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A Heuristic Inquiry: The Narrative of a Beginning Dance/Movement Therapist's Professional Identity Development

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A HEURISTIC INQUIRY: THE NARRATIVE OF A BEGINNING DANCE/MOVEMENT THERAPIST'S PROFESSIONAL IDENTITY DEVELOPMENT

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Abstract

There are theories, models, and theses that explain what generally happens as people move through the identified phases of counselor and professional identity development. However, there is little literature that illustrates how this growth actually happens for clinicians. The purpose of this heuristic self-study was to identify and gain a deeper understanding of the narrative of how my clinical experiences have influenced my professional identity as a dance/movement therapist. This study utilized the six phases of heuristic inquiry as a structure to guide this discovery. My personal recollections of three identified cases were used as data, which was then analyzed through the use of Riessman's Narrative Analysis. The analysis process included responding to structured journal questions and using movement to clarify responses. Unexpected factors that were influential in the development process were acknowledged. The final thesis product was my story, which consists of three mini-narratives that illustrate how my clinical experiences shaped my development as a dance/movement therapist.

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Chapter I: Introduction

The process of navigating and figuring out our identities is a struggle most humans face at some point in life. We are constantly evolving and changing, which can make it difficult to find a stable sense of self. The self adapts and grows as we experience life and are exposed to new ideas and environments. I am two years out of college and recently graduated from Columbia College Chicago's graduate program. This upcoming year will be the first year that I do not return to school in August, and I will be working full time. This new chapter of my life has already come with a lot of changes and new responsibilities. I have come to realize that each stage of life offers many new transitions and experiences, which can be both exciting and anxiety provoking.

This heuristic study was driven by curiosity about my own development, particularly my professional identity development. After reviewing the literature on professional identity development and counselor development theory, I was able to gain a better understanding of how existing models and theories could be useful and grounding for my investigation. However, I still felt like there were significant gaps in the literature that needed to be filled in. I was curious about how humans experience these different phases of development and how they transition from one to the next.

Background

I believe my journey into the field of dance/movement therapy (DMT) and counseling was one that came together by happenstance. In college, I was a psychology major. I was interested in all of my psychology classes, but did not show much initiation or drive when it came to figuring out how I would pursue a career in this field. I had stereotyped psychologists as people who sit behind a desk all day with big glasses and a notepad. I feared that this career path would

not be a satisfying one for me. I had been a dancer my whole life, and I needed to engage in movement and creativity regularly to feel fulfilled.

One day in the winter 2012, my dad found an article in the *Deerfield Review* about Erica Hornthal, a dance/movement therapist living in Deerfield, Illinois. Erica Hornthal is the CEO of North Shore Dance Therapy, now Chicago Dance Therapy, and the article about her opened my eyes to a much more intriguing path. Hornthal had also been a psychology major from the University of Illinois Urbana-Champaign and danced for most of her life. Hornthal wrote how she knew psychology alone would not be a fulfilling enough career for her; she needed to dance, be creative, and combine her love for dance with her love for helping people. I immediately contacted her for an interview and became her first intern at North Shore Dance Therapy.

I loved my experience and knew becoming a dance/movement therapist is what I wanted to be for the rest of my life. I was admitted to a DMT graduate program at Columbia College Chicago and loved every class. I could not wait to engage in my field placement and then year-long practicum. This excitement also came with fear, anxiety, and uncertainty. I was unsure of what was expected of me as an intern and if I was good at what I was trying to do. If I could have asked for one thing as an incoming intern, it would have been to hear the in-depth stories of other beginning therapists and how they developed over time. I wanted some sense of normalcy and stability within all the uncertainty and unknown. However, I also know there is not one story or one path, so even hearing stories of others' in similar circumstances cannot predict anyone else's outcome. However, it can normalize and bring light to the experiences of a beginning dance/movement therapist.

Inspiration/Purpose

As a cohort we were asked to think of a topic we wanted to explore and research for our

thesis months ago. My initial thought was: "Well, I do not really want to do research at all to be honest, so how in the world am I going to choose a topic?" I wanted to write a chapter book such as Irvin Yalom's *Love's Executioner* (1968), or Jeffrey Kottler's *On Becoming a Therapist* (1986). I loved how these books talk about their candid responses and feelings about their clients, and their own work and experiences with their clients. I wanted to do the same and write about my cases and the stories of my clients. I wanted to discuss my work with these clients and my relationships with them. I wanted to discuss the rationale for what I did in my sessions, and analyze what interventions were and were not effective. I wanted to talk about my client's progress as well as my own growth. This idea interested me, but I was not sure how or if it could be transformed into a research topic or study. The stories of seasoned therapists and the work they do with their clients is already available, but I wanted to tell the story of a beginning dance/movement therapist who was working with clients at her first clinical experience.

Irvin Yalom's *Love's Executioner* (1968) was the book that inspired my thesis. In the book, Yalom tells the story of his work with a select few of his clients. He wrote about their cases, but also his human responses to them, both internally and externally. Yalom wrote about how he felt in relationship to these clients; how his cases and their stories and experiences touch, relate to, parallel, and sometimes even trigger his own personal problems and experiences. The raw and real thoughts and emotions that were detailed in the book drew me in and normalized being both human and a therapist. Yalom was authentic and transparent. This was something that felt important to me, and something I wanted to emulate in my thesis.

After discussing my idea with Laura Downey, the Research Coordinator at Columbia College Chicago, she helped me understand that my desire to tell the stories of my clinical experiences could be transformed into qualitative research. After listening to me talk through my idea, she

was able to help me construct it into a self-study about my own development as a counselor and dance/movement therapist. Downey suggested I use my clinical cases as part of my study to help illustrate and gain a better understanding of how I have developed as a dance/movement therapist. I decided that it would be most effective to use my own recollections of my clinical experiences as a data collection method, because progress notes and other documentation would not capture the humanness and emotional content of my experiences. Downey and I discussed possible analysis methods, and realized that I could use narrative analysis to identify and tell my story. This was the closest possible alternative to writing my Yalom-esque chapter book, while still conducting a research study. My study then became a heuristic inquiry to discover the narrative behind my professional development as a dance/movement therapist.

In the first part of my study, I developed my research question: How have my clinical experiences shaped my professional identity development as a dance/movement therapist? As stated above, the stories of seasoned counselors and therapists are already available. I am interested in telling the story about how a beginning therapist develops, and describing what this development looks like for beginners. There is a significant amount of research about counselor development theory, the generalized experience of what happens in each phase of development, and the changes that occur in each phase. However, there is no literature describing how counselors experience these phases and transition from one to the other. My study focuses on filling the gap in the literature regarding how this development happened for me through sharing my story.

Operational Definitions

Professional identity development. The process of integrating personal attributes and professional training in a professional environment (Gibson, Dollarhide, & Moss, 2010), and

continuing to evolve this identity over the course of time due to life events and other influential factors. There is a dynamic interplay of factors that influence personal and professional development.

Narrative analysis. For this study, narrative analysis is defined as a method of analysis, used in qualitative research, where the researcher investigates an identified experience or series of experiences with the hope of understanding and constructing his or her trustworthy story (Riessman, 2005). The researcher makes connections between important experiences and events illuminated from the data, in order to discover and make sense of the meaning behind the identified experience. It is an analysis method I felt complimented my study, because similar to the heuristic methodology, researchers utilizing narrative analysis are seeking to know and understand the lived experiences of themselves or their participants. Narrative analysis shares this goal, but specifically focuses on constructing and telling the story behind the experience.

Contribution/Motivation

I believe what makes my study valuable is that it provides something that is not yet accessible in current published literature. There are books detailing the work of the seasoned therapists, but this will be the first study (at least that I have come across so far in my research), detailing the story and development of the beginning dance/movement therapist and counselor. I not only hope to gain a better understanding of the story behind my growth this last year, but I also hope this story will serve to show the different moments, decisions, sessions, factors, and mistakes that contributed to my growth. I want to normalize the struggles of being a beginning therapist, because there is so much uncertainty, self-doubt, and anxiety in the initial phases, which I will elaborate on in both my review of the literature and my own personal narrative later in my thesis. I also want to use my story to show that even counselors without years of experience can be

effective in helping clients achieve their desired outcomes.

Theoretical Framework

Due to the nature of this study, I will be discussing my theoretical orientation in-depth later in the thesis. Articulating my framework has become increasingly difficult over the last year. This year I was exposed to new ideas, classes, and clinical experiences, which continuously evolved and shifted my personal style and orientation as a therapist. In the following chapter, I will discuss the resources and theories that informed my process, such as Skovolt and Ronnestad's (1992, 1995, 2003) counselor development theory and Moss, Gibson, and Dollarhide's (2010, 2014) studies about counselors' professional identity development.

Chapter II: Review of the Literature

I developed this heuristic self-study to discover more about myself as a developing counselor and dance/movement therapist engaging in my first clinical practicum. I had heard the stories of the seasoned therapists, but the stories of the novice therapists were not shared as frequently. I felt it would be helpful for other students and beginning clinicians to hear the stories of a beginning therapist to help normalize their experiences. I set out to learn more about counselor development theory to feel more grounded as I studied my own process of development, specifically my professional identity development as a dance/movement therapist.

This literature review will discuss counselor development theory and other sources related to this theory. It will focus on the developmental process of the counselor from the time that counselors start their initial training through the time they become experienced professional counselors. Rønnestad and Skovholt (1992, 1995, 2003) developed the stage model, later called the phase model, utilized in counselor development theory. These phases and themes influenced much of the other literature about the development of a counselor. This literature review will also include topics that were informative for the study, such as professional identity development, integration of personal and professional identity, development of a theoretical framework, development of creative arts therapists, and specifically the development of dance/movement therapists.

There is little research outside of master's theses regarding the developing dance/movement therapist. This gap in literature contributed to my primary focus of this literature review becoming about the developing counselor theory, rather than the development of the dance/movement therapist. Although there is a lack of literature about the developing dance/movement therapist, I will discuss some of the literature that was most helpful in

increasing my understanding of how my unique lens played a role in my professional identity development.

Counselor Development Theory

Rønnestad and Skovholt (1992, 1995, 2003) conducted several qualitative studies to further develop and contribute to their developing counselor theory. Rønnestad and Skovholt (1992) created a stage model discussing three identified stages of counselor development. The main purpose of developing these stages was to show students how both the personal style and professional identity of the person are integrated and contribute to their development as counselors (Rønnestad & Skovholt, 1992). The three stages identified were the pre-training stage, the training stage, and the post-training stage (Rønnestad & Skovholt, 1992). The pre-training stage describes the time before the person is formally trained, but they have helping qualities and skills that directed them toward working in a helping field (Rønnestad & Skovholt, 1992). The training stage is representative of the time where formal training and schooling to become a counselor begins, and the student starts combining personal attributes and natural helping skills with newly learned methods and knowledge acquired during their training (Rønnestad & Skovholt, 1992). The final stage of this original stage model refers to the post-training time, which represents the time when a counselor is no longer receiving formal training and is a working professional (Rønnestad & Skovholt, 1992). After further investigation about counselor development theory, Ronnestad and Skovholt have continued to expand and shift this original model according to their findings (1992, 1995, 2003). Below I discuss this model and how it has evolved into the most current model, which was utilized for this study.

The first study Ronnestad and Skovholt (1992) conducted led to the formulation of their counselor development stage model. This study interviewed 100 counselors and therapists and

asked a series of questions regarding their beliefs about the process of development and change counselors endure over the course of their career (Rønnestad & Skovholt, 1992). Five groups of 20 people were interviewed; ranging from their first year in graduate school to professionals who have been working in the field for 40 years (Rønnestad & Skovholt, 1992). According to Rønnestad & Skovholt (1992), "The inquiry covers professional life span, personal and professional sources of influence, generates knowledge about challenges, emotional reactions, attitudes toward work, influential factors in development, learning method, perception of role and working style, conceptual ideas used, and measures of success and satisfaction" (p. 506).

Ronnestad and Skovholt (2003) concluded with eight stages of development, and 20 broad corresponding themes that emerged from these interviews as hypotheses to be further investigated. These themes were then reduced to 14 themes that retained the essence of the original themes (Rønnestad & Skovholt, 2003). These themes included: (1) professional development involves counselors increasing their abilities to integrate their personal and professional self; (2) the focus of functioning in their professional role shifts drastically over time, from internal to external to internal; (3) continuous reflection is necessary for counselors' learning and professional development at all levels of experience; (4) motivation and commitment for continuous learning enhances and drives the developmental process; (5) the cognitive map shifts: practitioners in early phases of development rely on external expertise and advanced practitioners rely on internal expertise; (6) professional development is a long and gradual process in which counselors constantly evolve; (7) professional development happens over the span of a lifetime; (8) most beginning practitioners feel anxious while engaging in their professional work; (9) clients are main influencers and primary teachers for counselors; (10) personal life impacts and affect professional functioning and development throughout the

professional life span; (11) interpersonal sources of influence are impactful on professional identity, especially compared to less personal sources of influences; (12) beginning counselors view professional elders and graduate training with intense emotional reactions; (13) experience working with suffering sharpens the counselors' recognition, acceptance, and appreciation of human differences in how they deal with adversity; (14) for the practitioner there is shift from the consideration of Self as hero to Client as hero (Ronnestad & Skovholt, 2003). The original stages were further investigated and reevaluated, which led to the creation of the six-phase model, which the researchers felt was a more accurate representation of the experiences they studied (Rønnestad & Skovholt, 2003). This literature review will focus more on the first three phases, because they are the phases relevant to my study thus far.

Lay helper phase and beginning student phase. Rønnestad and Skovholt's (2003) six-phase model is the current model outlining their counselor development theory. The first phase of this model is called the lay helper phase. The lay helper phase occurs prior to beginning education and training; when people naturally have and display the qualities of a helper. This person tends to be someone who is caring and often likes to help others. The beginning student phase is the second phase of this model. This phase marks the beginning of the professional training when the work is generally considered to be "exciting yet challenging" (Rønnestad & Skovholt, 2003, p. 11). The beginning student is impacted by their own personal life and environment, as well as their new knowledge of theories and research. The new information, professors, and supervisors influence learning and are important parts of the experience of being a beginning counselor. Students in this phase tend to feel anxious and uncertain about their work with clients, and question whether this profession is a good fit (Rønnestad & Skovholt, 1992, 1995, 2003). The beginning students utilize and tend to rely more rigidly on approaches, methods and theories to

help ease their anxiety. Positive feedback and gentle criticism is key for students in this stage in supervision, as well as from the clients.

Another set of researchers, Carruth, Cole, Oberman, and Woodside (2007), focused on the process of learning to be a counselor through the subjective experience of counselors in the beginning student phase. Their study set out to further understand the process of development from the view of masters counseling students before they engaged in their internship experience. The analysis of these eight individual interviews resulted in seven themes about learning to be a counselor. The seven themes are: the journey, decision-making, self-doubt, counseling is, learning, boundaries, and differences (Carruth, Cole, Oberman, & Woodside, 2007)

The theme of the journey represents the understanding of the participant's own experiences and stories that were influential in leading them to this career path (Carruth, Cole, Oberman, & Woodside, 2007). This theme also represents the continued journey of the learning process in the field and serves as a container for the other six themes. The students named decision-making as a theme, because there were specific, important decisions that led them to the journey of becoming a counselor. Self-doubt was a theme that emerged in these interviews, because the participants all experienced feelings of uncertainty regarding their skill level and reported spending time considering whether the work was a proper fit. The theme of counseling is represents the students' discovery of what it means to be a counselor, which includes engaging in their training and gaining personal understanding of what they feel being a counselor means (Carruth, Cole, Oberman, & Woodside, 2007).

The theme of learning also emerged, a reflection of these participants' love for learning in general, but also learning all the counseling skills and the desire to continue to learn about the self (Carruth, Cole, Oberman, & Woodside, 2007). The theme of boundaries was something that

came up for the participants, as a constant battle and challenge to navigate. The theme of differences emerged from the interviews in a variety of contexts including: diversity among classmates, the unique experiences of each person, and differences and changes experienced within the self over time.

Advanced student phase. The next phase, which occurs closer to the end of training, is referred to as the advanced student phase. According to Rønnestad & Skovholt (2003), "The central task at this phase is to function as a basic established/professional" (p. 14). In this phase, students are expected to be conducting their work at a professional level. During this phase, the student is farther along in their training, and often feeling more comfortable than the prior phase, yet still tend to feel vulnerable. The performance pressure to be perfect, not make mistakes, and meet expectations is often eased through validation of either a more seasoned professional or positive feedback from the clients. During this phase of development, this pressure also contributes to lack in creative risk-taking, humor, play, etc.

Novice professional phase. The fourth phase is the novice professional phase. This time period refers to the first couple of years as a practicing professional after graduating when the new professional is adjusting to more independence in their work (Rønnestad & Skovholt, 2003). Participants in this phase expressed feeling a sense of freedom, an increased ability to engage in more complex work, and were able to recognize their own improved skills and relationships with clients. Counselors in this phase reported experiencing a sense of disillusionment when confronted with certain challenges in their work, and often wondered if they were prepared enough to do the work without the external support they received in the student phases (Rønnestad & Skovholt, 2003, p. 17). This is also the phase where counselors realize the importance of bringing their personality and personal identity into their work with clients, which

is important for integrating their personal and professional selves while developing their professional identity.

Experienced professional phase. After working in the field for at least five years or so, clinicians are considered to be in the experienced professional phase (Rønnestad & Skovholt, 2003). This phase is considered to be the general period of time when the counselor has been working in the field and have held a variety of jobs and positions at different settings. These different experiences lead the experienced counselor to gain a solid awareness of his or her own preferences for setting, population, etc. Generally during this phase, professional counselors experience increased confidence in their ability to do the work and comfort with their work and decision-making. Participants in this phase also reported an increased ability to form effective therapeutic relationships with their clients. The most important identified task in this phase is, "…To create a counseling/therapy role which is highly congruent with the individual's self-perceptions (including values, interests, attitudes), and which makes it possible for the practitioner to apply his or her professional competence in an authentic way" (Rønnestad & Skovholt, 2003, p. 20). Participants in this phase often reflect on their own interpersonal experiences and knowledge to utilize this in their work; recognizing that personal experiences can both positively and negatively impact their work with clients. The reflection process is key to helping counselors continue to grow and learn from experience, rather than becoming stagnant.

Senior professional phase. The final phase of this model is the senior professional phase (Rønnestad & Skovholt, 2003). In this phase, the professional has been working in the field between 20-25 years. People in this phase tend to have had many life experiences that have influenced their work and are viewed as leaders in the field. The main difference between this phase and the prior stage is the years of experience. People at this stage either feel satisfied with

their work and experience feelings of competence, or sometimes they can feel outdated and bored, which can cause stagnation in their work. Other researchers have expanded upon this theory, and further investigated developing counselors in specific phases.

