognition of her competencies, which puts her in a position where she can negotiate. In a similar way, Becca feels respected as practitioner by her supervisor "*I've been quite lucky in that respect that I feel that sort of my opinion counts"* (p.25 ll.25-26). When supervision works well, it becomes a cornerstone to providing good client-care and therapy. Becca narrates her experience in the following excerpt "*I think […] if they have a relationship that is underpinned by the values that we have as a counselling psychologist. And where the relationship is important and worked on then I think that's also good for the patient [...] on a different level. That it means that you can offer more patient-centred care. […] You feel that you are respected as a practitioner*" (p.26 ll.16-26). Both Fey and Becca imply that the supervision relationship needs to be worked on and developed just as a client-therapist relationship. This requires commitment and time from both sides. Trust as a basis for a good supervision relationship is also alluded to by Emma, who feels safe and understood enough to use her supervision as a space for managing stress by voicing her concerns and struggles "*that's how I dealt with it as well in, you know, by, by get it out in supervision by, um, by being able to express"* (p.18 ll.27-28).

Outside supervision, the relationships with colleagues are experienced as important in offering mutual support "*I think obviously support […] having a good team. And so, having a good old moan*" (Emma, p.17 ll.16-19). For Emma the team is important as a safe environment, which offers containment of stress. Team cohesion is a concept also referred to by participants, which demands a

degree of commitment from its team members on both social and emotional levels. In Dora's and Coral's experience this is not necessarily fostered in IAPT "*it's highlighted as a thing, the need for reflection and for team cohesion. And we were told that there isn't time for that*" (Carol, p.17 ll.17-20). The consequence of a lack of team cohesion is not just isolation as described by Carol "*I guess working in IAPT can be very isolating*" (p.17 l.11) and Dora "*I think people felt quite isolated. There weren't sort of meetings in which people could come together and talk about their cases*" (p.11 ll.13-15) but also affects team members' ability to draw on others to support their reflective practice and team learning. This lack of reflective practice, both in supervision and amongst the team was felt as a gap by most participants. Dora says "*because there wasn't space for that reflection. There wasn't team reflective practice or even team meeting in which to do that"* (p.21 ll.16-17). Participants share how they nevertheless seek support from like-minded colleagues. Emma narrates "*I think having worked with people who, who are more therapeutic-minded and understand all that helped as well*" (p.19 ll.25-26) and Carol similarly talks about his "*I also sought supports from other counselling psychologists to who go through the process as well and that was really, really valuable for me*" (p.8 ll.19-22). Being with colleagues who share underlying values and understanding of therapy appears to be an important basis for mutual support and fostering cohesion.

Participants understood support in their professional development and in managing stress as important factors, which could potentially meliorate the stressors and tensions experienced in IAPT. However, were formal structures of staff support and team building were experienced as absent or insufficient, collegial support, whilst not actively fostered by the work setting, was sought more informally and a shared understanding of therapy and values served as a foundation of this relationship. Participants also recognised a link between good client care and staff feeling professionally valued and supported.

4.3.3 Not meeting expectations as psychologists

Being able to grow professionally was an important topic for all participants and how participants' judged their progress both in terms of their expectations of what the role of a psychologist should entail and their personal achievements as practitioner.

There was consensus that IAPT offered opportunities as Fey describes *"I was exposed to clients who came with all sorts of different difficulties. And that was a really great learning curve for me"* (p.22 ll.30-35), which also reflects Emma's experience "*it gave me a lot of experience*" (p.35 l.3). This learning happened either informally from colleagues as for Abbey "*in a way it was good because I was learning things from them as well that I didn't know"* (p.37 ll.21-22) or through formal learning in Carol's case *"it's brought in training opportunities for me so that's been great as well"* (p.10 ll.13-14). However, for all participants IAPT was a placement experience during their training and a first employment following their qualification as counselling psychologist. It seems that their learning experience could reflect their transition process from trainees into their role as qualified practitioners. Becca expresses her experience "*particularly when you're sort of newly qualified as well and you don't have that sort of thinking space to actually maybe consolidate your knowledge so much because you've bee, you're sort of thrown in at the deep end*" (p.6 ll.8-11).

This possibly leads to the sense participants outgrow IAPT and experience their role as limiting in terms of professional development and fulfilling their potential as psychologists. In particular Becca talks about her disappointment and sadness related to the fact that her role in IAPT does not require her skills set as counselling psychologist *"as a band 7 CBT therapist, you only use sort of such a little amount of what you've learned which can feel or feels for me a little bit [...] unsatisfactory*" (p.9 ll.24-26) and there is a sense that she is selling herself under value *"in IAPT you are just another therapist. [...]So even though you have a doctorate and you have lots of other things that you've done in training, in IAPT you just do CBT. And I guess that's sort of a bit of a comedown"* (p.27 ll.5-10). Becca goes on to reflect on her professional future and struggles to identify options *"I think we're also evolving and trying to find our place and lives in our*

jobs and everything. And I think at the moment I feel I haven't really found that place yet. I'm in a sort of a different in place which is sad really" (p.12 ll10-14). Fey also describes feeling that her role in IAPT did not meet her aspirations as newly qualified counselling psychologist *"you have an idea of how you want to do things and then, and your hopes are crushed with what service requires and how things should be done"* (p.23 ll.21-23). These experiences of disillusionment with their role and developing confidence in clinical practice and therapeutic style appears to represent the stage of professional development participants find themselves in.

Reflecting some of Becca's experience, Emma describes her wish to move on from IAPT and work in a role, which was more suited to her training as psychologist *"When I qualified I was still in IAPT. But I wanted to get out"* (p.3 ll.24-27) and *"in developing the other aspects of being, a counselling psychologist […] although that's not the job title […]. So, supervision which psychologists do […] training which psychologists do"* (p.23 ll26-31). For Emma, her training and status should also be reflected in her salary, which she seems to rate as important as her role *"it's not a psychologist post per se. So it's very similar in the work it is very similar and it's the same banding"* (p.4 ll.9-10). Becca also echoes this view when she says "*I think that is sort of quite natural for […] psychologists in general. Because of the route to become a psychologist is not so easy, therefore you probably want professionally to use those things and to challenge yourself professionally* (p.28 l.31 – p.29 l.2). Whilst Becca does not refer to the financial aspect of career advancement, both Emma and Becca strongly acknowledge that there is a wish to fulfil their professional potential as counselling psychologists and that the thought of not achieving this is a disappointment. Putting these view in a social context, both Emma and Becca associate a certain status and standing with being psychologists. This is expressed through the type of roles psychologists fulfil and the financial value associated with their expertise. Similarly Abbey experiences IAPT as a place of limited development leading to a sense of professional stagnation *"I wasn't getting supervision. […] I wasn't getting things that I needed to be better. […] I could imagine myself being in the same job in two years' time having never improved"* (p.15 ll.6-20).

Carol and Dora both feel that IAPT is not the right work setting for them. Carol states *"I've invested a lot in IAPT. But from that, what I take is that it's not for me and it's not where I want to be"* (p.29 ll.20-22) and Dora similarly says *"there was a particularly strong sense of this isn't who I am and what I do as a counselling psychologist. This, this isn't what I am going to do you know"* (p.13 ll.16-18). Whilst Dora's statement implies that her reasoning is more focused on a clash between her professional identity and IAPT, Carol is keen to pursue personal and professional interests, which see her returning to a previous work setting *"before I started my training, I used to work in assertive outreach community mental health. […] I felt very driven that actually this is the client group that I would want to be able to promote psychological therapy and that more relational support rather than them have to be given medication* (p.27 ll.11-26). Fey also moved on from IAPT to explore other professional interests, which will allow her to develop her skills and move into more independent practice *"I will I want to expand my private practice now a little bit. And I don't…maybe an inpatient service, I would be interested in that, maybe going back to eating disorders, some longer-term work*" (p.25 ll.22-25).

Participants all express the view that IAPT does not offer sufficient scope for professional development, either in terms of skills development or the opportunity to explore personal interests. There is also a sense that being in IAPT for a long time, might lead to professional stagnation, which some participants associate with a loss of being a psychologist.

5. Discussion

This study explored the experience of counselling psychologists' professional identity whilst working in an IAPT setting using interpretative phenomenological analysis. The following chapter will discuss the findings in the context of the existing theory and research and examine how they address the research questions. The limitations of the current study will be discussed and its implications for theory and practice in the field of counselling psychology will be explored. The chapter will close with a reflexive statement and suggestions for further research.

5.1 Discussion of findings in relation to the research questions in the context of current theory and research

Professional identity is an important part of individuals' sense of self and purpose (Lloyd, 2011) and an expression of and commitment to professional values, expertise and professional role (Friedson, 2001, Ibara, 1999). The findings suggest that participants experience the development of their professional identity as an internalisation of a professional role with corresponding values and expectations as is suggested in role-identity theory (Stets and Burke, 2012). At the same time, participants are also aware of the social context in which their professional identities are located, e.g. their professional status compared with clinical psychology and professional positioning towards the medical model. This social context is very crucial in the experience and fulfilment of professional identity and explicitly acknowledged in identity theory, which emphasis the reciprocal nature of role-identities (Stets and Burke, 2012) as well as the influence social status and resources have in successfully fulfilling role expectations (Cast et al., 1999; Stets and Burke, 2000).

