TRAINEE PSYCHOLOGISTS' EXPERIENCES OF PROFESSIONAL DEVELOPMENT DURING THE COVID-19 PANDEMIC IN SOUTH AFRICA

by

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DECLARATION

I, Cindy Baloyi, declare that this research report titled “Trainee psychologists’ experiences of professional development during the COVID-19 pandemic in South Africa” is entirely my own creation. I further affirm that I have appropriately acknowledged and referenced all the materials obtained from other authors. This report is being submitted in partial fulfilment of the requirements of the degree of Master of Arts (Community-based Counselling Psychology) at the University of the Witwatersrand. Furthermore, I confirm that this work has not been previously submitted for any other degree or examination at any other university.

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Cindy Baloyi Date

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ABSTRACT

The declaration of the coronavirus disease 2019 (COVID-19) in March 2020 resulted in unprecedented and transformational effects on professional psychology programs. Professional psychology programs were confronted with several legal, practical, and ethical challenges associated with delivering appropriate training while also ensuring the safety of trainees, supervisors, and clients. An emergency remote teaching and supervision plan was launched to mitigate these challenges. However, the online platforms were a foreign territory for most trainees and trainers and required familiarisation before mastery.

The aim of this study was to explore the experiences of trainee psychologists' professional development during the COVID-19 pandemic in South African universities. The current study was also undertaken to explore trainees' experiences of online practical work. Participants in this study were distinctive because they were the first cohort of professional trainees to be exclusively trained online. Semi-structured interviews were conducted with a sample of twelve intern psychologists. Subsequently, the data was analysed using thematic content analysis. The findings suggested that only the delivery mode in which learning and teaching took place changed, but the curriculum remained the same. However, the change in delivery had implications for trainees' mental health, academic goals and expectations. Trainees reported initial anxiety and uncertainty associated with the unknown use of online platforms. Despite support from the university and their lecturers, they noted challenges related to constant academic changes that were implemented on a trial-and-error basis, studying from home in suboptimal environments, managing home and work balance, and counselling clients in a new and different therapeutic framework. Psychological assessments and community work were difficult to adapt to online platforms. In addition to the challenges faced, however, there were unexpected opportunities that positively impacted trainees' learning and acquisition of profession-wide competencies.

KEY WORDS: Trainee Psychologists, Professional development, Competency, COVID-19 pandemic, Online learning.

TABLE OF CONTENTS

Pages

CHAPTER 1: INTRODUCTION

In South Africa, the journey to qualifying as a professional psychologist begins with a university-based theoretical year of master's coursework, usually known as the "M1 year" (Knoetze & McCulloch, 2017). Following completion of the M1 year, the trainee psychologist progresses to a work-based learning component, known as internship placement, within which the trainee registers in a specific specialization (e.g., educational, industrial, research, counselling, or clinical) as an intern psychologist (Knoetze & McCulloch, 2017). This study focused on trainee psychologists' reflective experiences of their professional development during their first formal contact with the profession, the M1 year, under the COVID-19 global pandemic in the year 2020. In this study, the participants referred to as 'trainees' were individuals registered with the Health Professions Council of South Africa (HPCSA) as intern psychologists and were in their second year of the psychology master's program, i.e., the internship.

Professional development is an integral element of professional practice and training within the profession of psychology (Lourens & Uren, 2023). It seeks to complement the acquisition of clinical skills development and involves practice-based activities (e.g., psychological assessments, therapy, or case conceptualization) aimed at achieving the necessary core competencies for practising as a psychologist (Kluck et al., 2011). Professional development is defined as a developmental process whereby an individual acquires, expands, refines, and sustains knowledge, skills, proficiency, and qualifications that result in competent professional functioning (Kluck et al., 2011). It is thus a set of experiences given to trainees with the aim of facilitating their transition into subsequent professional roles and preparing them for practical experience (Kluck et al., 2011). The primary objective of professional training in psychology is the development of professional competence, referred to as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community served" (Epstein & Hundert, 2002, p. 226). Competency—defined as the knowledge, skills, and behaviours required from an individual to successfully carry out professional responsibilities — is the first step in the attainment of knowledge (Wong, 2020).

With the above as background, the literature on professional development supports the notion that the professional development of trainees leverages hands-on practical experience (Plummer et al., 2021). The nature of trainees' development of profession-wide competencies necessitates a significant amount of training in a physical setting. The notion of guided practice, wherein trainees receive supervision in professional psychology programs, is recognized as a crucial aspect of their professional growth (Plummer et al., 2021). As such, psychology master's programs have traditionally occurred in a physical setting (Plummer et al., 2021).

The advent of the COVID-19 global pandemic, however, resulted in substantial implications for the acquisition of essential competencies that constitute a crucial part of the training process (Boland et al., 2022). Psychology master's programs had to navigate drastic deviations from the traditional, tried, and tested pedagogy to online innovative teaching methodologies that needed to suit the COVID-19-induced lockdowns (DeArmond et al., 2023). This raised concerns regarding trainees' client interaction, supervision, psychological assessments, and psychotherapy. These interactions, usually conducted in a face-to-face setting, necessitated adaptation to an online environment (Boland et al., 2022). Online learning refers to "a learning environment that uses the internet and other technological devices and tools for instructional delivery and management of academic programs" (Liu et al., 2023, p. 2). It is thus a process where education is delivered when both the lecturer and trainee are separated by distance (Liu et al., 2023).

The use of technology within the field of psychology has a long-standing history that precedes the emergence of the COVID-19 pandemic (Hanley, 2021). Online therapy, for example, was historically considered an alternative to traditional face-to-face therapy (Hanley, 2021). The rise of internet-based technologies has led to an expansion in services offered beyond the conventional face-to-face therapy setting. However, the integration of online therapy into psychology practice has been a topic of discussion in the literature for over a decade (Agathokleous & Taiwo, 2022). Throughout this period, psychologists and researchers alike have investigated and experimented with the provision of mental health services on online platforms (Agathokleous & Taiwo, 2022).

Within the online therapy literature, from 1990 to 2000, there was a movement to encourage the use of virtual platforms for counselling, including the development of theoretical interventions believed to be more practical (Hanely, 2021). Specialized training in the

provision of therapy through email or chat systems has been available since the year 2000 (Hanely, 2021). Anthony and Nagel (2010) published a book that provided a theoretical framework for describing how various types of virtual communications could translate into therapeutic tools and emphasized how virtual counselling complements the traditional face-to-face counselling. Alternate frameworks for conceptualizing online therapeutic contact and processes were also made available in the early 2000s, using Suler's (2004) concept of online disinhibition, Anthony and Nagel's (2010) concept of the synchronization of virtual communications, and the theory of cyber-counselling by Suler (2016). According to Hanely (2020), these developments paved the way for the formal recognition of technology within the profession, and psychologists relied on virtual counselling during the COVID-19 pandemic. However, little remains known as to how the use of online versus in-person teaching and learning has impacted trainees' exposure to the master's curriculum and how online learning has been integrated into training programs.

Nevertheless, online platforms are incomparable to in-person, flexible traditional training that has always been enjoyed by previous students. The in-person training offered students benefits such as, regular feedback through continuous consultation, and direct supervision of their clinical work by licensed supervisors (Hatcher et al., 2020). For students, being in-person with experienced supervisors allowed them to access rapid hands-on guidance when encountering unexpected situations (Hatcher et al., 2020). Yet, the COVID-19 pandemic measures imposed a new approach, where trainees had to learn professional competencies over the internet and carry out interventions using finite resources while also having to navigate the aftermath of the pandemic in their personal lives. Trainees were forced to show their ability to handle increased autonomy and take on more active, and solution-focused positions in a relatively limited period of time (Desai et al., 2020). Like traditional in-person settings, trainees had to implement these practical interventions in an effective and ethical manner.

Motivated by the above concerns, the primary objective of this qualitative study was to explore the experiences of trainee psychologists regarding their professional development throughout the COVID-19 pandemic.

1.1. Rationale

In South Africa, professional training and education in psychology has always focused on the traditional in-person training with little to no attention to online training (Goldschmidt et al., 2021). The incentive to conduct this study emerged from the World Health Organisation's (WHO) global declaration of the COVID-19 pandemic in March 2020, and the consequential rapid move to online teaching and learning platforms in the field of professional psychology training in higher education (HE) (Pasyk et al., 2022). The delivery of professional psychology training underwent significant changes in the year 2020 due to the lockdown and social distancing measures imposed by the COVID-19 pandemic (Bailey et al., 2023). Universities were forced to transition to online learning platforms, which included virtual synchronous and asynchronous instruction (Frye et al., 2022). As a result, trainees who underwent their master's training in the 2020 academic year, amidst the peak of the COVID-19 pandemic, may have experienced vastly different training opportunities than their predecessors, with perhaps the greatest adjustment being the use of videoconferencing tools for client work, psychological assessments, and supervision. In addition, these trainees became the first group of professional psychology trainees to undergo the entire M1 training while adhering to safety restrictions.

The COVID-19 pandemic imposed other unique challenges associated with completing psychotherapy training, and supervision online for the first time (Bailey et al., 2023). These challenges included studying from home in suboptimal environments, mental health concerns such as anxiety, stress, and depression stemming from: fear of vulnerability to infection, the safety and wellbeing of loved ones, disrupted routines, and the uncertainty of academic positions (e.g., completion of training in record time). Further challenges included: counselling clients using videoconferencing tools such as Zoom or Microsoft Teams; practising psychological assessments and conducting community projects online; and studying in isolation without opportunities for spontaneous conversations with peers and lecturers (Zammitti et al., 2023). These adaptations to online learning further required access to resources such as data bundles and laptops, which may have added a financial burden (Zammitti et al., 2023). Padmanabhanunni et al. (2022) noted that the restructuring of the training program and the stressors of the pandemic also led to feelings of burnout among trainee psychologists. It is thus crucial that training institutions are made aware of trainees'

experiences to ensure that supportive measures are put in place and that their mental health is prioritized.

Prior to the COVID-19 pandemic, online psychological interventions offered numerous opportunities for clinical practice (e.g., convenience and flexibility). However, despite these advantages, they were not as commonly offered and utilised as the traditional face-to-face psychological interventions (Bailey et al., 2023). “The fact is that many faculty members remain sceptical about the quality of online education, are weary of anyone who has online credentials, and, in general, espouse lukewarm support for the process at best” (Mandernach et al., 2012, p. 204). The literature before and after the COVID-19 pandemic regarding the transition to online platforms, shows that many studies focused predominantly on exploring qualified therapists’ experiences and attitudes towards online therapeutic interventions (e.g., Cipolletta & Mocellin, 2018; Machluf et al., 2022; Rathenau et al., 2022). In the context of trainee psychologists, much research has focused on online supervision, which was found to have fewer risks and high possibilities for professional enrichment (Bell et al., 2020; Bernhard & Camins, 2021; Nadan et al., 2020; Parry, 2023; Phillips et al., 2021). While it is important to hear about these experiences, a more in-depth exploration of the pandemic’s driven changes on professional development would extend existing research, with the inclusion of a trainee perspective.

The literature exploring psychology’s resistance to online education has identified several reasons, among which were: (1) limited interactive learning; (2) limited interaction and interpersonal contact among trainees and with their supervisors; (3) fear that students teach themselves the material; (4) lack of research-based and validated framework guidelines for delivering professional development online; (5) the ability to effectively teach online is likely to vary based on a broad variety of learning objectives that direct educational and pedagogical considerations; and (6) some elements of psychology training are well-suited for online instruction, while others require more preparation and strategic thinking to be effectively executed (de Caux & Macaulay, 2023; Liguori & Winkler, 2020; Padmanabhanni et al., 2023). It is noted that mental health practitioners remain sceptical of the discipline’s capacity to effectively teach psychotherapeutic skills and competencies online (Kolmos, 2022). Further research and experimentation are likely required to mitigate this scepticism. Therefore, only drastic situations, such as the COVID-19 pandemic, forced psychotherapy training programs to urgently consider online training.

The field of psychology now has a valuable opportunity to build on the experiences of trainees who trained during the pandemic, including the benefits and challenges of incorporating online training into the field. That is, the pandemic's social distancing measures, which compelled the profession to move to online platforms, have the potential to fill a gap that exists in the literature concerning the potential of online training in the field of psychology. Thus, little is known about: (1) the professional development of M1 students via online learning; (2) adjustments that needed to happen; (3) the use of online therapy by trainees; (4) support received; (5) challenges and opportunities; (6) the quality of the training; and (7) how prepared trainees were to enter internship training following a year of non-traditional training experience. There is a need to understand the significance of acquiring clinical experience online and achieving curriculum requirements that have historically taken place in a face-to-face learning environment. This may assist in understanding whether the integrity and quality of the program are compromised and whether trainees are still able to achieve their pedagogical goals while using these platforms. The lack of research into online training for trainee psychologists also reveals that there has not been sufficient research into traditional methods of training against which the new modes of training could be evaluated.

While it is evident that some international studies have explored the implementation of telepsychology for training in universities (Pasyk et al., 2022; Ritchie et al., 2021; Sant'ana et al., 2022; Stein et al., 2022), little to no studies have been published in South Africa. Additionally, there is also little research that has come up with conclusive results regarding the impact of COVID-19 on trainees' professional development (Kolmos, 2022). This study aimed to address these gaps by focusing on trainee psychologists' experiences of transitioning to online training during the pandemic. Exploring their experiences could offer valuable insights into the challenges and successes they encountered during this period of adaptation. It could also provide more information on what worked (or did not) as it relates to professional development using an online platform. Detailing the experiences of trainees may assist institutions of higher learning for professional psychology training in South Africa to discern what could be used as a framework for planning, designing, delivering, and assessing online training. The current study's results thus assist with clarifying the degree of the pandemic's impact on trainees' professional development.

1.2. Research Aim

The purpose of this study was to explore trainee psychologists' experiences of professional development during the COVID-19 pandemic by examining their experiences of transitioning from the traditional in-person to online learning.

1.3. Research Questions

The following research questions were formulated according to the above aim of the study:

1. How did trainees describe being professional master's students during the COVID-19 pandemic?
2. What were trainees' experiences of practical work online?
3. What were the challenges and/or opportunities of training online?

1.4. Structure and outline of the research report

Chapter 1 briefly introduced the topic of professional development. It also provided the study's aims and rationale. The remainder of the report is structured in the following manner:

Chapter 2 discusses the theoretical underpinnings of training in psychology master's programs. It unpacks what comprises the professional development of trainees, including didactics and client work, supervision, psychological assessments, and research. This discussion provides a picture of the program's pedagogy before the COVID-19 pandemic, setting the stage for an elucidation regarding the changes and adjustments that were required following the transition to online training and how this impacted professional development. This is also an exploration of how professional development has been constructed in the debates over the past years and how online platforms are shaping and influencing these debates.

Chapter 3 is a discussion of the methodological concerns employed in the production of this study. That is, a discussion of the research design, procedure, participants, and method of data analysis. The chapter discusses the strengths of qualitative research's approach to producing in-depth findings that are discussed in Chapter 4. Moreover, the ethical issues that were raised by this study are discussed, including how they were addressed. It is followed by a discussion of the way in which qualitative resources were used during interviews and in the analysis of the interview transcripts. The chapter ends by offering an account of the researcher's

reflexibility as a trainee psychologist who has also attained professional training via online learning. While this section is specifically dedicated to discussing the methodology of this study, it is essential to note that methodological issues are addressed throughout the chapters and are not exclusively confined to this chapter.

In this analytic chapter, Chapter 4, experiences of practical work on an online platform, which form the bulk of the material generated from interviews, are explored. This chapter also shows how Braun and Clarke's (2013) thematic analysis enabled representations that effectively captured professional development experiences. The findings are grouped into themes and sub-themes that are discussed using relevant quotes from the interviews.

Chapter 5 combines and interprets findings based on literature and key theoretical viewpoints. A special emphasis is placed on understanding the findings in terms of trainees' professional development from a new delivery mode that was characterized by doubts and hesitation within the literature.

In Chapter 6, the researcher draws on the major themes across the research study, offering a summary, conclusion, and implications for the study. It also offers recommendations of the study that are based on the key findings and its limitations.

CHAPTER 2: LITERATURE REVIEW

The pedagogical characteristics of online and face-to-face learning have been discussed from various perspectives in the literature. Examples of these perspectives include the differences and similarities, advantages and disadvantages, students' attitudes and satisfaction, and the efficacy of both mediums (Butz et al., 2015; Cacheiro-Gonzalez, 2019; Tratnik et al., 2019). As previously defined, online learning refers to learning that is delivered by means of technology, where the student is not in physical proximity with the lecturer and learning may take place in the form of synchronous and asynchronous technologies (Salta et al., 2022). Synchronous learning entails the simultaneous presence of both the student and lecturer, but not necessarily at the same geographical locations (Salta et al., 2022). Special forms of technology are employed to resemble physical in-person learning, such as videoconferencing platforms, screen sharing, or live chats, to enhance communication in real time (Salta et al., 2022). In asynchronous learning, the materials for teaching are posted online, and students have the option to go through them at their own pace, such as pre-recorded lectures and text-based assignments (Salta et al., 2022). From the reviewed literature, what differentiates face-to-face from online learning is the location and delivery tool (Darkwa, 2021). That is, online learning is delivered via technological tools such as laptops or mobile phones and can take place at any location of the student or lecturer. In contrast, face-to-face learning requires both students and lecturers to be physically present, usually referred to as 'on-campus learning' (Darkwa, 2021).

Bergiel et al. (2021) reported that the main advantages of online learning are convenience and flexibility; students do not need to travel and can study in the comfort of their home using an internet connection. Flexibility allows students to record the lectures and use them for future reference, overcoming the need to memorize and recall information (Bergiel et al., 2021). However, these advantages come with an increased possibility of being distracted, affecting one's ability to pay attention. For instance, communicating with family or friends in the background, reading and responding to emails, and scrolling on other websites during classes (Scharff et al., 2021). Learning may be disrupted when there is poor bandwidth, loadshedding, or even a lack of a private or quiet space (Bala, 2020). In contrast, the physical arrangement of the face-to-face classroom, for instance, chair and desk arrangement, blackboard and lecturer movement, is such that it promotes attention and focus, engagement, and interaction between students and lecturers (Mukhta et al., 2020). According to Mukhta et al. (2020), although students and lecturers can see and communicate with each other via

videoconferences, online learning lacks personal human contact, which promotes the need to communicate and engage with the material.

The absence of human contact in the online setting is accompanied by a deficiency in nonverbal communication (Mukhta et al., 2020). In a face-to-face setting, access to nonverbal communication or visual signals provides the instructor with a feedback mechanism for understanding students' level of understanding, or confusion, attention, and interest in the topic (Mukhta et al., 2020). These may be difficult to observe in an online setting. Sousa (2021) pointed to this challenge, noting that often during online classes students switch off their cameras to minimize network problems and hide their home interiors, thereby making it difficult to observe nonverbal communication. John et al. (2016) reported that content curriculum plays a pivotal role in the effectiveness of online learning and students' participation. Similarly, in terms of satisfaction, studies show that certain factors affect satisfaction levels among students, such as curriculum content, teaching quality, social presence, access to good-quality devices or a stable internet connection, and students' ability and confidence with technology (Dastidar, 2021; Kimura, 2022; Thach et al., 2021). For instance, a study by Alrayes et al. (2022) investigating university students' satisfaction with online learning found that those who felt that there was more interaction and engagement during online classes were more satisfied with online learning than those who reported poor engagement and interaction.