Path to expertise. Skovholt and Jennings (2005) utilized prior research to develop four signposts on the developing counselor's path to expertise. The first signpost serves as a reminder that being an effective professional counselor takes a long time and is a process (Skovholt & Jennings, 2005). The second signpost addresses the importance of clinical experience; their environment must be conducive for the clinician's continued growth and learning and serve as a place where exploration of their professional identity through constant reflection can take place (Skovholt & Jennings, 2005). The third signpost reassures the new counselor that is okay to be structured and utilize support in the exploration of uncertainty, in this ambiguous career, because structure can relieve anxiety (Skovholt & Jennings, 2005). The last signpost discusses the relationship and similarity among the growth of the personal life stages and the professional life stages. This signpost serves to reassure the beginning counselor that it is normal to be insecure and anxious, and that they will grow to be more comfortable and competent from experience over the development process (Skovholt & Jennings, 2005).

Master therapists. Jennings and Skovholt (1999) studied the characteristics and qualities among master therapists that make them effective in their work. Jennings and Skovholt (1999) interviewed professionals who were considered to be, "The best of the best of mental health practitioners" (p. 3) by their colleagues. Their findings closely resembled the Rønnestad and Skovholt's (1995) stages and themes of the counselor development theory (Jennings & Skovholt, 1999). Their findings led to the creation of eight identified categories that illustrate the factors

that the masters had in common. These findings were organized into three domains: the cognitive domain, the emotional domain, and the relational domain.

The cognitive domain categories reflected their willingness and desire to continue to learn, the quality (not necessarily quantity) of their work experience in the field, the complexity of their work, and their ability to tolerate and embrace ambiguity in their work (Jennings & Skovholt, 1999). The categories under the emotional domain reflected self-awareness and maintenance of their own mental and emotional health, and their awareness of the impact that their own health could have on their work with clients (Jennings & Skovholt, 1999). The theme of being congruent in personal and professional lives emerged again in the literature as a characteristic in the emotional domain that these master therapists exhibit (Jennings & Skovholt, 1999). The relational domain addresses how master therapists were skilled at relationship-building and able to recognize the importance of the therapeutic relationship in their work (Jennings & Skovholt, 1999). These therapists were self-aware, shared a desire to continue to learn, and were congruent in how they acted in these three domains in both their personal and professional lives (Jennings & Skovholt, 1999). It is important to know these different factors so they can be kept in mind as clinicians journey towards expertise.

Professional Identity Development

Gibson, Dollarhide, and Moss (2010) studied the professional identity development of counselors. They defined professional identity development as, "The successful integration of personal attributes and professional training in the context of a professional community" (p. 23-24). Three themes were found present in most definitions of counselors' professional identity development: "self-labeling as a professional, integration of skills and attitudes as a professional, and a perception of context in a professional community" (Gibson, Dollarhide, & Moss, 2010, p.

21). Coppock (2012), a working professional counselor and counselor educator, believed that professional identity is a process that happens and is established over a long period of time. Coppock (2012) reported that counselor educators and supervisors, in most states, are required to be licensed professional counselors (LPCs). This requirement helps professional counselors in training develop a more "clear professional identity" (p. 1). This section will further discuss several theories about the process of counselor professional identity development.

Gibson, Dollarhide, and Moss (2010) focused on the professional identity development of counselors enrolled in graduate school training programs. Their results indicated that this period of growth consists of both an intrapersonal and interpersonal process that occurs during their education (Gibson, Dollarhide, & Moss, 2010). Gibson, Dollarhide, and Moss (2010) found that it was both external and internal influences that contributed to the growth in the development from student to a working professional. It is considered to be an intrapersonal process, because the student takes in information about themselves and their skills, while also receiving feedback that influences their thoughts and growth (Gibson, Dollarhide, & Moss, 2010). The interpersonal part of their growth occurs as they become a part of the professional community and take on roles and responsibilities in the field (Gibson, Dollarhide, & Moss, 2010). The environment in which counselors work, the clinical experiences they have, and the people (e.g. supervisors, colleagues, teachers) who are part of their experiences all help to shape their professional identity development (Gibson, Dollarhide, & Moss, 2010). Counselors are socialized into the field, when they are still in training, they have guidance helping them discover how to apply theory into practice. As counselors develop and are no longer students, they receive less external assistance and validation, and must learn to trust and validate themselves (Rønnestad & Skovholt, 2003). Their professional identity becomes more clear when they are able to develop

an internal locus for evaluation (Gibson, Dollarhide, & Moss, 2010). Moss, Gibson, and Dollarhide (2014) conducted another study, which investigated counselors' professional identity at all different levels and points in their careers.

Moss, Gibson, and Dollarhide (2014) conducted six focus groups of 26 counselors at all different levels whom worked in a variety of settings. Their goal was to discover how counselors' professional identity evolved as they became more experienced in the field. Their results led to the formation of a theory of transformational tasks of professional identity development as they moved through the developmental phases (Moss, Gibson, & Dollarhide 2014). This theory consisted of six themes that shaped counselors as they developed including: adjustment to expectations, confidence and freedom, separation versus integration, experienced guide, continuous learning, and work with clients.

Adjustment to expectations. The first theme, adjustment to expectations, was influential in counselors' professional development because beginners tend to emerge into the field with idealistic beliefs about their jobs (Moss, Gibson, & Dollarhide, 2014). They reported feeling shocked by the reality of their tasks and overwhelmed by the amount of paperwork and administrative work they were required to complete. They experienced less guidance and more independence as novice professionals (Ronnestad & Skovholt, 2003), yet they were being exposed to new responsibilities that they had not been familiar with in their training. Beginners also felt frustrated with some of the system issues they were not aware of prior to working, such as insurance issues and lack of organization within agencies (Moss, Gibson, & Dollarhide, 2014). Counselors with more experience still felt influenced by this theme. While they felt less shocked about the realities of their duties, they still reported that the non-counseling tasks they had to engage in impacted their satisfaction levels at their work places.

Confidence and freedom. The next theme, confidence and freedom, speaks to the increased sense of confidence and freedom counseling professionals gained in their work as they became more experienced (Moss, Gibson, & Dollarhide, 2014). Beginners reported feelings of self-doubt and lacked confidence in their abilities (Moss, Gibson, & Dollarhide, 2014). This finding aligns with Ronnestad and Skovholt's (1992, 2003) belief that beginners oftentimes feel uncertain and anxious in regards to their ability to be good counselors. These beginners relied heavily on theories, approaches, and models they learned in school to reduce performance anxiety and to increase feelings of effectiveness (Moss, Gibson, & Dollarhide, 2014; Ronnestad & Skovholt, 1992, 2003). Beginners operated under the belief that they had to be able to work with any and all issues that arose and felt discouraged when they were unable to do so. In this study, more experienced individuals reported understanding that they cannot help every client with every issue. When necessary, they made referrals to other people with different areas of expertise, in order to help their clients receive the best care possible. More experienced counselors felt free to make mistakes and were better able to learn from them and embrace them, rather than have them impact their sense of worth as a professional.

Separation vs. integration. The theme of separation versus integration was an especially influential factor in clinician's professional identity development (Moss, Gibson, & Dollarhide, 2014). This theme emerged from the finding that less experienced counselors held their professional and personal identities separate from one another, and more experienced counselors had merged them into one identity - leading to a more solidified and coherent professional identity (Dollarhide & Moss, & Gibson, 2014). In general, beginning counselors, believed that work and personal life needed to be completely separate in order to achieve a work/life balance. Counselors with more experience had integrated their professional and personal attributes,

values, and morals into one coherent professional identity. While counselors' roles may vary in different contexts of their lives, their professional identity still merged with their personal identity to bring their authentic self into their work. The more experienced counselors reported that they utilized their personal experiences in their work and were aware of how it impacted them in their work.

Experienced guide. The next theme that emerged was the experienced guide (Moss, Gibson, & Dollarhide, 2014). As discussed in Ronnestad and Skovholt's (2003) phase model, beginning counselors rely on external feedback, validation, and guides such as educators, mentors, and supervisors for evaluation, support, and advice. Beginning counselors in this study affirmed this research in their experience in this phase (Moss, Gibson, & Dollarhide, 2014). They relied heavily on more experienced professionals for ideas, validation, reassurance, and feedback. This theme emerged from the shift in how counselors receive support and ideas as they develop. Experienced counselors still valued and engaged in supervision. This supervision often involved equal power relationships where ideas were exchanged and peers supported one another. This supervision was important in gaining fresh perspectives and processing experiences, and the strengths of all the peers involved were utilized to help one another.

Continuous learning. Continuous learning was a theme highly valued by counselors with all levels of experience (Moss, Gibson, & Dollarhide, 2014). Counselors all recognized the importance of continuing to engage in trainings and learning on a regular basis. Increased exposure to new ideas and perspectives evolved and shifted counselors' professional identity. Counselors formed new opinions based on the information they learned and added tools to their toolboxes, which informed their personal lenses and took part in shaping counselor professional identity. Beginners in this study were more open to any and all trainings available and accessible

in this field, in order to help them learn and evolve. They were more open to allowing their views and perspectives to shift as they learned a broad scope of information. Counselors with more experience expressed interest in engaging in more specific and specialized trainings. They wanted to hone in on specific skills and approaches, and were more rigid about the idea of embracing new perspectives that may shift their professional identity.

Work with clients. The final theme, work with clients, emerged because novice counselors and more experienced counselors all reported that the most influential factor on their professional identity development had been their clinical experiences with clients (Moss, Gibson, & Dollarhide, 2014). Working with clients was the most meaningful part of their development. Counselors at all levels were able to identify important moments, stories, and successes with their clients that helped shape their professional identity development. The results of this study indicated that the last three themes: experienced guide, continuous learning, and work with clients were the factors that helped counselors adjust their expectations of the profession, become more confident, embrace the freedom in their work, and develop an integrated professional identity.

Other professional identity development theories. Other professionals also developed theories about counselors' professional identity development, grounded in Ronnestad and Skovholt's models (1992, 2003). Spruill and Benshoff's (2000) theory building phases are based off the three broad stages from Rønnestad and Skovholt's (1992) original stage model. These phases were developed based on the experiences of students in both beginning and advanced stages of their graduate training (Spruill & Benshoff, 2000). These theorists believed that it was important for graduate students to develop and figure out their own personal counseling theory early in their development, in order to help them develop a stronger professional identity and

framework (Spruill & Benshoff, 2000). They argued that this would improve student's effectiveness as a counselor by finding where their work is grounded and what theory resonated with their personal style. This model takes into account personal values, beliefs, and personal identity traits, and combines it with the knowledge and theories that resonate from counselors' formal training, in order to find the most fitting personal theory of counseling for the developing clinician (Spruill & Benshoff, 2000). These theorists believed that integrating more theory building early on in a counselor's professional development would allow for a smoother transition into becoming a practicing professional (Spruill & Benshoff, 2000). Discovering and utilizing theoretical frameworks is one of the many tasks that therapists consider important in the professional development of counselors.

Developing a Theoretical Framework for Counseling

Theoretical frameworks are important in our work because they provide counselors with a framework to conceptualize clients, increase insight into clinical issues, provide helpful interventions, and serve as a way of assessing treatment outcomes and effectiveness (Hinkle, Schermer, & Beasley, 2015). Hinkle, Schermer, and Beasley, all professors of an introductory counseling theories course, investigated the development process of counseling-related beliefs for a sample of 17 students over the course of a semester long class (2015). They looked at how and why students' beliefs shifted and evolved over the course of the semester. While they did not use specific theoretical frameworks in this study, the themes identified were all indicative of beliefs that aligned with different frameworks.

These researchers concluded that choosing a counseling theory is a complex process, which is unique for each student (Hinkle, Schermer, & Beasley, 2015). Students were found to evolve over the course of the semester; students who shared similar perspectives initially regarding

counseling and working with people did not share the same beliefs by the end of the semester. All these students were in the same class and learned the same information, but had their own opinions and ideas about the theories that were integrated into their belief systems.

During the course of this semester, students had experiences in their class, with their educators, and in their personal lives that evolved their beliefs (Hinkle, Schermer, & Beasley, 2015). Students' personal values and beliefs were dominant factors that informed their theoretical beliefs. The investigators also found that the theoretical frameworks the students identified most closely with aligned with their own personal cognitive and emotional styles. This study encouraged students to keep an open mind as they learned about the theoretical frameworks and to allow themselves to continue to change, evolve, and embrace new information as they were exposed to new experiences. However, education is just one factor that contributes to the development of a theoretical framework.

John Norcross and James Prochaska (1983) surveyed 479 clinical psychologists about how they selected their theoretical frameworks, utilized their theoretical frameworks, and their perception of the efficacy of their chosen frameworks in their clinical work. They were more interested in the process of choosing a framework and how it impacted their work than the specific framework the clinicians utilized. Their findings showed that the three most influential factors in selecting a theoretical framework were clinical experience, personal values and philosophy, and graduate training in that order. There were subtle differences among clinicians with varying experience levels in how much each of these factors influenced their theoretical framework, such as less experienced counselors were more influenced by graduate training and their internship training, whereas more experienced clinicians felt their clinical experiences in the field predominantly shaped their theoretical frameworks. The results also indicated that,

"Theoretical orientation was perceived as the most efficacious variable influencing therapeutic practice" (Norcross & Prochaska, 1983, p. 202). Clinicians felt that their theoretical frameworks had been effective in helping clients achieve their goals and desired outcomes. The therapists in this study placed a lot of value on their theoretical orientations in their work, which likely impacted the next finding discussed below.

Norcross & Prochaska (1983) found that most clinicians, regardless of experience, were pleased with their theoretical frameworks. The therapists used their theoretical frameworks to inform their interventions and conceptualization of their cases on a consistent basis. The majority of the participants' personal philosophies aligned with their frameworks, which contributed to their satisfaction level (Norcross & Prochaska, 1983). While relationships are considered to be the most important factor for change in therapy (Ivey, D'Andrea, & Ivey, 2012), no matter the approach, theoretical framework clearly proved to be an influential factor. The last finding relevant to this thesis was that people who were considered to embrace eclectic or integrative approaches were more influenced by the clients in the population they were working with, and people who were grounded in specific frameworks were influenced by their understanding and view of the theories (Norcross & Prochaska, 1983).

Ivey, D'Andrea, and Ivey (2012) discussed how utilizing a mixed approach is often viewed poorly by many clinicians in the counseling field. Clinicians often believed that therapists who used more than one theory in one approach led to a weak rationale for their decisions, actions, and interventions (Ivey, D'Andrea, & Ivey, 2012). However, it was argued that when therapists are able to integrate and utilize parts of approaches in a coherent way, with identified purpose and accurate knowledge, that integrative approaches have the potential to be very effective in treating clients.

D'Andrea, Ivey, and Ivey (2012) cautioned educators to avoid putting their theoretical frameworks onto their students, because it is common that students take on the theoretical orientations of those educating them. However, it is important students find an approach that fits their personal style. Ivey, D'Andrea, and Ivey wrote, "It is important we all listen, learn, and be willing to accommodate alternative perspectives and challenge new theories as counseling and psychotherapy continue to evolve" (2012, p. 685).

An integrative approach. Throughout this thesis, I address my integrative approach used during my practicum. While I utilized a wide variety of approaches in my cases, I most often utilized humanistic-existential theory, cognitive behavioral therapy, and mindfulness techniques. The literature describes a humanistic-existential approach to be one in which the therapist utilizes the humanistic core conditions of warmth, positive regard, empathy, authenticity, and consistency on their shared journey with the client in helping them discover meaning in the world (Rogers, 1961). There is a focus on re-establishing a connection to the self and others, to help the client find purpose and direction to create a more satisfying life (Rogers, 1961). This approach is process-oriented and the therapist helps clients discover their internal locus of control, so they realize they can determine their future and access their fullest potential in life (Ivey, D'Andrea, & Ivey, 2012). Similar to many other theoretical approaches, the relationship is the most important factor for change.

Cognitive behavioral therapy (CBT) was another approach I used with every client. CBT operates under the assumption that shifting clients' thought processes shifts their behavioral patterns and vice versa (Ivey, D'Andrea, & Ivey, 2012). This is an evidenced-based theory that was listed as one of the most effective therapy modalities to utilize with clients who have a wide variety of diagnoses (Seligman & Reichenberg, 2016). It is a goal-focused approach, which

focuses on achieving measurable and observable change. This framework teaches clients skills, and utilizes techniques and interventions to help clients learn how to cope and intervene in response to maladaptive thoughts and patterns (Ivey, D'Andrea, & Ivey, 2012). Mindfulness techniques are also proven to be effective in helping clients become more aware of their negative thoughts.

Mindfulness and CBT have been proven effective together in clients suffering from several mood and anxiety disorders (Seligman & Reichenberg, 2016). Mindfulness is a major component of the behavioral therapies, such as CBT and Dialectical-Behavioral Therapy (DBT). Mindfulness focuses on observing one's own subjective experience of the present moment (Ivey, D'Andrea, & Ivey, 2012). Clients learn to observe what happens in their body and mind to help increase their self and body awareness, so they can respond in a productive way. Mindfulness training helps clients notice their thoughts in a non-judgmental fashion, which helps the brain create new cognitive processes that do not feed patterns of reactivity (Ivey, D'Andrea, & Ivey, 2012). DBT focuses on teaching skills that lead to behavior change and promote acceptance (Robins & Rosenthal, in press). Mindfulness is taught and utilized in each of the three modules used in DBT, which include: Distress Tolerance Skills module, Emotional Regulation Skills module, and the Interpersonal Skills module. While mindfulness is a key component of DBT, my work primarily integrated CBT and mindfulness techniques.

Mindfulness is an inroad into becoming aware of one's own experience so it can be better understood (Ivey, D'Andrea, & Ivey, 2012). Mindfulness promotes awareness of the present moment, which then allows clients to realize it is necessary to take action and intervene using their CBT skills. CBT helps clients learn more helpful ways to respond to their thoughts and emotions (Ivey, D'Andrea, & Ivey, 2012). Present moment experiencing helps clients avoid

dwelling or worrying, therefore helping them to regulate their emotions, and become more adaptable in times of adversity or change (Ivey, D'Andrea, & Ivey, 2012). At the end of my training, I used mindfulness in conjunction with several family counseling theories I began to implement at the end of my training.

Identifying a theoretical framework is a process, which can be solidified at different points in counselors' careers. While I embraced an integrative counseling theoretical framework during my practicum, I found that my DMT theoretical orientation was more solid. I felt grounded in one particular approach that integrated my personal and professional attributes, morals, values, and personality.