Exploring professional identity through the lens of identity theory locates agency within the participants to actively shape, adapt and express their professional identity in differing contexts whilst also acknowledging the influence social status, social resources and social norms have on our understanding of and fulfilment of our professional identities and roles. Professional identity is therefore not located within the individual as intrapersonal construct but is located

in the interaction between the individual and their social world. Additionally this perspective focuses on how participants experience identity through the interaction with clients, colleagues and institutions, i.e. IAPT, rather than their personal evaluation of their professional identity. Identity theory also recognises self-esteem as intrinsic motivation for affirmation of role-identities (Cast and Burke, 2002) and therefore the importance of affect in the experience of identity. Consequently, identity theory assumes that individuals will direct their efforts towards achieving self-verification and maintaining a clear salience hierarchy where conflicting identities may be available in particular social contexts (Stryker and Burke, 2005). Participants' narrative are consequently interpreted and understood through exploring possible areas of congruence and incongruence of role expectations and how participants navigate role fulfilment in a work setting, which in the literature is understood to have a differing value/base.

The current study's findings explore the personal understanding of professional identity in the first theme *establishing a professional identity.* The second theme *managing a sense of professional identity in IAPT* represents participants' experience of realising and negotiating their identity, whilst the last theme *psychological consequences* explores the emotional experiences related to these processes. The following section will explore aspects of these themes, which appear to be most relevant in terms of furthering current knowledge, current theory and research.

5.1.1 How do counselling psychologists experience their professional identity in relation to IAPT?

Social resources and social status emerged as important factors in how participants related to their professional identity. As Cast et al. (1999) suggest those in a higher social position influence others' self-perception. Participants in this study clearly located their profession in a lower social position than e.g. clinical psychology, with less influencing power than e.g. IAPT as social structure. As a result participants experienced a lack of shared understanding of their professional identity, particularly in relation to acknowledged expertise, professional titles and therapist role. Whilst this led to frustration, there was also a

sense of powerlessness to affect change with only one participant talking about promoting counselling psychology as profession in the NHS. As Moore and Rae (2009) highlighted in their study counselling psychology was constructed as outsider by its participants. However, in the context of this study there was a cost associated with being part of an outsider profession. Participants felt unsupported by their professional body, which they regarded as powerless in comparison to more established professions and institutions such as IAPT. This led to feelings of isolation, powerlessness and difference for some participants.

Burke's control system theory suggests that self-verification is achieved when the meanings we attach to a particular social role or professional identity are confirmed in interaction with others and in our self-appraisal (Stets and Burke, 2012). This lack of external validation of professional identity in the context of IAPT services meant identity verification was not fully achieved (Burke and Stets, 1999). Interestingly this affected participants' emotional response to their professional identity, which was mostly shame and frustration. Participants attempted to bridge their identity of a highly trained professional with the lower social status by either distancing themselves from their professional identity, e.g. using different professional titles and disengaging with the BPS or seeking a more established role description in interaction with other non-counselling psychologists, e.g. as psychologist vs. counselling psychologist or CBT therapist.

However, professional identity is also linked to internalised meanings of professional values (Monk, 2003). Participants' narratives their professional identity, related values and expertise, was a reflection of the literature on counselling psychology identity (Lane & Corrie, 2006, Moller, 2011). In defining and affirmed their commitment to counselling psychology participants drew on values, such as taking a phenomenological stance and understanding therapy as a collaborative and meaning-making experience for clients, and highlighted counselling psychologists' unique expertise, e.g. the ability to work with complexity, thinking beyond therapeutic approaches and personal insight and reflexivity. Interestingly, this created discrepancy between their understanding of counselling psychology as established profession with a clear value-base and expertise and counselling psychology's lower professional status as in the context

of the medical model and IAPT's principles. As a result, participants also managed this discrepancy by positioning counselling psychology as a profession rooted in idealistic values, which could be aspired to in an ideal world but were not a good fit for the real world as represented by the IAPT.

5.1.2 If participants experienced a change in their identity, how was such change understood and evaluated?

All participants experienced change to their professional identity, whilst working in IAPT. However, participants experienced different kind of changes, some were attributed to a more sudden transition from trainee to qualified practitioner, whilst others were unwelcome and attributed to external pressures associated with working in IAPT. Identity theory understands identity change as a slow process, which takes place as a result of behaviour change over a period of time. These behavioural changes, e.g. delivering short-term CBT, will over time become part of the meanings of an identity, e.g. expecting the delivery of short-term CBT therapy as a behaviour associated with being a good counselling psychologist (Stets and Burke, 2012). Therefore identity change is understood as an on-going process which resolves discrepancy between professional identity and perceived feedback and self-appraisal. However, participants' narratives suggest that the experience of identity change itself is not necessarily a resolution and can be associated with emotional distress also depending on whether the change is attributed to external pressures or seen as natural process.

Some participants understood change as a natural process of transitioning from trainee to qualified counselling psychologists and establishing themselves as individual practitioners. This transition period is usually defined as the first two years post qualification (Blair, 2016) and is often associated with the challenges of adjusting to increased autonomy, disillusionment with training and professional as well as defining a role (Skovholt, 2012). Most of the participants had qualified in the past two to four years and consequently their narratives reflected a shift in expectations as qualified practitioners. For some participants, becoming a qualified practitioner enabled them to align their professional identity with their personal core values, some of which were strongly related to counselling

psychology values. Others experienced divergence between their expectations of being a qualified practitioner and the demands placed on them by their work environment, such as conforming to working practices and being autonomous and knowledgably practitioners. This resulted in a sense of loss of the trainee identity and without a new professional identity being fully established yet. Hence this unclear identity was associated with anxiety or frustration, which are often associated with the early phases of life transitions (Sugarman, 2009). Importantly, this transition was not experienced as gradual but rather sudden as participants' identity and associated status and expectations changed rather suddenly with the completion of training.

Whilst participants were aware that the transition from trainee to qualified practitioner represented a change significant change in role expectations and their clinical autonomy, they were less aware of the emotional distress this transition could affect. Instead participants tried to locate their distress in conflicting positions between counselling psychology and the medical model, the organisation structure of IAPT and to failings of their training. Consequently participants had little support in place to manage this transition, which was often experienced as professional isolation. This feeling of disconnection and disillusionment with their core profession placed participants in the position where a new professional identity had to be developed individually.

Secondly, the change in identity was attributed to differing role expectations associated with the professional identity as counselling psychologist and those associated with being a psychological therapist in IAPT. In particular participants talked about the issue of performance management, standardisation of therapeutic approaches and caseload as areas, which conflicted with role expectations as counselling psychologist. There was also a consensus that it would not be possible to act in accordance with their professional identity if they wanted to "survive" in IAPT. At the same time participants acknowledged that complying with IAPT role expectations might inadvertently lead to a change in professional identity. However, participants explained and experienced this process somewhat differently. Some understood this as a natural and necessary process of adapting their identity to the organisational structure they work in. However it was also

acknowledged that we must engage with his process by connecting with the wider psychological community outside IAPT and reflect on identity change as there comes a point when identity change is no longer a viable option as further change would lead to a loss of professional identity. In contrast some participants, especially Abbey and Carol, experienced the possibility of identity change as unacceptable and both use strategies to avoid this change.

An important finding of this study is therefore that the nature and time-frame of identity change is crucial in how it is experienced. Sudden identity change as a result of change in social status such as a transition from trainee to practitioner is perceived as desirable but can still result in emotional distress when entered into without appropriate awareness and support. Identity change associated with external factors can be perceived as either a natural process or as a threat. This identity change is explored in more detail below.

5.1.3 If any, which areas of tension did participants identity between their work setting and their professional identity and how were these negotiated?

Participants were very aware of the political and social agenda in relation to IAPT, which results in particular role expectations for therapists. These include delivering standardised treatments, working within an outcomes framework, delivering time-limited and change-focused therapies. This was experienced as different from role expectations linked to their identity as counselling psychologists. These included working from a phenomenological stance and understanding therapy as a collaborative and meaning-making experience for clients which did not have to be change-focused or time-limited. Whilst counselling psychologists expect to make autonomous treatment decisions based on client need as well as practice-based experience and research evidence, IAPT requires the delivery of particular therapies, mostly CBT, which was often experienced as not being in the best interest of clients.

Interestingly, participants negotiated these conflicting role expectations by identifying areas where they could adhere to role expectations related to their

professional identity and adapting and compromising their behaviour to role expectations related their work setting where that was not possible. Interestingly, participants managed this to different extends and accounts reflect the difficulty of sometimes separating role expectations. Identity theory suggests that individuals either show continued commitment to an identity when there are sufficiently deep and numerous connections associated with that identity (Stryker and Serpe, 1994) or when identities have strong links to higher level systems, such as values and beliefs (Tushim and Burke, 1999). This might explain why some participants overall identified more with their identity as psychological therapists in IAPT and others more strongly with their professional identity.

Contrary to identity theory (Stryker and Burke, 2000; Stets, 2005) participants failed to achieve an equilibrium amongst these conflicting identities, instead participants experienced continuous negotiation between the two, when and how which identity was activated and displayed. The findings further suggest, that these ongoing attempts to negotiate conflicting identities comes at a cost both in terms of emotional distress and self-image, which eventually impacts on their ability to maintain high standards of clinical practice. It is possible that the two identities begin to integrate or merge, which can contribute to an unclear sense of professional identity and difficulties in defining it.