2.1. Implications of the COVID-19 pandemic in South Africa

The outbreak of the COVID-19 pandemic resulted in a huge strain across many parts of the world (Bailey et al., 2023). The situation, according to Olaniran and Ilesanmi (2022), posed the gravest threat in developing countries such as South Africa with a history of underlying health challenges (e.g., HIV and AIDS, tuberculosis, diabetes, and chronic respiratory conditions coupled with a high level of alcohol and drug-related hospitalization), poverty, inequality, unemployment, limited access to water and sanitation facilities, among many others (Olaniran & Ilesanmi, 2022). The overcrowded living spaces in most South African townships and rural areas and the limited (often shared) water and sanitation facilities have made social distancing measures and self-isolation difficult, consequently increasing the spread of the virus. Because of the already strained economic conditions, many South Africans had few resources to cope with the exposure of the pandemic. Olaniran and Ilesanmi (2022)

further point out that South Africa grapples with the dual challenge of serving as the focal point of the COVID-19 pandemic on the African continent while simultaneously bearing the responsibility of providing for millions of unemployed citizens reliant solely on social welfare provisions. Mbunge (2020) reports that while South Africa suffers from high rates of mental health challenges such as post-traumatic stress disorder, anxiety, and depression, these challenges have increased significantly during the pandemic, as indicated by increased cases of gender-based violence.

The setting of the current study is the South African higher education system, where great levels of inequality exist between institutions due to their differing geographic locations, access to resources, and racial and political histories (Songca et al., 2021). According to Songca et al. (2021), the COVID-19 pandemic resulted in many ways, of the advantaging of historically white institutions (e.g., Witwatersrand University) and the disadvantaging of historically black institutions (University of Zululand). This is to say that the context and educational policies of South African universities present additional challenges in the adoption of online learning approaches. For instance, Mgutshini et al. (2021) reported that students from the University of the Witwatersrand successfully received data bundles and laptop packages from their university when they moved to online platforms, while students from the University of KwaZulu Natal reported that their university failed to provide these learning resources. According to Mgutshini et al. (2021), the move to online platforms only addressed issues of curriculum delivery and ignored or superficially addressed a wide range of socio-economic realities that affect most students' access to the curriculum (Mgutshini et al., 2021). Examples of these socio-economic realities are loadshedding, which usually results in poor or no internet connectivity; unconducive home living, where most students live in crowded places; and drunken parents who often communicate through violence. According to Mgutshini et al. (2021), these issues are more prominent in the townships, where the majority of the student population lives. This highlights the coloniality of service delivery in post-apartheid South Africa, where black communities continued to receive substandard services (Mgutshini et al., 2021).

In the current study, the majority of the participants were from privileged universities (Wits and University of Pretoria) and all had access to laptops and data packages. Even so, the majority of these students were from townships and continuously complained of the impact of

loadshedding, poor internet connectivity, and a lack of private spaces for their online learning. That is, most of the challenges faced by students are beyond the university's control. A study by Govender et al. (2021) with the University of Johannesburg students suggested that although students had access to online resources, such as laptops and data packages, they still complained of studying in overcrowded homes, poverty and poor internet connectivity, making studying difficult during the lockdown.

According to Bhagwan (2022), university students were the most vulnerable group that experienced both academic and mental health repercussions of the virus. Extensive literature reveals that they grappled with elevated levels of stress, depression, anxiety, and suicidal thoughts, primarily due to the forced closures of universities. Thousands of students who resided in student accommodations were compelled to vacate and return to their respective homes. The issue of accessibility came to the forefront, particularly in light of the fact that rural areas, townships, and informal settlements in South Africa often lack reliable access to fundamental services such as electricity, adequate housing, and internet connectivity (Bhagwan, 2022). For instance, Songca et al.'s (2021) study investigated Walter Sisulu University's students' experiences of transitioning to online platforms. Given the university's rural location, the study reported that these students struggled with access to online learning materials, load shedding, poor internet connectivity, and conducive learning environments. As a result, the university switched to asynchronous learning to accommodate students. The authors further made reference to universities such as the University of Fort Hare, University of Limpopo, University of Venda and University of Zululand, which also used asynchronous approaches due to challenges with access to online resources (Songca et al., 2021). This may suggest that students from these universities missed out on opportunities for live and interactive learning during the lockdown. This indicates that such universities, like many other universities in developing countries, battle with infrastructural inequalities.

Emphasizing the existing challenges within higher education institutions, Motala (2020) referred to the historical protests regarding fees, decolonization, and accessibility, among other issues (Motala, 2020). That is, the history of protests such as the #FeesMustFall movement highlights the existing challenges of higher institutions of learning in South Africa, exacerbated by the COVID-19 pandemic. Czerniewicz (2020) makes a comparison, with regards to the impact on teaching and learning, between the disruptions caused by

#FeesMustFall from 2015 to 2017 and the current pandemic. The assertion put forth is that although the lessons from higher education responses to student protests in the past remain applicable, the same disruptions persist (e.g., shifting to online platforms, cancellation of practical activities and examinations). The ultimate objective then, much like before, was to successfully conclude the academic year (Czerniewicz, 2020).

2.2. Professional Development

As previously defined, 'professional development' encompasses a variety of specialized activities given to trainees for the maintenance and development of therapeutic effectiveness, such as attending conferences and seminars, counselling clients, conducting psychological assessments, receiving regular supervision, and upholding ethical practice (Donati & Watts, 2005). Professional development is therefore how one learns to be a psychologist. While the domains of competence continue throughout one's career, they are anticipated to develop over the course of postgraduate training, with sharpening occurring during internship placement (Motswai, 2022). Donati and Watts (2005) further posit that professional development may also include aspects of a personal nature, such as attending personal therapy or engaging in self-care practices. That is, professional development is linked to personal development, both influencing each other to form part of psychologists' development. According to Cook et al. (2009), M1 training is a pivotal stage in professional development, with knowledge acquired during this period carrying implications for one's entire professional journey. Goghari et al. (2020) posit that the professional development of psychologists is a complex process, requiring partnerships between universities, hospitals, and other clinical training sites, as well as statutory regulatory professional bodies. In South Africa, the training of psychologists is guided by the HPCSA, which prescribes the expected core competencies trainees should acquire at this stage (Padmanabhanunni et al., 2022). During the COVID-19 pandemic, the HPCSA and the Psychological Society of South Africa (PSYSSA) guided universities during the adoption and implementation of online training in psychology (HPCSA, 2020; Munnik et al., 2020). The guidelines advised universities providing master's programs to provide trainees with reasonable practicum training, including support during these trying times (HPCSA, 2020). It was recommended that universities develop alternative plans for the delivery of high-quality education for trainees while meeting the required outcomes for professional training (Munnik et al., 2020).

The reviewed literature suggests that to ensure continual professional development during the pandemic, both internationally and locally, the pedagogy and teaching practices underlying psychology master's programs across universities were re-examined, reviewed, and modified using delivery methods and formats that were not typically associated with professional training, i.e., online platforms (Goghari et al., 2020). According to Munnik et al. (2021), these adaptations and changes had to make educational sense and be at a level that still achieved professional development and the statutory requirements. What was more challenging, as contended by Munnik et al. (2021), was ensuring that these adaptations led to an inclusive learning experience for trainees. In response to the COVID-19 pandemic, universities reacted differently. The Association of Psychology Postdoctoral and Internship Centers (APPIC) conducted a survey to investigate the progression of professional development amid the pandemic for 432 internship sites and 222 university training programs (APPIC, 2021). The results suggested that modifications to training programs included increased online learning, online therapy and supervision, and online psychological assessment training (APPIC, 2021). Similar modifications were reported by Bell et al. (2020) for the Health Service Psychology (HSP) program at a university in New York, which included the cancellation of face-to-face teaching and a move to a fully online format. Gardner et al. (2022) reported that practicum training was maintained for child and adolescent psychology programs across the United States using accommodations such as physical distancing, hand sanitizers, cleaning procedures, and strict personal protective equipment (PPE). More intensive modifications were also made; Richardson et al. (2020) reported having to extend the 2020 M1 to 2021 at the University of Columbia. They reported that this decision to extend the year was guided by wanting to ensure that their students were safe and exposed to enough training (Richardson et al., 2020).

On the other hand, King (2020) reported the termination of practicum activities for the remainder of the year at the University of Albany in New York. The activities terminated included individual and group therapy, psychological assessments, and community outreach projects (King, 2020). However, it was acknowledged that this limited training exposure and impacted trainees' growth and development in their careers (King, 2020). Goghari et al. (2020) reported limited practicum exposure for clinical psychology trainees at the University of Toronto. They reported that all practicums were paused until July, including the cancellation of a summer community training experience (Goghari et al., 2020). This caused the most anxiety among trainees, as they were expected to submit internship readiness forms by the 1st

of July 2020. However, given the impact of this decision, they applied for a non-standard reduction of program requirements, which allowed them to change the requirements of their master's program to allow trainees to complete and progress to internships (Goghari et al., 2022). Gicas et al. (2021) noted that with these decisions came a dilemma related to whether trainees were regarded as essential personnel. According to Gicas et al. (2021), although trainees are learning through practicums, they are also providing mental health support to the population, more essentially under the global pandemic. They were thus to be considered essential personnel, although this was not approved (Gicas et al., 2021).

The professional development of trainee psychologists became particularly relevant during the COVID-19 pandemic. Some researchers expressed scepticism regarding the efficacy of online platforms to produce competent psychologists (Connolly et al., 2020; Topooco et al., 2017). Research by Lourens and Uren (2023) and Motswai (2022) confirmed this. Lourens and Uren (2023) conducted a study with a sample of seven intern clinical and counselling psychologists to explore their experiences of professional development during the COVID-19 pandemic. The results of their study suggested limited training opportunities for professional development. Trainees reported that they had to forgo opportunities such as workshops, case presentations, and ward rounds. They further reported having missed opportunities for supervision, including limited experiential learning in community work and psychological assessment practices. These trainees also reported lighter caseloads (Lourens & Uren, 2023). Although this study focused on M2 training, it offered valuable insights into how trainee psychologists experienced the shift to online platforms, including the implications this had on training overall. Motswai (2022) conducted a survey study exploring 20 clinical intern psychologists' experiences and perceptions of competencies acquired during M1 training in preparation of their internship placement at One Military Hospital in Pretoria. The outcomes of this study indicated differences in the quality and nature of clients that trainees were exposed to. In terms of psychological assessments, trainees reported limited to no practical training. Trainees further rated their ability to write therapeutic and psychological assessment reports as average (Motswai, 2022). These two studies (Motswai, 2022; Lourens & Uren, 2023) thus provide insight into trainees' experiences of professional development and their readiness for internship training. However, in both studies, some of the responses by trainees may have reflected socially desirable answers. That is, an avoidance of being too confident or appearing to know everything.

Trainees in Bernhard and Camins's (2021) study reported a different experience from the studies above. They reported that as much as the online platform presented some challenges, such as limited experiential learning opportunities, they realised that the responsibility to learn shifted away from the university to themselves. They reported having taken ownership of their learning by consulting reading materials and supervisors, which fostered more growth and development. Furthermore, they acknowledged that the online platform introduced novel prospects for applying theoretical interventions in creative ways, which fostered critical thinking and engagement (Bernhard and Camins, 2021). Similarly, trainees in Dopp et al.'s (2021) study reported that the online platform facilitated their development of professional baseline competencies, such as administrative skills, cultural competence, ethical and legal domains, and research. They further added that online training aligned very well with their long-term career interests, where some of them had plans to work in telepsychology-based internships and others to open practices aimed at online therapy. Additionally, they highlighted that during interviews for securing internship placements, internship sites valued their unique experiences in virtual counselling and considered their training as "very relevant and exciting" (Dopp et al., 2021, p. 10). This was even true for internship sites without a focus on online counselling services (Dopp et al., 2021). However, trainees in this study were exposed to face-to-face practicum training before the pandemic. It is unknown whether prior face-to-face training may have had an impact on their positive experiences as compared to those who trained exclusively online.

2.2.1. Didactics

Didactic seminars are considered an essential part of training that introduces trainees to their foundational (knowledge-based) competencies in preparation for the internship placement and beyond (Nel, 2011). They expose trainees to theory, including the learning of therapeutic skills immediately required for use in certain clinical work (Nel, 2011). According to Kottle and Swartz (2004), didactics provide opportunities for novel thought, reflection, and debate. They are an opportunity to challenge theory, question assumptions, and modify what has been handed over by the predecessors of the discipline in a way that is personally rewarding and gives one an opportunity to belong to the community of the profession (Kottle & Swartz, 2004). Furthermore, some of the ideas that were accepted without criticism are thrown for discussion

(Kottle & Swartz, 2004). These discussions of the theoretical dimensions of the discipline are key to professional development (Kottle & Swartz, 2004). As asserted by Nel (2011), such critical engagement with the content is what differentiates postgraduate students from undergraduate students.

The literature on professional development during the pandemic has not given this aspect of training much attention, i.e., little literature has focused specifically on experiences of online classes within professional psychology training (Aafjes-van Doorn et al., 2022). Existing studies have predominantly explored the impact of the online environment on practical work, such as counselling clients and administering psychological assessments. This may be because much of the focus on professional psychology training is dedicated to practicums, which are believed to be the hallmark of professional development (Aafjes-van Doorn et al, 2022). It may also be contended that another reason for the lack of literature in this area may be that postgraduate students, in comparison to undergraduate students, do not rely solely on their lecturers for content learning and understanding. In other words, the method of teaching utilized is that of active learning, which places emphasis on students' active engagement and assumes that they are responsible for their own learning (Fynn & van der Walt, 2020). This pedagogical approach can be seen in how lectures are structured, characterized by a preference for a seminar or interaction style. In this approach, the lecturer's role is to support the independent learning undertaken by a trainee in their own time and to fill in gaps during this learning process (Fynn & van der Walt, 2020). Even before the COVID-19 pandemic, postgraduate students took ownership of their learning by engaging with readings, consulting supervisors and lecturers for clarity, and asking questions (Salta et al., 2022).

There is, however, consensus in the reviewed literature that while there were some challenges with transitioning to remote classes (such as technological disruptions and exhaustion from excessive use of the screen), online classes were an easier adjustment to make, with the exception of the psychological assessment module (discussed in detail in the subsequent literature) (Farmer et al., 2020). Munnik et al. (2021) provide an exemplar of the transition to online classes with clinical psychology trainees at the University of Cape Town in South Africa. The authors reported that lecturers compiled PowerPoint presentation slides that were presented during online classes for engagement and discussion. Sometimes lecturers pre-recorded PowerPoint presentations that trainees could download and stream during the lecture time or any time while at home (Munnik et al., 2021). The recordings became a resource that

students could revisit when necessary. Munnik et al. (2021) believe that this contributed to a deeper understanding and fostered learning. Plummer et al. (2021) described similar modifications with trainees in their study, where the lecturers shared their computer screen and taught the content. They also reported that they tried to monitor student engagement by giving trainees readings to prepare before class and by asking for reflections. Ortiz and Levine (2021) reported the use of case study vignettes to supplement the demonstration of some practical skills and described situations where trainees conducted role plays with each other and sometimes used family members to learn therapeutic skills. Goghari et al. (2020) reported a similar adjustment, however, noting that it took some time for lecturers and trainees to familiarize themselves with the various videoconferencing and online teaching tools to effectively deliver training. They also noted that the transition to the online platform brought about additional challenges, including ensuring the integrity of exams and navigating the complexities of teaching across different time zones to include trainees hailing from different countries (Goghari et al., 2020).

Regarding trainees' experiences of these modifications, several studies suggest that the main challenges were poor engagement with class content, technological disruptions, decreased motivation, and exhaustion from excessive use of the screen (Sokolova et al., 2022). These results are consistent with research from related study fields. For instance, Fathoni and Retnawati (2021) conducted a qualitative study with 30 postgraduate students in different disciplines, including psychology, at Yogyakarta State University. Students reported that their initial challenges were that they and their lecturers were not competent in using the technological tools for teaching and learning. As such, a significant amount of time was dedicated to learning and getting used to the online platform, such as how to upload slides, share screens, and record lessons (Fathoni & Retnawati, 2021). They also reported common challenges such as poor internet connection, which affected the quality of the video and sound. Trainees also noted that on an online platform where everyone except the speaker was muted and cameras were switched off, there was poor motivation to engage in discussions. However, the online platform was not thought of as affecting relationship building among trainees as they still engaged outside of classes using applications such as WhatsApp (Fathoni & Retnawati, 2021). Scharff et al. (2020a) however, found that trainees felt isolated, describing the experience as studying the whole program in solitude.

Aafjes-van Doorn et al. (2022) conducted a study with clinical psychology trainees to explore their experiences with online education. The study sought to examine whether trainees' experiences of online education and behavioural engagement during classes had any predictive relationship with their perceived quality and efficacy of the training they underwent. Behavioural engagement in online classes included being prepared, attentive, and asking questions or commenting. The findings suggested that poor engagement during online classes led trainees to consider their training to be of poor quality (Aafjes-van Doorn et al., 2022). The findings of this study suggest that trainee engagement with the course content is important for effective online learning, particularly for the benefits mentioned earlier by Kottle and Swartz (2004). In fact, Lehman and Conceição (2010, p. 11) argued that a critical predictor of successful online classes is the presence of three core elements: "(1) interaction with course content (cognitive presence), (2) interaction with instructors (teaching presence), and (3) interaction with fellow students (social presence)." Overall, the main impact of transitioning to online learning appears to be technological barriers, poor engagement, and isolation, which in turn affected opportunities for the mutual construction of knowledge, collaboration, analyzing of viewpoints, and the expressing of opinions.

2.2.2. Client Work

It is famously consented in the literature that practicum training in psychology is "perhaps the most important mechanism for enabling the acquisition of competencies" (Stoltenberg, 2005, p. 858). For Langs (1994, p. 6), practicums are "the backbone of a trainee's development" and Holloway and Neufeldt (1995, p. 212) add that practicums are "deeply embedded in our beliefs about what constitutes training in psychotherapy". As such, trainees are introduced to counselling practicums, whereby they provide counselling to clients under supervision (Scharff et al., 2020). Furthermore, psychotherapy training is seen as a crucial step leading towards professional development and independent professional practice. Through therapy training, trainees are introduced to the core competencies of the discipline, integrating what they learn in the classroom into their sessions and preparing them for further training in internships and beyond (Scharff et al., 2020a). Similarly to other components of training, client work rapidly moved to online environments.