Theoretical Framework as a Dance/Movement Therapist

Dance/movement therapy (DMT) is grounded in humanism (Sandel, Chaiklin, & Lohn, 1993). It is a process-oriented type of therapy that utilizes the body/mind connection to restore and improve functioning. Marian Chace, one the pioneers of DMT wrote, "Dance therapy is the specific use of rhythmic body action employed as a tool in the rehabilitation of patients in present day institutions…a purposeful and knowledgeable use of expressive action as a potent means of direct communication" (Sandel, Chaiklin, & Lohn, 1993, p. 247). It combines verbal and nonverbal communication to assist clients in feeling safe to express their thoughts and feelings, connect in relationship to the self and others, improve their perceptions of their body and the self, and achieve a more satisfying level of functioning and overall quality of life (Sandel, Chaiklin, & Lohn, 1993). Chaiklin and Wengrower (2009) reported that DMT's effectiveness works by processing information in the body that surfaces through movement; gaining a better understanding of experiences from the past that could have led to negative

internalized messages and caused distress and dysfunction. Behavioral patterns are often illuminated through DMT, and internal experiences are externally expressed.

Chaiklin & Wengrower (2009) commented on the importance of integrating movement into psychotherapy and stated, "To include movement and dance in psychotherapy reminds us that we are continuously evolving and therefore we are, by being. The dance, like a metaphor reminds us that we are permanently changing, even though we may not always nor immediately achieve the changes we long for" (p. 48). Moving reminds us that we are not stuck and there are possibilities for change. DMT brings the body into exploration to experience the mind/body connection, and increases awareness of the self and how the self interacts with the environment (Chaiklin & Wengrower, 2009). Chace's main goal in her work was congruent communication, and helping clients feel understood, so that they felt safe to express themselves and remove verbal barriers and defenses that interfered with their mental health (Chaiklin & Wengrower, 2009). Chace believed that dance is a way of communicating, which fulfills a basic human need (Sandel, Chaiklin, & Lohn, 1993). There are four main concepts included in Chace's work including: body action, symbolism, therapeutic movement relationship, and rhythmic group activity (Chaiklin & Schmais, 1979).

Body action occurs when clients start to move their bodies (Chaiklin & Schmais, 1979). This warms up their bodies and minds, and helps them become aware of the emotions arising and their internal experiences in the present moment. Symbolism helps to externalize inner thoughts, feelings, and experiences of the clients through symbolic action. Symbols tend to surface images, memories, and material from the clients that are important in their recovery process. Therapists help clients identify the underlying issues that arise by helping them understand the meaning of the symbol and using movement, action, and imagination to discover resolutions.

The therapeutic movement relationship is considered the driving factor for change (Chaiklin & Schmais, 1979). The therapeutic relationship involves verbal and nonverbal communication to create a deeper connection between therapist and client and gain a better understanding of the client's experience. The therapist uses the body as a tool to increase their understanding of the clients' experiences, inform their own responses and reflections of clients' experiences, better attune to the client's needs, and assess for change. The movement lens breaks down the barrier of verbal communication and creates a sense of trust within the relationship, which allows the process of therapy to flow authentically.

The last concept is rhythmic group activity. This happens when people make rhythm and move together. This concept helps clients feel more connected to one another and promotes interactions with others, body and self-awareness, and acceptance of the self and others. It is a shared experience that connects people in the present moment, because rhythm is often organizing and grounding for clients (Chaiklin & Schmais, 1979).

Chace's work allows for creative freedom and improvisation within a structured environment. Chace's structure was: warm-up, theme development, and closure (Chaiklin & Schmais, 1979). The warm-up gets the body and the mind stimulated and includes body action. The warm-up tends to surface emotional material that leads to the development of theme; this is the portion of the session where symbols arise. Then, in the closing part of the session the experience is processed. The therapist acts as the container of the experience and uses the movement qualities of clients to inform how they move, interact with the clients, and helps the client expand their movement repertoire. In this approach, "Movement explorations are designed by capturing themes or issues patients show in their postures, gestures, attitudes, movement, and speech" (Chaiklin, & Wengrower, 2009, p. 48). Interventions are created in the present moment based

upon what arises from clients in the session. As someone who is empathic by nature, believes that movement is an essential part of treatment, and who enjoys working with clients in the here and now; this approach aligned with my personal and professional values and attributes.

The Integration of Professional and Personal Identity

Siegel (1999) defined the process of integration as, " linking differentiated parts into a functioning whole" (p. 9). This definition is applicable for professional identity development, because as counselors gain experience their roles, in both their personal and professional life, become integrated. Skovholt & Rønnestad (1992) stated, "Events in your personal life, either positive or negative, can be a source of influence" (p. 159). This theory suggests that the expression of a developing counselor's personal identity is also important in professional identity development. These initially separate roles merge over time in ways that make clinicians more effective in their work. The process of integration is consistently referred to in the literature as a way to describe how parts of the personal and professional self are linked together to create a professional identity.

Skovholt & Starkey (2010) stated that, "Integration of the practitioner's personal and professional lives is essential because then the work becomes an expression of one's total being" (p. 129). Skovholt & Starkey (2010) also stated that the three vital sources for professional identity development are "practice, research/theory, and personal life" (p. 125). They refer to these three ways practitioners gain knowledge and insight into their work as "the learning stool," and each of these sources of knowledge are considered one of the three legs crucial to the growth and expertise of the professional counselor (Skovholt & Starkey, 2010). The practice leg of this stool is particularly important because it involves the training, supervision, and clinical/work experience of the counselor (Skovholt & Starkey, 2010). It was found that working with clients

is the most important part of professional development, because it helps the professional counselor gain experience doing the work and helps them understand how to apply the knowledge they learned from training and research to actual people (Skovholt & Starkey, 2010). Research is important to increase the therapist's knowledge about theories and approaches that are useful and effective with clients (Skovholt & Starkey, 2010). Research provides an underlying structure for the work the therapist does with the client, and provides evidence that can bring more objectivity to this often very subjective work (Skovholt & Starkey, 2010). The third leg, personal life, is an important source of knowledge for the clinician because their own experience helps them relate to the client and better understand their struggles, which increases their ability to empathize with the client and their experiences (Skovholt & Starkey, 2010).

One of the crucial tasks of the experienced professional phase of development is to develop a sense of congruence between the self and the work (Rønnestad & Skovholt, 2003). According to Rogers (1961), the founder of the humanistic approach to therapy, being congruent with one's true self is one of most important conditions for a therapist to be effective, and in building strong therapeutic relationships with clients. He discussed congruency as something that occurs when a person's inner authentic self matches up with what the person presents and expresses (Rogers, 1961). Similarly, career counseling theorist John L. Holland, believed that congruency between the personal and professional self leads to increased career satisfaction (1992).

Personality Type in Career Development

Holland (1992) believed that the career a person chooses should be congruent with their personality type. Holland identified the six personality types as: realistic, investigative, artistic, conventional, social, and enterprising (Holland, 1992). People who have a realistic personality type tend to prefer working in professions that require tools and working with machinery; they

do not tend to be satisfied in professions that involve a lot of social interaction. People who are investigative tend to enjoy problem solving and discovery in their work; these people tend to find the most satisfaction in science or math related careers. People with artistic personalities tend to value and enjoy engaging in the arts; they tend to be happier in more creative roles that allow for more expressive activity in their professional roles. People who have more conventional oriented personalities tend to work well in roles that involve structure, planning, and using numbers or records. These individuals tend to be organized and planned people. People with social personalities tend to enjoy working with others, and oftentimes work in helping professions; they tend to be friendly and outgoing. People who are enterprising also tend to be more sociable, but enjoy persuading and selling as a part of their work; these people tend to enjoy leading and value success in the work place. Holland believed that people generally have one or several dominant personality types, which are telling of the most fitting types of careers for those people (Holland, 1992).

Zunker (2016) used the following example to further illustrate this theory, "Social personality types, for example, prefer environments that provide social interaction, concerns with social problems, and interest in educational activities" (p. 28). Professional counselors work with and help people, so if social is not one of the counselor's main personality types, this job may not be particularly fitting or enjoyable for them (Zunker, 2016). Personal life and practitioner experience are considered two of the three main sources that "provide strength and balance" for the practitioner (Skovholt & Starkey, 2010, p. 125). People in the helping field, more specifically creative arts therapy, mostly score high in the social and artistic domains. Creative arts therapists utilize creativity as a medium to help others. Combining their love for the arts and helping others

is what leads to their job satisfaction. However, learning how to integrate these parts of their personalities into their professional identity development is a process that occurs as they develop.

The Developing Creative Arts Therapist

Hod Orkibi (2011) specifically studied the professional development of creative arts therapists (CATs) at the graduate student level. This study utilized a mixed methods approach to better understand and explain this process for a mixed sample made up of 51 DMT, art therapy (AT), and drama therapy (DT) students. Orkibi (2011) used Rønnestad and Skovholt's (2003) six-phase model for counselor development theory as the underlying theory in conceptualizing creative arts therapists' development in this study. Orkibi (2011) explored and then explained how results were similar and different from the phase model for creative arts therapists in the beginning and advanced student phases of development.

In the beginning student phase, dimensions of this phase were both confirmed and challenged by the results of this study. In the beginning student phase, students typically question whether the counseling field is a good fit for them (Rønnestad and Skovholt, 2003). In this study, the results indicated that CATs felt confident in their decision to be in the helping field (Orkibi, 2011). While beginning CAT students in this study did not question whether or not they should be in the helping profession, they struggled with applying theory into practice. Applying the arts modalities into their practice provoked anxiety, uncertainty, and confusion for these students (Orkibi, 2011). Similar to counseling students in the beginning phase of development, CATs relied on approaches and techniques learned in school as a way to reduce anxiety and decrease feelings of insecurity in the beginning of their fieldwork (Orkibi, 2011). These results indicated that while beginning CATs relied on familiar techniques at the beginning of their fieldwork, they did not stick to them in the same rigid manner as beginning students in the broader counseling

field. Okibi (2011) wrote, "… Most students felt they were flexible, maintained an attitude of openness, and followed their intuition when applying new approaches in practicum" (p. 139). This may be due to the creative nature of this field, because these students were trained to take creative risks.

In this phase, beginning students rely heavily on external validation and support from their supervisors (Rønnestad and Skovholt, 2003). While CATs in this study reported that supervision had been effective and helpful, the findings reported that some of them were more self-reliant and able to feel confident through their own internal locus of evaluation in comparison to counselors in this phase (Orkibi, 2011). Also, AT and DMT students found that engaging in their art form outside of training and the work setting had positive effects on their clinical work (Orkibi, 2011). Engaging in their personal art-making kept the students more creative and allowed them to feel more confident, authentic, open, and flexible when integrating the arts into their professional work (Orkibi, 2011). In this phase, all CAT students were able to witness and have an increased understanding of the healing power of their medium (Orkibi, 2011). Students exposed to other CAT modalities beyond their own were also were able to understand the healing power of the other mediums (Orkbi, 2011). These were all factors that contributed to the CAT students' professional development in this phase.

In the advanced student phase, students strive to act and perform at a professional level at their clinical internship (Rønnestad and Skovholt, 2003). In this phase, CAT students endorsed feeling concerned with completing their practicum hours and receiving adequate supervision, which are tasks identified by the six-phase model for the advanced student phase (Orkibi, 2011; Ronnestand & Skovholt, 2003). One of the main differences between interdisciplinary CAT students and counselors in this phase was that CAT students were not as preoccupied with

making mistakes (Orkibi, 2011). Typically in this phase, counseling students fear making mistakes, which hinders their ability to be open and bring creativity into their work (Ronnestad & Skovholt, 2003). Orkibi (2011) suggested that spontaneity, playfulness, and creativity are engrained in the CAT theories, which helps CAT students be more flexible in their professional roles. CAT students tend to be more exploratory and process-oriented in nature and felt more comfortable disclosing mistakes, because they were viewed as opportunities for growth. In this phase, students are working in clinical settings where they interact with professionals in the field on a regular basis (Orkibi, 2011). These interactions help foster professional identity for students, as they are immersed into the culture and socialized into the community (Orkibi, 2011).

In the advanced student phase, students generally view their professional and personal identities as two separate entities (Ronnestad & Skovholt, 2003). CAT students in this phase more commonly reflected on the role their personality and personal attributes played in their professional work (Orkibi, 2011). This contributed to the significant increase in professional identity of these students over the course of their training (Orkibi, 2011).

Orkibi (2011) found a direct correlation between the increased commitment and professional identity as CAT students advanced in their training. Orkibi (2011) stated, "A final conclusion is that engagement in one's artistic process, exposure to other modalities in training, and professional socialization with experienced practitioners in the field not only reinforced students' belief in arts as therapy, but also cultivated their individual and collective sense of professional identity as well as their sense of belonging to the wider CAT community of practice" (p. 159). DMT, AT, and DT students all experienced an increase in their professional identity by the end of their training, but DMT students were found to experience the largest increase in professional identity development.

The Developing Dance/Movement Therapist

Orkibi (2011) found that DMT students experienced the largest increase in professional identity development over the course of the training. It was suggested that because DMT focuses on the body/mind connection that the DMT students may have been able to embody changes and adapt quicker than students in the other modalities (Orkibi, 2011). This section of the literature review will describe findings from several theses that contribute to the existing literature regarding the professional identity development of dance movement therapists. In the theses discussed below Jaquel Stokes (2013), Deva Connett (2011), and Elena Rezai (2013) all found that movement was stabilizing for them in their journeys through their beginning and advanced phases of development, and also that movement helped them better understand and become more confident in their professional roles as dance movement therapists.

Stokes (2013) sought to experience role identity integration through the body and mind. In her study, Stokes discussed how her experience as a dance/movement therapist helped her to integrate her personal and professional roles. Stokes (2013) explored how her spiritual and teacher role identities shaped her professional identity development as a beginning dance/movement therapist. Stokes reported engaging in Hackney's (2002) patterns of total body connectivity to discover how she was integrating her personal style, attributes, and experience into her professional role as a dance/movement therapist (Stokes, 2013). Stokes created an integrative dance piece about how she experienced her different roles, and her experience of Skovholt & Starkey's three legs (2010): practice, research/theory, and personal life. This movement piece helped her discover how she has combined and connected all the individual pieces of herself to create an integrated professional identity and how the roles influenced one another (Stokes, 2013). She reported that moving her experience helped her understand her own

process and evolution through the phases of development, and her transition to working as a new professional in the field (Stokes, 2013).

Stokes (2013) reported that movement provided her with a sense of stability that allowed her to feel more confident moving forward in the development process. Her findings showed that she was able to utilize Hackney's (2002) identified cross-lateral connectivity to help further understand how each of her roles and experiences contributed to her professional identity and counselor identity development (Stokes, 2013). Another thesis by Connett (2011), a novice professional dance/movement therapist, also utilized Hackney's patterns of total body connectivity to achieve a more integrated sense of self.

Connett (2011) focused her study on exploring and re-patterning through the use of the six developmental patterns of total body connectivity to achieve whole body integration. Connett engaged in an eight-week study, which involved individual movement exploration, movement coaching sessions, and journaling (Connett, 2011). Connett hoped that experiencing integration through the body would surface new insight and self-awareness that would help her feel confident bringing movement into sessions with clients (Conett, 2011). Connett also hoped that exploring and re-patterning these developmental patterns would create changes in her thinking and behavioral patterns that were barriers for her both personally and professionally (Connett, 2011).

Connett (2011) found that exploring and re-patterning these patterns of connectivity helped restore her belief in the power of movement and in her own professional identity. Connett (2011) expressed that throughout her beginning and advanced student phases of development there were many times of uncertainty regarding whether or not DMT was a fitting career path, which according to Ronnestad and Skovholt (2003) is considered normal for counselors in these phases

of development. Connett (2011) stated, "As I look at my journey in relationship to my feelings about being a dance/movement therapist, it seems as though my acceptance of the profession parallels my increased self-awareness and connection" (p. 81). Connett was able to become more flexible and adaptive in regards to her professional identity as a dance/movement therapist, rather than continuing to explore other professions. As she discovered the movement capabilities of her body parts she was able to recognize her own potential as a dance/movement therapist. Similarly to Stokes (2013), Connett was able to find her strength and stability through listening and connecting to her body.

Connett's (2011) findings clarified why it was important for me to use movement as part of my analysis in order to better understand my development process. Movement helped clarify her experiences and how her personal attributes and experiences were impacting her professionally. Connett was able to shift her thought and behavioral patterns based on information that surfaced through her movement explorations. Connett experienced physical and mental changes that allowed her to mobilize and become a more integrated mover and person. Her increased mobility from re-patterning helped her evolve her professional identity development, because she was no longer resistant to change, "The patterns of connectivity provided a structured and holistic way of tapping into and deepening my understanding of the power and meaning of movement in my life" (Connett, 2011, p. 64). This exploration helped Connett shift her perception of herself in her personal and professional life, and become more integrated as a dance/movement therapist. Hackney's patterns of total body connectivity also proved helpful in Elena Rezai's study about the interplay between her work as a dance/movement therapist and service within the Bahá'í community (Rezai, 2013).

Rezai (2013) engaged in a heuristic and artistic inquiry to explore how her service within the Bahá'í community and work as a dance/movement therapist integrated. Rezai had difficulty understanding how these two roles could merge. Rezai too utilized the patterns of total body connectivity to gain a better understanding of how these roles are integrating in her body and her life. Rezai found that practicing integration through patterns of total body connectivity helped her discover disconnections and imbalances in her body, which were barriers for her integration. Rezai utilized Laban Movement Analysis (LMA), which is a system used to assess and better understand peoples' movement qualities and preferences. These assessments and observations are informative of the internal experience of the mover.

Rezai discovered that learning to embrace a wider variety of movement qualities helped her become more integrated and more effective in both her roles. Rezai noticed how concepts such as improvisation are important in both of these roles. Improvising helped her learn to be more flexible and adaptive in both of her roles. As Rezai (2013) dove deeper into her exploration she discovered that over time, she no longer compartmentalized these roles. She realized how they were similar and affected one another. Rezai's movement performance showed her embodied experience of integration, and reflected the strong connection she had discovered between her body, mind, and spirit. This is evidence that Rezai was able to increase her professional identity as a dance/movement therapist through the use of movement, because she was able to integrate her personal and professional attributes into one coherent professional identity.

Conclusion

Research regarding counseling development theory clearly demonstrates that personal and professional factors are integrated over time and with experience to create a coherent counseling professional identity. Counselors experience different challenges, struggles, and tasks in each

phase, and transition to the next phase of development when they have completed those tasks. Coherence among personal and professional identity is key for the success of the therapy process, as well as for the development and expertise of the therapist to be a congruent individual across all areas of their lives (Jennings & Skovholt, 1999). Ronnestad and Skovholt's (2003) six-phase model was in many ways affirmed, but in other ways challenged by research focused on explaining the professional identity development of creative arts therapists (Orkibi, 2011).