Some participants also felt de-skilled and anxious in relation to the performance management and high pressure work environment. In particular participants began to question whether their professional identity was hindering their ability to meet service requirements and whether their skills were adequate in comparison with less qualified staff. Whilst this experience is not restricted to counselling psychologists as a recent study by Steele et al. (2015) highlights, all therapists working in IAPT settings are at risk of burnout. Other research has established that issues of professional identity (Lee, 2011), experiencing a lack of control in manged care settings (Vredenburgh et al., 1999; Rupert and Kent, 2007) were risk factors for burn-out whilst maintaining a professional identity and values were protective factors against burn-out. All participants experienced aspects of burn-out according to Maslach's model (Maslach, 1982). These included emotional exhaustion, feeling unable to engage with and reflect on all clients and therefore

resorting to a standardised therapeutic repertoire, and a lack of personal accomplishment (Rai, 2010). Participants described an experience outlined by Rizq (2013a, 2013b) as disengagement from clients' emotional distress and a refocusing on delivering a health care service. Importantly, the consequences were that participants' experienced disillusion with their clinical practice, questioning its purpose and usefulness for clients. All participants experienced professional stagnation in IAPT or talked about not using all their skills and knowledge as counselling psychologists.

5.2 Implications for training and clinical practice

The following section will discuss the study findings' implication on the training and clinical practice of counselling psychologists. As the findings suggest, the experience of professional identity in the context of working in IAPT, is central to the successful mastery to professional developmental stages, especially the transition from trainee to qualified counselling psychologist, the protection against burn-out and can impact on clinical practice. Furthermore the study as highlighted some structural issues, e.g. appropriate supervision support and possibly a lack of preparation for this transitional period during training. It also supports the need for individual practitioners to consider issues of self-care and support beyond training.

5.2.1 Preventing burn-out

The findings highlight that the danger of burn-out is relevant for counselling psychologists working in IAPT. Particular risk factors identified in this study were experienced conflict between values related to professional identity and work role demands, a high pressure environment and lack of support structures reflective of professional values and needs resulting in anxiety, negative self-evaluation and feeling de-skilled. It may beneficial for counselling psychologists to receive supervision by counselling psychologists, who are experienced practitioners in IAPT services. This could support processing and integrating tension experienced with the IAPT model of psychological therapies through modelling and reflexivity. Employers should be interested in providing appropriate support for

professional groups in order to reduce staff turn-over and increase staff commitment.

However, counselling psychologists must also take responsibility for their well-being by seeking out either informal support from colleagues, external supervision, where this cannot be provided in their work setting, or personal psychological therapy. Encouraging self-care and offering informal structures of peer support could be relevant function to be taken up by the BPS and the division of counselling psychology. None of the participants sought out additional support or supervision outside their workplace. This lack of active coping skills in relation to burn-out and stress as well as a lack of active engagement with their profession on issues of professional identity, is concerning for a profession, which prides itself to be a reflective profession.

5.2.2 Supporting a successful transition from trainee to qualified professional

This study highlighted the on-going process of professional identity development in particular in the context of transition from trainee to qualified professional. Importantly, the findings suggests some concerning issues, which have not been explored in the existing literature. Firstly, participants were unaware that their experience could be part of their developmental journey may well have been another risk factor in terms of burnout and certainly impacted on participants' ability to negotiate and maintain a secure professional identity. Secondly, as a consequence participants were not seeking appropriate support and instead experienced disillusionment and disconnection from counselling psychology as profession.

Whilst the NHS recognises the preceptorship of newly qualified clinical or counselling psychologists, for the participants in this study, this was not translated into appropriate supervision arrangements or mentoring arrangements in their workplace or by the division of counselling psychology. This highlights the responsibility, which should lie with the profession and employers equally. Whilst the professional should encourage training institutions to address this developmental transition as part of the curriculum, the provision of informal peer

mentoring and workshops, could, aid newly qualified practitioners to successfully master this stage of their professional development. Additionally, being aware of the impact of this transition period can have on both the newly qualified counselling psychologists and consequently their clinical practice, taking an active role in lobbying employers to provide adequate support could be bring the BPS and the division closer to its members and prevent disillusionment and distance from parts of its membership.

5.2.3 Professional identity in the context of medical model setting: preparing for tension and limitations

Whilst training institutions are tasked with instilling professional values, expertise and knowledge, part of their role should also be preparing counselling psychology trainees for the realities and limitations of prevalent work settings. With IAPT and the NHS as major employers in England and the UK, the training setting could provide reflexive input on trainees positioning towards the medical model and equip trainees to work within medical frameworks whilst maintaining a critical stance towards its tenants, e.g. diagnoses. This could be achieved by providing clinical supervision on the course alongside placement supervision or mentoring relationships with established counselling psychologists.

5.3 Limitations of the current study and suggestions for further research

The most foremost limitations of the currents study lies within its chosen research method. IPA explores individuals' experience within a specific context (Eatough & Smith, 2006), which can therefore only capture the ideographic experience of participants rather than offer an overarching theory. Consequently, the findings of this study have to be understood to be contributing as contributing an insight in how a groups of counselling psychologists experience their professional identity in the context of working in IAPT. These findings, when placed in the context of current theory and research can highlight areas of need for these counselling psychologists, which may be relevant others.

The recruitment process was hampered by the fact that approval by NHS Research and Development Offices was required in order to approach counselling psychologists currently working in NHS IAPT services. Whilst one trust kindly granted permission, only two participants came forward following email contact. By the time the interviews took place, one participant had moved on from the trust. Four further participants were recruited through the counselling psychology facebook page and friends. Consequently, only one participant was a current employee in an IAPT service whilst all others had recently moved on to other employment or private practice. It is therefore a valid consideration that the study attracted those who left IAPT employment due to being unhappy or unsatisfied with their experience leading to the study representing sampling bias. It must therefore be considered that those who do not experience identity challenges were not interested in participating and others currently employed in IAPT did not wish to disclose such challenges. This could highlight that for those experiencing a tension with their professional identity the topic is sensitive, which could be a consideration for any future research conducted in this area.

It is also important to acknowledge that the data collected in this study heavily reflect the experience and social background of the study participants. Interestingly only female and mostly recently qualified counselling psychologists participated in the interviews. Whilst this sample might be a reflection of the recruitment networks available to the researcher, it could also highlight issues related to gender and the transition from trainee to qualified professional. Whilst gender issues were not explored during the interviews the fact that only female participants were part of this study warrants the question whether gender does influence the experience of professional identity. Viewing gender as a social context which shapes areas of action and significance for men and women, it would indeed suggest that women may attribute different meanings and significance to their work and professional identity. The importance of social context was reflected in the narrative of the interviews as well as personal values participants brought to the understanding and experience of their professional identity. Future research could explore the role of gender in relation to professional identity considering possibly different support needs for emerging professional counselling psychologists.

For five of the participants, their first employment as qualified counselling psychologists was in IAPT. They spoke quite specifically about this transition in terms of anxiety related to their ability as practitioners and pressure to prove as able and competent. As a consequence, the data may reflect this transition status and less the interaction of professional identity and work setting. Future research could explore the experience and support needs of newly qualified counselling psychologists in order to provide better support structures.

5.4. Final reflections

Similarly to acknowledging my own biases related to this piece of research it may also be necessary to reflect on the motivation of its participants. The previous section considered some the study's limitations and as such recruitment bias towards those, who experienced some form of tension between professional identity and work role. However at the same those who experienced this were also newly qualified practitioners and therefore participating in this research may have been a way of giving voice to the challenges experienced in this transition and finding it helpful to locate these challenges outside the self within the social contexts and its institutions. My identity as researcher and counselling psychologist also transitioning from trainee to qualified practitioner might also have unintentionally provided legitimisation and validation of participants experience and offered a forum where a shared understanding or even shared experience between participant and researcher was assumed. During our interviews participants expected that they could freely identify as counselling psychologists any negative consequence. Again this may have generated a particular narrative and therefore a particular data set for analysis. All participants talked about a strong commitment to counselling psychology which might have been influenced by the research context. Participants were of course aware that this research was conducted as part of my professional training and therefore with the aim of being published in a discipline relevant journals. This may have compelled participants highlight the level of commitment experienced towards their professional identity.

Conducting this research has also been a learning curve for me, especially in my understanding of professional identity. At the outset of this study, I regarded professional identity as a stable intra-personal construct. However, participants' narratives reflected a much more fluid concept of identity, one that was experienced and enacted differently depending on who the reciprocal other was and what social context this exchange was taking place. Through my engagement with the literature I have also recognised more that identities do not exist in an intra-personal vacuum either and instead interact with other identities and are linked to underlying more stable cognitive structures such as values. Overall, I have become aware of the vast amount of theory and literature that concerns itself with identity and doing so offering insights into different aspects of identity and the self. I have found this process overwhelming and confusing at times, particularly as I have accessed literature from a range of disciplines and authors, who often use the same terms with very different meanings.

This research has also been a motivation for me to reflect more on my own professional identity. I began work in an IAPT service just prior to submitting my thesis, which has led me to recognise some of my participants' experiences as my own, e.g. my professional identity being unrecognised and misunderstood at times and using only a small part of my skills and knowledge as counselling psychologist which is linked to the expectation to deliver standardised treatments. Other experiences are very different, e.g. as a result of my research I have become much more aware of the transitional challenges associated with becoming a qualified practitioner. I have been able to address this in supervision and by actively seeking out peer support.

5.5 Conclusion

The current study contributed to the understanding of the experience of counselling psychologists' experience of their professional identity whilst working an IAPT service by focusing on their ideographic experience and how they made sense of and understood this experience. The study offers insight into three main issues. Firstly, the study highlighted new insights in relation to identity

theory particularly acknowledging different forms of identity change and the possibility that under certain circumstances a stable identity salience hierarchy is not achieved. Secondly, the findings confirmed that political and social contexts and resulting professional status associated with a professional identity have a considerable impact on the experience of this identity and participants' perceived ability to assert and negotiate their identity. Thirdly, the transition from trainee to qualified professional, which has only recently been recognised in the Handbook of Counselling Psychology, (Blair, 2016), was identified as an important mediator in how participants understood the psychological strain experienced in IAPT and made sense of their experience of possible changes in their professional identity.