Online therapy has been assigned a variety of names and has previously been plagued by a lack of standard terminology. Various terms such as “e-therapy” (Wangberg et al., 2007), “cybertherapy” (Vally, 2006), “teletherapy” (Scharff et al., 2020a), “collocated work” (Jensen & Dennis, 2020), and “internet-delivered service” (Hertlein & Earl, 2020; Weinberg & Rolnick, 2020) have been used. The variety of terms that exist shows the novelty of the concept of online therapy and that it is in its infancy within the profession of psychology. In addition to the various existing names, there are many proposed definitions of online therapy. The chosen terminology in this study is that of “online therapy” and the definition by Day and Thomas-Anttila (2021), as it fitted with the context in which trainees in this study saw clients during the COVID-19 pandemic. According to Day and Thomas-Anttila (2021), online therapy refers to the delivery of therapy in immediate real-time interaction through video conferencing, using online platforms such as Microsoft Teams or Zoom, i.e., a setting where both the therapist and client have visible access to each other. Included in this definition is that in other cases, the client and therapist may decide to turn off the camera to control internet distractions and enhance focus on internal processes (Day & Thomas-Anttila, 2021). Moreover, for purposes of this research study and the context in which trainees conducted therapy, this definition excludes social media platforms such as Facebook or Instagram.

Online therapy is the component of training that received the most criticism in the literature, even before the COVID-19 pandemic (Tuna & Avci, 2023). Researchers doubted its ability to provide the same holding environment that is provided by face-to-face therapy (Tuna & Avci, 2023). The most cited reason is that ethical guidelines; in the South African context provided by the HPCSA, are still behind in developing guidelines for online therapy (Chipise et al., 2019). As a result, there is potential risk for both the client and therapist because of the lack of clearly defined guidelines in the existing ethics guidelines (Chipise et al., 2019). Some of the related ethical issues include privacy and confidentiality, competence, informed consent, identity verification, appropriateness of online therapy, crisis intervention, difficulties with building essential components such as therapeutic alliance, transference, and countertransference, and limited nonverbal cues (Chipise et al., 2019). However, despite these issues, a common agreement is that it remains a trustworthy alternative for continuing training and is effective in the treatment of common mental health disorders such as anxiety and depression (Chipise et al., 2019).

With the move to online therapy, universities reported having made adaptations to accommodate effective training and practice of online therapy. Examples are studies by Perrin et al. (2020), Sringer et al. (2020), and Tuna and Avci (2023). Collectively, these studies reported having made adaptations to consent forms, which included what is meant by online therapy, threats, and limits to confidentiality, and procedures used to protect confidentiality. The consent form included an electronic signature, which the client signed electronically. In the beginning of each session with new clients, trainees were to advise clients about being in a private room where they would not get distracted, or risk being overheard and discuss potential communication disruptions (Perrin et al., 2020; Springer et al., 2020; Tuna & Avci, 2023). They also advised clients of nearby hospital services in times of emergencies. Since trainees were being supervised, they were also required to make clients aware of the supervisor's access to the records of online sessions (Perrin et al., 2020; Springer et al., 2020; Tuna & Avci, 2023). Trainees also received workshops on online therapy, where supervisors role-played some ethical dilemmas or situations in which trainees may experience a challenge, such as clients worried about confidentiality, refusing to switch on cameras, or attending sessions with family members (Springer et al., 2020).

Beyond the above adaptations, however, there have been numerous debates within the online therapy literature, much of which center around the similarities and differences between face-to-face and online therapy and their impact on trainees' professional development (Scharff et al., 2020a). There were some concerns about the relational components, such as the working alliance, visual signals, transference, and countertransference, all of which are essential for trainees' competency and are impacted when moving to online therapy (Ahlstrom et al., 2022). Various authors have lamented the limited use of nonverbal communication (Ehrlich, 2019; Merchant, 2016; Russell, 2017; Scharff et al., 2020a). During a face-to-face session, the therapist pays close attention to the verbal cues of the client (for example, voice tone, rate at which utterances occur, and content) and the use of non-verbal behaviours (for example, movement, facial expression, and gesture) to continuously evaluate, analyse, and control the behaviours, and emotions of the client. The delicacy and nature of this therapy approach is considered very important and central in the process of counselling, and essentially, in students' training (Russel, 2017). Non-verbal communication is essential for the interpretation of unconscious processes and being emotionally attuned to clients. They allow the therapist to understand and interpret the client beyond the conversation (Weingberg et al., 2022). Working

with clients online requires therapists to modify their communication strategies to strengthen communication and build rapport with their clients (Weinberg et al., 2022). For beginning therapists, who may not have an opportunity to see the full physical body of the client, since they can only see a face over the online session, it affects their ability to learn to interpret clients' emotions and non-verbal behaviours (Weinberg et al., 2022). Indeed, in numerous studies exploring trainee psychologists' experiences of online therapy, the inability to interpret nonverbal communication has been cited as a loss of learning 'real and deep therapy' (e.g., Baier & Danzo, 2021; Ivey & Denmeade, 2023; Penny et al., 2022).

Related to the lack of visual signals is the quality of the therapeutic alliance, a pivotal element of therapy (Ivey & Denmeade, 2023). Therapeutic alliance, also known as "working alliance" or "therapeutic relationship," is defined as "the working relationship between the mental health clinician and patient and includes shared goals for treatment, the presence of warmth, authenticity, genuine concern, and a collaborative bond" (Lopez et al., 2019, p. 75). Therapeutic alliance is considered a primary component affecting client outcomes, including the ability to reduce the client's symptoms, adherence to treatment and client satisfaction (Lopez et al., 2019). The boundaries of therapy are what regulate the working alliance, separating it from a personal or business relationship (James et al., 2022). A major argument both prior and after the pandemic was the viability of fostering a robust therapeutic alliance and the ability to professionally assess a client's behaviour in the absence of nonverbal communication via online therapy (Lopez et al., 2019; Ogden & Goldstein, 2020). The literature revealed varied responses regarding this argument.

Individuals who believe that establishing a therapeutic alliance on an online platform is challenging argue that the absence of nonverbal cues significantly influences communication and interaction between the client and therapist (Penny et al., 2022). Consequently, this lack of nonverbal cues can hinder understanding, empathy, and ultimately, the capacity to form a good working alliance (Penny et al., 2022). Moreover, technological disruptions such as freezing of the computer screen disrupt communication during online therapy, triggering frustration and anxiety for both the client and therapist (Penny et al., 2022). James et al. (2022) reported that the boundaries that govern the therapeutic alliance are compromised during online therapy. They reported that online therapy was more of a 'check-in' or 'chat' affecting the content of therapy sessions and the ability to build a therapeutic alliance (James et al., 2022).

Some researchers contend that the sense of physical presence between the therapist and client remains intact in online therapy; eye contact is better as the client and therapist look at each other in closer proximity (Ogden & Goldstein, 2020; Weinberg, 2020; Yalom & Leszcz, 2020). The therapist may request that the client describe their bodily sensations or move back or closer to the screen. Weinberg (2020) argued that therapists must find a way to deal with these obstacles. Reynolds et al.'s (2013) study of 30 therapists and 30 clients found that the impact of online therapy is similar to that of face-to-face therapy. According to the study's client ratings, clients expressed contentment with the outcomes of online therapy, including the therapeutic alliance. Reasons included that because online therapy is a necessity rather than a choice, therapists have found creative ways to build the therapeutic alliance, such as strengthening verbal communication (Reynolds et al., 2013). Rather than harming the therapeutic alliance, the decision to switch to online therapy was specifically made to maintain it (Lopez & Schwenk, 2021).

While there are mixed results regarding the therapeutic alliance, most studies that specifically focused on trainees' experiences revealed consistent results, which suggested that trainees struggled with cultivating a strong therapeutic relationship without the presence of nonverbal communication (Heiden-Roots, 2020; Ivey & Denmeade, 2023). Morgan et al. (2021) explored the experiences of two university master's and doctoral programs in marriage and family therapy training and reported that the concerns trainees brought to supervision were clients rejecting online therapy because of privacy and confidentiality, challenges with involving the entire family during family consultations, and difficulties with discerning emotional nuances during the session. According to these trainees, difficulties with handling such situations affected their ability to build rapport with clients (Morgan et al., 2021). However, it was also noted that with supervision, trainees were able to learn ways of overcoming these barriers, such as "getting curious" and reflecting during moments of disconnection and mismatch (Morgan et al., 2021).

Furthermore, researchers have reported extensively on the therapeutic setting and continue to highlight its significance in providing containment, transference, and countertransference. According to Weinberg et al. (2022), the setting of in-person therapy creates a warm, safe, and womb-like space that shields the client from the challenging reality outside the room. According to Winnicott (1971), the therapeutic setting creates a room for the client to make use of the analyst. Winnicott (1971) believed that the room is an expanded body

of the patient, therefore, the therapist should meet the client's needs. However, in an online setting, Weinberg and Rolnick (2020) argue that it is difficult to adapt the atmosphere to the needs of the client, security cannot be guaranteed, and the therapist does not have control over the full setting. This means that the therapist relies on the client to create such a space for themselves.

Kotera et al. (2021), in adding to these debates, pointed out some disadvantages of online therapy. These include that not all clients possess the necessary technology or data bundles required to connect to the internet (Kotera et al., 2021). However, within the scope of trainees in the present study, many of their clients were university students, for whom the university provided data bundles. Moreover, their course coordinators screen relevant clients for them. Further disadvantages pertain to miscommunication and misunderstanding. For instance, therapeutic silences by the therapist may be interpreted as a technological disruption, such as the freezing of faces on the screen (Dent, 2020). During moments of intense emotions, there might be a risk of missing important communication since the therapist would not have a full view of the client to observe their body cues that are significant for the interpretation of facial expressions (Dent, 2020; Russell, 2018). Furthermore, online therapy can use more time and energy because it requires high levels of concentration due to the therapist's need for heightened concentration to establish and sustain a psychological environment conducive to providing the client with an optimal experience (Dent, 2020). To maintain presence, the therapist should be alert and make a significant effort to avoid distraction from any other stimuli, such as the screen or their therapy room (Dent, 2020). Thompson-de Benoit and Kramer (2020) argue that the requirement for the therapist to look down on the monitor to assess the client affects their direct contact with the client. As a result, the client may not be aware that the therapist is looking at them. However there are benefits, because Agar (2020), argues that when the responsibility rests upon the client to participate in their treatment, it fosters self-confidence and communicates trust in their inner resources. Federico (2020) is of the opinion that despite the psychologist's effort to make the client feel comfortable online, some clients just feel comfortable in their homes and can easily disclose their inner selves when at home. The author further argued that when the resources that were previously used in a face-to-face setting are no longer available to the client, psychologists may use the resources available in the client's home, such as the couch, pillow, and blanket, for somatic techniques or ask the client to move the furniture around for empty chair techniques (Federico, 2020).

It was, however, noted that for trainees, the setting was a challenge. Scharff et al. (2020a) reported that trainees encountered problems with the setting while conducting online therapy during the COVID-19 pandemic. This is because, they held sessions from their homes, shared rooms in university residences, or sometimes inside cars, thereby resulting in the setting being contaminated, inconsistent, and misrepresenting its importance (Scharff et al., 2020a). A mixed-methods study by Day and Thomas-Anttila (2021), entitled "In person online: What trainee psychotherapists discovered about online clinical work," showed various relational difficulties experienced by trainees following the move to online therapy. Trainees reported a lack of privacy for themselves and clients, particularly those who stayed with children while balancing other family responsibilities or sharing apartments. Trainees also felt like the therapeutic frame was weakened, owing to the lack of a separate, dedicated working space. In a study that was conducted by Blocksidge et al. (2022), trainees reported that providing online therapy from their homes felt uncomfortable and sometimes unprofessional. They referred to situations where clients attended sessions while lying on bed or eating (Blocksidge et al., 2022). However, in a study that was conducted by Scharff et al. (2021b), students reduced concerns about privacy by using earphones, applying Zoom virtual backgrounds, and using their bedrooms to conduct therapy. Lopez and Schwenk (2021) considered the ability to see clients' homes as a benefit, arguing that it provides insight into the client's life. However, the same authors also cautioned about the impact on the therapeutic relationship when clients gain insight into the therapist's home (Lopez & Schwenk, 2021). This is particularly important when the disclosure is not intentional.

Scharff et al.'s (2021b) study reported that students experienced more challenges managing clients through the screen. Students felt that online therapy gave clients more control over the extent to which they could participate in therapy sessions. For example, some clients walked away from the computer screen during intensely stressful moments (Scharff et al., 2021b). There were also potential distractions, such as the presence of family members of the client, pets, or noise from outside the venue. They further reported that for clients, having to look at their faces on the screen resulted in unrecognised issues that were related to their physique (Scharff et al., 2021b). Trainees reported that online sessions made it easier for clients to miss appointments and request that their therapist call them back at different times (Scharff et al., 2021b). Furthermore, life during the pandemic introduced new topics into clients' therapeutic work, such as experiencing multiple losses, grieving, dealing with serious illness, and the fear of being discriminated against in-hospital screenings (Scharff et al., 2021b). The

severity of these challenges requires students' awareness of the importance of their new roles as therapists. It also requires them to be able to detach themselves from their clients' experiences of anxieties about social distancing, isolation, loneliness, worry, and helplessness about the situation (Scharff et al., 2021b).

Garcia et al. (2022) and Penney et al. (2022) argued that much of the research on trainees' experiences of conducting online therapy has focused mostly on Cognitive Behavioral Therapy (CBT). They reported substantial evidence supporting the feasibility of online therapy for CBT-based interventions that most universities use, but less on other therapeutic modalities such as psychodynamic therapy (Garcia et al., 2022; Penney et al., 2022). However, this argument does not appear to hold, as some studies have reported positive results among trainees using other therapeutic modalities. For instance, Ivey and Denmeade's (2023) study investigating trainee psychologists' training using psychodynamic therapy reported that despite the common challenges cited in the literature such as internet disruption, lack of nonverbal cues, fatigue, therapeutic alliance, etc., trainees were able to successfully use this modality on an online platform. Similarly, a study by Békés et al. (2020), although investigating qualified psychoanalytic psychologists, reported that they experienced few challenges related to technology but felt that relationship building with their clients remained as strong and authentic as face-to-face therapy and felt confident and competent professionally. In a study by Tuna and Avci (2023), trainees reported experiences of modifying therapeutic modalities such as grief therapy during online therapy. One participant noted that during face-to-face therapy, she used to make use of the blackboard to draw or write when conveying some information to clients. When transitioning to online therapy, although with practice and creativity, this was still possible using Microsoft Word, in which the screen was shared with the client (Tuna & Avci, 2023). Overall, there are mixed results, which appear to show the therapist's competence, flexibility, and preference for the mode of delivery.

2.2.3. Supervision

The premise that client work is an important component through which trainees enhance their professionalism speaks to the importance of supervision. Supervision is a compulsory component for trainees as stipulated by the HPCSA, stating that personal development through supervision should occupy between 10% and 20% of the professional

training in psychology (HPCSA, 2013). Supervision refers to a "process in which an experienced professional holding appropriate preparation, degree, licensure, and/or certification, provides consistent support, instruction, and feedback to an inexperienced counsellor, fostering his or her psychological, professional, and skill development while evaluating his or her delivery of ethical services" (Perera-Diltz & Manson, 2012, p. 3). It is a pivotal element of training within the profession of psychology, in which supervisors act as important gatekeepers to the public and assist in socializing trainees into professional roles (Chircop et al., 2022). It assists trainees with solidifying their clinical and research skills and prepares them for entry into practice (Chircop et al., 2022). According to Wilson et al. (2016), almost half of psychologists' professional training involves learning through supervision. The results of positive supervision include increased confidence, inspiration, and therapeutic perspective (Wilson et al., 2016). Wilson et al. (2016) also noted that supervision helped trainees conceptualise cases, decide on appropriate interventions, and apply interventions in ways that were consistent with therapeutic models.

Traditionally, supervision was conducted in real-time in a physical setting (Bender & Dykeman, 2016). However, with technological advancements over the years, supervision has been delivered in remote methods, both synchronously and asynchronously (Bender & Dykeman, 2016). This is to say that online supervision within professional psychology training is not new. Prior to the COVID-19 pandemic, researchers have been exploring trainees' experiences and comparing the differences between in-person and online supervision (Wilson et al., 2016). Before the onset of the pandemic, online supervision was predominantly used in combination with face-to-face supervision, referred to as the hybrid method (Bender & Dykeman, 2016). Some researchers have also investigated trainees' experiences with the hybrid method of supervision. Collectivity, these studies suggest that this method contributes to trainees' development of clinical skills (Bender & Dykeman, 2016; Chapman et al., 2011; Conn et al., 2009; Deane et al., 2015; Perera-Diltz & Mason, 2012). However, according to Wilson et al. (2016), much of these studies used questionnaires to explore trainees' experiences, which does not provide an in-depth assessment about the process of supervision. Moreover, while these studies provide useful evidence that trainees can acquire their professional competencies through a hybrid supervision approach, a prominent question within the literature remains the exclusive use of online supervision and how it has affected trainees' professional development.

During the pandemic, various qualitative studies have been conducted to explore how trainees made the transition and how they were professionally affected by this shift (Ghosh et al., 2021). For instance, a study by Ghosh et al. (2021) explored trainees' experiences of transitioning from face-to-face to online supervision during the COVID-19 pandemic. Their results suggested that besides challenges with technology, trainees reported that they were able to learn from their supervisors as though they were interacting face-to-face (Ghosh et al., 2021). Online supervision also reportedly increased opportunities for supervisors to observe and join trainees' online therapy sessions, expanding direct observation and providing modelling or in vivo support (Ghosh et al., 2021). Similarly, Tarlow et al. (2020) found no differences between clinical trainees' experiences of in-person versus online supervision. Participants noted no differences in terms of their experiences between the two mediums, both in terms of satisfaction, quality, efficacy, and therapeutic alliance. They also reported increased benefits for online supervision, such as the increased working alliance, convenience (e.g., space and time), and accessibility of supervisors (Tarlow et al., 2020). Similarly, in another study exploring trainees' experiences of professional development via online supervision before and after the COVID-19 pandemic, Bernhard and Camins (2021) provided the perspectives of two trainees. The first trainee was a postgraduate trainee, while the second was a postgraduate intern. Both trainees reported the same experiences: a stronger rapport with their supervisors, increased access, and feedback. Moreover, trainees highlighted that online supervision facilitated the accomplishment of their supervision objectives, such as learning different therapeutic modalities, developing therapeutic relationships with clients, creating boundaries, and becoming confident in their work with clients (Bernhard & Camins, 2021). The authors concluded that both methods of supervision offer advantages and disadvantages. They referred to an exemplar using one of the trainees, who reported that face-to-face supervision allowed her immediate supervision and comfort but limited the development of autonomy and confidence. In contrast, online supervision allowed her developmentally appropriate autonomy and confidence but only permitted post-case supervision (Bernhard & Camins, 2021). While these examples highlight differences between the two modalities, they also show that each of them has a stronger advantage in certain professional skill development areas.

Several other authors have reported different results from the studies above. For instance, Parry (2023) reported that the content and focus of supervision on an online platform changed. The author saw a shift away from earlier emphasis on detailed case discussions and functional supervision to a focus on trainees' emotional support (related to the pandemic

stressors) and workload (Parry, 2023). Additionally, the author noted that the shift to online supervision has influenced the dynamics of supervisory relationships and communication. Reasons included that the supervisor and supervisee were not able to see each other's faces and reactions clearly, thereby affecting relationship building (Parry, 2023).