In the existing literature, counselor development theory is discussed thoroughly. However, there is little information beyond master's theses regarding the development process of dance/movement therapists. It was suggested that dance/movement therapists likely discover their professional identity sooner than other creative arts therapists because of their unique movement lens (Orkibi, 2011). My study begins to outline some of the discrepancies between the professional identity development of counselors and dance/movement therapists.

The purpose of my study is to identify the story behind my professional identity development as a dance/movement therapist within the context of existing counselor development theory. The six-phase model (Ronnestad & Skovholt, 2003) described the tasks in each phase of development and what transitioned counselors to the next phase. However, there is a gap in the literature in how this transformation actually happens. My study illustrates how my development happened from the beginning student phase through my advanced student phase of development. I told my story to provide literature regarding how my clinical experiences shaped my professional identity development as a dance/movement therapist.

Chapter III: Methods

Methodology

This thesis utilized the heuristic methodology, which was first discussed and developed by Clark Moustakas (1961) in his book, *Loneliness*. Moustakas named this methodology from the Greek word heuriskein, which means "to discover or to find" (Moustakas, 1961). Moustakas's research was about seeking to discover more about the nature and meaning of a phenomenon as experienced by a researcher (Douglass & Moustakas, 1985). The heuristic methodology was described as the researcher's internal search to know and better understand a lived phenomenon (Douglass & Moustakas, 1985). Heuristic methodology was the best fit for this thesis, because my study involved me, as the researcher, attempting to make meaning of my clinical experiences in terms of how they have impacted my professional identity development as a dance/movement therapist. Moustakas developed the six phases of heuristic inquiry, which include: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. These phases guided my exploration, and will be expanded upon in the procedures section of this chapter.

When I started to create this study, I felt most grounded in the humanistic-existential theoretical framework. Many of the interventions I utilized helped my clients explore their meaning in the world. I focused on helping them reconnect their bodies' and minds to improve their overall functioning. I engaged in shared journeys with my clients to help them discover their internal locus of control so that they could access their true potential, and create more fulfilling and satisfying lives. This theoretical orientation and heuristic methodology align well, because both seek to understand the subjective human experience and to discover how the participant/client constructs meaning of those experiences (Ivey, D'Andrea, & Ivey, 2012). In

my heuristic study, I used data illustrating my clinical relationships and experiences to help me better understand how those interactions influenced my professional identity development. Similar to how the therapeutic movement relationship is a main agent for change for the client, I felt my clinical relationships shaped my development as a dance/movement therapist. This framework also places a strong emphasis on self-awareness and being true to oneself (Ivey, D'Andrea, & Ivey, 2012). This is key in the heuristic methodology, especially in a self-study, because the researcher investigates his or her lived experience.

Procedure

I utilized Moustakas's six phases of heuristic inquiry as the basis for my procedures. The steps I engaged in during my study directly corresponded to the specific tasks of each phase. In the first phase, *initial engagement,* the researcher reflects on a topic or phenomenon that they have a desire to understand on a deeper level (Arthur & Djuraskovic, 2011; Moustakas, 1990). This reflection process leads to the emergence of a research question that guides the inquiry (Moustakas, 1990). In this phase, the researcher designs the study with the hopes that the selected methods will be effective in helping them answer the research question (Moustakas, 1990). The *initial engagement* phase informed the first steps of my study. I reflected upon a human experience I wanted to learn more about. I identified that I wanted to gain a better understanding about my professional identity development as a dance/movement therapist. I then created my research question: How have my clinical experiences shaped my professional identity as a dance/movement therapist? I selected this question with the hopes that it would help me illuminate the narrative behind my professional identity development as a dance/movement therapist.

In the second phase, *immersion,* the researcher engages in the identified data collection

method, and becomes deeply involved in and connected to the experiences that arise during this process (Moustakas, 1990). My data consisted of my personal recollections of my clinical experiences. In this phase, I recollected my clinical experiences. I reflected upon the sessions, moments, lessons, and errors that felt particularly influential in my development as a therapist. I skimmed back through my clinical documentation for clarity about these cases and experiences and to recall specific details.

In the third phase, *incubation*, the researcher takes an intentional break and disengages from the study (Moustakas, 1990). It is important to have a period of time of detachment within the study so that the researcher can return to the study with an open mind regarding new insight and themes that may arise (Moustakas, 1990). I engaged in this break for one week after my internship and data collection was complete. This allowed me to detach from the thesis process and be mentally and physically present for other events in my life.

The fourth phase is *illumination*, where the researcher integrates back into the research process (Arthur & Djuraskovic, 2011; Moustakas, 1990). It is at this point in time where themes tend to emerge and the study develops clear direction, patterns, and qualities (Arthur & Djuraskovic, 2011; Moustakas, 1990). In my study, this phase marked the start of my data analysis process. There were several tasks involved in this phase. I started by reflecting on my data, so that I could narrow down the amount of clinical cases to hone in on and analyze. I identified three of my clinical cases that I felt most directly related to my research question. Then I responded to my structured journal questions (see Appendix A) utilizing my recollections about these three cases. While doing so, I used movement as a medium to deepen my understanding of and to clarify my responses. During this phase, I started to become aware of the ways in which these cases impacted my professional identity development as a dance/movement therapist.

The next phase is called *explication.* The task of this phase is to closely examine the data and identify the meaning of it (Arthur & Djuraskovic, 2011; Moustakas, 1990). During this phase, dominant themes become clear and the researcher decides what is important (Arthur & Djuraskovic, 2011; Moustakas, 1990). In this phase, rather than identifying specific themes, I identified the salient content from my journal responses. I closely examined my responses and extracted the necessary important information needed to answer my research question and construct my narrative. I then analyzed the role of any unexpected factors that seemed to have played a role and influenced my responses.

During the final stage, *creative synthesis,* the researcher creates a representation of his or her human experience in an artistic/creative form (Arthur & Djuraskovic, 2011; Moustakas, 1990). This creative representation is considered the final integration of the data, qualities, and themes (Arthur & Djuraskovic, 2011; Moustakas, 1990). This phase is where I constructed my narrative as my creative representation of my findings. My narrative was formatted into three mini narratives that tell the story of how each of my three identified cases impacted my professional identity development as a dance/movement therapist.

Participants. This was a self-study about a 23 year old, white, female graduate student. Due to the nature of this study, I was both the participant and the researcher.

Setting. I engaged in my personal data collection at my practicum site. This was the behavioral health unit that provided services to adults with chronic and acute mental illness. I engaged in the data analysis at my apartment, so all my materials were kept together and safe, and to limit any distractions while I engaged in my structured journaling and movement.

Data collection methods. The data consisted of my own personal recollections of my clinical experiences. I accessed existing documentation in order to refresh my own recollections of my

clinical experiences. This existing documentation included: progress notes, supervision notes, consultation notes, and personal journal notes. Based on these recollections, I identified three cases that stuck out in my memory and felt most influential to my story. I developed a set of structured journal questions as part of my data analysis, which served as supporting questions that helped me answer my overarching research question (see Appendix A)

Data analysis methods. I used Riessman's Narrative Analysis (Riessman, 1993) to analyze my data. I used narrative analysis to identify the underlying narrative, which answered my research question: How have my clinical experiences shaped my professional identity development as a dance/movement therapist? The data was analyzed in three steps. I used my recollections and memories from the three identified cases to answer and respond to the developed set of supporting questions (see Appendix A) through structured journaling. I used movement to help clarify and illuminate my responses. I then reflected on other unexpected influences that came into play, such as barriers and cultural factors. In my final step, I developed the narrative. I utilized the narrative storytelling style and formatted it into three mini-narratives that described how each of these cases influenced my professional identity development as a dance/movement therapist.

Validation strategies. I engaged in two different validation strategies over the course of my study. I engaged in a peer review or debriefing, which was identified as a method where people utilize external sources to check the validity of the study (Creswell, 2013). I engaged in a peer debriefing session with my thesis partner. Her role was to ask me difficult questions about the study and my narrative in order to ensure that it was honest, coherent, and representative of my experience (Creswell, 2013). This took place at the end of the *explication* phase of my study.

Secondly, I engaged in a resonance panel at Columbia College Chicago. This panel was made

up of three people who fit the criteria of: dance/movement therapist, had an understanding of my direct clinical experiences, and familiarity with professional identity development. I presented and read my written narrative to this resonance panel. I set aside an hour following this presentation to have adequate time to discuss with them their responses and assessment regarding whether my narrative answers my research question. This hour was necessary for me to receive any feedback to help ensure the validity of my narrative. This took place during the creative synthesis phase of my study.

Ethical Considerations. My raw data consisted of my own recollections of experiences with clients. Any information that could potentially expose their identities' was de-identified. I have given the clients false names unrelated to their actual names to ensure confidentiality. The focus of this study was on me and my growth, and parts of their stories were used only to illustrate my development.

Chapter IV: Results

My Mission

This heuristic inquiry intended to identify and tell the story of my professional identity development as a beginning dance/movement therapist. I used Riessman's Narrative Analysis method to analyze my chosen clinical cases and experiences. I engaged in this analysis with the hopes that a clear and meaningful story would emerge, which would detail how these particular clinical cases and experiences shaped my development thus far. Due to the nature of my study, I do not feel there was one objective answer to my research question: How have my clinical experiences shaped my professional identity as a dance/movement therapist? I was able to create a subjective narrative, made up of three mini narratives, which detailed how three of my clinical cases impacted my professional identity development. I believe the narrative that emerged over the course of the study honestly and thoroughly answered my research question in a meaningful way.

Narrative

Introduction. My caseload was full of inspiring people who had changed my life. Each and every one of my clients impacted my development both professionally and personally. Before beginning the analysis portion of this study, I felt flooded with memories that I wanted to share. There were memorable moments from sessions, success stories, difficult decisions and challenges, and trial and error experiences that came to mind when I reflected on how I transformed over the last year. Factors outside my practicum also affected my professional development such as: classes and education, outside research, and personal experiences. The difficult part was narrowing these experiences down, and choosing which cases were the most influential in shaping me as a professional.

I was forced to think critically about all my cases. The chosen cases were not necessarily the people I worked with for the longest amount of time or the only people that I felt impacted my development, but they were the ones who immediately came to mind when I thought about my authentic responses to my structured journal questions during my analysis process. Below are three mini narratives that detail how my clinical experiences with these cases shaped my professional identity development.

Case 1: My First Success Story. On August 31, 2016, Max arrived at my internship site. I was just starting off at my internship and he was one of the first intakes and mental health assessments I had the pleasure of observing. He was not the average client my internship site typically served. Max was a white, divorced, proud Irish man, who had suffered from a workplace accident a year prior. He was in a coma for three months after his accident and had to have part of his skull removed to relieve pressure. He was lucky to be alive. The accident left him with a traumatic brain injury (TBI), which caused him to experience memory loss and confusion, and mobility issues. Max experienced a lot of grief around his physical losses of mobility and limitations, loss of independence, and life as he knew it. He was diagnosed with major depressive disorder due to his reported symptoms of: depressed mood, apathy, negative thinking, feelings of worthlessness, and isolation from his friends and peers.

What initially stood out to me about Max was how drastically his life had changed after his traumatic accident. This was an athletic, competitive, and work-oriented man, who now spent his days watching TV and waiting around to be driven to his doctor appointments. I remember feeling sadness that ached through my whole body as I listened to him describe his presenting problem. He was dealing with loss on so many levels, and nothing in his life made him feel hopeful in terms of recovering. I couldn't imagine how he felt having to depend on other people

to help him fulfill his tasks of daily living, especially after 43 years of independence. There was something about his smile and presence that made me want to engage in his recovery journey with him. Max was warm and genuine, despite the tough guy demeanor he often portrayed. I could tell he had so much potential, and I wanted to help him access it.

I felt compelled to work with Max. Immediately after his intake, I was persistent in asking my supervisor at my internship if I could reach out and ask if he was interested in working with me. I felt he would be a good match for me, not only because of his attributes I described above, but because his trauma impacted both his body and his mind. I believed utilizing the body in treatment would be essential in his recovery, because much of his loss and pain was rooted in the changes and losses he experienced on a body level. I had learned about the effectiveness of dance/movement therapy (DMT) for people who have depression and TBIs in my training. One of my professors, Lisa Goldman, was the head of a rehabilitation center for people with brain injury, and she taught my class how movement can help to re-pattern and integrate the body and brain. I thought, "What better way to help him process and heal?" Weeks later he became my third client.

I ended up working with Max for approximately three months on a weekly basis. When he arrived for our first session on September 26, 2016, I was anxious and experiencing self-doubt. I had high hopes for what our work together would bring, but I feared that I would not be effective. He was skeptical because he had never worked with a mental health professional before. Because of this, I felt more pressure to prove myself. I wondered what he thought about me. I imagined that he thought, "How is this twenty-three year old, white girl from the suburbs going to help me?" However, these were my own insecurities. Through our work together, it became evident that he was never the one questioning my ability. This was the beginning of a

collaborative relationship and shared journey that helped us both develop and become more integrated humans.

In this first session, we worked together to create his individualized treatment plan. He stated that his goal was to "return to his mindset from before that accident." I wondered if this goal would shift over time. Max had undergone a lot of changes after his accident. How would it be possible to rewind time and return to his old mindset from before his accident? I believed that our experiences shift our perspectives and how we see the world. I believed it was important to be able to adapt in times of change and to be open to evolving. I kept this curiosity to myself; it was his treatment not mine.

We then created objectives to help him achieve his goal. After his accident, Max stopped doing many of the activities he enjoyed. This was partially because he felt limited physically, but also because of apathy. We decided that he should slowly and safely start to integrate activities that he used to do before the accident back into his routine. He used to play sports, engage socially with his friends on a regular basis, and he kept busy and active both mentally and physically. We agreed that 30 minutes of activities a week was an achievable and reasonable amount of time to aim for. Our next objective was for him to journal about his weekly activity. We agreed that this would be a way to help hold him accountable, but also a way to help process his thoughts and emotions as he started to add activity back into his daily life. I also hoped that if he ended up enjoying the journaling that he would start to expand upon what he included in his journal, and ideally it would serve as a tool to help jog his memory and reduce his confusion. His third objective was for him to bring in this journal each week to our sessions. This was important so that he could recall his experiences as he started to engage in different activities, and he could share and process these experiences with me.

The beginning of our work together was all about building rapport. As a clinician, I embodied humanistic qualities; my natural style and way of being was transparent, honest, caring, warm, accepting, and empathetic. This humanistic way of being was important to start to build trust and authenticity in our relationship. However, I did not immediately allow for my creative side to come through in our work. He was one of my first clients and I felt anxious in our first couple of sessions. I feared that if I started out with movement interventions he would likely be turned off from therapy.

In order to cope with my anxiety and feelings of uncertainty I relied heavily on models and concrete techniques, specifically cognitive behavioral therapy (CBT) techniques and interventions. CBT is proven to be effective and is considered the most evidenced-based approach (Ivey, D'Andrea, & Ivey, 2012). It is a goal-focused form of therapy that operates under the belief that shifting the way people think, shifts the way they behave and vice versa (Ivey, D'Andrea, & Ivey, 2012). CBT also helps people learn and build skills so that they can cope more effectively (Ivey, D'Andrea, & Ivey, 2012).

An early part of Max's treatment was learning concrete techniques and strategies to begin confronting his dysfunctional beliefs inside and outside of therapy sessions. Techniques such as becoming aware of his automatic thoughts and the emotions they caused, and finding ways to start challenging those thoughts, were necessary tools before we dove deeper into exploratory interventions. I believed CBT was the best way for him to see immediate progress and start trusting the therapy process. Looking back, I realized that I was the one who needed to see progress to believe in myself. While CBT techniques were a crucial part of his recovery, I realized that I hid behind worksheets to ease my own anxiety.

As Max started to journal about his daily activities, I encouraged him to write down his automatic thoughts, or the natural flow of thoughts and emotions that arise. For people with depression, these thoughts tend to be negative and self-debilitating. In my client's case, his automatic thoughts were focused on all he had lost and grief around how his life used to be. His negative thoughts came at a rapid speed, and typically during times of stillness or boredom. He realized that as he started to engage in activities again, such as golf, meals with friends, and even everyday chores that many of these thoughts felt less distressful in his body and occurred less often. Activity was a simple coping skill that was effective for him, because it kept him from becoming flooded with negative thoughts.

I taught Max about cognitive distortions to help him identify and discover how his negative thoughts led to maladaptive behaviors. As our rapport became stronger, I felt more comfortable challenging his beliefs. Sometimes this was simply through asking questions that provoked thought and subtly pointed out or confronted the distortion; other times, I found ways to use humor, sarcasm, and exaggeration to help him illuminate the irrational beliefs. I researched different CBT techniques to gain a better understanding of them and how they could be applied. I collaborated with Max to adapt the techniques, so they would be effective for him and to ensure that his treatment remained person-centered.

We learned together about which cognitive distortions were most prevalent in his thought patterns, and we found creative ways to help him develop more realistic beliefs. One important technique that I was already familiar with from CBT was called "checking the facts." This technique helps people to pull out the facts in a situation by separating reality from emotions. Making this distinction is important for discovering whether or not an emotional reaction is based on fact, an irrational thought, or a subjective perception of a situation. This helped Max

unravel his distorted beliefs about what he needed to be happy with his life. Max's cognitive distortions began to change, and my own feelings of self-doubt began to dissipate. I felt more safe introducing experiential movement experiences and interventions into our work.

I integrated movement into my sessions with Max slowly. I worked developmentally, starting with basic and functional movements, such as breath. I taught him breathing exercises to begin bringing him into his body and increase body awareness. Breath was a way to help him become more aware of his inner experiencing. Max started to become aware of sensation, eventually identifying links between muscle tension and different sensations in his body and how it related to his thoughts, feelings, and emotions. Breath was also an important tool for grounding. He was often times hijacked by his depression and became overwhelmed with negative thoughts. Breathing helped with self-regulation and brought him into the present moment. He reported that deep breathing skills calmed his thoughts and anxiety. His breath helped him reconnect his body and mind, because it increased awareness of his internal world.

Within a couple of weeks, Max reported feeling significantly better and shocked by his own progress. As I mentioned above, he started playing golf, reaching out to his friends, but he also started practiced breathing exercises. He far exceeded 30 minutes of activity each week and was meeting his objectives every week. I was proud of him, but I was also proud of myself. Hearing him say that he has made significant changes in his life was the validation I needed to let go of my anxiety. It was the validation that I needed to feel safe bringing in more creative and expressive interventions into our work together. I knew I had gained his trust by the way he was opening up and was willing to engage in interventions. I responded to him differently as he started to trust me more; I was less nervous in our sessions and no longer felt pressure to prove the usefulness of therapy. I had more confidence creating creative interventions, reframing his

statements, introducing ideas, and taking risks. I still valued the CBT techniques in our work, but as we engaged in more exploratory interventions, our work primarily became humanistic-existential.