It is hoped that the findings of this research will offer the foundation for constructive change both for the profession and its relationship with its membership as well as individual counselling psychologists and their experience of working in IAPT services.

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7. Appendices

7.1 Research Approval Letter Surrey and Borders Partnership NHS Foundation Trust

Barbara Idowu
School of Psychology
London Metropolitan University,
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N7 8DB

Surrey and Borders Partnership NHS
NHS Foundation Trust

Research and Development office
Abraham Cowley Unit
Holloway Hill, Lyne
Chertsey
Surrey, KT16 0AE
Tel: 01932 723310
Email: Dorrie.Mystris@sabp.nhs.uk

24 February 2015

Dear Barbara

Re: The professional identity of Counselling Psychologists working in an IAPT service: An interpretative phenomenological analysis
Ref: SE2015/56

Thank you for submitting the relevant documentation for the above Service Evaluation Project. We will keep a copy of your project proposal on file. The Trust grants permission for you to undertake this service evaluation as proposed.

It is your responsibility to comply with the Trust monitoring arrangements and as such you are required to submit a copy of the final report for this study in due course.

All parties to familiarise themselves and comply with Trust R&D policies and procedures, available on the Trust website:

http://www.sabp.nhs.uk/aboutus/policies-and-procedures?searchterm=POLICIES.

Failure to comply with any of the above may result in withdrawal of Trust approval.

I wish you well with your project.

Yours sincerely

Dorrie Mystris
R&D Manager
On behalf of the R&D Office

CC: Helen Rostill - SABP Supervisor

For a better life

7.2 Email to potential participants at Surrey and Borders Partnership NHS Foundation Trust

Dear colleagues

I am contacting you regarding my doctoral thesis research, which has recently received approval by the SABP R&D office. I would much appreciate, if Counselling Psychologists working this service were interested in speaking to me and could be forwarded this email.

My study explores the professional identity of counselling psychologists working in IAPT services. As a trainee counselling psychologist, I am interested in understanding more about your experience of professional identity and how this interacts with your work setting. I appreciate your time is precious and will endeavour to make it easy for you to take part as possible. Participation will involve giving up about an hour your time for an interview. Hopefully, you will find this interview to be an interesting conversation and I would be immensely grateful for your support of my research.

I have attached a participation information sheet and consent form to this email as well as the R&D office approval letter. If you are interested in participating or have any queries regarding this research, kindly contact me via Barbara.idowu@hotmail.co.uk or on 07752423239.

I much appreciate your help.

Kind regards

Barbara Idowu

7.3 Counselling psychologists facebook page advert

Have you got experience of working in IAPT?

If you are a qualified counselling psychologist and you have experience of working in an IAPT service, please consider participating in my research. It will involve an hour-long interview, which will explore your experience of professional identity whilst working in IAPT.

If you are interested please contact me via email barbara.idowu@hotmail.co.uk

Thank you very much!
Barbara

7.4 Participant Information Sheet

Dear colleague

Thank you for your interest in taking part in my doctoral research project. Your contribution is to my study is much appreciated and I hope will prove an interesting and engaging experience for you. The study is carried out under the supervision of London Metropolitan University and has been given ethical approval. The following will provide you with an outline of the study to help you decide whether you wish to participate. If you have any queries don't hesitate to contact me.

What is the study about?

This study explores the relationship between professional identity development and the IAPT work setting. Previous research has shown that professional identity is not static but evolves in relation to training setting, theoretical orientation, work settings and supervision. Papers published in the Counselling Psychologist Review also reflect the complexity of Counselling Psychology identity, which is not easily defined even by counselling psychologists.

Since the introduction of IAPT services across England, there has been an ongoing debate about the role of Counselling Psychology in the delivery of psychological therapies and whether counselling psychologists should or could work in IAPT services without experiencing tensions between their professional identity and their work environment. In particular structure of IAPT with its focus on NICE guidelines, diagnoses, evidence-based practice and intense monitoring requirements, were identified being non-compatible with Counselling Psychology's values.

This study will explore to experience of counselling psychologists working in IAPT services as this has not been done previously. By giving a voice to these experiences, the study will offer some conclusions and recommendations to the future training of counselling psychologists and support structures provided by e.g. the Division of Counselling Psychology that will equip counselling psychologists for being a competitive workforce in a range of settings including IAPT.

What can I expect as a participant?

I appreciate that your time is precious and therefore would like to make it as easy as possible for you to take part. Participating in this study will involve giving up about an hour for an interview. The interview will be conducted at either a room at London Metropolitan University or your workplace, depending on your own wishes and convenience. Your participation is entirely voluntary and you will be asked to sign a consent form. During the interview, you can refuse to answer any

question and you can terminate the interview at any point without giving a reason. Should you change your mind about participation after the interview, you can withdraw entirely from the study until six weeks after the interview was conducted. After this point in time your data would be incorporated into the study. If at any point you have queries or concerns about your participation or own treatment during the course of the study, you can contact my research supervisor at London Metropolitan University (Dr. Philip Hayton: p.hayton@londonmet.ac.uk).

As I am interested in talking to your about your experience of your professional identity, I have prepared a set of questions as a guide only. Our conversation will be audio-taped for the data analysis using a Dictaphone to enable me to analyse and transcribe the data. Segments of our conversation might be included in the final write-up to illustrate my analysis findings. These excerpts will be anonymised and potentially identifying data will be excluded or altered. The data you provide will also be reviewed by my research supervisor and the final thesis will be evaluated by my training programme.

Confidentiality and Data Protection

All of the information you provide will be kept strictly anonymous. Data and signed consent forms will be stored in separate secure locations at the researcher's home. I may wish to publish the results of my study to inform practice. To allow for this, the anonymised transcripts of our interview will be kept for 5 years and then destroyed. Once I have written up my research, a copy of the doctoral thesis will also be placed in the London Metropolitan University library, which could be accessed by other interested researchers.

It is important to be aware that although all attempts will be made to maintain confidentiality, of course there might be instances when this might need to be mitigated if you disclose a danger of harm coming to yourself or others, or if you reveal details of practice that raises serious ethical concerns, according to the BPS Code of Ethics & Conduct (2006).

If you are happy to participate in the above study then please email the researcher, Barbara Idowu at Barbara.idowu@hotmail.co.uk. Thank you for taking the time to read this information.

Best wishes
Barbara Idowu

7.5 **Participant Informed Consent Form**

Informed Consent

Study title The experience of counselling psychologists' professional identity working in an IAPT service: An Interpretative Phenomenological Analysis.

Thank you again for considering taking part in this study. Please take time to carefully read and agree to each of the pointes below by ticking the boxes. If you have any queries regarding this form please contact me.

I confirm that I have read and understood the Participant Information Sheet for this study and have had the opportunity to ask questions.

I understand that my participation is entirely voluntary and I am free to refuse to answer questions, without giving a reason. I am also free to withdraw my data entirely from the study up to six weeks after the interview.

I understand that I will be asked a series of questions about my experience and that the interview will be audiotaped for the data analysis using a Dictaphone.

I understand that the data will be anonymised by the removal of all identifying information and that the anonymised transcripts will be used in a doctoral thesis and potentially in future publications.

I understand that the tapes and anonymised transcripts will be kept for up to 5 years and will then be destroyed. Recordings will be stored securely at London Metropolitan University and anonymised transcripts will be stored on a password protected home computer. A copy of the doctoral thesis will be kept in the London Metropolitan University library.

I understand that my confidentiality will be maintained wherever possible, but that it might need to be mitigated if I disclose a danger of harm coming to myself or others, or if I reveal details of practice which raises serious ethical concerns, according to the BPS Code of Conduct & Ethics (2006).

I understand that I will be provided with a list of sources of help and support, which I can call upon should I experience distress as a result of the taking part in this study.

I agree to participate in the research.

_____ _____

Name of Research Participant
Date/Signature

_____ _____

Name of Researcher
Date/Signature

7.6 Participant Debrief Sheet

Debriefing sheet

Dear Participant,

Thank you for your participation in this research project, which forms part of a doctoral project that the researcher is conducting. Should you have any concerns or queries about the study, please contact the academic supervisor at London Metropolitan University, Dr Philip Hayton (p.hayton@londonmet.ac.uk).

Study title:
The identity of Counselling Psychologists working in an IAPT service: An Interpretative Phenomenological Analysis

Aims and contribution of the study:
The aim of this study is to provide an understanding of how Counselling Psychologists experience their identity as Counselling Psychologists in the context of working within an IAPT service. The study further explores the relationship between the professional values held by Counselling Psychologists and working practices and values inherent in their workplace. Furthermore the study aims to gain an insight into the possible experience of identity changes of Counselling Psychologists.

The current study will contribute a research perspective to the thus far theoretical debate about the fit between Counselling Psychology identity and evidence-based practice work settings as represented by IAPT. There is currently a distinct lack of research in this field and very limited contributions from Counselling Psychologists working in IAPT to the literature. This means that the current literature is restricted to offering theoretical frameworks for further developments in Counselling Psychology without supporting evidence from practising Counselling Psychologists. This presents a significant gap, as existing identity literature presents a link between professional identity, well-being and professional practice. Considering some anecdotal evidence suggesting that some Counselling Psychologists working in IAPT services experience anxiety of losing their identity and feel de-skilled, investigating IAPT as a work setting offers insight into a new emerging and significant area of clinical practice for Counselling Psychologists.