The contradictory findings from the aforementioned studies may imply that the disparities between in-person and online supervision may be shaped predominantly by the individual attributes of either the supervisor or the trainee rather than the nature of the supervision platform (Jordan & Shearer, 2019). For instance, the supervisor's competence and communication style, or the trainee's adaptability and openness to change or access to resources. Nonetheless, overall, the reviewed literature suggests that the transition to online supervision had little to no impact on professional development. In other words, the quality of supervision or client care was not impacted by technology. Prior experience with online supervision was helpful as technology became necessary but was not crucial for a favorable experience (Bernhard & Camins, 2021). Moreover, while there is evidence suggesting that the supervisory relationship and boundaries are affected, it is not known which circumstances affect these concepts. For example, how is the supervisory relationship affected by a poor internet connection? Much of the research also revealed that trainees struggled with Zoom fatigue during online supervision. However, there is a gap within the online supervision literature on how to address this concept or how supervisors can support their supervisees with this challenge.

2.2.4. Psychological assessments

The practice of psychological assessment is a clinical skill that is exclusive to psychologists' scope of practice (HPCSA, 2017). According to Munnik et al. (2021), the practice of psychological assessments at South African universities includes theory, practice, and integration. The training is one year long and includes lecture seminars, assessment observation, modeling of test materials, case studies, and testing in a face-to-face setting (Munnik et al., 2021). At some universities, students have access to a ready psychometric test library that supports learning and teaching (Munnik et al., 2021). The HPCSA requires successful completion of this module as a prerequisite for professional competency (HPCSA, 2019a). Like the pedagogical experiences discussed above, COVID-19 necessitated a transition

from face-to-face learning to online learning focused on case-based learning supported by online supervision (Farmer et al., 2020).

The general agreement in the literature is that psychological assessments were the most impacted area of training during the pandemic (Farmer et al., 2020; Patel et al., 2021; Munnik et al., 2021; Pade et al., 2020). It is reportedly one module that was difficult to transfer to online instruction. According to Farmer et al. (2020), the high level of technical and interpretive skills required when learning psychological assessments was challenging for trainees even prior to the COVID-19 pandemic. The limitation of online learning, which isolates students, thus adds to difficulties in learning (Famer et al., 2020). Perrin et al.'s (2020) study investigating doctoral training services at the Virginia Commonwealth University during the pandemic reported that while they support Elliott's (2020) argument that psychologists' bias against online therapy is often exaggerated, they agree that some elements, such as teaching and conducting psychological assessments online, are difficult. Ryan et al. (2021) also noted that, because of this difficulty, it is not clear which university substantially covered online assessment training during the COVID-19 pandemic.

August and Mashegoane (2021) elaborate by stating that the practice of psychological assessments is already facing difficulties related to limited assessment test batteries, language barriers, and cross-cultural applicability. Transferring these practices to online platforms posed additional challenges (August & Mashegoane, 2021). The challenges regarding the difficulties with teaching and learning psychological assessments online centered around potential risks to the integrity of assessments' validity, especially in situations where protocols needed to be modified (August & Mashegoane, 2021). These concerns stemmed from the absence of online assessment tools with established psychometric validity, including empirical research to support the use of available protocols that require in-person administration (Marra et al., 2020). A study by Gicas et al. (2021) offered a logistical example during their considerations for teaching assessments online. The authors reported that even if they were to continue and allow trainees to administer psychological assessments online, this would require secure videoconferencing platforms to allow for behavioural observation. This would have to be available from both parties, that is, the assessor and the assessed (Gicas et al., 2021). With this, test security becomes compromised given the number of test activities that require written responses and a certain level of environmental control (Gicas et al., 2021). Against this backdrop, there is a risk for exposing test content to unauthorised individuals, which not only

compromises the validity and usefulness of tests, but also carries legal implications pertaining to copyright infringement (CPA, 2020).

In an attempt to continue fostering professional development in psychological assessments, most universities reported resorting to old case reports for training in administration, scoring, writing, and conceptualizing reports (Gicas et al., 2021). In some cases, trainees observed online assessments, participated in mock interviews, and watched seminars that assisted them in learning how to administer and select appropriate test materials based on referral questions (Gicas et al., 2021). According to Munnik et al. (2021), theoretical and operational definitions were easier to transfer to online instruction. The more complex, three-dimensional understanding of constructs, however, required a greater level of participation than the digital platform could provide (Munnik et al., 2021). As students were not exposed to clinical settings, these components were further demonstrated using clinical examples that depended largely on the lecturer's experience (Gicas et al., 2021).

Nevertheless, it is crucial to consider that not all assessment protocols are standardized for online platforms (Wigdorowitz et al., 2021). Some psychological assessments (e.g., personality and projective assessments) were successfully transferrable to online platforms, including online interview techniques. However, cognitive assessments, also known as neuropsychological assessments, which provide essential information about various areas of medical practice, were not transferable to online platforms (Wigdorowitz et al., 2021). Given their logistics, cognitive assessments often involve a number of tools that require the real-time engagement of the client to oversee the process, including controlling time and the testing environment (Wigdorowitz et al., 2021).

Pade et al. (2020), in their study exploring the teaching and supervision of psychological assessments, reported that training in psychological assessments was preserved for internship training altogether. They noted that it is of high importance for trainees to be able to observe and describe behaviour during psychometric assessments (Pade et al., 2020). That is, the ability to read nonverbal behaviour is essential, and this was challenging in the context of assessments that relied heavily on this ability (Pade et al., 2020). Similarly, a study by Frye and colleagues investigated trainee psychologists' experiences of modified training during the pandemic (Frye et al., 2022). The authors reported that in terms of practical work, trainees in their study primarily provided online therapy, while psychological and

neuropsychological assessments were restricted to theoretical learning (Frye et al., 2022). They reported that this was reasonable considering that the testing booklets and manuals are validated for face-to-face use (Frye et al., 2022). The authors, however, noted that this impacted professional development as trainees missed opportunities for in-person experiences, collaboration, and consultation (Frye et al., 2022). Further reasons included that trainees should start by learning and acquiring foundational skills in administering standardized in-person formats before learning alternative test administration methods (Frye et al., 2022).

Casline et al. (2021) argued that while studies have demonstrated the feasibility of learning and conducting online therapy, no known study has demonstrated such feasibility for psychological assessments. Rather, a good alternative to make up for losses in experiential learning has been the use of case vignettes. The authors further added that while this method of learning limited trainees' opportunities for familiarizing themselves with the test material, trainees were still able to learn assessment properties, select assessment batteries based on background data (e.g., presenting problems, background history, previous assessments taken), deliberate differential diagnosis, write reports, and identify variables that may have affected test administration (Casline et al., 2021). In a study by Heesacker et al. (2020) investigating experiences of online assessments and psychotherapy reported the efficacy of online assessments, and those students were still able to develop assessment competencies through online platforms. However, the context of this study is different from the South African context, where trainees are taught manual assessments rather than automated or computer-assisted assessments.

Many studies within the literature have thus focused on intern psychologists' experiences of conducting psychological assessments since they were regarded as essential workers during the COVID-19 pandemic, i.e., were allowed to work at internship sites (Dopp et al., 2021; Goghari et al., 2020; Ortiz & Levine, 2021). In these studies, it was reported that interns were able to administer psychological assessments face-to-face, utilizing appropriate PPE (Dopp et al., 2021; Goghari et al., 2020; Ortiz & Levine, 2021). However, there were also challenges, such as the inability to read nonverbal information because of masks and social distancing measures (Goghari et al., 2020). Overall, it is noted that when it came to learning psychological assessments during the emergency lockdown at universities, it was especially challenging. As such, training programs prioritized mastery of theoretical concepts and some

baseline competencies considered essential for finishing M1 training and progression into internship placements.

2.2.5. Research

Training within the psychology master's program requires students to achieve the same level of skills in the methods of scientific inquiry and clinical practice **(**Fynn & van de der Walt, 2020). This is to say that a course in research methodology is a significant training component. Generally, the dissertation accounts for about 40 to 50 percent of the total master's degree, making it an essential component of the degree (Pillay & Kritzinger, 2007). According to Ghosh et al. (2021), research training sharpens trainees' competencies in areas of specialty, which may prepare them for careers in independent or collaborative research practices. Globally and within the South African context, one major concern regarding the research component has been trainees' time to continue and finish their research projects (Ghosh et al., 2021). Consistent with ethical practice, the first concern for researchers is the safety of participants, their families, and the researchers themselves (Stiles-Shields et al., 2020). Within the literature, many authors have reported that trainees made the transition by moving traditionally conducted research activities to online formats (Gruber et al., 2020; Prihandoko et al., 2022; van Tienoven et al., 2022). That is, remote recruitment and data collection processes. Remote recruitment included posting research advertisements on social media platforms or emailing letters to eligible participants informing them of the study and asking them to follow up by phone or email. These were followed by procedures for remote assenting and consenting (Gruber et al., 2020). However, some of these online recruitments were already used before the COVID-19 pandemic, such as advertising online and sending letters to potential participants.

Given that the master's program is a two-year course, completion of the dissertation is expected by the end of the second year, that is, the end of the internship (Pillay & Kritzinger, 2007). While for various reasons it is difficult for students to finish their research within the stipulated time (Fynn & van der Walt, 2020), authors in the literature have noted that the COVID-19 pandemic has worsened these delays in research projects, including other challenges related to writing up (Ferreira-Meyers, 2022). The degree of the impact varied among students based on the feasibility of continuing with the research project amid the

pandemic. That is, considerations such as the topic and methodology of the research project. For instance, Wigdorowitz et al. (2021) reported that most research involving psychological assessments could not be conducted during the pandemic for the reasons already mentioned, such as threats to test validity. As such, modifications to change the topic or methodology had to be considered, despite the researcher's stage of the research process (Wigdorowitz et al., 2021).

Motala and Menon's (2020) study reflecting on the teaching and learning at the University of Johannesburg during the pandemic reported a decrease in the quality of research projects among postgraduate students, owing to several challenges of the pandemic: (1) changes and or discarding of some accepted research methods; (2) decline in motivation or productivity of students due to stress and anxiety related to the pandemic and research projects being delayed or changed; (3) changes in supervision mode and difficulties with using alternative methods of research because of a lack of expertise to supervise the research study. The authors also noted an impact on the data collection process. They reported that students who had initially planned to do experimental research struggled with accessing laboratories, and those who planned to conduct face-to-face or paper-based questionnaires could no longer do so until the pandemic restrictions were more relaxed (Motal & Menon, 2020). However, the same authors also argued that these challenges also presented opportunities for students and their supervisors to learn new methods of research (Motala & Menon, 2020). Reflecting on the research pedagogy during the COVID-19 pandemic, Kaku et al. (2021) also observed the influence of COVID-19 on existing research activities that depended on face-to-face interaction with participants. According to trainees in their study, in-person data collection was suspended, subsequently necessitating modifications in research approaches to incorporate safety procedures for participants and themselves to allow the continuation of data collection under safety restrictions (Kaku et al., 2021).

Fathoni and Retnawati's (2021) study entitled "Challenges and Strategies of Postgraduate Students in Online Learning During the Pandemic" reported that modifications to online data collection depended on the type of research participants. They reported that some students' participants had no access to computers or laptops and, in some cases, did not know how to operate these technological tools (Fathoni & Retnawati, 2021). They also reported technical challenges such as loadshedding and internet disruption during online interviews, which resulted in some participants losing interest in participating in research studies (Fathoni

& Retnawati, 2021). They also reported that the process of collecting references took longer because students no longer had access to the physical library and because of stress and anxiety related to delays and frustration with technology (Fathoni & Retnawati, 2021).

However, it can be argued that some research activities were less affected. For example, research proposals, applying for ethical clearance, interview or questionnaire script preparation, and literature reviews can be easily adapted for working at home. Stiles-Shields et al. (2020) added increased benefits for research activities, arguing that the pandemic created additional opportunities for trainees to investigate the impact of the pandemic on individuals and communities. They also reported that some funding sources, such as the National Institute of Health, opened calls for research projects related to the pandemic (Stiles-Shields et al., 2020). However, the authors also noted that in some cases, the COVID-19 pandemic resulted in delays in the release of funds from funding sources, while some funding sources stopped funding applications completely (Stiles-Shields et al., 2020). Ghosh et al. (2021) noted that the pandemic affected face-to-face research conferences and other historically related workshops. Most of these research workshops chose to either postpone, cancel, or move to online platforms. These changes affected opportunities for networking and sharpening skills in dissemination (Ghosh et al., 2021).

Regarding some of the findings pertaining to how online supervision affected the supervisory relationship, it is not known, in terms of research supervision, whether this aspect also affected the research process, such as the trainee's morale or understanding of certain processes. However, empirical studies support the notion that the working alliance is a strong predictor of success and research capacity (Mullin, 2017). Hendrickse (2022) also argued that on an online platform, supervisors are less empathetic and understanding. Moreover, opportunities for coming across the supervisor on the corridors to have informal conversations or exchange ideas are lost (Hendrickse, 2022). In terms of trainees' experiences of research supervision, Ferreira-Meyers (2022) investigated master's and doctoral students' experiences of research supervision during the pandemic. One of the questions explored by the author was the change in research supervision interaction before and after the COVID-19 pandemic. Ferreira-Meyers (2022) found that before the pandemic, research supervision took place once a month, whereas during the pandemic, supervision became more frequent. While reasons for this increase were not stated, it might suggest that there was a heightened need for communication during a stressful period such as the pandemic or the convenience of

technology. In a similar study by Ada (2021) investigating master's students' experiences of the differences between on-campus and online research supervision, participants reported no differences in their supervision experiences. Rather, participants reported more supervision sessions and support from their supervisors. The authors attributed these experiences to that perhaps supervisors put more effort into the provision of support and provided clear guidelines and expectations (Ada, 2021).

The delay in the completion of the research project has serious consequences for the student. The student may not graduate and write the board exams even though they have completed their internship training (Pillay & Kritzinger, 2007). In some cases, the HPCSA may require the student to redo the internship for a certain period before writing the board exams. Moreover, the student may not be able to work as a registered psychologist until they have met all the requirements of the master's degree (Pillay & Kritzinger, 2007). There are also significant financial burdens related to fees for the research component and other personal responsibilities for being out of work (Pillay & Kritzinger, 2007). This is also stipulated by the HPCSA, which states that the student may not perform any psychological work for gain, thereby highlighting some of the implications caused by the COVID-19 pandemic (Pillay & Kritzinger, 2007).

Conclusion

Overall, the reviewed literature showed the importance of the traditional face-to-face training for the professional development of newly qualified psychologists. Due to the COVID-19 global pandemic, professional psychology programs were compelled to adapt their conventional face-to-face curriculum to an online environment to ensure the safety and adherence to social distancing protocols of their students. As the review highlighted, this had significant implications for trainees' learning, including their mental health. Some of the most impacted areas were client work, psychological assessments, and research. These aspects of training remain the hallmark of trainees' professional development. Consequently, this chapter underscored the importance for additional research to investigate psychology master's students' experiences of transitioning to online platforms to understand in depth how professional development is experienced under these circumstances. The mixed results regarding trainees' experiences in the existing literature further provides impetus for the need

for studies to explore which factors specifically hinder or foster professional development on an online platform. The concerns raised by trainees in the literature reviewed further pointed to the need for studies exploring internship sites' experiences of training trainees who completed their training via online platforms. This may offer an in-depth understanding of the impact of the COVID-19 pandemic. Furthermore, while a number of challenges were raised, the existing literature further demonstrated some opportunities for how online platforms fostered professional development in unexpected ways. A key discovery in the literature reviewed was that the COVID-19 pandemic had significantly altered the initial hesitation and slowness of psychology training programs to utilize online technological tools for counselling.

CHAPTER 3: RESEARCH METHODS

This study adopted a qualitative approach to explore trainee psychologists' subjective experiences and perceptions of their professional development on an online platform during the COVID-19 pandemic. This was achieved by exploring; (1) how trainees described their experiences of being professional master's students during the COVID-19 pandemic, (2) their experiences of doing practical work online, and (3) the challenges and opportunities of training online which arose during their theoretical and applied training. The rationale for choosing a qualitative methodology in meeting the aims of this study was that "qualitative research assumes that people's actions are always meaningful in some way and that through the process of engaging with those meanings, deeper insights into relevant social and psychological processes may be gained" (Willig, 2017, p. 274). Throughout the entire process of qualitative research, the primary emphasis is placed on understanding the significance attributed by the participants to the problem or issue under investigation, rather than relying on the researcher's preconceived notions or interpretations derived from existing literature (Creswell, 2013).

A qualitative methodology enables the researcher to take a holistic approach to participants and settings, contextualizing people's experiences and the interpretations they give to them (Small, 2021). Such an approach was consistent with the aims of this study, which aimed to understand the participant as a whole in the context of their past and current circumstances. This is to say that, in contrast to the quantitative idea of obtaining 'uncontaminated' knowledge with biases eliminated, qualitative research appreciates that these exist and includes them in the analysis (Small, 2021). In the current study, for instance, trainees shared their experiences of professional development in the context of the global pandemic. While they spoke about their professional development, they did so in the context of different universities, study fields, and varying levels of therapeutic experience and prior training. Moreover, they differed in terms of age, gender, ethnicity, and cultural backgrounds. Qualitative research appreciates these organisational and personal variations among participants and does not treat this subjectivity as bias (Small, 2021). Within the broad field of qualitative paradigms, a phenomenological approach was the preferred method for this study (Connelly, 2010). Phenomenologists attempt to understand people's lived experiences rather than their reactions to them (Connelly, 2010).

3.1. Research design

Two main phenomenological approaches can be used: descriptive and interpretative (Coyle & Lyons, 2021). This study adopted the interpretive phenomenological approach (IPA). IPA, also referred to as constructivism or constructionism, concerns an in-depth and detailed exploration of participants' lived experiences and interpretations of a phenomenon. IPA assumes that reality is not something "out there" that can be plainly explained, described, or translated into a research study (Coyle & Lyons, 2021). Instead, reality and knowledge are both generated and reproduced through conversation, interaction, and experience (Tracy, 2019). Therefore, the researcher stands as a mediator between knowledge and reality. Interpretivism draws from hermeneutics, which focuses on a holistic understanding (Connelly, 2010). A researcher who makes use of the hermeneutics method, analyses results making use of empathic imagination of participants' experiences, aims, and contexts and engages in a circular analysis, alternating between the data and its context (Tracy, 2019). This is to say that in order to understand the data, the researcher must take into account how it was said and written in its cultural and historical context.