Together we let go of our reservations. Max found his internal locus of control, and I started to take control of my anxiety and doubt. I noticed that as we engaged in more exploratory interventions in our sessions that Max explored more resources for recovery outside of sessions. He tried different coping skills and got creative with coping skills he had learned in session. In one session, he told me he re-read his journal entries when he found himself starting to fall into a funk. The entries were evidence of his progress and reading them provided him with a confidence boost. The entries reminded him that he is moving forward and rebuilding his life. Similarly, hearing him share his journal entries each week was also a gratifying experience for me. It was weekly reassurance that I was doing something right, and perhaps this was the profession for me. Max also reported using his journal to write down other experiences, thoughts, and feelings down that came up for him as the week went on, so he would remember to tell me. His journal became his lifeline. It was not only a coping mechanism to deal with his symptoms of depression, but it also helped improve his memory. Taking constant notes and writing reminders in his journal made him feel more organized and less confused, and it became a habit for him to utilize and check his journal.

It was not until I got over my own fear of introducing exploratory interventions into our sessions that Max's recovery really took off. This became clear to me because of how he started to take initiation and control over his recovery. His presence was different. I realized that as I started to bring the creative part of me into our work together that he was able to rediscover his creative side. I realized my own hesitancy and fear were holding him back. This was a lesson I

learned and believe is applicable for working with just about every client: Do not underestimate your clients or the power movement can have in their recovery! Looking back, I see that it was unfair to assume he would run from therapy if I tried a movement intervention beyond breath any sooner than I had.

I realized that the most effective and memorable sessions and moments were the ones where I created movement interventions while being present with him and allowing the creative process to authentically unravel. They were the sessions when I utilized the Chace approach to DMT. This approach involves utilizing the body as a tool to better understand the inner experience of the client. Movement is viewed as a way to externalize feelings and experiences so that they can be understood and processed. There is also an emphasis on the use of nonverbal and verbal skills to improve communication and increase clients' abilities to connect to the self and others (Chace, 1993). I utilized this approach by being present with Max and using my observations and felt responses to inform my work. I responded to current needs by creating experiences that helped him explore his existential crisis and find his own answers to recovery. These were the interventions that empowered Max and motivated him to generate solutions and a new life. There were several sessions that illustrate my use of this approach, but two particular sessions were the most memorable and groundbreaking on our shared journey.

Journey to recovery. The first session happened about halfway through our time working together. In this session, we started discussing his progress. Max started reflecting on his journey and I turned our conversation into a creative exploration. I felt this would bring about deeper insight and could hopefully inform the direction of his treatment moving forward. I invited him to imagine that one wall of the room was the starting point of his recovery, which I said represented the beginning of therapy. Then, I had him imagine the wall on the opposite side of

the room was the finish line, which represented a full recovery. I had Max stand at the starting point and recall his life before therapy. I then instructed him to slowly walk his recovery journey and find the spot between these two walls that best represented his state of being at that point in his recovery. I asked him as he walked to remain attuned to his body, so that he became aware of the sensations, memories, images, thoughts, and emotions that might arise as he re-experienced his journey. As he journeyed across the room, he spoke about his experience and told me his recovery story. He identified specific moments, memories, and tools that he perceived as influential in his recovery.

One comment strongly impacted me. Max said that having someone to talk to, listen to him, and be there for him was the most important part of his recovery. I remember I got chills hearing this. I thought, "Wow, the rumors were true." It was the attachment he felt to me that helped him find himself again. The key to his recovery was the therapeutic relationship, just as I had been taught in school. I heard first-hand from a client that the relationship was more important than any other intervention used. It seemed ironic since I had spent the first couple weeks concerned about making sure I taught as many helpful skills and techniques as possible. It was in this moment that I learned that engaging in active listening, giving feedback, validating, and "being with" are oftentimes intervention enough.

Max talked through his journey for a couple of minutes, and when he reached the spot representing his current state he found a place of stillness. The spot represented his recovery was 65% complete, and I encouraged him to reflect upon what this spot symbolized for him. A couple moments later, I directed him to slowly walk from his current spot to the finish line. I asked him to remain nonverbal for this part, and I walked alongside him so he could feel supported and know he was not alone in his journey. I had him imagine what changes needed to

happen for him to reach the finish line as we traveled there together. When we arrived at the finish line, he was able to articulate what he felt was keeping him from fully recovering. He said that he still found himself comparing his current lifestyle to how his life used to be, and that residual sadness was a barrier in his recovery.

I then went on to ask him to identify where this sadness lived in his body and he reported the sadness lived in his stomach. He said, "It is like a ball that I just want to hit it." I said, "Okay, if you want to hit it that is what we will do." He thought I was joking at first when I told him to get up to bat and I would pitch to him a ball that represented his sadness. I had him use his cane as a baseball bat with a chair next to him, in case he lost balance, and I pitched him a wadded up paper ball from across the room. I pitched the ball of sadness to him over and over again. Each time he swung at it he smiled. While this was a very playful intervention, it was also informative.

Max realized that many of his symptoms were improving, but that sadness still felt "stuck" in his body. He had to tune into what was happening in his body to identify its location, so he could start to move and shift how it lived inside him. During the verbal processing, we discussed this experience. He reported that it was fun and playful, and also helped him see that his sadness could be released. Max expressed that hitting his sadness helped him release some of it from his body. We discussed that it would be helpful for him to continue to explore more ways to release his sadness.

Max trusted me to be his therapist and contain all that he brings, but I needed to trust myself. This session helped me discover how my creativity naturally flowed when present with clients. I must be both physically and mentally present to be able to effectively attune to my clients and their needs. This session illustrated my increased ability to use the material Max brought into the room and transform it into a meaningful and creative exploration. The theme of progress had

emerged in our session and I developed a creative exploration around it. The theme then evolved into releasing his sadness that was a barrier for his continued progress. The paper ball was the symbol utilized in this intervention; it represented his sadness. He imagined he was swinging his cane at his sadness to destroy it. He imagined that it was being released from his body. The symbolic action of hitting the ball led to new insight and awareness regarding how he could continue to release his sadness and move forward in his recovery.

The theme that comes to mind when I reflect back on this session is empowerment. This session was important for him because it empowered him to take charge of his recovery and to find ways to create a new satisfying life. It empowered him to utilize his body in his recovery and to trust his body's wisdom. He was an active person who disconnected from his body after his accident. He discovered that reconnecting to his body enlivened him and provided fulfillment that he used to get from playing sports. This session also empowered me to embrace my identity as a dance/movement therapist. It empowered me to use movement and stop overanalyzing whether or not clients would be okay with it. The next session is demonstrates how my work with Max improved my ability to bring clients into expressive movement.

Dancing in the Dark. This session was the first of several sessions that Max brought in different quotes and stories he came across during the week and wrote about in his journal. This was a coping mechanism he discovered on his own. The stories and quotes were uplifting and provided him with hope. They helped to normalize his experience as he realized that every person has a story and every person has their own problems. These stories in no way minimized his experience, because it was very traumatic and life altering, but they helped him feel less isolated in his experience.

At the beginning of the session, he shared the following quote by Bruce Springstein that said:

> "You can't take life too seriously. Drink a beer, make some love, smoke a joint, whatever gets you through. The important thing is that you live your life with no regrets, and have a kick ass time along the way."

While I felt alarmed about some of the content of this quote, it was the essence of it that was most important. He was able to reframe his own experience and acknowledge how lucky he was to be given a second chance at life. He started paying attention to that aspect of his story, rather than focusing solely on what he had lost. This quote resonated with him because he realized that by constantly dwelling on the past, he was not allowing himself to experience life in the present moment. This quote reminded him to be present and find joy in his everyday life. He believed that joy had the power to defeat his sadness.

After we processed the meaning of this quote, I asked Max to identify one of Bruce Springsteen's songs that exuded feelings of joy. He chose "Dancing in the Dark" and I played the song. I was uncertain where I was going with this intervention, but for once I did not second-guess myself. I remained present and trusted that I would be able to improvise. I suggested we start to move while seated in our chairs and soon we were both dancing. We were smiling and enjoying ourselves. Eventually, Max said moving to this song reminded him of when he used to do disco. Max asked me to stand up so that he could show me and we danced across from one another. We discoed together and laughed at ourselves as we did. Eventually, this became a partner dance. We joined hands and danced in the middle of the room. He twirled me around and we danced together for the remainder of the song.

This session inspired both of us to continue to find joy in everyday life and to be open to new spontaneous experiences. This is the same guy I felt too nervous to introduce movement into sessions with. Which is why we as therapists need to be aware of body knowledge and body

prejudices we hold. I would have never assumed Max loved to dance. I was shying away from movement due to false perceptions about Max and my own insecurities. This was an example of social dancing being used as an intervention and it was one of our most important and moving sessions. I cannot help but wonder how introducing expressive movement more frequently into sessions would have impacted his growth and recovery.

I believe that complex movement helped him re-integrate parts of his identity that had been lost in the accident. During the verbal processing he reported that this experience made him feel like a man again. The experience of dancing with a woman and being able to support her weight helped him access the masculine part of him that he felt was lost in the accident. His masculinity was associated with his independence and his athleticism. He was able to put his cane aside and engage in full body movement. He briefly accessed his fullest movement potential, which made him aware that he still had room for growth, and had not yet reached his potential in life. In the sessions following, Max discussed several outside experiences that continued to help him access his power.

Max found power in reconnecting with peers and friends and recognizing they had also experienced loss and tragedy. He told me that telling his story provided his peers with hope. It also made Max recognize his progress and strength. In one session, he told me that when he was being supportive and giving advice to a friend, he felt like he was embodying me. This made him feel powerful because he felt he was making a difference in someone else's life. I remember feeling flattered and touched that he drew from how he felt I supported him, and found his own way to be a support for others. Max found that relating to other people with hardships was healing for him and shifted his perspective on his situation. He no longer felt alone in his experience.

On his last day, Max reported feeling about 80% better. He was confident in the man he discovered, but was able to acknowledge that he had to continue to work on himself and improve his life. He feared that without repeated exposure to therapy during his extended trip to Ireland that he would decline. He felt motivated to continue to express himself and to continue journaling. He reported that he would call me a few months later after his trip if he needed to continue services. I never received a call.

The sessions detailed above were only parts of a couple of the weekly sessions we had over the course of our three months together. However, they were sessions with very important moments, decisions, and most of all lessons that I learned. As important aspects of my development were illuminated during my analysis process, I discovered the role Max played in shaping my development as a dance/movement therapist.

Our work together was a shared existential journey of discovery. We were on a shared journey together to discover the meaning of Max's life after his accident. We explored how he became isolated and what actions could rebuild his connections. We worked together to help him reconnect to himself and other people during the course of his treatment. His ability to connect with me helped him feel more confident that he would be able to reconnect with his friends and his masculine identity. Max overcame his feelings of isolation by relating to other people and understanding that humans all have difficult experiences. He started to own how his actions may have contributed to his isolation, which led him to take a more active role in his life. Together we worked to rebuild his life and find new purpose, with the acknowledgement that this would likely be a lengthy process that would extend far beyond our short time together. However, it was not just Max who was discovering new meaning. We were both discovering new meaning and purpose in life. I helped Max find new meaning and direction in his life, while he helped me

discover who I was as a dance/movement therapist. Our work together reassured me that I could do this work. I saw the power and impact of our work together and it reinforced that this was the right profession for me.

I provided a sense of stability for Max so that he could mobilize in his recovery. What I did not realize prior to this study was that he was also providing a sense of stability for me for several reasons. We had built a solid rapport, which allowed me feel safe enough to eventually start taking creative risks. Our work together excited me and challenged me. His motivation and bravery inspired me to face my anxiety and allow creative explorations to emerge. He was a consistent client who made progress every time I saw him. He provided me with external validation and reassurance that I was a good dance/movement therapist in my time of uncertainty. He was the light I knew I could count on. In this early phase of development, it felt especially validating to receive positive feedback and reassurance from clients, because they were the ones in the room with us, and whose lives were being impacted directly.

I am a very solution-focused person. I am fast-paced and direct, which can be effective in some cases, but also take away from the process and exploration pieces of DMT that are often crucial for recovery. I realized through my work with Max that there was a way to merge my direct style of being with a more process-oriented/exploratory style, while making sure that our work helped him achieve his desired outcome. I feel that this personal style was illustrated in my sessions described above. I learned to be patient and to allow the process of therapy to authentically unfold.

Another important lesson I learned was to know your clients and set them up for success when it comes to treatment goals and objectives. When we first created Max's objectives, I felt that they were very simple and maybe even arbitrary. I am one who always aims high and

reaches for the stars. However, these "simple" objectives were truly important because they set him up for success. It can be very defeating for clients to set objectives that do not feel realistic to them. It can result in a worse outcome, because they feel worse about themselves if they fail to achieve what they set out to do. Max was able to achieve his objectives and go far beyond, but it was important for him to feel what it was like to achieve more than he expected. It helped him build back his confidence and realize his potential. This does not mean making goals and objectives that are easily achieved or require minimal effort. This means collaborating with the client, so that goals and objectives can be made achievable for that particular person and their own unique needs. Setting your clients up to feel successful also sets the clinician up to be successful. When clients do not feel good about the work they are doing, or feel defeated, it is often difficult for clients to continue to feel motivated. As a clinician, it is also causes feelings of doubt and defeat when we do not see our clients making progress.

When reflecting back on my time with Max during the analysis process, I realized we had been engaging in the process of co-actualization (Ivey, D'Andrea, & Ivey, 2012). According to Ivey, D'Andrea, & Ivey (2012), "Co-actualization involves a process of growth and development that is stimulated by the unique and ongoing relational interactions two or more persons have with one another that result in a mutual actualization of untapped human potential for all people involved" (p. 373). Our therapeutic relationship helped him realize his potential, but it also helped me realize mine.

The most important connection between my work with Max and my developing professional identity as a dance/movement therapist was our mutual growth and increased mind/body integration. We worked on re-patterning and re-integrating his body and mind, while I was also developing and becoming more integrated as a novice therapist alongside him. I started out using

my basic knowledge, techniques, and skills with him. As I integrated his needs with my knowledge and personal style of counseling, our work became deeper, more complex, and more three-dimensional. As our relationship grew stronger, our work together became more effective. As Max found his power over his depression, I was able to come into my power as a dance/movement therapist.

Case 2: The plateau. When I began interning at my site, I did not feel equipped to work with clients with trauma. I did not feel I had enough education about trauma or adequate knowledge about trauma-informed care. This was very unfortunate considering the majority of clients at my site had an extensive trauma history. I faced fear and self-doubt upon learning that my second client ever, Sarah, was a survivor of sexual abuse and her main goal for treatment was to process her trauma. Initially, my self-doubt caused me to feel resistant to taking her on. I did not want a client that I felt ill-prepared to help, because in my mind that was setting us both up for failure.

Sarah was a twenty-two year old, female, Latina, graduate nursing student, and mother of one. I was a twenty-three year old, female, graduate student. She was almost my age and had the same level of education as me. Our educations were in different fields, but it still felt strange to me. How would I be able to develop a therapeutic relationship with someone my age? Would she even be able to trust me? Do I tell her?

Sarah had previously been diagnosed with major depressive disorder and attention deficit disorder. Symptoms she reported included: low self-esteem, isolation, worthlessness, negative thoughts, depressed mood, she experienced fear and anxiety, and struggled due to her inability to focus. Her stepfather raped Sarah when she was twelve-years old. Sarah and her mom pressed charges against him, but her case was dropped in court due to a lack of evidence in the investigation. She suffered from guilt and shame after this investigation ended, because

showering after the incident had destroyed the evidence that could incriminate him. There was also the fear that he would attack her again, because he remained free, and it manifested in obsessive-compulsive behaviors.

I worked with Sarah from September 2016 through my final week in April 2017. Sarah's identified goal was to talk about her sexual trauma with no emotion attached to it. I had a feeling we would reframe this goal, because it felt unrealistic to strive for the elimination of all emotional response when telling her story. Her objectives included identifying three positive affirmations about herself each session, developing coping mechanisms, and learning and utilizing strategies for replacing negative thoughts with positive and realistic thoughts. While working with Sarah, there were times I feared I was not effective or she was not progressing, and working with her came with many important learning experiences. As I responded to my structured journal questions I noticed a common theme throughout my work with her: self-doubt.

This was one of my first opportunities to conduct a mental health assessment independently. While completing a mental health assessment on her first day, I noticed she had been receiving services from another clinician at my site. She reported that it was not until her last clinician's termination session that she felt ready, willing, and able to open up and share about her trauma. Her last session with the previous clinician left her feeling raw and vulnerable. As a new clinician about to take on a complex case, I recognized my own feelings of vulnerability emerging.

Clients are typically discouraged from going into depth about their trauma during the initial mental health assessment to prevent the client from becoming distressed. It is important that clients do not open their wounds when there is not adequate time to process them. This first day with Sarah, I felt overwhelmed, and I imagine she did as well. I prefaced the assessment and told

her that she only needed to answer the questions briefly to avoid re-experiencing and reliving all the emotions of her trauma, but she chose to explain her story in detail. I tried to hold back tears as I listened to what happened to her. I used every grounding technique I knew to regulate myself and remain present. I wanted to take her pain and fix this for her, but I knew there was nothing I could say or do that could erase this experience.

It was difficult to leave our sessions and not carry the emotions with me. I began to learn how to navigate when I took on clients' problems as my own. By nature, I was someone who cared about people and wanted everyone to be happy. However, for my own mental health it was important to learn how to take care of myself, and recognize that I could not control other peoples' happiness. All I could do was help guide them and be supportive. Through moving each week with Sarah, I was able to discover how I could use movement and my body to support her.

Sarah and I connected immediately. There was no hesitancy when she asked for a hug, which was not the case with other clients. All of our conversations were effortless and naturally flowed into interventions. I introduced movement in our first session after the mental health assessment. I questioned why I felt so comfortable doing this with Sarah and not with other clients. I suspect that there was a different comfort level initially, likely because she was a female close to my age, who had expressed an interest in movement. Rediscovering the body/mind connection was a key piece of her recovery. When she was raped, her body was violated and she had lost her sense of autonomy. Much of the unprocessed emotions she was experiencing were unconscious and living in her body. It was important to use the body and movement to access this information so that it could be brought to conscious awareness and processed.

Breath was the first movement intervention I introduced and I considered this choice carefully. People with trauma backgrounds may be triggered by breath work early in treatment

because breath forces people to connect with their bodies and their internal experiences. Oftentimes, difficult emotions arise. Sarah had expressed extreme test anxiety at school and she was unable to regulate herself. With this in mind, I introduced breath with the purpose of helping her reduce her test anxiety and nerves. I felt this would be a safe inroad for her to learn breathing techniques because it was a non-threatening context. To my relief, she was not triggered and found breath work helpful.