Therefore, findings from this proposed research could increase our understanding of how Counselling Psychologists define their professional identity, especially in the context of their work place. Additionally, findings could add to our knowledge of how Counselling Psychologists perceive the interaction between the working environment of IAPT and their professional identity and how this relates to job

satisfaction and well-being of Counselling Psychologists as well as feed into policy development, such as “New Ways of Working”, the “Professional Occupational Standards” and future employment opportunities for Counselling Psychologists in NHS services.

I greatly value your contribution to my research and if you have any further questions, do not hesitate to contact me on my e-mail address: Barbara.idowu@hotmail.co.uk. Emails will be checked regularly.

7.7 Interview Schedule

Interview schedule

This interview is about the relationship between the professional identity of counselling psychologists and IAPT as a work setting. There is some research, which shows that when working in medical health settings or highly structured care settings, practitioners might experience a tension between their professional identity and work ethos and values in their work setting. I am interested to find out how counselling psychologists experience this relationship. In particular, I would like to learn more about how you define yourself as a professional and how you see the context of working in IAPT having played a role in this.

1. **Is your primary identification, professionally, as a counselling psychologist?**
   a. If yes – cont.,
   b. If no – could you say something about your professional identity and values, then?
   c. Can you describe what impact your training as a counselling psychologist had on your professional identity?

2. **If we just leave IAPT to one side for a moment, and think about your identity as a counselling psychologist as it developed, perhaps before entering IPAT, how would you describe your professional identity as a counselling psychologist?**
   a. In your view, what are the core values of Counselling Psychology that make it distinct from other therapeutic professions?
   b. How has IAPT shaped the development of your professional identity?
   c. How connected do you feel to Counselling Psychology as your profession?
   d. In your experience has this changed over time?

3. **What, from your perspective, is IAPT? What does it mean to you?**
   a. What did you think it was before you started?
   b. Has this changed since working in IAPT?
   c. How did you come to work in IAPT?
   d. In general, how would you describe your experience of working in IAPT, overall?
   e. How would you describe the IAPT context?
      i. What defines IAPT for you?
      ii. What are the key working practices in IAPT?

4. **Tell me about your experience of the relationships between IAPT and your professional identity.**

a. At what point did IAPT become a salient influence on your professional identity? Can you say something about your experience of how that happened?
b. Can you say something about your view of the purpose of therapy, and the way this seems to be framed within IAPT?

5. How do you experience being a counselling psychologist in IAPT?

a. How do you experience the fit or relationship between your values and identity as a counselling psychology practitioner and the IAPT work context and its values?
   i. What are the values you experience as the most salient in this context?
   ii. What do you see as the ethos of the IAPT context, and how do they see the relationship between this and their own ethos, ethics or values?
b. How about in relation to evidence-based practice and NICE guidelines? What has been your experience of this aspect of the work?
   i. How do you position yourself towards these as a counselling psychologist?
   ii. How do these relate to your professional identity?
c. What's your experience of your own professional or clinical decision-making in this context?

6. Thinking about what you do day to day, how do you experience the fit between your professional identity and your clinical practice?

a. To what extent have you experienced working in IAPT as a fit with your professional identity as a counselling psychologist?
   i. Tell me about your experience, do you think there is a fit or not? In what ways?
   ii. What are the challenges and advantages of being a counselling psychologist practising in IAPT?
b. How has your practice evolved since you began working in IAPT?
c. What are the values you subscribe to in your clinical practice?
   i. If at all, how to do experience the tension between your own values and your clinical practice?
d. Can you tell me about the development of your professional identity over time while you've been working in IAPT, and if there have been any other significant contributors to this, other than working in IAPT?
   i. How about the DCoP and BPS, BABCP?
   ii. How about supervision (off-site), or trainings?
   iii. How about their personal c=development and maturation?

7. To what extent do you think your training as a counselling psychologist prepared you for your work in IAPT?

a. What were the challenges or issues when you first started working in IAPT?
b. What recommendations would you make for training future counselling psychologists?

c. Have you ever questioned your experience of professional fulfilment while working in an IAPT context?
   i. Where do you think Counselling Psychologists are best placed to practice?
   ii. How do you see your professional development progressing?

8. Is there anything in regards to the topic I have not asked you about?

9. How has the interview been for you?

7.8 Example of analytic process

Left hand coding	Transcript	Right hand Coding
Feeling undervalued Alone Frustration Negative expectations **Professional stagnation** Hopeless **Danger of burnout** Professional withdrawal Self-protection **Being different**	ABBEY: …enjoyed that. I think…but that was because I…I, I could manage ok on that. That was fine for me. I could, you know, had enough training to get me through that. I'd be okay. I wasn't getting supervision. INTERVIEWER: Okay. ABBEY: Um, I wasn't getting things that I needed to be better. I was just…I could imagine myself being in the same job in two years' time having never improved. INTERVIEWER: Mm-hmm. ABBEY: I felt like that, you know, that I was, I was never going to improve, that I wasn't getting any good input. INTERVIEWER: Okay. ABBEY: Um, which shows, you know, that you burnout…okay, I was–…I wasn't burned out but, you know, you don't give them enough then you can't give a good quality service really but yeah. INTERVIEWER: Yeah. Yeah. ABBEY: So it was, um, that I didn't stay that long because the things I felt more important…ah, I was doing but they weren't valued as being important. Because, you know, I was writing quite long client letters on the therapies and the, the GP, the client that has something to work on.	Enjoying work Being left to cope Being just enough Professional stagnation Pessimistic view of future professional development Never improving Not getting anything Danger of burn-out Not being able to give any more/ loss of quality in therapy Clash of values Feeling unappreciated Difference Keeping the client in min

7.9 Table of superordinate themes

Table of Themes: Abbey

Master Theme	Subordinate theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"It isn't just about being a counselling but my identity as being a counselling psychologist" (p.8 ll.7-10). "It's very fluid but the core things that I mentioned, about boundaries, about process, about thinking about the relationship that probably hasn't changed" (p.6 ll.7-9). "Our course sort of was very strong on the ideals, very idealistic almost. […]So that coupled by the placements and the supervisors, um, and my own personal therapy and the client groups. What works, what you see works […] they will all influence that and they continue to". (p.6 ll.22-29)
	Searching for an identity in the NHS	"I think then we become a bit ashamed of being a counselling psychologist in the NHS. [...] And I can do it sometimes that if you're going around a room and people say 'I'm a clinical psychologist, I'm a clinical psychologist, I'm a psychologist (…) I bet you they are counselling psychologist" (p.51 l31 – p.52 l.2) "Because we didn't like some of the practices of clinical psychologists and we kind of grew up to challenge some of that. […] And clinical psychologist is a model of the NHS. That's why they're…they get their paid…training paid for. And so, it would make sense for us not to particularly fit there". (p.55 ll.10-15) "But I've definitely struggled to the point where I've, I've still never had a Band 7 job. I'm Band 6". (p.9 ll.30/31)
	Transitioning from trainee to qualified	"Our course sort of was very strong on the ideals, very idealistic almost. […]So that coupled by the placements and the

	practitioner	supervisors and my own personal therapy and the client groups" (p.6 ll22-28) "You are writing diagnosis and you are kind of wondering if they should have medication […] you have to figure out […]the way we were taught was, it's all about staying with the phenomenology. It's all […] staying with the ideas […] by challenging it but being more curious which is all great. And I think if you took that away, we wouldn't be counselling psychologists anymore" [p.51 ll.13-22).
Managing a sense of professional identity in IAPT	The pumping machine: Understanding IAPT's identity	"I think generally the underlying sense is that things that were important…I consider important like supervision or rooms or keeping clients in mind just weren't considered that important" (p.27 ll.3-6). "There didn't seem to be an understanding by him that this client's complex. It was just about the scores" (p.18 ll.22-23). "I didn't stay that long because the things I felt more important I was doing but they weren't valued as being important" (p.15 ll.29-30).
	Assimilating organisational expectations	"But in primary care, there's…that's what I think what got me and I just gave up. I just gave up because I was like, 'Well then, this is the way they want you to practice and they don't want good quality. They just want you to see people." (p.63 ll.5-8) "I think once I qualified, it would have felt like I was doing something wrong […] because I didn't have that extra support, um, uh, to suggest that. And actually, it was a reality. That's the way it's practiced. I applied for the job. I have to kind of accept that". (p.43 ll.9-13)
	Resisting identity change	"I never said to anyone that I was in personal therapy because I just think they will go, 'But why?' (p.4 ll.2-3) "I would never have dared to talk like that in IAPT. And even to my supervisor, it just was a way of thinking that, um, it was like another language" (p.34 ll.7-9). "It just feels as a profession we have, we

		have done this thing of I'll get the job and I'll do whatever I want in the room. That feels like that's our standpoint" (p.45 ll.22-24). "I think I'm a bit rebellious. I'm stubborn. I think I became quite stubborn" (p.42 ll.8-9).
Psychological consequences	The danger of burn-out	"I did start to think, 'My God, my clients are not really improving. I'm not really getting to recovery rates. It's […] what's anyone going to think?" (p.60 ll.3-5) "Here's me three years, four years trained, thinking a different way and it just doesn't fit" (p.21 ll.10-11). "And so, it felt the more I was there, the more I felt I was trying to find reasons. […] maybe I'm just not good at this." (p.20 l.21-23). "And so, you end up…at the beginning, I try to think about it at home and I try to make notes and I tried to…. And then I began to realise that, actually, the model doesn't allow you for that. So, I…I'll become burned by doing that". (p.58 ll.25-28) "It gets exhausting. It's, it's like a hamster wheel. It just, oh, you know, it just never stops. And, and you could easily burn-out." (´p.60 ll.30-31)
	Self-care and support	"I wasn't getting supervision. […] I wasn't getting things that I needed to be better. I was just, I could imagine myself being in the same job in two years' time having never improved" (p.15 ll.16-20).
	Not meeting expectations as psychologist	"In a way it was good because I was learning things from them as well that I didn't know" (p.37 ll.21-22) "I wasn't getting supervision. […] I wasn't getting things that I needed to be better. […] I could imagine myself being in the same job in two years' time having never improved" (p.15 ll.6-20).