IPA was chosen because of the many advantages it had for this study's topic. Tracy (2019) complemented this approach by purporting that it is useful for topics that are complex, nuanced, and emotionally charged. Professional development is one prime example of such a phenomenon: nuanced and involving multiple interactions. The detailed and in-depth attention IPA gives to enabling participants to discuss and reflect on their experiences facilitates capturing the intensity and emotionality involved in the training of psychologists (Tracy, 2019). However, as Smith and Osborn (2015) asserted, this necessitates a great degree of competence on the interviewer's part, requiring strong empathic engagement and finely tuned antennae ready to explore further into intriguing and crucial areas. The small sample size employed in most IPA studies, such as the one in this study, allows for a micro-level understanding of participants' experiences, which may provide good insight into this elusive topic (Coyle & Lyons, 2021). IPA's inductive and interpretive analysis also helps to sharpen the inquiry by illuminating the information provided while crucially grounding it firmly in what participants have said (Coyle & Lyons, 2021). Furthermore, it acknowledges the dynamic involvement of the researcher within the research process, which includes an awareness that the researcher's individual biases have the potential to both support and hinder empathy. Moreover, IPA acknowledges that because the researcher is not in full awareness of their own preconceptions

and biases, complete blackening is not possible (Coyle & Lyons, 2021). In other words, IPA acknowledges the involvement and participation of the researcher as a fellow trainee in this study.

3.2. Participants

Qualitative researchers rely on the accounts of a sample of participants who are carefully selected and who have directly experienced the phenomenon under study (Merriam, 2009). This study utilized non-probability snowball sampling to recruit participants. Non-probability sampling refers to a sampling technique in which the researcher selects their participants relying on subjective judgement or expertise rather than random selection (Coyle & Lyons, 2021). Purposive sampling is a widely used technique in qualitative research, that aims to identify and select individuals who possess particular expertise or experience relevant to the research topic. The researcher intentionally identifies and includes participants who can provide valuable and information-rich insights (Coyle & Lyons, 2021).

Snowball sampling, also known as the chain method, is a type of purposive sampling that is often used when members of a particular population are difficult to find (Naderifar et al., 2017). A few individuals from the research population were approached in the first step of this sampling process. After they agreed to participate in the study, they were asked to refer the researcher to other people who were interested in taking part in the study (Coyle & Lyons, 2021). Snowball sampling was chosen because it made it easier and faster for the researcher to find participants under the restrictions of the COVID-19 pandemic.

Participants in this study consisted of intern psychologists. They ranged in age from 22 to 34. The inclusion criteria were that participants must have completed their first year of study in 2020 and have experienced the unexpected shift to online training because of the COVID-19 pandemic. The second requirement was that participants must have had exposure to online therapy and supervision during their M1 year, since the focus of the study was on their M1 training. The final sample comprised 12 participants who were currently in their internship year (second year of masters training) and completed their M1 at the University of the Witwatersrand (Wits), the University of Pretoria (UP), and the University of Johannesburg (UJ).

Although the inclusion of participants from three different universities assisted in capturing a broader range of perspectives and experiences, the majority of the sample (nine)

were from Wits, while two were from UP and only one from UJ. Furthermore, nine participants were registered in the counselling category, two clinical and one educational. This skewed division in terms of registration category and university may have limited the study in terms of saturation. According to Vasileiou et al. (2018), employing a single source of data as the only representation of a phenomenon is likely to introduce bias. That is, the findings may be skewed towards their experiences with the particular university or program. For instance, Wits University's culture, the university's support for its students, the counselling lecturing staff, or how the counselling program is structured as opposed to the educational or clinical program. This may potentially lead to a lack of diversity in viewpoints, potentially biasing the results and interpretations (Vasileiou et al., 2018). To mitigate this possibility, the process of triangulation was employed (Patton, 1990). Triangulation entails gathering data from a minimum of three diverse sources (Patton, 1990). This study incorporated various forms of triangulation, including a thorough review of pertinent qualitative and quantitative literature, which served to augment the researcher's understanding of the topic. Furthermore, the study employed two distinct recruitment methods. Initially, the study adopted an opportunistic sampling method, enlisting participants who were both eligible for the study and conveniently accessible to the researcher due to their proximity. However, after the first group of participants, a more rigorous recruitment approach was introduced to ensure the inclusion of participants who could potentially offer more reflective insights. These participants were recruited via social media (Instagram and Facebook) after seeing the researcher's invitation to participate. This approach was deemed crucial in gathering comprehensive and in-depth narratives. Moreover, the study was reviewed by the researcher's supervisor and academic readers, which offered opportunities for discussions and analysis of the data.

In accordance with the gender ratio in most professional psychology programs (Banjes et al., 2016), only three participants were male, while nine were female. Moreover, eight of the 12 participants were black, three were white and only one coloured. The skewed sample in terms of race may be because the researcher is black, and used her network to recruit the participants. Furthermore, the divisions in ethnicity are in contrast with the demographic makeup of psychologists in South Africa, characterized by a disproportionate representation of white psychologists (Bantjes et al., 2016). Overall, the sample size was considered appropriate for qualitative research, which often relies on a small sample size to acquire rich and in-depth data from participants. As an extra precaution for confidentiality, the researcher decided not to tabulate the demographic profile of the participants. The psychology professional programs in

South Africa generally compromise a small number of students each year; linking their gender, race, age, program, and university may make it easier for some individuals in the profession to identify them.

3.3. Data collection

In-depth interviews were used in this study as a primary method of data collection. The intent of interviews was to gain comprehensive accounts of the experiences of participants (Galanis, 2018). In-depth interviews were also deemed suitable because of their advantages; they allowed greater flexibility to expand on participants' responses and create an in-depth exploration of their experiences. In-depth interviews also allowed the researcher to observe the tone and body language, which permitted a deeper understanding (Galanis, 2018). The structure of the interviews was semi-structured. Semi-structured interviews are open-ended and provide the researcher with an opportunity to be flexible in choosing the topics or questions, how, what style, and which order to follow in asking these questions (Galanis, 2018). This type of interview allowed the researcher to ensure that the study did not lose focus and that participants were directed to answer questions that were related to the issue under study. Moreover, semi-structured interviews allowed participants to raise new information that the researcher had not thought of but was relevant to the phenomenon under study.

Given the COVID-19 pandemic restrictions, the researcher used electronic platforms (Zoom, WhatsApp video, and phone calls, depending on the preferences of the participants) to facilitate data collection and to ensure the safety of participants. Each interview lasted about 45 to 60 minutes and was digitally recorded. The interview guide (see Appendix F) contains open-ended questions that were formulated based on the relevant literature reviewed. Since participants were busy with their internships and research projects, interviews were scheduled based on their convenience and were mostly conducted in the evenings and weekends.

While the COVID-19 pandemic resulted in a new digital revolution, the use of electronic platforms in research is not new (Thunberg & Arnell, 2022). Advances in technology, such as the growth of smart phones, laptops, tablets, and computers, have introduced many tools and applications designed to enhance the research process (Thunberg & Arnell, 2022). Various electronic platforms, for example, used for accessing scholarly literature, recruiting participants, collecting and transcribing data, and analysing and publishing

data, have dominated the research field over the last two decades. Since then, thousands of researchers from every field have conducted research utilizing these various online platforms. While in-person data collection methods have been viewed as the 'gold standard', telephonic interviews have been considered the best alternative (Thunberg & Arnell, 2022). Moylan et al. (2015) make reference to online application tools such as Skype and Zoom, which allow researchers to conduct interviews or focus groups, record the conversation, and export it to text format for transcribing and data analysis (Moylan et al., 2015). Online programs such as Atlas.ti and NVivo have been used by researchers for data analysis before the outbreak of the COVID-19 pandemic. Moreover, presentation software such as Microsoft PowerPoint or Apple's keynote are used in research to disseminate research ideas and results (Moylan et al., 2015).

3.4. Procedure

The researcher's interest in the study came from her own experience as a master's student during the year 2021, which took place on an online platform. Being an M1 student during this period was an overwhelming and enriching experience for the researcher. However, the researcher realized that, as much as the experience was difficult, the COVID-19 regulations were more relaxed. There was thus an option to travel to on-campus for certain training activities which required face-to-face interactions. This was different from the first cohort of trainees who trained in 2020, when the virus was still in its infancy. The researcher became interested in how the COVID-19 and the rapid transition to online platforms could have impacted trainees' professional development. The researcher was of the opinion that she was at an advantage because she had gone through similar training. The next step was for the researcher to familiarize herself with the relevant topics and the literature. This stage was deemed essential because, as Nel (2011) asserted, a good qualitative researcher must have a thorough understanding of the broader processes involved in research methodology. This step also included thinking about the ethical issues that may be raised by the study. The next phase of this study was the proposal write-up, which was submitted to the University of the Witwatersrand's Human Research Ethics Committee.

Given the need to specifically recruit trainee psychologists, participants were purposefully sampled based on their experience transitioning from professional face-to-face to online training during the COVID-19 pandemic. The first group of participants were recruited from the School of Human and Community Development at the University of the

Witwatersrand. The researcher asked the course co-ordinator responsible for the master's program of the Community-based Counselling Psychology to share an invitation to participate, along with a participant information sheet, via email with their students. Furthermore, the researcher circulated the invitation to participate in the research to some of the participants she knew from other universities. These participants were also asked to share the participant information pack with those who may be interested in or qualify to take part in the study. As already mentioned, this is referred to as snowball sampling, which is a type of purposive sampling (Coyle & Lyons, 2021). In addition, the researcher posted invitations to participate in the study via social media platforms (Instagram, Facebook and WhatsApp). Interested participants contacted the researcher using the contact details provided on the invitations. Recruitment began in July and remained open until September 2021. Eligible participants were asked to contact the researcher to indicate their interest. The researcher provided them with opportunities to ask questions about the study, verified whether they met the inclusion criteria, and arranged times for interviews. Because of the COVID-19 social distancing measures, face-to-face interviews could not be conducted. As such, participants were given a choice between a telephonic and video call interview. Subsequently, ten participants opted for video call interviews via Microsoft Teams, while two opted for a telephonic interview. All participants read the participant information sheet and provided written consent prior to the interview, which also included recording the interview. A semi-structured interview guide based on the research questions and informed by relevant literature was used as a means of data collection. After conducting interviews, the researcher began the process of transcribing, reading, and coding the interviews to identify themes.

3.5. Data analysis

Thematic content analysis was used to analyse the data that was gathered in this study (Braun & Clarke, 2013). Thematic content analysis is defined as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hseih & Shannon, 2005, p. 1278). This method is considered best suited for interview data gathered through semi-structured interviews (Whittall, 2020). It is an analysis of what was said, rather than how it was said.

The common issues that were found in the data are referred to as 'themes' (Whittall, 2020). For this study, themes were generated by the researcher by looking for significant points that were related to the research questions (Howitt, 2016). The researcher deemed this method

appropriate for the following reasons: it could be applied in the study in various and flexible ways; it reduced large amounts of data to a smaller, manageable, and meaningful size that the researcher could interpret and draw meaningful conclusions from. Moreover, it was possible to correct some errors in the data (Braun & Clarke, 2006). Using Braun and Clarke's (2006) method of content analysis, the following steps were employed:

- **Step 1: Familiarisation with the data**: In this stage of thematic content analysis, the researcher acquainted herself with the data. After conducting each interview, she transcribed all 12 interviews and read through each interview line by line, highlighting responses that were related to the topic under study. Thus, all words that described participants' experiences of professional development on an online platform were highlighted. The process of transcribing increased the familiarity of the data. Moreover, transcribing ensured a verbatim account of all words and accuracy in depicting what was said by the participants. Involved in this step was listening to the audio recordings multiple times to ensure that the researcher does not miss word accuracy, tone, or purpose while taking notes.
- **Step 2: Creating codes**: After the researcher familiarised herself with the data, codes were generated. Codes for this study were generated inductively (Braun & Clarke, 2006); thus, instead of using an existing coding framework, codes were generated based on the data set from the students' perspectives.
- **Step 3: Theme searching**: In this step, data analysis began to take shape; the researcher moved from codes to themes. A theme includes searching for important information in response to the research questions. This is an active process, which means that themes were constructed rather than discovered.
- **Step 4: Reviewing themes**: After identifying themes, the researcher reviewed them and ensured that they aligned with the research questions. Here, the researcher continuously asked herself questions such as: "Is there a pattern here, what quality do these themes hold, and is the data sufficient to support this theme?" (Braun & Clarke, 2012).
- **Step 5: Defining and naming themes**: This stage is analytic and deep in thematic content analysis; it involves naming themes according to the data they represent.

- **Step 6: Research writing**: Here, the researcher highlighted important excerpts that demonstrated themes and matched these with the reviewed literature. While in quantitative methods data analysis is completed and then written up, analysing, and writing of data cannot be separated in qualitative research, they are thoroughly intertwined (Braun & Clarke, 2006).

3.6. Ethical Considerations

Ethical considerations in research are essential, given that this study involved the researcher's influence on society at large, the academic community, and the participants (Braun and Clarke, 2013). Concerns about respecting and preserving the participants' rights, dignity, and wellbeing are raised by qualitative research (Barker et al., 2016). Given the degree of flexibility that semi-structured interviews allow, the use of such a method required a greater emphasis on the researcher's moral and ethical obligations (Rubin & Babbie, 2017; Ryen, 2016). Therefore, the researcher ensured that any modifications to the interview questions that arised in terms of phrasing, ordering, or prompting maintained the dignity of the participants (Rubin & Babbie, 2017; Ryen, 2016). In adhering to research ethical principles, the researcher applied for ethical clearance from the University of the Witwatersrand's Human Research Ethics Committee (non-medical), which was duly obtained (see Appendix F, protocol number: MACC/21/01).

All participants were provided with information sheets that clearly described the aims of the study and the respective phases that they would be subjected to throughout the study. The role of the researcher and her expectations from participants were explained. A signed, informed consent form was used by the researcher to ensure that documentation of consent was given. Prior to participants signing the consent forms, the researcher read the content thoroughly to them, gave them enough time to read the content themselves, and asked for clarity.

Furthermore, it was made clear to participants that their participation in the study would have no positive or negative effects on them. The explicit option to withdraw from the study at any time and without consequences was communicated to the participants. Furthermore, participants received assurance that they were not obligated to respond to questions they deemed overly personal. The researcher obtained participants' consent to record the interviews for analytical purposes.

All participants consented to being audio recorded. Participants were assured that all recordings would be stored in a secure manner, either on a password-protected computer or within a locked storage facility, exclusively accessible to the researcher. They were further informed that the audio recordings will be retained for a period of six years, following which the data will be destroyed. No identifying information was used in this final research report as the researcher clarified confidentiality with the participants. Due to the online video interview method, anonymity could not be guaranteed. However, participants were informed that confidentiality would be maintained in the research report. As such, the researcher replaced the participants' actual names with participant numbers to represent participants in this report. The researcher gave the participants contact information of an independent psychologist who was willing to receive referrals should they experience any discomfort during the research process.

3.7. Trustworthiness

The trustworthiness of qualitative research has long been criticized, with the positive paradigm viewing it as a 'soft' science that lacks scientific rigor (Shenton, 2004). The common criticisms include that qualitative research is subjective, contextual, subject to researcher bias, and lacks generalizability as it produces vast amount of information about a single and unique setting (Shenton, 2004). However, Guba (1981) argued that the naturalistic paradigm can also achieve trustworthiness. Guba (1981) introduced four criteria that he believed qualitative researchers should follow in pursuit of trustworthiness. These include (1) credibility, which mirrors internal validity within the empiricist research tradition; (2) transferability, concerned with generalisability; (3) dependability, which addresses reliability; and (4) confirmability, which addresses objectivity (Guba, 1981).

3.7.1. Credibility

Credibility addresses how congruent the findings are with reality, that is, the accuracy with which the researcher ensures correspondence between the participants' responses and how these responses are represented in the study (Nowell et al., 2017). However, Kane and Trochim (2007) argued that, taking into consideration the purpose of qualitative research, the only people who can evaluate the credibility of the results are the participants. Research, particularly utilizing a phenomenological approach, is always undertaken from a certain position, which renders the notion of neutrality highly impractical. However, the researcher can take certain measures to increase credibility, such as collecting the data by herself and ensuring a

continuous reflexive process (Nowell et al., 2017). Furthermore, interview recordings provided the researcher with rapid access to the data, which was checked continuously during data analysis. There is also vast evidence within the qualitative paradigm, which encourages the researcher to revisit participants to corroborate the findings (Nel, 2011). The researcher contacted some of the participants to gather more information and clarify some of the findings, thus ensuring credibility. This also strengthened trust between the researcher and the participants. It was thus assumed that, if the researcher was off track with some of the interpretations, participants would have been comfortable correcting the mistakes – referred to as 'member checking' (Nel, 2011). Moreover, the researcher emphasized voluntary participation. This ensured that the participants engaging in the research study did so without constraint, thereby ensuring the collection of rich data. The researcher also used the method of peer scrutiny (Nowell et al., 2017). From the proposal write-up through data collection and transcription, the researcher presented the project to peers, her supervisor, and academic readers. Furthermore, the researcher drew from a diverse sample, coming from different institutions, cultural backgrounds, ages, and genders, thereby allowing a better illustration of the participants' experiences. However, it is important to consider that although the researcher may have taken steps to ensure that the study is accurate and that the results are a true reflection of the participants' experiences, the study remains disadvantaged by the sample size (n = 12) and sites from which the population was drawn in the degree to which it claims to have answered the research questions.

3.7.2. Transferability

Transferability mirrors what is commonly known as 'external validity' in quantitative research and refers to the extent to which the findings of a study can be applicable to different settings other than where the study was conducted (Connelly, 2016). This is important because the researcher may not know the sites that wish to transfer the findings; however, by offering an elaborate portrayal of the context, it may assist those who wish to transfer the study in judging its transferability (Nowell et al., 2017). However, Shenton (2004) argued that the nature of the detailed background information required is still not clear. The current study's sample was selected from a population that held characteristics that were different from the population as a whole. The location at which this study was conducted also served to distinguish it from other social spaces. This can be considered a limitation relative to its applicability to other people in different settings. However, the findings, which provide a

description of trainee psychologists' experiences of professional development during their M1 training, may be used to compare findings from other studies in a similar training context.

3.7.3. Dependability

In order to ensure that the research process follows logic, that is, it is traceable and documented well so that another researcher, utilizing the same methods, participants, and context, obtains similar findings, dependability, known as reliability in quantitative research, must be achieved (Nowell et al., 2017). However, as Shenton (2004) points out, such provisions may be difficult because the flexibility and ever-changing nature of the phenomena studied in qualitative research negatively affect this construct. Even so, Lincoln and Guba (1989) asserted that if the researcher of the initial study provides a thick description of the processes followed such that any reader is able to trace them, it is possible to replicate the study and possibly obtain the same results. To ensure dependability, an interview schedule was used when collecting data, which can be used to ask participants in another study. A potential limit to this was the use of semi-structured interviews, which indicated the subjective nature of the study. Even so, semi-structured interviews ensured the collection of rich data.

3.7.4. Confirmability

Regarding confirmability, the researcher is to show how they arrived at the conclusion and interpretation of the study's findings, thereby minimizing any influence stemming from the researcher's characteristics and preferences (Nowell et al., 2017). Confirmability may be conceived as getting as close as possible, or as close as qualitative research can get, to objective reality. However, Shenton (2004) argued that it is difficult to eliminate bias since even the tests and instruments used in research are designed by humans. According to Guba and Lincoln (1989), this fourth criteria may be reached after having achieved the above processes, i.e., credibility, transferability, and dependability. One way the researcher made this possible was by providing the rationale for the beliefs underpinning the choices made regarding the methodologies employed in this study. This included explanations for selecting a certain method over various alternatives and acknowledging the weaknesses of the techniques chosen (Nowell et al., 2017). This allows any reader to trace the research process step-by-step through the decisions made regarding the procedures described. Another way the researcher pursued confirmability was through reflexibility. An ongoing reflexive process allowed the researcher to admit her own predispositions. This is described in the below section.