In addition to self-regulation, breath also served as an inroad into increasing her body awareness. This was an important movement goal to help Sarah reconnect with the sensations in her body, in order to better understand her emotions and start to establish a healthy relationship to her body. The functional breathing exercises developed into more expressive movement that led to deeper insight and exploration. Breath was the first step in reconnecting her body and mind.

Breath helped to bring Sarah into her body so she could use her body as a tool for further exploration. Sarah identified three positive affirmations about herself each week. This felt strange to her, because she never stopped to consider what was good about her. Some examples of positive affirmations she identified included: caring, friend, listener, and authentic. After identifying positive affirmations each session, she discussed each affirmation further. After verbally discussing the affirmations, I encouraged her to embody these positive affirmations and explore how they lived in her body. After witnessing Sarah's movement, I would often reflect her movements back to her, which was validating. I would enter into the exploration with her and together we would move her positive affirmations authentically. When we moved together her movement expanded and shifted, which I believe helped the positive affirmation to resonate in

her body. Naming these positive affirmations was one thing, but having her experience them in her body solidified them.

The positive affirmations and breathing techniques were important in helping Sarah combat negative thoughts, and to think more realistically and positively about herself. We came up with lists and lists of creative and beneficial coping mechanisms and skills to use when she was feeling sad, lonely, or anxious. The closeness of our relationship inspired her to make effort towards building a larger support network. She started to make friends at school and connect with others. Treatment was going really well, however, I never felt we actually addressed the trauma. We were treating her symptoms, but we were not processing the trauma. It felt as if we were ignoring the underlying issue and had only started to scratch the surface. I felt lost on how to direct us back to this processing. Did I bring it up? Did I wait for her to bring it up? I was not sure, which fed into other uncertainty and self-doubt. Was I even being effective? I brought up Sarah's case in group supervision, which validated my concerns and provided the feedback I needed to redirect our work back to her original goal.

The letter. Sarah talked about the betrayal she felt after her she was raped by her stepfather. She felt that his mother, her grandmother, tried to protect him, which contributed to her feeling even more helpless and betrayed. Sarah would see her grandmother around town, and felt frustrated by the way her grandmother looked at her. Sarah perceived this look as one of denial and avoidance about the rape. This look, she believed, minimized the impact of her trauma. She wanted her grandmother to finally hear her story and explain the impact it had on her life. I suggested that she write her a letter believing it would be a way to get this out of her body and on paper. I told her it was her choice what she did with the letter, and she definitely did not need to

send it if she did not want to. I explained that the letter would be beneficial, even if she ripped or burnt it after the fact. She was in control of the letter and it was hers to decide what to do with it.

A group supervision with other interns gave me a fresh perspective on the case. I spoke about Sarah's case and the work we had done thus far, and asked for feedback to help her achieve her goal. My peers made several recommendations that felt obvious, but turned out to make a significant difference. The group reassured me that we had great rapport and that my work was in fact effective. They also helped me see that treating the symptoms was addressing the trauma and helping her; people do not always need to re-experience their trauma to be healed. The clinician supervising suggested that Sarah trusted me, and she would likely bring up the trauma more directly at some point. She suggested that when Sarah decided to discuss the trauma, I made sure to name her experience as rape. She explained that it was important to name her experience as rape to avoid downplaying the severity of her trauma and validate her experience. The other interns and my supervisor also brought up the lack of closure she had from her experience. Sarah never received justice or closure, because her case was dropped and her perpetrator was never prosecuted. We had to find a way to help her let go of her guilt and shame, so she could stop blaming herself and find closure. This feedback was crucial to the rest of my work with Sarah.

After the group supervision, I realized this letter was something Sarah needed to do to find closure. I checked in about the letter the following session. She reported that she had created a draft of the letter, but it did not feel right. We processed this and realized that it was not completely honest. Sarah was holding back parts of her truth, which was holding back her recovery. A couple weeks later she came in with the final draft, which she felt was far more powerful. Looking back, I believe that she was avoiding this moment for many weeks. I think

she was ashamed to speak what really happened to her and did not want to face the difficult emotions that would arise. She shared the letter with me, which I believe was the turning point in our work together.

Sarah arrived in a raw state that day. She said that she felt ready to read her letter, but also knew that it would be difficult to get through. I remember consciously choosing to sit close enough to her where she could sense my presence and feel me there to support her, but also far enough away where she had adequate space. The last thing I wanted to do was invade her space as she spoke about how her body boundaries were violated. The nurturing part of me wanted to hug her and tell her that it was going to be okay. However, in learning about trauma-informed care at my site I started to become aware of small considerations when working with clients who had experienced trauma. They may seem small, but they make a big difference when it comes to helping clients feel physically and emotionally safe to trust the therapist.

Sarah started reading and I remember thinking about how brave she was. This letter detailed her perspective and memories from the night she was raped. She cried and she shook as she told her story, but stood firm in her beliefs. She knew what had happened to her was wrong, and that it was not her fault. She spoke of the betrayal and helplessness she felt. She spoke of how this night altered her life, continued to haunt her, and how it impacted her ability to function in her daily life. She told her grandma that she could have helped her, but chose to do nothing. Sarah resented the way her grandma looked at her. Sarah felt that her grandma's look conveyed a sense of relief that Sarah was no longer impacted by her stepfather raping her, which was not true for Sarah. Sarah spoke about all the ways her life and worldview were negatively impacted because of being raped. There was a newfound strength in her voice and her body as she read this letter; she had written the truth and was now speaking it.

I felt lost for how to provide support in this moment. I sat next to Sarah and hoped that she knew I was there for whatever she needed. I realized after she read her letter that there were no words for me to say. Listening was the most powerful thing I could do. She needed to be heard and witnessed while speaking her truth. Listening and being present with her helped her claim the voice she lost when she was denied the opportunity in court. It helped her receive the validation that Sarah needed as a twelve year old girl wanting justice; provided her with some of the closure she was seeking. It was during this session that I realized how powerful listening alone could be.

By listening and observing, I was able to attune to her needs. I adjusted my body language, my proximity in relation to her, and how I demonstrated support based on the nonverbal cues I observed. I realized how to use my body to convey to the client that I was present and was there for her without verbally communicating it. I learned that words are not always sufficient.

I believe this session was a turning point for me in my development as a therapist. I allowed myself to be fully present and utilize nonverbal means of connection and support. I utilized narrative therapy during this session, which was my first experience truly breaking away from CBT and humanistic-existential approaches. Sarah told and confronted her story, and she was able to shift the effect the story had on her functioning and life. The combination of trust in my ability to effectively utilize nonverbal techniques, introduction of new creative approaches into our work, and discovery and utilization of my intuition were the factors that ended the plateau experienced in our work together.

I had wondered about my intuition in the past, and came to realize that my intuition comes alive when both my mind and body are fully present. I started to trust my gut feelings and they helped me access new levels of experiencing with my clients and get to the root of my clients'

problems. My increased ability to utilize nonverbal communication for assessment and intervention was the skill that helped me become in touch with and trust my intuitive self. The session described next illustrated one of the first sessions where I was able to utilize my intuition.

Awakened intuition. A couple weeks following the session described above, Sarah spoke about her inability to feel authentic in relationship to her boyfriend's mother. His mother was constantly critical of Sarah; she went out of her way to cause drama in her relationship with her boyfriend and upset Sarah. Sarah wanted her boyfriend's mom to like and accept her. As she told me this story she kept explaining why she did not deserve to be treated that way. I felt an impulse on how to respond and said, "You don't need to prove yourself to anyone." Her affect shifted immediately. I knew I had struck a chord, but I was not immediately sure what it was. I repeated this phrase again and she started to tear up. I realized right then and there that I was speaking to the twelve year old inside of her. I asked her if she wanted to say this phrase out loud and claim it as hers. She felt she was not ready to verbalize it. She wanted to take a moment to feel it in her body. That was enough for her that day. Sometimes things are more powerful when left unsaid or words are not sufficient. She had released her story from her body and found power over it. From this moment on, she had brought her locus of control within herself. While this intervention was not a movement intervention, it was my DMT lens that awakened my intuition, which led to this experience. My intuition was able to shine through when I was able to follow my body's wisdom without allowing my cognitions to interfere with this process.

After this session, there was something different about our time together. She had a newfound confidence in herself, and I had a newfound confidence in my work and ability. We engaged in weekly movement interventions based upon material that arose in our sessions. However, these

interventions became less about embodiment, and more true to the Chace approach I had used in my work with Max. Themes emerged in each of our sessions that we explored through movement. New insights surfaced and our therapeutic movement relationship continued to strengthen. Each time she came in, she reported not just reductions in her symptoms, but also improvements in her relationship to herself and others and an improved quality of life.

Within a couple of months Sarah reported that she no longer felt that her trauma had any power over her. She was able to utilize her coping skills on a daily basis, such as different body-based and cognitive therapy techniques. She felt confident in herself and claimed her goodness. She told me that she no longer felt she needed therapy anymore because her trauma no longer impacted her everyday life. She felt safe in her life and no longer engaged in her protective behaviors. She processed her trauma and felt healed. We continued therapy through my final week with the goal of helping her maintain the stability she had found. Sarah still had highs and lows although she believed she had healed from her trauma. However, she was able to adapt in adversity.

Sarah and I worked together all year long, so she journeyed with me through my development from the beginning to the advanced student phase of development (Ronnestad & Skovolt, 2003). As I continued my education and clinical experience, I experienced growth in my personal style as a therapist, skills, and ability to conceptualize her case. I went through a lot of trial-and-error to figure out who I was as a therapist. I tried on many different frameworks and utilized different parts of them in order to personalize treatment for her needs. Even while using techniques from different counseling approaches, my person-centered approach was consistent.

As mentioned above, I used different techniques, ideas, and strategies from different frameworks that resonated with me and that would fit her needs to provide the most effective

treatment possible. Similar to Max's case, I felt CBT was a necessary part of her treatment. This approach was necessary to help her learn skills to combat her negative thoughts and develop coping mechanisms. I taught her breathing techniques and helped her discover other activities and techniques for emotional regulation. We practiced identifying and reframing her negative beliefs. In contrast to my experience with Max, I utilized CBT merely for the reason that it would be useful in her recovery, rather than as a way to prove myself to my client. In one of the sessions, described above we utilized narrative therapy, which ultimately led to a shift in both her perception of herself and behavioral change.

I used humanistic-existential therapy to help her make sense of her experience. We engaged in a shared journey together to help her make meaning of her experience, find closure, and move forward with her life. My utilization of humanistic qualities such as: unconditional positive regard, warmth, authenticity, congruency, transparency, acceptance, and honesty were key in our relationship because it built the foundation of trust (Rogers, 1961). We formed a deep connection that helped her reconnect to her self and rebuild her support network. She was able to rediscover her voice and power. Our therapeutic movement relationship and strong rapport allowed me to take creative risks and trust my intuition.

I also used psychodynamic theory to unravel her defenses and access unconscious emotions that impacted her everyday life. We had to address the past and her twelve-year old self in order to help her integrate her experience and process her trauma. This was particularly important because the trauma impacted her sense of self and her relationships, and led to unhealthy patterns that were addressed and re-patterned through the mind and body. Psychodynamic therapy was not a preference of mine, but I felt it was necessary to become more familiar with it because it could be helpful in her treatment.

We also used mindfulness-based therapy in order to help Sarah remain present, increase body awareness, and increase emotional regulation. Mindfulness was key in helping her become more adaptable and increasing her window of tolerance by allowing her to observe her emotions, so that she could respond accordingly rather than become hijacked. Her tolerance for difficult situations and her ability to respond to them in the here and now drastically improved and served as a crucial lifestyle change for her.

DMT was the one part of Sarah's treatment modality that remained constant. Our movement explorations ranged from functional breathing exercises to movement phrases about her recovery journey and growth. I tried out many different ways of incorporating movement into sessions. I used movement as a tool to help her embody her positive affirmations most often at the beginning of our work together. As time went on, I started to feel more grounded in a Chace approach, as I mention in the last mini-narrative. This shifted how I used movement in our sessions and my Chace approach helped me recognize themes and symbols in our work together that we often explored through movement. This helped Sarah use her body to access new insight and process and integrate her experiences. I used my own observations and embodied responses in our sessions to inform my creative interventions. Together we healed her through the body.

Sarah's case taught me a lot about best practice. I felt under-qualified to work with trauma, so in my mind it was unethical to be working with someone with trauma. Because of this, I did research and educated myself about trauma and trauma-informed care. I read books and articles so that I could provide the best care possible. My priority was to make sure she felt safe and to avoid any possible triggers. I constantly brought her case to supervision, so that I could check in about what I was doing. I also asked her questions to assess how she was feeling in response to treatment. I worked collaboratively with her and valued her feedback as the most important

assessment factor to measure treatment effectiveness. I worked to equalize the therapeutic relationship as much as possible so that she could feel safe to offer me feedback, and trusted that I would be receptive to it and vice versa. This case had many complex factors that helped me as I emerged as a novice professional.

Case 3: The unexpected gift. Interns at my site were only allowed to undertake new clients until the end of February. Bob was one of the new clients scheduled to see me in the end of February, but it felt wrong to take on a client when I knew I would be leaving in a couple of months. I felt skeptical about having a short time to work with him, but he ended up being one of the cases that shaped my development the most. Bob's case helped me see how short-term therapy has the potential to be effective. The work is about quality not quantity.

Bob was a middle-aged, Latino, single, male, father with chronic mental illness. He was previously diagnosed with bipolar I disorder with psychotic features, as well as generalized anxiety disorder. After further assessment, I suspected that his diagnosis was not only bipolar I with psychotic features, but also posttraumatic stress disorder (PTSD). He experienced symptoms of depression including: depressed mood, crying spells, apathy, poor hygiene, suicidal ideation, loneliness, loss of appetite, and sleep disturbances. Bob also reported manic symptoms such as: increased violence and aggression, increased energy, increased productivity, increased sex drive, impulsivity, and psychosis. He had an extensive trauma history, which led to his PTSD. His symptoms of PTSD included: flashbacks, increased fear and anxiety, and auditory and visual hallucinations. His case had a lot of co-morbidity.

Bob was a client who had already been through the system; he had been in therapy for years and had constantly been passed on from one therapist to the next. This time his case fell into my lap. My site switched to centralized scheduling and he was scheduled to have an appointment

with me. He had previously engaged in therapy with a therapist who had trained me, and when she left unexpectedly, Bob was left feeling abandoned. It did not feel morally ethical for me to take him on my caseload knowing that I would be leaving the site a couple months later. However, I was given no choice in the matter. All I could do was make him aware of the situation, so that he could choose whether or not he wanted to move forward working together. He chose to do so.

I felt resistant to working with him for several reasons. Part of this resistance came from the fear of being compared to the seasoned therapist he saw prior to working with me. I feared that I would not be able to help him in such a short amount of time. However, Bob taught me that effectiveness in therapy and experience level does not necessarily correlate. Therapy effectiveness is more so about the connection between the therapist and the client, and whether or not the therapist's personal style resonates with the client's treatment needs or not. This was one of the most important lessons I learned while working with him.

I felt overwhelmed during my first session with Bob. I found out last minute I had to do redo his outdated mental health assessment. I felt overwhelmed as he started to detail his background and presenting problem. He was my first client I worked with individually who experienced psychosis on a regular basis. The thoughts and questions I remember thinking as Bob told me about his background, trauma, and complex presenting problem included: How am I going to help and address all of these symptoms, experiences, etc. in such a short time? What if I cannot help him? Where do I start?

Bob told me that he would sometimes become aggressive and violent towards people who triggered him. I felt scared for my own safety. I immediately established safety ground rules. I told him that if he starts to feel triggered by me he had to tell me immediately and he agreed. I

suggested that we see each other on a weekly basis, so that we could see each other more than just a couple of times and again he agreed. This was the best decision we could have made together. We saw each other consistently and he improved leaps and bounds in such a short time, and I learned more in these eight or nine sessions than from almost any other case.

Bob's goal was focused on being able to feel more comfortable and confident in relationships with others. A lot of his anxiety stemmed from his mistrust of others and caused him to have trouble regulating himself in social situations. His objectives were focused around developing coping skills to regulate himself, replacing negative thoughts, and engaging in the psychosocial rehab program (PSR) at least once weekly in order to practice socializing and using his coping skills. I was told prior to working with him that it would be a good idea to get him back into the PSR program. He had tried this program out multiple times and never attended on a regular basis. He agreed to try it out again, so I included attending and engaging in this program as part of his treatment plan.

By choosing to put this on his treatment plan, I set him up for failure. I should have incorporated what I learned with Max regarding small victories and ensuring that objectives are made achievable for clients. If Bob had never gone consistently to this program in the past, there was no reason I should have included it as an objective for him to attend regularly. He attended the PSR group twice. This was a mistake that I was able to learn a lot from. I learned that I could not want someone's recovery more than they do. No matter how much we connected, which we did, I should not have expected drastic changes in any client's deeply engrained patterns within a small amount of time. While it is possible, it is also important to take into account their treatment history. I hoped that due to our connection that the outcome for attending this group would be different, but this was setting myself up for disappointment and personalizing it. That was unfair

pressure to put both on him and me. At the end of the day, it is the client's recovery and the motivation and desire to change needs to come from within, not the therapist. We can support, guide, and journey with, but we cannot do the work for them. This again was my desire to fix coming into play.

In the first session, I felt fearful and uncomfortable. After this session, I was able to process this experience with my supervisor and work through it. By the next session, I was able to be myself in relationship with him. I was transparent, honest, warm, and authentic. I did not let myself over think things, as I had in past cases, and I dove right into our work together. This actually turned out to be the smoothest case of all the three mentioned in this story. This was mostly due to the fact that this case began at a much later point in my development. With Bob, there was trial and error in terms of interventions and explorations, but there was a difference in how I went about this process. I was fearless and able to detach and depersonalize it if an intervention flopped. Also, most of my skills, ideas, and approaches I utilized were relatively integrated into my being, rather than emerging as they were in the previous cases. I believe if I were to have had this case earlier on in my development process, it would have been far less successful. Bob responded very well to my integrated theoretical approach to counseling, as well as DMT.

I remember in our second session trying movement with Bob right off the bat. He always shook his legs as a nervous habit. I immediately started exploring with him how moving his legs at different speeds impacted his mental state. He did not have any sort of breakthrough. In fact, no insight came from this intervention at all, but at least I tried it. I did not let my fear of my intervention not being great keep me from trying. I stayed present in the session and continued on. After all, how do you know if something works if you do not try it? This intervention may

have fallen flat with him, but it could be the one that changes someone else's life. It was not a reflection of me being a good therapist or not, it was a reflection of this particular intervention, on this particular day and time, with this particular client. If there is one thing I want my readers to take away it is that we cannot take anything personally. Feedback is just a series of opinions that you can choose to take with you or let go. It was until this session that I relied solely on external feedback and reassurance to know whether I was good or not.