Table of Themes: Becca

Master Theme	Subordinate Theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"I think that shaped my, um, professional identity probably more than the training did because I spent more time there" (Becca, p.1 ll.30-32). "Or at least at the moment because I think professional identity is fluid". (p.1 l.19) "But actually when I think about it, I guess my work itself with patients and colleagues is underpinned by […] things that are […] important to counselling psychologists" (p.3 ll.29-33). "I think partly maybe I'll have these values sort of subconsciously and I'm not so aware of that they are actually there". (p.3 ll.21-23) "I don't really have much to do you with them" (p.11 ll.6-9)
	Searching for an identity in the NHS	"If you think you've made […] a doctorate, three years training and then it still not enough in the current alignment of particularly being CBT focused" (p.6 l.33-p.7 l.2)
	Transitioning from trainee to qualified practitioner	"When I studied counselling psychology, I'd always found that I felt that we're living in an ideal world in these lectures" (p.4 ll.17-19) "I felt and realised in a sort of psychotherapy service within the NHS that is short-term and where things are quite different to maybe the lectures that were set up" (p4 ll.21-23) "Being critical about CBT but […] only after you've actually had some training in it. So rather than just sort of setting us up with this idea that maybe other therapy forms are […] better or […] more helpful or whatever. […] You need to have one model that you are sort of an expert or professional in. I think then it's the time to kind of getting more in depth with other forms of therapy" (p.9 ll.3-9).
Managing a	The pumping	"So the idea is very much run as a business"

sense of professional identity in IAPT	machine: Understanding IAPT's identity	(p.14 l.5) "The purpose in IAPT was [...] what I said earlier about returning to work, being, not being off sick so much at work. So not bothering the economy too much" (p. 16 ll.11-13). "It's a little bit of a one-size-fits-all approach so you have...your certain CBT skills and techniques that you teach them and then off you go. […] which doesn't really go very well with, you know, counselling psychology" (p.21 ll.14-16).
	Assimilating organisational expectations	"I would say my primary identification I think it is more of a CBT therapist working in primary care" (p.1 ll.18-20) "That's how the organisation maybe defined me. And that's maybe the label I took on. (p.19 ll.24-25). "There is a part of me who thinks […] I use only part of the knowledge […] in my current role. […] I don't see myself as a psychologist so much at the moment rather than as a psychotherapist or a therapist" (p.4 ll.5-7). "If you have such a high number of patients, I find that I get into a little bit of a standardised therapy protocol almost" (p.5 ll.13-14).
	Resisting identity change	"And so you find trying to find my niche of how I can work effectively and meaningful but with my clients, which seems to work okay" (p.16 ll.4-6). "I set it out about the measurements and things that we have to do, part of the service which I feel I don't really own. So I kind of make it sound like this is part of the system. This is part of the organisation. I'm not really behind that either" (p.17 ll.1-7). "I don't know if I try that but it comes across a little bit as them and us. So I kind of try to bond with my clients by making the organisation the out group and we're the in group" (p.18 ll.6-12).

Psychological consequences	The danger of burn-out	"Because it is a little bit boring". (p.28 l.18) "If you are doing the same thing for years, it might get a little bit samey, because the patients you see are quite similar". (p.29 ll.4-6)
	Self-care and support	"I have got my supervision with a therapist that I think is really good and where I learn a lot" (p.15 ll.14-15). "I think […] if they have a relationship that is underpinned by the values that we have as a counselling psychologist. And where the relationship is important and worked on then I think that's also good for the patient [...] on a different level. That it means that you can offer more patient-centred care. […] You feel that you are respected as a practitioner" (p.26 ll.16-26).
	Not meeting expectations as psychologist	"Particularly when you're sort of newly qualified as well and you don't have that sort of thinking space to actually maybe consolidate your knowledge so much because you've bee, you're sort of thrown in at the deep end" (p.6 ll.8-11). "As a band 7 CBT therapist, you only use sort of such a little amount of what you've learned which can feel or feels for me a little bit [...] unsatisfactory" (p.9 ll.24-26) "In IAPT you are just another therapist. [...]So even though you have a doctorate and you have lots of other things that you've done in training, in IAPT you just do CBT. And I guess that's sort of a bit of a comedown" (p.27 ll.5-10). "I think that is sort of quite natural for […] psychologists in general. Because of the route to become a psychologist is not so easy, therefore you probably want professionally to use those things and to challenge yourself professionally (p.28 l.31 – p.29 l.2).

Table of Themes: Carol

Master Theme	Subordinate Theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"I challenged myself, I took what I could from it and I've come back feeling quite secure in the therapist that I wanted to be" (p.23 ll.21-23)
	Searching for an identity in the NHS	"I remember [...] this professional well-being practitioner, she said to me "I remember you when you were here as a trainee" and she said "So you're a counsellor, right?" and so I again I think that can bring up confusion […] that yes, we do counselling but I'm a counselling psychologist, which in my mind is also something very different from being a counsellor" (p.16 l.28-p.17 l.3) "Because actually you shouldn't have to do a BABCP accredited course, um, as a counselling psychologist to prove that you can do CBT. And it's part of our learning and teaching" (p.26 l.31-33). "why was I expected to almost withhold that or have to balance that with using a different label […] a different title for myself is interesting and I think a lack of understanding about what we are about as a profession" (p.15 ll.24-29) "I felt, you know, how, how was that going to work when so many psychodynamic services, um, were being closed down. Would it be that I'd have to do further training if I wanted to do that within an NHS setting for example and actually predominant.... I don't know. I think I felt the pressure and I'm not sure where that pressure came from that I needed to be, um pro-CBT, […] um, and, and, um confidently, you know, able to deliver CBT when I'm not sure that I felt comfortable with that in my identity compared to other parts of it." (p.23 ll.12-21)
	Transitioning from trainee to qualified practitioner	"Because within my training it was quite a bit person-centred philosophy out- outlined in the course but throughout was quite psychodynamic" (p.2 ll.7-10)

		"We have a lot more personal insight as well into our own feelings […] on how we can bring that into our therapy that other practitioner might not have or might find difficult" (Carol,p.22 ll.18-22). "We can have a lot of discussion about the use of labels and pathologising clients. […] there's a lot of questions unanswered for me basically […] and actually how could this be positive" (p.24 ll.26-31)
Managing a sense of professional identity in IAPT	The pumping machine: Understanding IAPT's identity	"So as a counselling psychologist, it would be thinking about what's important to the client and […] what they need to do to reach that journey" (p.19 ll.4-6) "Very protocol driven […] using diagnostic labels and trying to fit clients in those categories" (p.4 ll.28-21) "So we are faced with a lot of things that we question such as pathological diagnoses. Um, ah, you know you're restricted by sessions. Um, you're, you're there to provide CBT. Um, and that might not always be the client's best interest or meeting their needs. […] l so just seeing how you can bridge that gap" (p.22 ll.24-29). "You know, that's reality and there so much pressure on, um, by GP commissioners and targets but you won't...in a sense losing sight. It's becoming more of number crunching rather […] than meeting the clients that we work with". (p.11 ll.2-7)
	Assimilating organisational expectations	"I felt I sold my soul" (p.6 l.1) "I felt almost very confused about what was my identity as a professional" (p.5 ll.30-31) "I needed to kind of think very differently and my identity changed just to do what I needed to do" (p.8 ll.16-18) "I've now come through that and it's against looking how that can complement my position as a counselling psychologist and I

		can […] integrate that rather than being very separate" (p.4 ll.12-16).
	Resisting identity change	But it felt very important for me to hold on to that identity". (p.12 l.6) " "And so and, so when I came into the service, I questioned that. I would, I'd like to call myself a counselling psychologist […] and I don't want to be defined as a high-intensity therapist. That felt very important" (p.12 ll.8-12)
Psychological consequences	The danger of burn-out	"So I think it does have a lot to offer but what can...what's devalued it for me is my experience, um, as a counselling psychologist […] and how I feel valued as a practitioner within that setting". (p.10 ll.23-26) "I felt misunderstood […] devalued, and also I guess not respected. All that. You know, sort of squashed down." (p.15 ll.13-17)
	Self-care and support	"It's highlighted as a thing, the need for reflection and for team cohesion. And we were told that there isn't time for that" (p.17 ll.17-20). "I guess working in IAPT can be very isolating" (p.17 l.11) "I also sought supports from other counselling psychologists to who go through the process as well and that was really, really valuable for me" (p.8 ll.19-22).
	Not meeting expectations as psychologist	"It's brought in training opportunities for me so that's been great as well" (p.10 ll.13-14). "So for my professional developments, I felt it, it wasn't good for me to stay in that environment". (p.9 ll.12/13) "It didn't nourish my counselling psychology identity. Um so if I stayed there and would either you have to, to fight, in the sense that it's very isolated as there wasn't many of the psychologists, let alone counselling psychologists […] within the

		service". (p.9 ll.15-20) "I've invested a lot in IAPT. But from that, what I take is that it's not for me and it's not where I want to be" (p.29 ll.20-22) "Before I started my training, I used to work in assertive outreach community mental health. […] I felt very driven that actually this is the client group that I would want to be able to promote psychological therapy and that more relational support rather than them have to be given medication (p.27 ll.11-26).