3.8. Reflexivity

According to Parker (1994), researcher reflexivity plays a significant role in ensuring that the researcher is aware of their own potential bias and the distinction between objectivity and subjectivity in qualitative research. As Parker (1994, p. 13) explains, "qualitative research does not make claims to be 'objective', but it does offer a different way of working through the relationship between objectivity and subjectivity." This implies that the researcher's subjective experience and participation in the study were significant during the research process (Terre Blanche et al., 2006). The researcher made use of her personal experiences, feelings, observations, and perspectives to understand the topic under study and remain aware of the values and assumptions she hold about the world (Neuman, 1994).

My positionality is that of a Black, female M1 psychology student at Wits. I was also studying for my master's degree online, which is the topic under study. As mentioned previously, this is where my interest in the topic came from. My own professional development on an online platform made me wonder how the first cohort of trainee psychologists experienced their training, particularly during hard lockdown restrictions. During data collection, I related to some of the experiences that the participants narrated, particularly the questions they asked themselves regarding the relevance of their training for future employment. Coyle and Lyons (2021) assert that when the researcher can relate to the participants, it allows for more empathy. However, as Neuman (1994) noted, an ongoing reflective process is imperative to ensure that I, as a researcher, remain conscious of my own presence and potential biases on the topic. Therefore, I made efforts to establish an environment that allowed my participants to fully express their experiences and perspectives that were different from my own. This was a difficult task for me because I found the topic too close to home. It was challenging for me to assess if the questions I asked my participants were about my current experience of the program or the purpose of this study. To deal with this challenge, I provided myself space for reflection by maintaining a reflexive journal. In this journal, I documented my experiences and feelings about the study. I captured my experiences not only as a researcher, but also as a counselling psychologist who was going through similar processes that my participants experienced in their M1. Over the past two years as I attempted to finish this study, moving from a lack of interest to new research topics, fascination, and boredom with the topic was a continuous struggle for me. To reignite my enthusiasm, I often took some time to reflect on why I initially chose this research topic and looked for sources of

inspiration within my research field. Engaging in discussions with my colleagues and mentors who share my research interests has also assisted with providing motivation and a fresh perspective.

CHAPTER 4: FINDINGS

The purpose of this study was to explore and understand trainee psychologists' experiences of professional development during the COVID-19 pandemic. To achieve this aim, the study explored trainees' experiences of transitioning from a face-to-face medium of instruction to online learning, their experiences of facilitating online client work, and the challenges and benefits associated with this shift. Two principal themes emerged from the data analysis: *Being a professional trainee during the COVID-19 pandemic*, which explored the adaptations and adjustments that were required with the move to online platforms; and *Experiences of online practical work*, which explored trainees' experiences of learning practical work and delivering online services to their clients. The table below outlines the main themes and subordinate themes, each representing trainees' experiences of the negative, hampering, and positive, enabling effects of this transition.

Table 2: Main themes and sub-themes

Main theme	**Sub-theme**
Being a professional trainee during the COVID-19 pandemic	Online didactic seminars Solitary study Studying from home or living at the university?
Experiences of online practical work	Client work Psychological assessments Community work Supervision

4.1. Being a professional trainee during the COVID-19 pandemic

Participants' responses highlighted the way in which the COVID-19 pandemic made them question their professional development. Trainees described initial adjustment difficulties during the transition to online platforms. Feelings of uncertainty were pervasive, stemming from the following concerns: (1) the quality of online instruction and the level of professional competency they could achieve, (2) their prospects for internship placement and degree completion, and (3) the portability of these skills to traditional face-to-face work in the future.

They had fantasies about being compromised and missing out on opportunities that their predecessors had enjoyed. They wondered how they would 'catch up' on face-to-face work after the lockdown restrictions were lifted and whether they were allowed to revert to traditional in-person models. In addition, the pandemic's unrelenting impact, marked by the loss of lives and enduring difficulties it brought, significantly contributed to an overpowering sense of uncertainty. This created a prolonged feeling of abnormality and stagnation as trainees lacked assurance regarding when to expect a complete return to their routines and training. However, once the enormity of the logistics became clearer to students, these feelings were reduced, and they began to look forward to their online training and to look for positive aspects. This theme discusses the participants' unique experiences as the first cohort to undergo professional training on an online platform. A total of three subthemes emerged under this overarching theme. These subthemes were: *online didactic seminars; solitary study; and studying from home or living at the university.* The first subtheme emerges from participants' experiences of using technology during lecture seminars. The second subtheme addresses trainees' profound feelings of alienation as a result of studying from home, along with limited opportunities to collaborate and interact with classmates due to physical contact restrictions. The third subtheme encapsulates trainees' work-life balance, representing overlapping demands as trainees attempted to draw a balance between their personal and professional lives. As trainees were required to study from home, adjusting to the challenges and managing academic and professional work in the same physical space became increasingly difficult.

4.1.1. Online didactic seminars

This subtheme focused on participants' experiences with technology in the context of their lectures. All the participants, except for one, did not have previous experience with learning remotely. Participants expressed their lack of prior knowledge regarding applications such as Zoom, Google Meet, or Microsoft Teams, which were used for classes and client consultations. Having to become proficient in the operation of various technological learning platforms was recalled as initially anxiety-provoking for/by the participants. They emphasised the substantial time investment necessary to swiftly adjust their teaching and learning materials in real-time and get used to the online environment. As a result, they engaged in trial-and-error processes to become more proficient in navigating the various online platforms. The online platform was described as uncharted, presenting numerous technological challenges, most notably, issues with internet connectivity, camera quality, and sound quality. Trainees expressed initial

confusion regarding which platform to use during seminars, as they presumed that their lecturers were still in the process of determining the most suitable platform. References were made, for example, to situations where the person leading the seminar got disconnected and needed to re-start their device. On certain platforms, participants encountered difficulties with uploading their presentations and sharing educational materials such as videos, which led to heightened anxiety during presentations. Although online platforms had been used to some extent before the pandemic, their usage was primarily limited to submitting assignments, accessing educational information, and checking for plagiarism. Trainees also noted how the implementation of lockdown measures and self-isolation guidelines, along with the need to adapt to technology, transformed the familiar dependent lecturer – student relationship to one that was 'more equal'. For instance, the three trainees below commented to this effect:

> *"Prior to last year, I had no idea of Teams, or Zoom, or anything like that. So last year was like an introduction to remote learning because all of my classes were face-to-face. The only thing that was online was when you wanted to submit your work in turn-it-in and things like that. So I had no experience whatsoever. It felt like a double master's program. So you were doing two things at the same time; not only were you trying to understand psychology in terms of the master's program, but you're also learning how to use these new platforms." (Participant 1)*

> *"It feels like such a wild adjustment, but I think exactly like the saying, we had to learn as much as the lecturers were learning at the same time. It was figuring out what platform they were going to use, we would jump between Zoom, Teams, and the Big Blue Button on Sakai. So that was all very new." (Participant 8)*

> *"I think for our very first lessons, we tried a couple of different platforms. We had one lesson where we would watch a pre-recorded video, and then we would all have a conversation about it. That was challenging because we couldn't keep up with the comments being made. Ideas would get lost. We then shifted to using Microsoft Teams in order to be able to at least hear each other." (Participant 9)*

It was further noted that the online platform fell short in replicating the advantages and effectiveness of face-to-face learning experiences with classmates and supervisors. Participants expressed that classes were often monotonous and that they felt demotivated to engage in class

discussions during online classes. Several factors contributed to this: during online learning, students typically disable the video function on their devices. This was due to the need to conserve data bundles and maintain the privacy of their home interiors. Additionally, to reduce background noise, everyone except the presenter muted themselves. Although these platforms offered features like raising a hand to comment or ask questions, these interactions were frequently delayed or overlooked. This experience further detracted from the ability to see fellow classmates and contributed to feelings of isolation. Trainees elaborated on how being absent from the physical teaching environment changed the dynamics of their interactions with their lecturers. This change was marked by the loss of embodied presence, including the lack of physical proximity, eye contact, and the tangible experience of conversing with an individual rather than an intangible voice transmitted through technological devices. Consequently, trainees often experienced feelings of loneliness and isolation. Consequently, participants experienced decreased concentration and attention, likening the experience to listening to a lengthy audio recording. Various distractions in the background were reported, such as scrolling through other websites, engaging in conversations with family members, or attending to household responsibilities. These distractions appeared to be related to several factors: Firstly, many elements of participants' lives shifted to online platforms during the pandemic, making it easier to get distracted by emails, messages, calls, and notifications that appeared on their devices, reminding them of other obligations outside of the session. Secondly, self-viewing on the camera drew attention to one's appearance, diverting focus from the learning material. Thirdly, the absence of travel to university campuses or offices, which served as a physical separation from daily life, meant that there was no dedicated time to transition and adjust mindsets between personal and professional domains. Finally, the phenomenon known as "Zoom fatigue," widely discussed in literature, contributed to cumulative exhaustion and reduced capacity to concentrate and engage during online seminars. One trainee commented about his sense of despondency from online classes:

> *"Online classes were very different from face-to-face classes. It was difficult to focus. That was a really big adjustment, and it was not easier to do. It feels so easy to switch off when it is with the screen in front of you rather than a real person." (Participant 6)*

> *"The classes were so informal. I could sometimes talk with my homies or respond to some emails while just listening in the background, especially because we could just mute ourselves. I think there is something about seeing faces or just being with each*

other in the same space that makes learning easier, and all these things got lost when we moved online. Sometimes, because of network issues and staff, you kind of get lost in the whole conversation while trying to log-in again. My fear was poor connection on the day that I was presenting; that used to scare me a lot." (Participant 4)

It was further noted that some of the lecturing staff preferred pre-recorded slides, which were posted online for students to stream during the lecture time. Some of the participants expressed dissatisfaction with the pre-recorded lecture slides, while others saw them as providing flexibility to work through the material at their own pace relative to the competing demands of studying from home. The recordings became a resource that trainees could revisit when necessary.

Driven by the necessity to persevere and adapt, trainees tapped into their creativity and adaptability. For instance, they devised methods to maintain their motivation and productivity during online classes, and innovative strategies to enhance their learning experience (for example, taking frequent stretch breaks during classes to improve concentration and using breakout rooms in applications such as Microsoft Teams to facilitate open discussions and foster interactive engagement with peers). This adaptive mindset led to a reconsideration of previously held assumptions about the online platform, allowing trainees to uncover new dimensions of the platform that had previously remained unexplored. For instance, the ability to use the camera function with a custom background to personalise their learning environment. Furthermore, trainees acknowledged the advantages of online classes, such as the convenience and flexibility it offered. They expressed gratitude for the convenience of participating in learning activities from the comfort of their own homes, schedule consecutive meetings, and even have the option to record seminars for future reference, allowing for greater accessibility and convenience in their studies.

4.1.2. Solitary Study

A prevailing experience and challenge shared by all the participants in this theme centred around the loss of a shared group experience, which contributed to a sense of disconnection and isolation among the participants. There was a pronounced emphasis on feelings of profound alienation stemming from studying from home, coupled with reduced opportunities to engage in social support networks and previously enjoyed activities outside of academic

work. The nature of their training, which involved attending lectures and appointments from 08:30 to 16:00, enforced a temporary separation from friends and family. Furthermore, due to the need for confidentiality, many of their training experiences could not be openly discussed with family or friends. The nature of clinical work was commonly regarded as challenging for individuals outside the field to comprehend. It was often enveloped in a specialized language that only peers within the profession could truly grasp. This underscored a strong desire to be connected with and to feel a sense of belonging among their classmates. Classmates were viewed as a source of support and a community of individuals who shared a deep understanding of the journey they were undertaking. Peer relationships provided valuable opportunities to openly express emotions and concerns about the demands and expectations of their training. However, the online platform posed a barrier in this regard. Given everyone's busy schedules and client appointments, communication over the phone became difficult to coordinate. Consequently, online platforms were primarily used for educational purposes. This created the sense that each trainee had to navigate the transformative process of training individually. Additionally, face-to-face interactions were perceived as a mechanism for maintaining connections with their cohort and staying updated on their respective work:

> *"I think the hardest thing last year was that it was online. It felt like I was doing the program by myself. It was a lonely experience. I kept on reminding myself to check in with my classmates, about what I should be currently doing or working on. Because sometimes it's just like you're working on this and then thinking that maybe other people are working on something different." (Participant 12)*

> *"It was kind of isolating for the group dynamics because we did not get to engage with each other as classmates as well as with the lecturers. So it was like you were on your own, and that was hard at the beginning, but as time went by we adjusted. This year, as an intern, it almost feels foreign to have colleagues in the same room and also see clients in the room. It is like I am a first year all over again, you know." (Participant 10)*

The online setting was also perceived as a hindrance to establishing meaningful relationships with classmates, particularly due to the absence of informal and unstructured conversations. While formal supervision remained accessible, trainees often experienced a sense of isolation due to the absence of social support typically found in a communal work

environment. The formal nature of online classes led to a perceived loss of opportunities for casual conversations that could have fostered lasting friendships and provided unspoken yet valuable moral support. They recognized that the initial stages of training were crucial for forming bonds with colleagues. Furthermore, their responses indicated a strong appreciation for organic interactions that were commonly experienced in classrooms or office hallways, as these facilitated the formation of relationships with classmates. It was observed that peer relationships played a valuable role in aiding their understanding of professional philosophies when they engaged in debates and compared ideas with one another.

> *"I think being with colleagues is very important for professional development. Let's say, for example, that had we been in a face-to-face setting, we would have gotten to know and supported each other better. We would have deepened our bonds as classmates and future colleagues, which would have helped us once we graduated to keep that circle of people you can always reach out to whenever you have a referral or whenever there is a need that you with your interests cannot meet." (Participant 11)*

Communication platforms such as WhatsApp groups were utilized to enable contact and facilitate communication among the students and between the staff and students. These platforms proved to be valuable for addressing trainee queries, making quick announcements, and maintaining regular check-ins in a data-efficient manner. They effectively promoted open communication, enhanced access, and facilitated connections among the students. However, some trainees found it to be a mentally exhausting experience that they had to email lecturers whenever they had questions, rather than just approach them in class. This implies that some students prefer verbal rather than written communication. Most of them could now relate to the experiences of international students, thus, the absence of social content and a sense of belonging to a community.

4.1.3. Studying from home or living at the university?

A prominent aspect of this subtheme is the convergence of personal and academic life brought about by the pandemic. The demarcations between trainees' academic and personal lives became blurred due to the collective experience of navigating the pandemic and its myriad challenges. Participants found themselves wondering whether they were merely studying from their homes or effectively residing within the university environment. Previously, their homes

served as spaces where they could relax and unwind during their breaks from their academic pursuits. However, with the pandemic, the same physical space that once provided respite transformed into a "classroom" or an "office," leading to a pervasive feeling that they never truly had a chance to take a break during their training. Breaks that were typically facilitated by travelling to their homes between seminars and consultations were eliminated, necessitating the need to manage the concurrent demands of their personal and academic commitments. In addition, participants described instances where university emails were sent outside of regular hours, and educational conferences that were scheduled in the evenings, further blurring the boundaries between home and university time.

Trainees encountered difficulties adopting a learning mindset when participating in sessions from their homes. Usually, in a face-to-face learning environment, a distinct sequence of events takes place that is absent from online learning. The act of physically entering and leaving the university campus created a transition into and out of the training setting. This transition became integral to the work as it signified the shift between a period of preparation and processing. However, trainees faced unique challenges, which included the need to switch roles, manage distractions, and navigate competing expectations. These responsibilities were perceived as mentally and physically draining. Furthermore, the absence of dedicated spaces for self-care meant that such activities had to take place within the same environment where work was conducted. As a result, their personal and academic lives were perceived as overlapping, without a clear demarcation between the two spheres. A typical comment to this effect was:

> *"So not only was it navigating the anxiety of this virus but also navigating how do I separate spaces so that I have a space that feels like my workspace? Have a space that feels like a relaxing space? So normally at home you have a chance to get away from the stress of varsity, but now all of a sudden, the anxiety of the pandemic was all in one space, very overwhelming, and then being locked down on top of that and not being able to leave the house was very restrictive." (Participant 7)*

> *"With the online space it becomes easy to just assume that since I am sending my lecturer or classmate an email, it is less intrusive than a phone call so I can just email anytime and they can respond when they are able to. That sort of created the imbalance between study time and relaxing time. I struggled with that because it was now my*

responsibility to draw a line and just wait for like the following day to respond to those emails that came after 6 while I am resting." (Participant 9)

The transition to learning from home further posed challenges for trainees who shared their living spaces with roommates and those who had additional responsibilities such as childcare and household duties:

"Everybody went home because we basically got kicked out of res {university student residence}. So, that was quite tough. For me personally, I moved to my sister's house, and she has four young kids ages, 2, 3, 4, and 5, and they are no longer going to crèche. So, you can imagine the kind of adjustment that has to happen for them in the house when I am in class, basically from 8 a.m. to 3 p.m., every single day." (Participant 3)

Trainees residing in areas where load shedding was prevalent, particularly in working-class townships, faced additional contextual difficulties. During loadshedding, electricity is intentionally switched off for scheduled periods, which typically lasts for at least two hours and sometimes up to 24 hours. This had a direct impact on online learning, which relied on charged devices and a stable internet connection. The repercussions of load shedding meant that although their universities provided support by offering resources such as data bundles and laptops, some participants still faced challenges that extended beyond the university's assistance. Participant 4 expressed her dissatisfaction with the electricity situation, conveying a sense of frustration as external factors beyond her control impeded the quality of her learning experience:

"I didn't have electricity April to December. Can you imagine? So, working online was a nightmare. For me, it was really a nightmare because it wasn't just juggling the online space but juggling outside. How do I work online, 12 hours of my day, where I don't even have electricity? How do I schedule charging my devices at someone else's house?" (Participant 4)

4.2. Experiences of online practical work

Participants emphasized the importance of clinical practicums for their professional development. They all perceived M1 as a crucial opportunity to gain practical experience and apply their theoretical knowledge in an experiential way, which helps shape their professional

identity. Throughout their discussion of the transition to online practical work, it was observed that they were anxious about the adequacy of online exposure to the curriculum. Their experience was marked by a conflict between accepting the absence of the face-to-face environment and the necessity to adapt traditional ways of conducting practical work, which required significant flexibility. This appeared to make them doubt the efficacy of the online platform for their development. They emphasized the fear of losing cherished elements of their practical training. This mirrored the wider context of the pandemic, where loss was pervasive in everyone's experiences. This theme discusses trainees' experiences of the adaptations from in-person to virtual practical work and how the changes impacted learning relative to traditional training experiences. Four subthemes emerged within this theme: (1) client work, (2) psychological assessments, (3) community work, and (4) supervision. These subthemes highlight different aspects of practical training in the M1 stage and shed light on participants' experiences of learning and conducting these activities in an online environment.