After this intervention, I asked him about his previous work in therapy to assess what did and did not work for him. I believe that clients are the experts in their own recovery, so this was important feedback for me to hear and utilize. He told me that therapists in the past focused heavily on the past. Given his trauma history, I understood why. However, it was Bob's treatment and he clearly felt that focusing primarily on the past was not effective for him. That was my first crucial piece of information I took from him to inform our treatment. I realized that I had to help him live in the present, so that he could move forward and stop living in the past.

In our first actual counseling session, Bob expressed that he felt "enclosed." He lived in a small space where he was literally enclosed, but he was also referring to the isolation he felt from the rest of his peers and society. Bob's psychosis and symptoms had taken over his body and he felt alone in his experience. I asked him to show me what enclosed felt like in his body. He brought his arms tight into his concaved chest and tensed his whole upper body into a ball-like position. The position appeared closed off, lonely, and uncomfortable to me. I asked him to show me how he wanted to be and had him transition out of his enclosed position. He slowly reached his arms out towards the sides of the room and opened his chest. Tears came down his face as he opened up his upper body and expanded in space. Bob stayed there for a minute and cried. I asked him what that new posture represented. He expressed that his open posture represented his

desire to be more social and feel connected to other people. He wanted to feel more involved in his life and gain control over his symptoms. We then focused in on how what happened in his body as he transitioned from his current state of being to his ideal state of being. Bob was able to use his body to discover a path for recovery.

This intervention was solution-focused as it helped him identify his desired outcome and gave him direction and purpose in his treatment. This helped him form goals that would help him achieve his desired outcome, and informed my treatment regarding how I could help support his process in getting there. Identifying an end goal made change feel tangible and attainable for him. Feeling his body move through the transition from his current to ideal life made him see that there was a way to get there. It served as installation of hope for him, which motivated him in his recovery.

Next, I had him walk me through his daily routine. He told me that he would wake up, turn on the TV, listen to the TV with his eyes closed, and then he basically stayed in bed all day unless his cat needed something. I encouraged him to make small adjustments to this routine and to see how they felt, and observe any shifts in his body and mind while doing so. I gave him a couple of suggestions including: opening his eyes to watch the TV, sitting up straight in his bed, a walk outside to get fresh air, cook a healthy meal, and take a couple deep breaths before he went to bed and when he wakes up. Again, I provided him with small tasks so that he would not feel defeated, and his recovery would feel tangible and realistic. The following week he came into session and was excited to tell me that he had taken a walk, cooked his own healthy meal, and attempted breathing exercises he learned from his past therapist on multiple occasions. I was so proud of him. In this particular instance, I utilized what I learned in working with Max, it was

often the small and simple changes that are the most effective. They help empower the client to take action because the goals feel attainable.

Rewriting the narrative. As we continued to work together, I started to get more and more creative about how I intervened in the here and now. Bob had very rigid ideas and beliefs about who he was and his cultural expectations. He had internalized messages about himself that caused him to be severely depressed and isolated. Much of our work together was using CBT to undo his cognitive distortions, but this time I used CBT in combination with narrative therapy. This combination of frameworks helped him externalize his pain and rewrite his story. I poked holes in his narrative to help him see how his cognitive distortions and strongly held beliefs were causing him distress and impacting his story.

Bob was essentially mourning who he used to be before his psychosis kicked in and he had become isolated. However, when we went through the actual facts of his story and history, we realized that his life was not exactly how he chose to remember it. He was in-and-out of jail, violent, and emotionally detached, which hurt the people he cared about the most. We started to identify the real story, so that he could see his story was full of distorted beliefs. He realized he was mourning something that never was. Slowly but surely he started to let go of negative, but strongly held, parts of his identity, so that he could let go of his unproductive story and rewrite a new one.

About halfway through our sessions together I started to incorporate internal family systems theory (IFS) into our work. IFS is a person-centered approach that resonated with me, but also has several components that I felt would be especially beneficial in Bob's treatment. As I helped him to change how he perceived his story and ultimately his identity, it was important for him to be able to access his true self. IFS theory states that we all have parts, which they identify as our

managers, exiles, and firefighters (The Center for Self Leadership, 2017). Our managers are the parts of us that protect us from any perceived harm and help us put on a brave face in difficult situations. Our exiles are our unprocessed emotions and unhealed hurt; the emotions associated with difficult experiences that we block from our memories as a defense. Then, our firefighters are the maladaptive coping patterns we develop, typically because of our exiles and managers. This theory is grounded in the belief that we do not need to try and get rid of any parts of ourselves, because every part serves a function (The Center for Self Leadership, 2017). However, it is important we discover how to keep our parts in balance. It is when our parts take over and become extreme that distress and dysfunction occurs, because the true self is no longer leading (The Center for Self Leadership, 2017). Identifying the parts helps people become aware of them so that they can process and heal (The Center for Self Leadership, 2017).

What was most important about the IFS work I did with Bob was that it helped him externalize the problem. He would identify a perceived negative part of himself, and I would have him describe to me where it lived in his body, what it looked like, how it felt in his body, and how it moved, etc. He was able to describe this imagery so clearly that I felt like I could see and feel it too. He externalized his parts, which helped them feel separated out from and less engrained in his being. Externalizing these parts created space around them. This helped us take more objective looks at the parts and explore how to heal them so all three could remain in balance. I remember in one session I had him tell one of his parts what he felt it needed to hear. This is a Gestalt technique I used to help him heal his anxious and sad parts (Ivey, D'Andrea, & Ivey, 2012). Creative interventions and imagination were constantly used to shift the images of the parts so that he could be in charge of them. Externalizing his parts noticeably reduced the

shame he experienced about them. Movement was key in helping him shift how the parts live in his body as well as in healing the parts.

IFS helped him recognize that his anxious part was one of the main barriers that kept his authentic self from being able to lead. He mentioned that breathing exercises with his last therapist were unsuccessful, but I wondered about body-based mindfulness interventions with him. His anxiety kept him from being present, and movement interventions had been effective thus far. It felt important to at least try, and I suspected it would calm Bob down or possibly shift his anxiety. I knew that mindfulness was very helpful for clients with anxiety, and I intuited that guided mediation would resonate with him. I felt some extra guidance could help him relax and breathe, and it did. I watched as all the muscles in his body relaxed. His legs that were constantly moving found a place of stillness. Guided meditation had calmed his nerves and helped him let go of his anxiety. He reported that during the guided meditation he felt truly present, which was the first time he had experienced that in many years. Our work for the rest of our time together was helping him find ways to translate that authentic self he discovered through meditation into his everyday life.

The next barrier we faced together was termination. We had grown close in the couple of months and I felt extreme guilt about leaving. He told me I was the first therapist who actually made a difference in his life and the way I talked about things really "stuck" with him. While the validation of hearing I was effective felt great to hear, I also felt horrible for abandoning him once again. There was nothing I could do to change that situation. All I could do was process termination with him, find him a new therapist whom I felt would be a good match, and say goodbye.

When our last session came, I tried to bring our work together full circle. I had Bob revisit his enclosed posture that he embodied in one of our first sessions together. I then had him transition that posture into how he felt in the present moment to assess his progress. He opened up his arms and his chest about halfway to a full, open, horizontal extension. He described this position as his halfway point. He said that he felt he had made enormous progress, and he was on the right track. Bob felt better, but knew he still had a lot of work to do. I then asked him to transition this movement into one that embodies where he desires to be in the future. He lengthened his arms out to a full extension and found an expanded pose. He released the tension he was holding in his hands and relaxed his muscles. I asked him what it is that needed to happen for him to make it to that place. He reported that he needed to find inner peace. Bob felt that he was able to find this peace when he meditated, but could not yet translate this feeling and way of being to activities and life beyond meditation.

Bob expressed that one barrier for achieving this goal was that he did not have resources or much access to practice guided meditations outside of therapy sessions, because he did not have a computer or smart phone. I had already made him copies of CDs of guided meditations so that he could use them at home. When I gave him these CDs he said, “No one has ever done anything like this for me before.” His eyes became teary. I was so touched by this moment. This moment made me realize the impact it has on our clients when we express to them or show them that they meant something to us. This small gesture meant a lot to him. To close our session, I wrote him a goodbye letter detailing how proud I am of him, and how much he will be missed. I wanted him to have something to remember me by, but also something to look back on when he was feeling down. I hoped this letter would give him hope when he was down, and help him remember his own strength. In the letter, I included a quote that felt important to our work together by an

ancient philosopher, Lao Tzu, which stated, "If you are depressed, you are living in the past, if you are anxious, you are living in the future. If you are at peace, you are living in the present." This quote felt representative of our time together. Even now, several months after saying goodbye, when I feel anxious or down, I think of him and the other people I have helped and remember this quote. Saying goodbye to him was one of the hardest things I had to do. Our time together was an unexpected gift.

Embracing my growth. My overall experience with Bob was smoother than with Max and Sarah. The sessions flowed naturally and there was less anxiety when it came to our work together. I found that movement in my sessions with Bob was different than the prior cases. With him I utilized a Chace approach from the start, every movement intervention was created in the here and now and was based on the themes that authentically arose in our sessions. Symbolism and imagery were illuminated regularly and I felt comfortable guiding him through explorations to discover the meaning behind them. Movement deepened his experiences and explorations of imagery and symbols. It added another useful dimension that helped him use his body and movement to shift his mindset. This speaks to my increased comfort and confidence in my role as a dance/movement therapist. I had more clinical experience and knowledge to inform my work with Bob than the prior cases.

I realized that, in Bob's case, I was able to execute my integrated counseling approach in an effective and coherent manner. My work became less about picking and choosing which theory I felt was most applicable to the particular theme or session, and more about how different aspects of theories could be merged together to produce the most meaningful exploration for Bob. I utilized different strengths of approaches to create interventions in a thoughtful manner. I layered these parts of approaches on top of one another to continue to deepen Bob's experience. It felt

like the tools I found effective in my previous work had been woven together with new information learned over the course of time to create one coherent mixed approach.

I found that in Bob's case I was also able to integrate my mixed counseling approach with my DMT approach. This was useful in shifting images and taking symbolic action to find resolve. I also felt better equipped to utilize Laban Movement Analysis (LMA), which is a system that people utilize to observe and assess movement (Rezai, 2013). LMA was an inroad that helped me make informed body-oriented interventions that were useful for him in his recovery. This helped improve my ability to understand his internal experience, because his internal experience was evident in his body. I believe my work with Bob was essential to my professional identity development as a dance/movement therapist.

Conclusion. Each of these three cases informed and shaped my professional development as a dance/movement therapist in very different ways. These cases were all very different and came along with different obstacles, decisions, and moments unique to working with that person. What I did discover from working with all these different cases is that I really am not ready to identify one theoretical framework I am grounded in.

At first, I felt relatively grounded in a humanistic-existential approach with a taste of CBT. Once second semester of internship came around, and I was introduced to all the family counseling models in my family counseling course, I became interested in exploring techniques associated with those. I currently identify myself as an integrative dance/movement therapist who conceptualizes my cases from a humanistic-existential lens, but utilizes a wide variety of frameworks and models to inform my work and interventions with my clients. I feel that I have a large toolbox full of techniques and ideas from many different approaches, which can be integrated in different ways depending upon the client's unique needs. I am able to say with

confidence that I am a person-centered therapist, who utilizes the humanistic core conditions, and uses creative and exploratory interventions. While I am usually direct and fast-paced, I was able to slow down and allow my cases to authentically unravel.

Supervision and support were crucial factors in my professional identity development that were not discussed in-depth throughout my story. I had academic supervision, group supervision, and supervision with my site supervisor on a weekly basis. Supervision time allowed me to process and better understand my experiences with clients. My academic supervision group met all year and provided support, validation, and honest feedback and advice. This group normalized both the struggles and the excitement of being a beginning dance/movement therapist; we were all going through it together. Both my academic supervisors helped guide us, educate us on how to use our lens to benefit our clients, helped us understand our countertransference, checked in about our self-care, and helped provide a safe container for us to explore our cases and ourselves. We also engaged in projects and interventions of our own that helped us embody our clients to better understand their experiences.

As for intern group supervision at my site, I believe certain weeks were influential for my development. There were sessions where we presented cases and received feedback, which impacted my work. There were also different trainings and topics we focused on that improved my education. Two important topics for my personal growth that were discussed in-depth were trauma and mindfulness. Most of my clients had an extensive trauma history. Because of this, learning about trauma and trauma-informed care was especially important in informing my treatment, adapting my way of being in the room, and ensuring the safety of my clients. Increasing my education about mindfulness was crucial because I utilized it with almost all of my clients. Mindfulness training in supervision taught me new techniques for teaching and

practicing mindfulness, and reminded me of the many benefits that it can bring. As I stated earlier in my narrative, I believe that practicing mindfulness as a lifestyle is key for mental health.

My individual site supervision was a factor that shaped my development as a dance/movement therapist and counselor. My site supervisor and I met weekly to discuss my clinical experiences with clients in individual sessions, as well as group sessions, and to discuss any other questions and feedback regarding the immense amount of documentation that needed to be filled out regularly. She was able to provide me with the most direct feedback, because we worked closely together in two groups weekly, and she read all my documentation and progress notes about each of my sessions. She validated my interventions and conceptualizations of my cases, but also challenged them. She provided me with the positive validation and feedback necessary to know that I was doing well and moving in a positive direction, while also helping me to think more critically about my cases. She helped me discover different ways I could have incorporated DMT techniques and interventions into my sessions. We used movement in our sessions to help ground me while I was having my own human responses to clients.

She helped me broaden my scope and become a well-rounded dance/movement therapist. I was comfortable meeting my clients where they were at in the present moment, helping them develop themes and identify symbols, and then creating meaningful DMT explorations around the themes and symbols that came up. Most of the time, however, I strayed from the LMA lens that we spent a lot of time learning about in school. I felt the same resistance to using LMA to inform my interventions as I initially had when I found out I was going to have to work with clients whose diagnoses felt foreign or unfamiliar to me. I learned how to become comfortable with being uncomfortable. She helped me better understand LMA and how to utilize it in my

sessions. She encouraged me to at least try it out, and see how it informed my interventions. She encouraged me to give it my all and helped me see that it was okay to mess up or for an intervention to flop, because that is how we learn. Learning is truly what the student phases of development are about. By the end of second semester, I was utilizing LMA regularly. My supervisor was the person that helped me process all of my self-doubt, uncertainty, and challenges that I experienced in working with my clients. Her guidance was particularly important for shaping my identity and personal style as a dance/movement therapist.

Reviewing the literature about counselor development theory and professional identity development normalized my experience in many ways. I realized all my anxiety, uncertainty, self-doubt, and desire for external validation and feedback was normal. I was in a phase where I was unsure of my expectations and afraid of failure. I was afraid of not being the best and not being able to help each and every client. But the reality is I did not really start to grow until I let go of all of my unrealistic expectations regarding how I should be. The moment I started to practice mindfulness and be fully present with my clients was the moment that we started journeying forward together. I am not always going to be the best and I am not always going to be able to help every client. However, I am going to continue to learn, research, and collaborate with my clients so that I can become the best dance/movement therapist I can be. It is scary moving from the advanced student phase of development into a novice professional. This phase will come with a lot less guidance and a lot more independence. I am glad that I learned alongside my clients how to be present, adaptable, and replace negative thoughts as I journey on to the next phase of my professional identity development as a dance/movement therapist.

Chapter V: Discussion

Development of Theoretical Framework

I set out to discover how my clinical experiences shaped my professional identity development as a dance/movement therapist. I utilized narrative analysis to illuminate the story that would answer my research question: How have my clinical experiences shaped my professional identity development as a dance/movement therapist? I constructed my mini-narratives based on my interpretations of three cases that felt important. While this study is valuable to me, because it helped me discover the meaning behind my own experience and development, I hope this thesis will also serve as a useful resource for other beginning clinicians and dance/movement therapists and normalize their experiences.

In terms of my theoretical framework, I came to realize that I did not identify with just one or two frameworks. I identified a variety of frameworks and models that resonated with me. From these identified frameworks mentioned in my narrative, I adjusted how much to focus on each framework by considering which frameworks I utilized to match each client's needs and desires. I believe that I conceptualized most cases from a humanistic-existential lens. Then, I mixed together different models, techniques, and tools to make an integrative treatment approach. The frameworks I used include: cognitive-behavioral therapy (CBT), mindfulness-based therapy, internal family systems theory (IFS), narrative therapy, solution-focused therapy, and psychodynamic therapy.

I became more interested in the family counseling models, such as IFS and narrative therapy. However, as shown in my later work, I used these models in conjunction with other frameworks. For example, in my work with Bob, I used narrative therapy to help him externalize his identified problem and identify his unproductive story and tightly held internalized messages. However, I

combined narrative therapy with CBT to help unravel his cognitive distortions, so that he could start to let go and rewrite his story. I feel my most powerful work and interventions were when I got creative and combined different strengths of different approaches that complimented one another. Another example of this is when I had Bob identify his parts as defined by the IFS framework. At the time I did not recognize this as a Gestalt technique, but I utilized Gestalt's technique of talking to parts of oneself. I had him converse with the part and tell the part what it needed to hear. I felt this would help him de-identify with the part, but also find control over it by telling the part what he needed it to do. I also encouraged him to use his body to help him embody the message. I then helped guide him through movement to shift how the part lived in his body, so that he could feel in charge of it.

I used my DMT lens to constantly assess and inform my treatment and bring the body into interventions. Many of the interventions I utilized were rooted in the different counseling techniques from these different theoretical frameworks. I then layered on movement to deepen the explorations. For example, in one of the sessions I described with Bob, he expressed feeing "enclosed" and that he was not satisfied with his life. He embodied this feeling of "enclosed" to externalize his internal experience, so that we could better understand. He then used movement to transition this posture into one that represented his desired outcome. He felt in his body what changes needed to happen. He then was able to verbally identify what the opposite of enclosed would look like for him in his life, which was a having deeper connection with the self and reconnecting with other people. Bob wanted to engage in his life again and be able to function in society. This was an example of how I used movement to deepen the experience of an intervention from a solution-focused approach. Movement helped Bob clarify what the desired outcome would look and feel like in his body. Moving the transition between his current self and

ideal self helped him find direction and form goals that would help him achieve this desired outcome. This made his desired outcome feel more attainable and motivated him in his recovery.