Table of Themes: Dora

Master Theme	Subordinate Theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"And yes, I do have my own values and I do have my own strengths" (p.5 l.6). "I am counselling psychologist […] but it seems much less important" (p.5 ll.7-9) "When I was training very, very much so […] now that I am working, now that I'm qualified and working, less so" (p.3 ll.6-7)
	Searching for an identity in the NHS	"I think I'm the first counselling psychologist any of my colleagues have worked with or come across" (p.3 ll.10-12) "I mean counselling psychology is not so important but psychologists that having the opportunity to sort of think in that broad psychological way" (p.14 ll.32-34)
	Transitioning from trainee to qualified practitioner	"Having access to the whole of psychology so not being limited by one therapeutic approach even if I'm practicing with solely one approach being informed by sort of all psychological knowledge" (p.2 ll.3-6) "I didn't feel well prepared for it" (p. 24 ll.9) "Thinking about the speed of formulation, thinking about working within limitations" (p.24 ll.L22-23)
Managing a sense of professional identity in IAPT	The pumping machine: Understanding IAPT's identity	"About getting people to fit into, being less of a bother to society or to sort of be cheaper in some way for society" (p.16 ll.14-15). "I'm not sure they ever really felt that I was helping people to necessarily make the changes they wanted to make" (p.9 ll.11-12) "Healing may have happened but it wasn't recognised All the sort of people healing people felt should happen couldn't because it couldn't happen in a particular way, in particular box" (p.12 ll.13-14).
	Assimilating organisational expectations	"That was much more toeing the line and just doing what, what was expected" (p.20 ll.28-29).

		"Um, and I think I was also, aware that I felt like you know I wasn't really doing what I wanted to be doing in terms of skills, the sort of formulation that I felt I should be doing". (p.10 ll.3-5)
	Resisting identity change	"People having to give out their own, their personal mobile numbers to clients to arrange appointments. And, and I had to make it very clear that no doubt that wasn't happening and that wasn't an option for me" (p.12 ll.17-33). "Once I get out of here, I'm not going to continue practicing in this way" (p.13 ll.21-22). "I think it had a lot to do with me sort of thinking about what is the work I'm, what sort of a therapist or a sort of a psychologist do I want to be? And what sort of service do I want to work in" (p.10 ll.13-17).
Psychological consequences	The danger of burn-out	"I felt that there was an awful lot of pressure to do things in a certain amount of time" (p.8 ll.3-4) "Yes so there's, there's a time pressure ah, um I think definitely isolation. Um, I think the pressure to um, reduce people's scores in psychometric testing" (p.12 ll.7-9) "But I was going, but I'm you know, I'm struggling to formulate people in a way that I'm being expected to or in a way that then matches up with the treatment plan I'm expected to, you know. Just, there must be something wrong with me because this isn't working sort of thing" (p.22 ll.13-17)
	Self-care and support	"I think people felt quite isolated. There weren't sort of meetings in which people could come together and talk about their cases" (p.11 ll.13-15) "Because there wasn't space for that reflection. There wasn't team reflective practice or even team meeting in which to do that" (p.21 ll.16-17).
	Not meeting expectations as psychologist	"There was a particularly strong sense of this isn't who I am and what I do as a counselling psychologist. This, this isn't

		what I am going to do you know" (p.13 ll.16-18).

Table of Themes: Emma

Master Theme	Subordinate Theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"I am connected to it because […], it's a relational model" (p.4. ll.15-16). "My core values are that, definitely the relational … the relationship". (p.2 ll.27/28) "Experience, you know, the different experiences. And, you know, I was lucky I managed to work in a number of different settings". (p.37 ll.15-17)
	Searching for an identity in the NHS	"There seems to be maybe a lack of confidence or lack of feeling an identity […] especially in these settings, it gets lost because obviously […] the medical model is so at odds with counselling psychology" (p.9 ll.12-16) I'm working in the same way when I […] held a post where I am called a counselling psychologist" (p.6 ll.14-16) "And I, and I think I always struggled with that tension as I felt like sometimes I couldn't…I felt, you know, you are giving people a rough deal really" (p.16 ll.27-29)
	Transitioning from trainee to qualified practitioner	"My tutor was a big influence as well in terms of, she was very similar in her viewpoints" (p.37 ll.7-8) "We have a higher, higher level of training" (p.16 ll19-20), "it enabled me to meet those challenges and work with quite complex people" (p.35 ll.18-20) "We learned a little bit on diagnosis and this and that. […] I think it was my own experience as opposed to my training that prepared, gave me a better standing in that" (p.39 ll.15-17)
Managing a sense of professional identity in IAPT	The pumping machine: Understanding IAPT's identity	"I have a lot of issue with diagnoses and that whole system of pumping machine working […] IAPT is" (p.7 ll.22-23). "It's just ultimately a goal-driven, target-driven service" (p.10 ll.11-12) "I always thought there are certain things

		needed to do […] to kind of stay on the CBT track […] even though […] I felt like CBT wasn't actually a practical help for her" (p.11 ll.7-18). "In IAPT […] I have to be usually very much by our CBT model of change. And how […] it can make us change who we are. How therapy we have actually teaches you how to do that. Some people might want to change and […] they want have to explore and make other change in their life […]. Or some people might just want to explore what are the options […]. Not everyone […] likes to act on things." (p.30 ll.15-11)
	Assimilating organisational expectations	"You do compromise. You have to compromise… " (p.9 ll.8/19) "There's not much, I feel much else to do" (p.17 l.21) "Obviously we still got to follow […] procedures" (p.19 ll.23-25).
	Resisting identity change	"I have got a strong identity" (p.7 l.16) "I hold quite a strong position here" (p.7 l.21). "I was just like, you know, these are just things we are asked to do, you know, sort of x, y, z. However, I think I would stress that for me, what was more important, was them and what they were saying to me. That I was paying attention to them" (p.20 ll.21-27). "I think more confident in my position, I will always kind of stick up like that" (p.17 l.23)
Psychological consequences	The danger of burn-out	"The higher caseload I guess. And, and it became a bit much" (p.13 ll.20-22). "You did have that fear of, 'Oh God, they're going to think, you know, I'm crap" (p.19 l.31). "I think the whole IAPT, it's, it did burn me out" (p.23 l.2).
	Self-care and support	"That's how I dealt with it as well in, you know, by, by get it out in supervision by, um, by being able to express" (p.18 ll.27-

		28). "I think obviously support […] having a good team. And so, having a good old moan" (p.17 ll.16-19). "I think having worked with people who, who are more therapeutic-minded and understand all that helped as well" (p.19 ll.25-26)
	Not meeting expectations as psychologist	"it gave me a lot of experience" (p.35 l.3) "When I qualified I was still in IAPT. But I wanted to get out" (p.3 ll.24-27) "In developing the other aspects of being, a counselling psychologist […] although that's not the job title […]. So, supervision which psychologists do […] training which psychologists do" (p.23 ll26-31)

Table of Themes: Fey

Master Theme	Subordinate Theme	Quotes
Establishing a professional identity: an on-going process	Identity as puzzle with many parts	"And I found it really difficult to go back to seeing my work there, and before the things that were important between then when I started the training and up to now. How I developed from that or how I maybe missed something somewhere […] on the way" (p.28 ll.25-32) "I feel like being in IAPT, I feel I detached a little bit" (p.27 ll.4-6)
	Searching for an identity in the NHS	"The reason for looking for counselling psychologist at that time […] why that was the case is because the one that the advantage perhaps you can work with more complex clients we will have more and more" (p.22 ll.23-27)
	Transitioning from trainee to qualified practitioner	"I think to some degree […] the values that you take from your training to your profession they can overlap with your personal values as well" (p.5 ll.3-7) "People who just went through the IAPT training, CBT training. So they don't have the experience or, or training in other forms of therapy" (p1 ll.30-32) "It's really great because actually I can learn a lot. […] at the same time, I was exposed to clients who came with all sorts of different difficulties" (p.22 ll.27-33).
Managing a sense of professional identity in IAPT	The pumping machine: Understanding IAPT's identity	"They have a crucial impact because we're very going to payment by results. […] They play a huge role in how much money we will get" (p.13 ll.11-18) "I think being a counselling psychologist because in our training we do very much to think about how we want to put the client in the centre ah of the treatment. And then, you go to an IAPT service and the client is kind of point four or five on the list versus, you know, service needs[…] recovery rates, the funding or what the commissioner wants" (p.23 ll.38-43).
	Assimilating organisational expectations	"We work under the umbrella, and we work under the institution. So, we kind of automatically take part of that institution

		identity as your own kind of person" (p.28 ll.42-44). "Being aware of what are the pressures or limitations of the service and how that can impact on you as a therapist or on the sessions with clients. So I think keeping that in mind, being aware of that so you don't lose yourself" (p.32 ll.39-43). "I guess you adjust. You have to adjust. I mean, if want to survive, that's what you kind of have to" (p.33 ll.27-28).
	Resisting identity change	"I, actually, I always start with the person […] and that's the most important too. And I think that's sometimes not always possible in IAPT working in IAPT service". (p.21 ll.7-13) "But I think sometimes that happens, ah but for me, I need to challenge people. […] And so, yeah, in the end we reached compromise and I, I can have more sessions". (p.8 ll.17-23) "So, I kind of try to be flexible and kind of … do things my way". (p.18 l.18)
Psychological consequences	The danger of burn-out	"Sometimes I will worry about that" (p.13 l.9)
	Self-care and support	"Well we come up with a compromise. I think he trusts me. […] we have a pretty good based on trust relationship. And I think that's a really good place to be in" (p.19 ll.36-39). "I've been quite lucky in that respect that I feel that sort of my opinion counts" (p.25 ll.25-26).
	Not meeting expectations as psychologist	"I was exposed to clients who came with all sorts of different difficulties. And that was a really great learning curve for me" (p.22 ll.30-35) "You have an idea of how you want to do things and then, and your hopes are crushed with what service requires and how things should be done" (p.23 ll.21-23). "I will I want to expand my private practice now a little bit. And I don't…maybe an

		inpatient service, I would be interested in that, maybe going back to eating disorders, some longer-term work" (p.25 ll.22-25). "I think I think that um, now I'm starting to develop my private practice, I feel like I'm coming back with that little bit more. I feel like being in IAPT, I feel I detached a little bit". (p.27 ll.4-6) "Something that I'm starting, my private work, yeah this is something that I'll be going back a little bit to how I used to feel". (p.27 ll.12-17)

7.10 Interview Transcript Excerpt Abbey

INTERVIEWER: Okay. So, this interview is about the relationship between your professional identity as a counselling psychologist and IAPT…

ABBEY: Mm-hmm.