4.2.1. Client Work

All the participants in this study had little to no experience with conducting face-to-face therapy, typically having conducted only two to three sessions with a maximum of two clients. The number of their online therapy hours ranged from 45 to 70, which indicated a relatively high exposure to client work.

During the transition to online therapy, trainees struggled with maintaining the therapeutic frame. In psychotherapy, the therapeutic frame encompasses the rules and principles of therapy necessary for effective treatment, including aspects related to the setting, professional conduct, and timing. Participants found it difficult to maintain the first element of the therapeutic frame, which is the setting. According to the participants, the therapist is responsible for creating a therapeutic environment that fosters a sense of containment, safety, and protection from external influences or 'bruises', whether conscious or unconscious, that have an impact on the therapeutic process. In the traditional therapy setting, the therapist holds control over the environment and ensures client confidentiality; however, in the context of online therapy, the therapist must rely on the client to take an equally active role in maintaining the setting. That is, both the client and the therapist have the responsibility to ensure that sessions are held in a safe and confidential environment free from external disruptions. Because

clients became co-protectors of the setting, online therapy had significant implications for the therapeutic frame and deviations from it. Examples were cited, such as instances where clients' and their own behaviour and conduct were concealed behind telephones and video calls. Trainees discussed instances where clients attended sessions with roommates or family members present in the room or while sitting on their beds. Others described instances where clients invited family members to come and greet them during sessions. In situations where the camera was not utilised, there was more flexibility and slippage in maintaining the therapeutic frame. For example, Participant 2 described a session where a client *"attended a session while washing dishes. She put me on headphones the whole time."* Others described situations where clients attended sessions in their pyjamas, while drinking coffee, or moving around their home. These examples reflected a perception that online therapy was an informal process compared to that of in-person therapy. This informality was seen by some trainees as a chance to exercise professional judgement, to set boundaries and to look for connections in their clients' past behaviours. However, others felt frustrated by the perceived changes in therapy:

> *"What I used to know about therapy was changing right before my eyes. The therapy room used to be so sacred, I mean from how we used to wear and the therapeutic process itself. Not to say that it was entirely the client's doing, because I also found myself just wearing so casually when conducting sessions. I mean for clients that attended while drinking coffee sort of made it difficult for me. I believe COVID had to do with the nature of therapy changing because everyone was at home. So you find that your car is the only place where you can have some privacy. So what can I say as a therapist?" (Participant 12)*

> *"As a therapist, you had to ensure that you had a private space to conduct online sessions, both for the client and yourself. But when we moved to online therapy, I couldn't confirm on the client's side, and I lost control of the setting. That is something that as a therapist you must learn to ensure that the client is comfortable in a private space to express themselves." (Participant 8)*

As the above quotations suggest, trainees faced difficulties in discussing and establishing the parameters of the frame with their clients in the online therapy setting. The inherent disadvantages of online therapy became evident, as it was easier for clients to unintentionally

violate these parameters. Trainees had to make continuous efforts to verbalize and clarify the expectations regarding client behaviour, clothing, and other aspects of therapy.

Timing emerged as the second element of the therapeutic frame that was challenging to manage for trainees. Participants noted that clients had a greater tendency to cancel or be late for their sessions due to the convenience and flexibility afforded by technology. The lack of the need for travel could have led clients to perceive that they were not inconveniencing the therapist since sessions took place in the comfort of their own homes. Participants expressed a belief that issues such as poor internet connectivity and load shedding were sometimes used as excuses for session cancellations or lateness, particularly for morning sessions when clients had just woken up. Due to the pandemic's disruption of daily routines, clients, being students themselves, were also studying from home and no longer had to wake up early for classes, which contributed to these challenges.

The pandemic exerted an additional influence on the blurring of boundaries in therapy. Participants shared instances where clients sent multiple messages or requested sessions outside of the designated working hours. The unprecedented nature of the pandemic and the heightened anxiety it brought about could have led clients to seek more support and containment. However, for trainees who were still developing their skills, setting clear boundaries with clients was often seen as potentially jeopardizing the therapeutic relationship. Balancing the need for professional boundaries while addressing clients' needs and maintaining a therapeutic alliance presented a challenge for these aspirant therapists. The complexities of the pandemic amplified the importance of ethical decision-making and the need for trainees to navigate these boundary issues with sensitivity and adherence to professional guidelines. As reported by the trainee quoted below, clients could easily violate the boundaries of therapy, leading to an increased necessity to consistently psycho-educate clients on the parameters of therapy:

> *"It was really challenging to create boundaries as a therapist on an online setting. Some clients would, for example, send emojis on WhatsApp, you know, or would tell me, oh, you're so nice, I wish I had friends like you, or can I follow you on social media?" (Participant 10)*

> *"I am generally a quiet person you know. My supervisor advised me to be assertive and enforce more appropriate behaviours for my clients. I am thinking about one*

client I had that would postpone sessions to weekends. I generally had a lot of clients that would cancel sessions, so sometimes I just agreed because I would be doing school work during weekends anyway (laughs) and to just maintain that relationship with my clients. It was more of just wanting to meet those HPCSA requirements you know, the hours of therapy required." (Participant 3)

As suggested by the participants above, trainees expressed challenges in establishing boundaries and providing interpretations without inadvertently conveying rejection, criticism or judgement. The geographical separation prompted by the pandemic resulted in heightened importance for projecting a positive and supportive presence, often referred to as the 'need to be a good object.' Interpretations of negative transferences needed to be managed with greater sensitivity since they could be perceived as hostile without the nurturing physical presence of the therapist. This followed a recurrent theme of unpleasant interferences as trainees balanced their professional and personal lives. Participants began to perceive the required technology as disruptive, beginning with the name of the therapist written on the screen when the camera function is not used, to seeing one's own image throughout the session. The constant reminders of relying on technology manifested through disruptions such as beeping email notifications, phone calls, and poor network connections. Trainees and clients alike found themselves needing to repeat statements due to unreliable internet connections, leading to interruptions in the flow of conversation. Additionally, audio and visual issues contributed to instances of talking over each other, making it difficult to discern real-time communication from delayed video feeds. Trainees expressed that all these challenges had the potential to shift therapy to a more conversational, supportive, and performative, rather than a deep therapeutic process.

The lack of nonverbal cues, a crucial aspect of the therapy process, was a significant challenge highlighted by participants. Some participants used the phrase "feeling the vibe," while others called it "reading the room," to refer to the difficulty of perceiving nonverbal communication cues that were presented in face-to-face interactions. The physical and geographical location of the client (and indeed of the therapist) became unknown to either. Vital cues like bodily posture, movements and tensions were no longer clearly visible, including other significant aspects such as the clients' height, size or gait. Consequently, understanding and interpreting nonverbal communication such as eye contact, body posture, rate of speech, and level of concentration became difficult. This limitation was seen as a disadvantage as it hindered the ability to learn comprehensive assessments, which were

identified as crucial for addressing intense transference dynamics. The limited access to nonverbal cues was also perceived as impacting rapport-building with clients. Participants found it easier to connect with clients they had previously seen face-to-face, as they had a better understanding of their nonverbal communication. Additionally, the requirement to record sessions for supervision purposes added an additional layer of complexity. The recording icon during online sessions was initially unsettling for clients and affected the establishment of trust and rapport. In contrast, during face-to-face sessions, recordings could be done discreetly, allowing clients to ignore the recording process. However, participants acknowledged that these challenges necessitated the development of compensatory skills. They adapted by placing greater emphasis on verbal communication and directly asking clients about their feelings, thus compensating for the limitations of nonverbal cues. Over time, they found ways to strengthen the therapeutic relationship and establish trust, albeit with additional effort and creativity required in an online setting.

> *"I do think that online therapy affected the learning of therapy in some ways. It's just me and the client on the computer having an informal conversation. It's only after watching the video, because we record the sessions, that I am able to grab a few things about the client. But on the screen, it's difficult to catch their feelings, you know, or see whether they are shaking or confused. I am not able to work with their sensations as I would in a face-to-face setting." (Participant 5)*

> *"Most of us had only seen our patients once in person; we had only had one session, and then COVID happened. So, it was challenging in the sense that I am still learning my way of being therapeutic in the room, but now I have to do it on a screen, with just the top half of somebody's body. I can't see the whole body, and I can't feel the body either. I don't know if you have ever been in a room with someone and you can almost feel their anxiety." (Participant 6)*

Trainees further experienced challenges with identifying potential instances of acting out or acting in. As an illustration, some trainees noted instances where clients joined sessions from their vehicles parked in public areas. Assessing whether these instances were driven by the necessity of finding the only private space available or whether it indicated a form of acting out became difficult:

"There were other things to think about, like is the client in a quiet confidential space, do they actually have enough data to keep their cameras on? If they're keeping their cameras off, is it because they don't want to, or does it have something to do with the therapeutic process or is it just generally that they don't have access to enough data?" (Participant 8)

The therapeutic modalities used by trainees varied, as some programs adopted an eclectic approach, while others focused on specific modalities, such as psychodynamic therapy. There were variations in how participants experienced the application of theoretical interventions in the online setting. Those who utilised modalities such as cognitive-behavioural therapy (CBT), solution-focused therapy, and narrative therapy reported fewer challenges in application. The flexibility of these approaches allowed for easier adaptation to the unique circumstances of online therapy. Given that many clients presented with grief, anxiety, and depression during the pandemic, trainees found that the adaptable nature of these modalities facilitated the application of interventions to address these issues. On the other hand, trainees who preferred psychodynamic therapy, which often relied on deep exploration of unconscious processes and the therapeutic relationship, faced challenges with certain techniques in the online setting. The fundamental analytic principles of silence, abstinence, and neutrality were compromised:

"I mainly used CBT and Narrative therapy last year. I cannot really say I struggled. I was able to cheat there and there and use my notes on the screen, and it kind of took the anxiety away. That was an advantage of online therapy, things that I could not do in the same room with the client were possible. I sort of did not worry about forgetting things." (Participant 11)

"Being part of psychodynamic and the way that it works is so different from how you would do therapy in a personal kind of capacity. Things that became more natural to do in a physical setting like silences, where you would just sit it out with patients over the phone, just feel completely uncomfortable, even for you as a therapist. It's just like, oh, are you frozen? Can you hear me? So, there's certain things that I realized I can't employ this particular technique. I think with picking upsets and defences, like how sometimes in the physical capacity you can point out, oh you moved a certain way, or you cringed your hands and made a fist what happened there for you? Now I'm losing out on that." (Participant 3)

While the online platform initially presented some challenges when learning, over time, online therapy became a form of experiential learning that enhanced the trainees' development of professional competencies in unexpected ways. As trainees became more accustomed to the practical and emotional demands of the online setting, their initial challenges decreased, and they developed a sense of optimism and confidence in their abilities. Trainees reported that they adapted their intervention techniques to suit online therapy and tailored their approaches to effectively address clients' needs in this context. For instance, they reported using creative methods such as asking clients to arrange their home environments to facilitate specific therapeutic techniques, such as the empty chair technique. They also reported having learnt creative ways to maintain boundaries, such as utilising video call technology features like blurred backgrounds to maintain the separation between their personal and professional spaces, which ensured privacy for both them and their clients. Trainees reported that they discovered and utilized applications that enabled clients to connect online for free, showcasing their resourcefulness in finding ways to overcome potential financial barriers. They also emphasized the development of new listening techniques that compensated for the reduced non-verbal cues in online therapy, which allowed them to focus more on verbal expressions and deepen their therapeutic presence. These experiences and skills reflect the development of foundational competencies. Their adaptability and growth in this unique context demonstrate their ability to effectively navigate and provide therapy through digital platforms, which contributed to their overall professional development. Participant 11 reflected on these developments:

> *"It was difficult at the beginning, but I've learned many things I think would have taken me a long time to learn. The first being able to understand tele-therapy. So, the whole process of I'm now very comfortable to schedule a meeting with a client online, take them through the process of what I did, risks and the benefits of it. I've also learned some apps that can give you like free data. In my life I have used technology, cameras and the internet. But to be able to merge psychology and theories to the use of technology in a way that is relevant to clients is something that I think I would not have learned had I not done it online."(Participant 6)*

4.2.2. Psychological assessments

This subtheme focuses on participants' experiences of learning psychological assessments through an online platform. Participants described this part of their training as

something that was '*difficult'* to do on an online platform and required direct observation in a physical setting. They expressed that learning psychological assessments online posed difficulties in mastering complex administration and high-level interpretations. Cognitive assessments necessitate familiarity with various testing components. Access to the psychometric test library, typically utilized for learning and practising theoretical components, was limited during the pandemic, hindering trainees' ability to become acquainted with the manuals. Ethical considerations surrounding the copyright, confidentiality, and security of these manuals further complicated the online learning experience. However, participants found value in the case vignettes developed by their lecturers and engaging in role-plays with each other, which enhanced their clinical reasoning, case conceptualization, test selection, administration, and interpretation skills.

While they were able to conduct therapy online, psychological assessments posed significant challenges due to their unique nature and the limitations of available resources. Participants expressed difficulties in training and gaining exposure to clients in this aspect of their training. These challenges were exacerbated by the shortage of standardized and empirical studies to support online psychometric tools. Concerns were raised regarding test security, particularly with activities that involved written responses and observations during testing. Participant 9 gave an example using visual spatial subtests like Block Design of the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V): "*Things like that would necessitate sending materials to clients, which I don't think is right."* Administering assessments designed for face-to-face use on an online platform risked compromising test validity, and exposing test content to unauthorized individuals, and posing legal implications related to infringement of copyright. Despite these challenges, some participants struggled to fully comprehend the limitations of their exposure to practical work in this area.

One participant said:

> *"I feel like with the practical work, for assessments, that could've been adjusted. We could have met face-to-face maybe like smaller groups or something. I feel like they could have been strengthened because it is hard to do them online, you need to be learning with those manuals. They tried to implement that, but I feel like they could have gone a little further. But otherwise, they did try to do that, and I appreciate that. I think*

for certain things that needed face-to-face they tried. But obviously there was more risk and there was actually nothing they could have done." (Participant 2)

Another participant responded:

"I did not feel like from a psychological assessment as a subject I profited a lot because it was more lectures. We did have one chance to go to a site. We administered the assessments. We went through the process of intake, administration, interpretation and so forth, which helped in some ways. But I was left lacking because I wish I had more exposure in terms of the experiences with psychological assessment." (Participant 12)

The preceding quote suggests that participants acknowledged their lecturers' efforts to provide practical training despite the limitations imposed by the pandemic. However, participants desired more practical exposure, which they perceived as crucial for their learning process. Having heard about the experiences of previous trainees, also influenced their expectations, and generated excitement for their own training. However, the disruption caused by social distancing measures and the shift to online platforms led to a sense of loss and disappointment, as the anticipated training differed significantly from what they had rehearsed and heard from their predecessors. The inability to conduct psychological assessments, which is a unique and essential skill in psychology, played a significant role in these feelings.

"For me, it was a different experience, especially having talked to people from previous years where they would tell you how nice it was to be with clients. For example, be in the same room with clients and assess. Get to experience them physically and observe. Because I could not have that experience, I felt like some of the experience was taken away from me. Fine there were things that were beyond their control, and I had to adjust. But in essence, I felt very much robbed of my first year." (Participant 5)

With the gradual easing of restrictions, access to the library was restored, allowing participants to utilise its resources. However, direct contact with case referrals remained unfeasible due to ongoing social isolation measures and concerns about the risk of infection. Despite this disappointment, the lecturing staff focussed on ensuring that the participants had a solid understanding of foundational theoretical concepts and clinical skills necessary for M1 training and progression into internship training. Interestingly, all the participants expressed a sense of preparedness for their internships, despite the lack of in-person experiences. They

reported competence in areas such as selecting appropriate assessment protocols, administering and interpreting of psychometric assessments, writing reports, and communicating assessment results to clients. This suggests that despite the perceived limited practical exposure, they were still able to learn foundational competencies on an online platform.

4.2.3. Community work

Participants expressed a common concern regarding the limited experiential learning opportunities in community work. Community practical work was considered an integral part of their training, which aimed at familiarising them with the importance of community engagement. However, they found it challenging to adapt community work to an online platform. This difficulty stemmed from the perception that community work primarily involved working with disadvantaged groups who may not have access to technology, in contrast to their online therapy clients. While participants received theoretical training in community psychology, they felt that there was a gap in practical experience and research in real community settings. Although they designed online community projects and implemented community interventions virtually, they believed that direct exposure to community sites would have increased their confidence in applying the skills they had learned in class. Many participants considered the Phelopheppa Health Train to be their ideal vision of community work. The Phelopheppa Health Train is a healthcare train that offers primary health services and education to rural South African communities. Psychology students typically worked in the train's psychology clinic, providing individual and group psychotherapy. However, due to the pandemic, this valuable experience was cancelled. The cancellation of the Phelopheppa Health Train experience was seen as a missed opportunity to gain practical experience in working with rural communities, collaborating with multidisciplinary teams, and socializing with colleagues.

> *"With community work, we definitely missed the Phelopheppa training experience, which is really disappointing. That is just a physical experience that is really disappointing that we didn't get to do with online learning. I think that experience in, and of, itself would have been challenging in completely different ways." (Participant 2)*

Interestingly, despite their dissatisfaction with online community work, the participants did not view the limited exposure to community work as a significant loss or hindrance to professional development. Community work was seen as an additional experience, as opposed to a core component of their training. Participants perceived it as a marginal aspect that did not contribute significantly to the main curriculum of their training.

> *"I think with things like community work, you can always catch up during the internship or when you are qualified. It does not have a strict basis, like therapy work. For me personally, it does not align with my future plans of working in private practice, but I would have appreciated the experience in case life happens (laughs)." (Participant 7)*

While practical exposure to community work was lacking, participants expressed confidence in their theoretical knowledge. This was exemplified in the following quote:

> "*When I look at the bigger picture, I realized that actually I acquired certain community skills that if we were doing face-to-face, I would not have acquired. We did a campaign, an entire campaign with The Green Bag Project. It was fully online, and those are key skills that we as psychologists going forward in this fourth industrial revolution are going to need, because we are in a world of technology today." (Participant 11)*

As the preceding excerpt suggests, the participants recognized the value of online community work and acknowledged its importance as a skill considering the increasing advancements in technology.

4.2.4. Supervision

This subtheme reflected participants' experiences of online supervision. According to most participants, the transition to online supervision did not significantly impact their experiences related to supervision. While some participants had a few in-person supervision sessions prior to the shift, the core elements of supervision remained unchanged, including the therapeutic alliance, thinking critically about therapeutic processes, and weekly meetings. Participants reported that online supervision provided increased availability of supervisors,

along with support, as well as a sense of safety and containment during sessions. Although daily interactions and close proximity were lacking, rapport building during sessions helped establish a supervisory relationship comparable to in-person supervision. The convenience and flexibility of working from home were seen as advantages of online supervision. Notably, engaging in online supervision allowed trainees to gain first-hand experience of seeking professional help using the online platform, which deepened their empathy for their online therapy clients and provided insights into their clients' experiences. Participants' prior experiences with in-person supervision influenced their expectations and assumptions regarding effective clinical supervision. These assumptions included the belief that supervision involved constructive feedback, regardless of its tone, and supports the trainee's confidence and autonomy. Additionally, participants expected supervision to facilitate reflections on meta-perspectives such as therapy goals, the development of therapeutic relationships, and the application of theoretical interventions. Participants further expressed their preferences regarding online supervision, noting that having the video turned on during sessions contributed to a more authentic experience and helped establish a stronger connection with their supervisors.