I have utilized Marian Chace's approach in my DMT work most consistently. I used my kinesthetic empathy, which occurs when therapists utilize observations of clients' bodies and their felt bodily responses to better understand and relate to clients' experiences (Chace, 1993). I created my interventions in the present moment based on each client's needs. These interventions typically developed from themes related to experiences or treatment goals that emerged during our sessions. I worked with clients to explore these themes verbally and nonverbally, and allowed themes to unravel and evolve authentically during sessions. I helped clients make meaning of symbols that arose during the theme development and process their experiences. The therapeutic movement relationship was the most influential tool used in my cases. I utilized both verbal and nonverbal cues and communication to attune to my clients' needs, help them feel understood, increase a sense of closeness and trust in the relationship, and support them. I engaged in movement with clients, reflected movement back to show my understanding, and offered new movement to help my clients explore new possibilities.

Later in my development, my DMT approach expanded to include interventions that were informed not just by thematic material, but also through the use of LMA. I used my LMA lens to identify salient movement qualities that I observed from the clients. I believe the clients' movement informs what is happening in their inner worlds, and therefore observing the expression of this movement can act as an inroad for the therapist. I would notice patterns, connections, and clusters of information through my LMA observations. This informed me of possible movement explorations that would be useful for clients to explore. This was an effective strategy for helping me start to use my body to inform interventions rather than being over reliant

on cognitions. This helped me become more intuitive and make sure that my interventions were created based on what I observed from the clients rather than something I put on them.

Best Practice

Best practice directly impacted my development as a dance/movement therapist. This involved utilizing evidenced-based practice, which is, " …an approach to health care wherein health professionals use the best evidence possible… it involves complex and conscientious decision-making based not only on available evidence but also on patient characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing…" (McKibbon, 1998, p. 396).

One way I utilized evidenced-based practice was by utilizing specific theoretical frameworks in my cases because they are considered to be the most evidenced-based for my clients' diagnoses. For example, I used CBT with most of my clients because it is evidenced-based and proven effective for a wide variety of mental illnesses. If I were to work with someone with depression or anxiety and neglect CBT, then my work would not be considered best practice. However, I adapted techniques and interventions to fit the person, rather than their diagnosis. Best practice is important to learn right from the start of our clinical experiences, so that it can be understood and utilized by the time we have our own caseloads.

One model I learned in my training, the Alternative Best Practice Model, informed how I integrated best practice into my work (Downey, 2016). This model evolved from evidence-based practice. This model is mainly focused on using evidenced-based practice, while also utilizing clinical expertise, client preferences, research, and resources to inform our treatment plans and approaches (Downey, 2016). Because this was only my second internship, I did not have much previous experience to inform my clinical expertise. However, as I continued to develop I gained

experience. I kept track of different techniques and interventions that were effective in working with my clients, so that they could be repeated in the future. I discovered what made me an effective clinician and embraced those qualities. In order to assess my effectiveness and what tools were effective, I encouraged clients to provide me with feedback, so I could continue to learn and improve upon myself as a therapist.

Client preferences are also a very important part of best practice. It is important to work based off of their identified needs, not just what we as therapists think should be worked on (Downey, 2016). I collaborated with my clients constantly throughout treatment to ensure that they were getting the treatment they desired (Downey, 2016). I encouraged clients to take an active role in their recovery and collaborated with clients to create treatment plans with achievable goals. Some clients had multiple disorders, but only one was impacting their life or causing distress. When Bob reported that his previous therapists focused solely on the past, and it was not effective for him, I avoided making similar mistakes. Clients are the experts in their own recovery, and they should get the help they believe they need. I do believe it is important to challenge clients beyond their preferences to help them reach their fullest potential, but that is something to judge on a case-by-case basis.

It is important to constantly research and to continue to increase one's knowledge as clinicians work with clients (Downey, 2016). When I had questions, or felt I lacked knowledge on any topic related to my cases, I consulted with literature and research. I reviewed research online and utilized textbooks not used in my graduate program as new sources of information. It felt important to educate myself beyond the material learned in school, so that I could gain a deeper understanding of some of the issues that arose for my clients. Engaging in research helped me be more effective with my clients, because I was able to better understand their experiences

and utilize new findings and techniques to help them. This was especially important in my work with Sarah, because I needed to educate myself about trauma-informed care.

It was also important for me as a developing counselor and dance/movement therapist to utilize my resources, which existed in many different forms. As stated above, I used research as a resource for improving my knowledge to improve my ability to help clients. I utilized other resources including: my site supervisor, group supervisions, as well as engaging in my own self-care routine, so that I could maintain a healthy lifestyle while working with clients. My supervision sessions both on-site and academic were important resources that informed my work with clients, and provided me with ideas, support, and advice. Supervision helped me understand and process my experiences with clients. At the beginning of my internship, I did not understand that it was okay to acknowledge my limits, and that it was sometimes necessary to make referrals to other professionals. I learned to recognize my limits and make referrals to other people who could provide care in specific areas that I was not able to. I referred my clients to groups that I felt would help further their treatment, case managers who could help them with issues outside my expertise, and other external resources including housing services and agencies that specialized in clients' specific needs.

I referred Max to a TBI rehabilitation program because they specialized in working with brain injuries and helped people re-integrate back into society. That was exactly the care he needed, so I got him information and contacted that facility. I feared that if he joined that program, we would no longer be able to work together, but this was a risk I was willing to take. It is always important to put the client's needs first, and if they could offer him treatment beyond my capacity, then that was where he needed to be.

My Style as a Therapist

As I reflected on the last year, I realized that my personal style as a therapist evolved. I believe I am currently a humanistic, person-centered, relatively directive, strengths-based therapist. Many of my core beliefs are grounded in the humanistic school of thought, and I believe that my unique movement lens helps heighten my kinesthetic empathy and ability to accurately reflect the clients' experiences back to them. I pride myself on being authentic, genuine, congruent, accepting, empathic, warm, and my ability to convey unconditional positive regard in the therapeutic relationship. This way of being in relationship with my clients helped them feel empowered on their journey to find meaning and self-discovery, and become more accepting and understanding of the other people they are in relationship with outside of therapy.

I am person-centered in my work because I believe in treating the person, not their illnesses (Rogers, 1961). Their illnesses may be part of them, but they are typically rooted in much deeper emotional and attachment issues based on the client's own unique experiences. These experiences need to be processed and re-patterned. I believe that each person has their own unique needs and should have their own unique treatment approach to fit those needs. I help clients become more integrated and the focus of our work is rooted in the therapeutic relationship. I am active in the room by listening and using other techniques such as reframing, reflecting, providing feedback, questioning, paraphrasing, summarizing, and selective self-disclosure. I try to avoid interpretation unless it feels absolutely necessary for the best interest of my clients.

The amount of directives I utilize with clients vary from case to case. With some cases, I may come in with a particular focus upon request from the client or from a suggestion I received in supervision. In these sessions I would likely be more directive. However, I am always open to

shifting the focus of the session if it does not fit with the client's present needs. I do not typically plan my sessions in advance and allow sessions to authentically unfold. However, when a theme emerges I may give the client or clients directives that explain a creative intervention to explore the theme. I may give them directives during an exploration dependent upon what the intervention is. I often give directions such as having clients shift their movements to explore new possibilities, hold a meaningful pose to illicit a response, or to repeat a pattern or phrase to help deepen their experiences. I will be directive and assign homework when I believe it enhances the client's treatment.

As mentioned above, my personal style as a therapist is strengths-based. Strengths-based approaches focus less on problems and diagnoses, and more so on the strengths and resources clients already have in order to help them in their recovery process (Xie, 2013). In my work, I help clients understand and find solutions to their problems. I help them shift the focus of recovery from their presenting problem to their unique set of strengths and skills that they have to help them overcome their illness. This approach empowers clients by recognizing their strength and past resilience, and increases their confidence in their ability to recover (Xie, 2013). It helps them recognize that they do have positive attributes and skills that they can utilize in their recovery. It also helps clients recognize that they hold the solutions and answers within. I believe clients' hold the answers to their recovery and that they are the experts on their own needs. This creates a more equal power dynamic in the therapeutic relationship, rather than relying on the outdated assumption that the therapist holds the answers.

One example of how I utilized a strengths-based approach was ensuring that Sarah kept up with her positive affirmations. I saw how much writing, discussing, and embodying her positive affirmations impacted her self-confidence. I saw how knowing and believing the positive

affirmations about herself provided her with validation and helped her come into her power. On days where she would have difficulty coming up with one, I would often ask if I could share one that I noticed about her in our time working together. This was always touching and validating for her. Strengths-based approaches instill hope in many people who would have otherwise felt hopeless (Xie, 2013).

The Bridge to the Literature

My research expands upon existing research about counselor development theory. When I started my internship, I was transitioning from the beginning student phase into an advanced student (Ronnestad & Skovolt, 2003). Now, I have completed my internship placement and am currently transitioning from the advanced student phase into the novice professional phase. The literature explains what happens in each of these phases, but does not touch upon the details of how this growth and development happens. My study provides the "how" missing from the existing literature in the beginning and advanced student phases of counselor development theory.

The beginning student phase is when clinicians start to engage in their professional training (Ronnestad & Skovholt, 2003). They are trained in school and learn information, theories, skills, and techniques to apply in a clinical setting. In this phase, students are often uncertain, anxious, and question whether or not they are meant to be in this field. They tend to rely heavily on models, theories, and approaches to ease their own anxiety when they begin their internships. Individuals are generally considered to be in the beginning student phase until they are nearing the end of their training (Ronnestad &Skovolt, 2003).

My beginning student phase. In my case, I would say that I was in the beginning student phase from the moment I began my master's education at Columbia College Chicago until about

halfway through my second year of school. In the beginning student phase, I was anxious and uncertain about how to be a therapist. I wanted to do everything right and was afraid to take risks with my clinical work. When I first started interning, I relied on approaches, models, and theories to conceptualize my cases. As shown in my narrative, I used a lot of CBT earlier on with my clients. This approach seemed to have the most basic and evidenced-based techniques. It involved concrete interventions that I knew I could adequately explain, and they would likely benefit clients' particular needs. It felt like a safe place to start with many of my clients, especially because most of my clients wanted to change their thought and behavioral patterns.

As mentioned in my mini-narratives, I resisted working with people who had diagnoses I did not feel comfortable treating. I learned quickly that while it was okay to have reservations about working with people, there are ways of working through these reservations. Specifically in Sarah's case, I felt nervous to work with her, because she wanted to focus mainly on processing her trauma. I did not feel I had adequate knowledge to work with clients whose primary focus was their trauma, so I took action to better understand it. I researched trauma on the internet, read articles and books, and made myself aware and knowledgeable about trauma-informed care. Doing my own research and homework so that I could feel equipped to work with trauma helped to ease my anxiety and uncertainty. It was also helpful for me consult with other people who had more experience and seek supervision. My supervisors helped me understand where my reservations were coming from, so that I could better understand myself and find solutions.

I had moments where I questioned whether or not I was meant to be in this field. These moments often happened after I had a long day, felt ashamed about a mistake, or was harshly criticized. However, it was important to keep in mind the difference I made in people's lives, no matter how small. I integrated self-care into my daily routine, so that I could continue to push

through hard times. I did not choose this profession because it was going to be easy. I chose it because I love it, and there is nothing more meaningful than witnessing the impact it has on others. Those were the thoughts that reminded me why I did what I did. The moving moments I spoke of in my mini-narratives were the kinds of moments that reassured me that DMT and counseling was the right career path for me.

My advanced student phase. About halfway through my year-long internship, I transitioned into the advanced student phase. In the advanced student phase, students' main task is to function at a professional level (Ronnestad & Skovolt, 2003). Students typically engage in most of the tasks that professionals do, but they are still receiving a good amount of guidance and the necessary amount of supervision. This phase tends to come with increased comfort in the role of being a therapist, but a lot of performance pressure. This performance pressure can be motivating, but it can also inhibit creativity, risk-taking, and the ability to be playful and humorous in sessions. First semester at my internship, I was overly concerned about doing everything right. However, as illustrated in my narratives, my experience of this phase had some slight differences. I believe I was able to take more creative risks and was better able to merge the approaches I utilized into my own creative and integrated approach.

As described earlier, I was able to use my integrative approach in an effective way when working with Bob. I mixed and matched techniques in a way that built upon the strengths of the approaches and was coherent in my conceptualization of his case. I engaged in more complex interventions with him and took creative risks regardless of whether or not they felt grounded in a particular approach. I experienced several dimensions of this phase differently than the typical counselor in this phase due to a variety of factors.

I believe my site supervisor played an active role in helping me remain creative, flexible, and open to making mistakes. I had a supportive supervisor who encouraged me to take creative risks and think outside the box. She encouraged me to utilize different DMT techniques and challenge myself to expand my repertoire. Some literature has found interdisciplinary creative arts therapists experience some aspects of the phases differently than counselors. Orkibi (2011) found that creative arts therapists tend to be less rigid in their approach and less afraid of making mistakes in the advanced student phase of development than counselors. This difference might be due to the exploratory training as well as the creativity naturally engrained in creative arts therapists (Orkibi, 2011).

In the advanced student phase, there is the expectation that the student is functioning like a professional at their practicum (Ronnestad & Skovholt, 2003). I was given more responsibilities, increased independence, and held at higher expectations when I entered the second half of my practicum. I was expected to know how to fill out all the documentation with limited edits needed, problem-solve issues, and make difficult decisions independently. I was able to meet these expectations of the advanced student phase and advocate for myself when the workload felt overwhelming.

Typically, in the advanced student phase, personal and professional identity are viewed as two separate entities (Ronnestad & Skovholt, 2003). This was not the case for me. I became more comfortable bringing my personality into my sessions during this phase of development. I felt comfortable bringing humor into my sessions and being transparent about my human experiences with my clients. I left my practicum feeling like my clients knew me as a person, not just as a professional. One of the most important pieces of feedback I received from several of my clients was that they appreciated that I was a human in the room, as opposed to someone who put on a

therapist persona. This is something I will always remember as I enter into the next phase of my development.

Limitations to the Study

The validation strategies for studies that utilize a narrative analysis approach focus on ensuring the trustworthiness of the researcher's interpretation, rather than identifying an objective truth (Riessman, 1993). I engaged in two separate validation strategies to check the validity of my study. I utilized a research consultant and a resonance panel consisting of three dance/movement therapists with different levels of experience. While my study was validated through my strategies, it is not considered to be reliable.

A study is considered reliable when another researcher is able to copy procedures verbatim and end up with the same results (Riessman, 1993). However, that would be impossible to do with this study. My story was told from my point of view about my personal clinical experiences. My narrative is not an exact record of what happened. It is my interpretation of the chosen experiences and events that I perceived as meaningful and influential to my professional identity development as a dance/movement therapist. Even if there was another human engaging in the same exact clinical experiences as me, they would have their own interpretations of the facts (Riessman, 1993).

Another factor that felt limiting in my study was that I chose what to include, but also what to omit. Riessman (1993) suggested that individuals tend to shape their stories around their own values and interests, and tend to omit details that challenge their beliefs about their identity. I tried to include both positive and negative experiences that contributed to my development. Despite this, I still chose what to include and exclude as part of my story. I am sure this fact in

and of itself led to the omission of other important factors that should have been included in my story.

I was advised to focus my narrative around three individual clients maximum due to time and page constraints. Because of this, my narrative consists of clinical experiences focused on only three of my clients. However, I had influential moments and sessions with other individuals as well. My other individual clients also taught me, challenged me, and led to discoveries that I feel were important in my professional identity development as a dance/movement therapist. I was also advised not to include either of my therapy groups in my story for similar reasons. However, I ran two groups weekly that were an influential part of my clinical experience. I made connections with clients in these groups that I will never forget. These groups were where I got to try out lengthier DMT interventions and practice utilizing this lens. My supervisor was present for these groups, so I received the most useful feedback for my development from running these groups.

Due to the same constraints, and the desire to keep my thesis manageable, I did not go in-depth about the importance of supervision and the impact it had on my experience and development. Supervision is where I received the majority of my feedback and processed my sessions. I was lucky enough to have a supportive supervisor, who was honest, open, flexible, and willing to help me with anything. She knew how to balance giving me both positive and constructive feedback. She challenged me and pushed me, but also validated and praised me. She helped me figure out who I am as a therapist. I think the supervisor/supervisee relationship can really make or break a clinical experience. My supervisor's style was helpful to me and helped make my experience a positive one.

Summary

The purpose of my study was to gain a deeper understanding of the narrative behind how my clinical experiences have influenced my professional identity as a dance/movement therapist. I used recollections of my clinical experiences as my data, which informed my responses to structured journal questions. I identified patterns, found meaning in my experiences, and gained a deeper understanding of the important experiences and cases that were most prominent in my responses. I used this information to construct my three mini-narratives, which I believe tell the story of the clinical experiences that contributed to my professional identity development as a dance/movement therapist.

Implications of the study. My study demonstrates the power of DMT in several ways. It is clear that movement helps us get in touch with deeper information and emotions that live in our body. In all of my mini-narratives, the common denominator was when my clients were engaging in movement explorations; they were able to gain new insight, which led them closer to recovery. Movement helped mobilize their recovery in the sense that it brought about new possibilities and ideas for how people could think, act, behave, and relate in healthier ways. There is something about nonverbal communication and explorations that deepen people's levels of experiencing. They give the opportunity to listen and be present with the body and become fully aware of inner experiences. In Western cultures, the body and the mind are treated as separate entities. As dance/movement therapists we seek to help people reconnect the body and mind, so people can become more integrated human beings. That is what it did for my clients, but movement was also a key part of my procedures, because it also helped me clarify and integrate my experiences of my cases.

Future research. My internal search to know the story behind how my clinical experiences

shaped my professional identity development contributes to existing literature by filling in the gap regarding how counselor development actually happens. I encourage people to continue to write their stories to help them realize their own progress and journey, but also so that we can gain an even better understanding of how this development happens. Every story of clinical experience is different, and it would be useful for beginners to read many stories to help normalize their experiences.

Also, given some of the discrepancies mentioned above between my development and counselor development theory, I do wonder how a development theory specific to DMT would differ from this one. I think as dance/movement therapists we have an advantage in that our unique lens focuses on the body and the mind, which makes for more integrative work. Not only is this a unique lens, it is different from the typical counseling lens. I am guessing that the development process would likely shift and have different and/or new phases. Several dance/movement therapists have used the counselor development theory to inform their theses, but it could be time for a dance/movement therapist development model to be created.

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Appendix A: Structured Journal Questions

1. What were some of the moments/decisions/sessions/mistakes that felt most influential to my development during the course of my internship? How have they shifted my view or changed the way I work as a clinician?

2. How has my practicum experience shaped my theoretical framework?

3. What theoretical framework do I feel most grounded in?

4. How has best practice influenced my work/development?

5. What has working at this site and with this particular population taught me about my personal style as a therapist?