INTERVIEWER: …as a work setting. And, um, like the information sheet said, there is some research that shows that there might be a tension between professional identity and the work setting. So really, what I'd like to do with this interview is explore your experience of that.

ABBEY: Sure.

INTERVIEWER: Um, now, before we sort of start talking a bit about IAPT, I wondered if you could tell me a bit about your sort of professional identity and what your primary identification is.

ABBEY: Okay. Good question.

INTERVIEWER: [*Laughter*]

ABBEY: Um, so, I, I'm not sure if, if this is right but I guess as a counselling psychologist because we are integrative family can have, I can be a…

INTERVIEWER: Mm-hmm.

ABBEY: …counselling psychologist who practices in a completely different way… So I, I would say the model that influenced me the most is psychodynamic way I think.

INTERVIEWER: Mm-hmm. Okay.

ABBEY: So the principles that go with that. So, you know, in terms of, um, boundaries, in terms of the way that we think, in terms of, um, the length of therapy might…what I, um, think therapy is about, you know, which was a huge part of my own identity as a counselling psychologist and finding out, you know, what is therapy about? Because therapy…

INTERVIEWER: Mm-hmm.

ABBEY: …can mean so many different things to any…to others. Um, and I think mine was very heavily influenced by psychodynamic and the importance of the relationship. The importance of naming things that maybe other models don't in getting in touch…

INTERVIEWER: Mm-hmm.

ABBEY: …with things and process. You know, I r–….

INTERVIEWER: Okay.

ABBEY: I really believe in process and that influences what I think therapy is about, which then, then influences what's important to me as a counselling psychologist.

INTERVIEWER: Mm-hmm. So you've already touched on that a little bit, thinking about your sort of…sort of core values as a counselling psychologist.

ABBEY: Mm-hmm.

INTERVIEWER: You draw a lot on psychodynamic therapy.

ABBEY: Mm, mm.

INTERVIEWER: Could you tease out a little bit sort of what…

ABBEY: Sure.

INTERVIEWER: …the core values are that you that you adhere to?

ABBEY: Yeah. So, you know, the therapeutic relationship. Um, um, uh, a stance of being curious, making meaning and making sense with clients.

INTERVIEWER: Mm-hmm.

ABBEY: Um, yeah, I think that really. Um, you know, I know all the others, you know.

INTERVIEWER: Mm-hmm.

ABBEY: So…but I think the ones that would make me me or the ones that make me different to someone else would be that. So…the importance of the relationship and being with clients' experiences and being with the client and helping them make sense of what's brought them to therapy and their experiences and, um, working within that in the, in the relationship.

INTERVIEWER: Mm-hmm. So, I guess, you know, what you're describing is very much how counselling psychology describes itself.

ABBEY: Mm, mm, mm.

INTERVIEWER: I guess if you look at the textbook…

ABBEY: Yeah, yeah.

INTERVIEWER: …that's what might be in the textbook a little bit.

ABBEY: Yeah.

INTERVIEWER: Um, and I'm wondering, do you see yourself distinct from other therapeutic professions such as maybe clinical psychologist or a CBT therapist? Do you see there…

ABBEY: I….

INTERVIEWER: …being a distinction?

ABBEY: I think it depends on the person.

INTERVIEWER: Mm-hmm.

ABBEY: So, I have a friend who's a clinical psychologist who I met in my psychodynamic placement. So, you know, I can't see myself as being very different to her.

INTERVIEWER: Mm-hmm.

ABBEY: She and I did our training at the Tavistock. So I'm not…. But generally, and I know that she…generally, I, I think…I think it…I think it really depends on the person, yes, but I think I can more so see a difference between a CBT therapist and a counselling psychologist.

INTERVIEWER: Mm-hmm.

ABBEY: Clinical they're again, like a spectrum, like a counselling psychologist.

INTERVIEWER: Mm-hmm.

ABBEY: CBT therapist, yeah, because they aren't even aware of things that I find important. It's, it just never learned them to be important.

INTERVIEWER: Mm-hmm.

ABBEY: So, you know, for instance in the, uh, in my, you know, my time in IAPT, I never said, um, to anyone that I was in personal therapy because I just think they will go, 'But why?'

INTERVIEWER: Hmm.

ABBEY: Why it actually as a… counselling psychologist, that part of looking at yourself is really important.

INTERVIEWER: Hmm.

ABBEY: Um, I think clinical psychologist, they're a huge spectrum as well. I think it can really depend on your training. So I've…if I've come into contact with clinical psychologists, it's probably been in a placement that I have chosen. So that must fit…

INTERVIEWER: Mm-hmm.

ABBEY: …more with me.

INTERVIEWER: Mm-hmm.

ABBEY: But, um, you know, this kind of, um…. But, you know, there has been tensions actually because I, I find that things like the relationship these are named as important are things like process, are named as important but they're not really understood as being as rich as that's all they need.

INTERVIEWER: Mm-hmm, okay.

ABBEY: But, yeah.

INTERVIEWER: So I guess there is something there that you think sets you apart from people like CBT therapists…

ABBEY: Yeah. Yeah.

INTERVIEWER: …which has to do with your training and your personal insight and…

ABBEY: Yeah, I…yeah.

INTERVIEWER: …the way you utilise the therapeutic relationship and process.

ABBEY: Yeah. I feel, yeah, I feel there's things that they, um, aren't even aware like many things I'm probably not aware of from their training that, that are even important.

INTERVIEWER: Mm-hmm.

ABBEY: They don't even consider it. They don't get it. You know, they would…if you…you point out, you're like, 'What do you say? 'Hi. You just took two weeks off and your client's not there this week. Have you any thoughts about that?'

INTERVIEWER: Mm-hmm.

ABBEY: And for them, uh, just, 'No, not really.'

INTERVIEWER: Yeah.

ABBEY: Ah, it's just not there to be curious about those things which is just because their approach in their…what they understand as being important in therapy is just perhaps quite different.

INTERVIEWER: Mm-hmm.

ABBEY: Um, yeah.

INTERVIEWER: Okay. Thank you. And do you feel, um, that this experience or this understanding you have of your professional identity, has that changed over time or how, how has that come about?

ABBEY: Um, yeah, it has changed. It has cha–…it's changed. So, um, … I think I didn't know what I was at the beginning. [*Laughter*]

INTERVIEWER: [*Laughter*]

ABBEY: Didn't make sense of it. And then I found psychot–…a psychotherapy placement and the theory and it just made sense for me. So actually, I wasn't the counselling psychologist I was, a little psychotherapist, and doesn't really…. And I remember one, uh, process report says, 'Yeah, you're great at the internal world but there's also an external reality. As a counselling psychologist, you need to think about that.' I was like "Oh, but it's all about process". So nothing, you know, nothing is real. It's….

INTERVIEWER: [*Laughter*]

ABBEY: And so, I think then coming out of that placement, going into CMHTs, mm going into primary care. The real–…the external reality was more real and I had to work with that. Um, now, I, I work, um, with it. And it's also dependent on the client groups and I have recently began a job, the personality disorder, um, working with personality disorders. And the way that you work is a very, um, you're really saying what's on your mind.

INTERVIEWER: Mm-hmm.

ABBEY: You know, you're…you're very present. Just…it's going to be another…it's another challenge. So I think….

INTERVIEWER: [*inaudible 00:07:30*]

ABBEY: It's very fluid but the core things that I mentioned, about boundaries, about process, about thinking about the relationship that probably hasn't changed. It's been at times just harder to uphold or to make sense of a n–…new context.

INTERVIEWER: Mm-hmm. So would…so am I, am I hearing this correctly when I'm saying that the development of your identity and your understanding of…

ABBEY: Mm-hmm.

INTERVIEWER: …what counselling psychology means has been shaped to some degree by the places you've worked in and where you've been placed during your studies?

ABBEY: Oh yeah, definitely. Definitely.

INTERVIEWER: Okay.

ABBEY: Ah, by the course, hugely by the course.

INTERVIEWER: Mm-hmm.

ABBEY: Our course sort of was very strong on the ideals, very idealistic almost.

INTERVIEWER: Mm-hmm.

ABBEY: So that coupled by the placements and the supervisors, um, and my own personal therapy and the client groups. What works, what you see works…

INTERVIEWER: Mm-hmm.

ABBEY: …they will all influence that and they continue to. [*Laughter*]

INTERVIEWER: [*Laughter*]