As the transition to online supervision primarily involved the use of technology, it presented similar barriers as those experienced in class seminars and client work. Some sessions were delayed due to anticipated technical issues with videoconferencing software, which resulted in time lost that would not have occurred under in-person supervision. The use of technology was also seen as a disadvantage in situations where participants were unsure of how to navigate challenging scenarios, such as with suicidal clients. The absence of an open-door policy was lamented, as spontaneous opportunities to ask questions or debrief after difficult sessions were lost. Ensuring client confidentiality in online supervision required additional considerations, such as finding a quiet and private room, setting passwords when sharing recorded therapy sessions, and securely transmitting process notes to supervisors. These measures were necessary due to the inherent risks associated with transmitting confidential client information online. Despite these challenges, supervision was not significantly altered by the transition from in-person supervision, as long as thoughtful scheduling and flexibility were maintained. Prior experience with technology proved helpful in feeling comfortable and well-informed, although it was not a prerequisite for successful supervision encounters:

> "*I think at this stage I was used to the online platform, you know, so online supervision worked really well for me. There was that bit of anxiety from being evaluated and wondering whether I was doing enough, you know, but we bonded very well with my supervisor. My supervisor reviewed my session videos prior to supervision, and we discussed each client. So no hustles in this regard." (Participant 10)*

> *"The supervision was online. We attended regular supervision immediately after COVID happened. We went online that very same week. We were receiving supervision as though nothing had changed. So, it was really great. We could engage the same way, but it was just on an online platform."(Participant 9)*

All participants had access to four supervisors, who specialized in: individual and group therapy, psychological assessments, research, or community work. This multi-supervisor approach provided diverse perspectives on professional development.

The negative aspects of online supervision were also discussed, with some participants using words like *always late, inconsistent,* or *unhelpful*. These negative experiences seemed to have contributed to a strained supervisory relationship. However, it was observed that both negative and positive supervision experiences were not unique to online supervision but could also occur during in-person supervision. The differences in experiences between the supervision mediums appeared to be more associated with the characteristics of the supervisor and/or trainee, such as the supervisor's experience, or the trainee's resistance to engagement, than the medium of delivery. This suggested that the key elements for effective supervision (e.g., openness and respect) are crucial regardless of the platform used. Although not explicitly mentioned, most participants attributed the responsibility for fostering a good supervisory relationship to the supervisor. This is possibly due to trainees' roles in a teaching and learning environment, where instructions are prescriptive.

> *"I didn't like online supervision. For some reason my supervisor was always late and didn't give much effort. We didn't really connect and sometimes I could not even hear what she was saying because of technology and stuff." (Participant 1)*

> *"I always wondered how it would have been if it were in-person. Sure…I have seen, like last year with my research supervisor that it felt more hands-on. With online, it is*

much easier to just end the call when you don't have much to say, or rather, questions, because it becomes awkward when no one is saying anything. Face-to-face on the other hand, you sort of use that whole hour, you know." (Participant 5)

According to the participants, another aspect of online supervision was making sense of its potential to contribute to their growth. During the discussions, trainees sought to answer questions about the effectiveness of online supervision for their personal and professional growth. They often responded by listing the criteria they considered important for their professional development. These criteria included factors such as: motivation for self-directed learning, confidence in applying theoretical modalities, resolving ethical dilemmas, feeling challenged, practising self-care, developing self-awareness, and effectively managing difficult client cases. Participants reported that they achieved these outcomes despite the mode of delivery.

CHAPTER 5: DISCUSSION

This chapter discusses the findings of this study with reference to the literature on trainee psychologists' professional development. The findings yielded two principal themes: *Being a professional trainee during the COVID-19 pandemic and Experiences of online practical work.*

Noteworthy, this research into trainees' lived experiences of online training during the COVID-19 pandemic constitutes a valuable addition to the expanding body of research, particularly in the South African context, where online delivery of professional psychology training was a novel experience (Goldschmidt et al., 2021). The unique context of the pandemic necessitated an examination of how trainees' professional development was affected by the transition to online platforms. Some of the current study's results are consistent with existing research regarding trainees' experiences about the challenges, benefits and needs of online learning, while others pave the way for upcoming research studies.

The findings indicate that during the move to online platforms, only the delivery mode changed, but the curriculum remained the same. However, and consistent with other professional psychology programs elsewhere (e.g., Ivey & Denmeade, 2023; Lourens & Uren, 2023; Munnik et al., 2021), this change had implications for trainees' mental health, expectations, and goals for training. In the beginning of the pandemic, trainees expressed concern and uncertainty about whether the online platform would adequately prepare them for their future roles as competent interns and professionals engaging in face-to-face work. During the course of the pandemic, the delivery mode of their training was changed, and without knowledge of when they would be allowed to return to face-to-face teaching, it created significant worry among the trainees. They also wondered about the potential consequences of limited hands-on practical exposure during their internship placements. Consistent with these findings, Hames et al. (2020) reported that trainees who trained during the pandemic are likely to express such concerns, and the shift necessitated that they adapt and develop strategies to manage and cope with these feelings. Kaku et al. (2020) pointed out that these are understandably important preoccupations, given that the implementation of online training in the field of psychology has faced enduring controversial debates. Previous research doubted the effectiveness of these online platforms in producing appropriately competent psychologists

(Connolly et al., 2020; Sucala et al., 2013; Topooco et al., 2017). These doubts and concerns can be attributed to the traditional foundations on which professional psychology has been built, which have primarily emphasized face-to-face work as the primary mode of training (Ghosh et al., 2021).

Both the participants and the literature acknowledged various challenges when transitioning to fully online learning (Goghari et al., 2020; Ortiz & Levine, 2021). These challenges included technological issues such as poor internet connectivity, poor sound and video quality, a lack of engagement and interaction with their classmates and trainers, difficulty staying motivated and engaged with course material, limited access to university resources such as computer labs and libraries, and unconducive home environments. These challenges affected the overall quality of their virtual learning experiences (Goghari et al., 2020; Ortiz & Levine, 2021). While the university and their lecturers made efforts to provide support, such as access to devices and data bundles, there were still factors beyond their control, including poor connectivity in certain areas and challenges caused by load shedding. Moreover, it is important to note that a substantial portion of trainees in this study had never enrolled in online learning before, and the transition to a virtual setting was made mandatory due to the COVID-19 pandemic. This is different from formal online learning, where students actively choose to pursue online education based on personal reasons, such as work or family commitments. Prior research on universities that have transitioned to online platforms also cited technological incompetence as a significant obstacle (Glueckauf et al., 2018; Stoll et al., 2020). Simultaneously, the differences between a compulsory and planned shift to virtual learning have been reported to be a predictive factor to people's viewpoints (Venkatesh et al., 2003), suggesting that the forceful nature of the shift to online platforms may have played a crucial role. The disposition, emotional state, challenges and innovative responses of trainees in this study were profoundly shaped by the abrupt, involuntary transition to online platforms. This affected both trainees and their clients, occurring within an unparalleled and unsettling health and social crisis (Taylor et al., 2023).

Consistent with this study, Kee (2021) found that the most pressing concerns among trainees transitioning to online platforms are a lack of social interaction with their peers and feelings of isolation. Trainees' professional development was affected by missing the face-to-face interactions that facilitate teamwork, consultation, and relationship building with peers and lecturers. These components are regarded as essential for interdisciplinary and

multidisciplinary work (Frye et al., 2022). The study by Karalis and Raikou (2020) supports these findings by emphasizing the value that students place on face-to-face teaching. Trainees value opportunities for interacting with classmates and supervisors, including being part of the university community (Karalis & Raikou, 2020). These interactions provide a sense of belonging and support, which can help alleviate the anxiety and uncertainty commonly experienced by trainees during their first contact with the profession (Rønnestad and Skovholt, 2013).

The participants in the study expressed the challenge of blurred boundaries between their professional and personal lives due to the social distancing measures implemented during the pandemic. This blurring of boundaries was particularly difficult for trainees as they held multiple roles and identities, such as being students, counsellors, researchers, and supervisees. These various roles, which typically occur in different physical spaces, were now taking place within the same environment. The convergence of these roles in a single location created challenges in terms of maintaining a clear separation between professional and personal lives. Trainees in studies by Day and Thomas-Attila (2021) and Blocksidge et al. (2022) expressed similar challenges in their transition to online training. The literature provides limited solutions for these concerns; however, some suggestions have been reported by trainees in a study by Scharff and colleagues. For instance, these trainees reported that during lecture seminars and client consultations, they utilized virtual backgrounds to create a visual separation between professional and personal spaces. They maintained pre-pandemic routines, such as waking up early and dressing up, to create a mental distinction between work and relaxation time. Moreover, they dedicated specific areas in their homes for work and negotiated privacy with roommates or family members (Scharff et al., 2021b). In the current study, some trainees reported implementing these suggestions as they adapted to online learning. However, those who shared their living spaces with others found it particularly challenging to create physical and psychological separation. This suggests that finding effective strategies to manage the blurred boundaries between professional and personal lives will likely vary depending on individual circumstances (Blocksidge et al., 2022). This further suggests that further exploration and research are needed to identify more comprehensive and tailored solutions to this issue.

The experiences of online practical work were a significant focus in Theme Two of the study. Consistent with the literature reviewed, trainees expressed concerns regarding the

relational components of online therapy (Ahlstrom et al., 2022; Scharff et al., 2020a). This included the therapeutic frame, nonverbal communication, and the working alliance. Participants noted that unlike face-to-face therapy, the responsibility of guarding the setting in online therapy rests equally with both the therapist and client. This shift in responsibility impacted their sense of confidence and challenged their ability to negotiate the parameters of the setting with their clients. This indicates that online therapy may be better suited for clients who are able to actively contribute to managing the setting. Lemma (2015, p. 571) refers to this phenomenon as 'disembodied relating'. When the client chooses the room and, to some extent, the setting, the power balance shifts. Thus, the client has a greater responsibility to protect the therapeutic environment from outside disturbances but also has the freedom to end the session whenever they want. Because of these shifts in responsibility, Lemma (2015) concludes that the online setting is a rupture of the therapeutic relationship. However, Leibert et al. (2006) presented a contrasting perspective, suggesting that the physical separation and increased responsibility on the part of the client in online therapy can lead to accelerated emotional development in therapy. Allan (2016), who extensively discusses the ethics and laws of the setting, proposes that therapists conducting online therapy should do so in their consulting rooms to reinforce the importance of the therapeutic frame. However, this may present challenges for students who may not have access to dedicated consulting rooms, particularly during the constraints of the pandemic.

Alongside the challenges arising from maintaining the setting, working without nonverbal cues posed challenges for trainees. This supports Scharff et al.'s (2020a) results that trainees depend on nonverbal communication more than experienced practitioners. Ivey and Denmeade (2023) report similar findings that a face-to-face interaction with clients allowed trainees in their study to learn 'actual therapy.' Thus, being in the same room with the client promotes a greater therapeutic relationship, including connection and intimacy. But these are lost when the psychologist is not physically present with the client (Scharff et al., 2021b). This was particularly true for trainees in this study; similar to dealing with the anxiety of being in the same room with clients, on an online platform they had to address the fear of working without the physical presence of their clients. Therefore, it is not solely the presence of additional nonverbal cues that is important, but also the absence of anticipated cues. As noted by Taylor et al. (2023), understanding unconscious processes requires meticulous consideration of various information sources, some of which become obscured or more challenging to discern when communication is mediated by technology. Counselling inherently involves a deeply

personal connection, encompassing vulnerability for both the client and therapist. Therefore, the diminished intimacy and lack of physical vulnerability in online therapy have a profound impact on various facets of the therapeutic relationship (Taylor et al., 2023).

This study's findings suggest that both trainees and clients experienced distractibility during online therapy sessions. This is consistent with earlier studies, as exemplified by Mavhandu-Mudzusi et al.'s (2021) study, which indicated that individuals tend to experience distractions during online therapy compared to in-person therapy. Interestingly, the researcher also observed a fascinating phenomenon regarding the trainees' own distractibility during the interviews with her. While participants were frustrated with the clients' distractibility in an online setting, many of them demonstrated the same behaviour during the interviews with the researcher. Most of them showed gaps in concentration, forgetting what the researcher asked, and needing questions to be repeated several times. For instance, "What was I saying again?" or "I completely zoned out, please repeat." While these instances of distractibility are common in everyday communication, their prevalence during the interviews may shed light on the challenges trainees face in managing their own attention and focus during online interactions. In contract, the responses of participants in Bengtsson et al.'s (2015) study diverge from this perspective. These participants characterised in-person therapy as mentally draining, challenging, and without rewards for hard work. These participants also reported more workload in a face-to-face session due to administrative tasks (Bengtsson et al., 2015). In several ways, the results obtained in this study challenge the notion that new and young therapists will readily adopt online therapy because of their familiarity with technology. Some of the participants in this study had conducted at least two sessions face-to-face before the pandemic started; therefore, face-to-face is likely to be their preference in terms of education and training.

The experiences of trainees in this study provide insights into the question raised in the literature: is online therapy real therapy? (Derring-Palumbo, 2006). The literature has debated this question, with some arguing that online therapy works but makes use of different methods than face-to-face counselling (Essig and Russell, 2017). Essig and Russell (2017) further reminded therapists that the convenience of online therapy should not make them forget or undervalue "local therapy." While participants in this study outlined various challenges of online therapy, their responses suggest that it is indeed the same therapy as face-to-face therapy based on their experiences and ability to creatively apply theoretical interventions online.

Trainees' experiences align with previous research by Klasen et al. (2013) and Sucala et al. (2010), which emphasize that regardless of the therapy medium, therapists need to creatively modify theoretical interventions to suit the context in which they are applied. This challenges the argument put forth by Calero-Evira et al. (2014) that such modifications are impossible on an online platform. According to Weinberg et al. (2022), flexibility and creativity in adapting interventions are considered crucial in online therapy. One possible explanation could be the one described by Bengtsson et al. (2015): perhaps therapists experience differences in the relational aspects of therapy due to their exposure to both mediums of delivery. Should this hold true, it is plausible that these could shed light on the outcomes observed by Eby and colleagues. According to these authors, professional training in psychology has become diversified, with each proponent defending their own position (Eby et al., 2011). This may suggest that perhaps the most effective or ineffective aspects of professional training in psychology are still largely unknown, and questions remain about how much the traditional models of training may be improved, redesigned, and reoriented. It is worth noting that the professional development of trainee psychologists is typically a lifelong journey that occurs over years of training and supervision.

Whether the challenges and difficulties reported by the current study's participants resulted from the developmental learning stages of in-training therapists or were indicative of lasting problems with telepsychology is a relevant question. As noted by Gallo et al. (2022), psychologists in training often have doubts about their capacity to counsel clients. Nonetheless, noteworthy is that many of the challenges and concerns reported by trainees in this study are also found among qualified psychologists in online practice (e.g., Ahlström et al., 2022; MacMullin et al., 2020). This suggests that these difficulties are more related to the online setting itself than the trainee's status as the service provider. The lack of ethical guidelines for the practice of online therapy in the field of psychology raised by the participants is an important issue. Without well-established guidelines, it can be challenging for trainees and practitioners alike to navigate the unique ethical considerations and ensure the delivery of ethical and effective therapeutic services (Frye et al., 2022). As trainees in this study became familiar with the process of online learning, they expressed gratitude for acquiring the necessary foundational and functional competencies. This suggests that over time, trainees adapted and developed the skills needed for online professional psychology training. The defining finding here may be that there is value in online professional psychology training for both the personal and professional development of trainee psychologists. These findings

challenge the pre-existing literature that suggests that online training hampers professional development (Topooco et al., 2017) and support previous research advocating for learning and training in telepsychology to overcome reluctance and embrace online platforms (Cipolletta & Mocellin, 2018; Honey & Wright, 2018).

It is evident that the online platform limits practical experience in psychological assessments. Psychological assessments are not seamlessly transferable to online platforms. Consistent with these findings, Gicas et al. (2021) report that the main challenge with most psychological assessments taught in psychology programs is that they have no validation for online platforms, posing difficulties for assessment training, including the delivery of ethical and legal services. These challenges arise directly from the lack of validated online assessments and the lack of empirical evidence to support adaptations to existing assessment protocols (Gicas et al., 2021). For these reasons, Eby et al. (2011) argue that psychological assessments cannot be taught or practiced via online platforms. Under these restrictions, their training therefore prioritises mastery of theoretical concepts and baseline clinical competencies that are considered essential for M1 training. Immersion in real assessments was not feasible during the pandemic, and case studies were used to supplement the requisite skills. Trainees also expressed limited exposure to community work. However, compared to clinical skills, the impact was perceived as marginal. The perceived marginality in exposure to community work may reflect the marginality shown in the HPCSA curricula, in which clinical skills are prioritized over community work (Canham et al., 2021).

Supervision is significant for the professional development of trainee psychologists. Hence, the HPCSA prescribes at least one hour of weekly supervision sessions for trainees (HPCSA, 2019). Having a professional space to develop and enhance skills is an important component for psychologists (Lourens & Uren, 2023). Most trainees identified supervision as a space in which they felt supported and contained and as providing opportunities to learn and develop as emerging psychologists working online. These findings demonstrate that supervision leads to greater autonomy within trainees' professional roles and provides a safety net to practice and discuss challenges. The emphasis on self-awareness and self-care was seen as cultivating personal development. The most fundamental component that was mentioned by all the participants was the quality of the supervisory relationship. According to Beinart and Clohessy (2017), a good supervisory relationship should be warm, respectful, accepting and understanding. Such characteristics contribute to trainees' development as they promote

constructive learning. Similarly, the findings indicate that trainees who felt that online supervision did not lead to professional development referred to the supervisory relationship. Additionally, as found in this study, regardless of the medium in which supervision is delivered, the supervisory relationship remains crucial. Furthermore, the current findings are consistent with previous research, which indicates that online supervision supports professional development (Bernhard & Camins, 2021). That is, the same objectives that are achieved during face-to-face supervision can be mastered online. Studies by Bender et al. (2018) and Vaughan et al. (2021) explored trainee psychologists' experiences of online supervision. Similar to trainees in this study, these trainees doubted the quality of online supervision, and it was only through exposure that they learnt that the predicting factor was their (and their supervisors') personality and preferences in their experiences of online supervision. The results further suggested that the lack of nonverbal communication and technological challenges such as poor internet connectivity led to negative supervisory experiences. While the results of the present study indicate that trainees experienced similar challenges, none of them perceived the absence of nonverbal cues to have impacted their supervisory experiences (Bender et al., 2018; Vaughan et al., 2021).

Essentially, trainees' experiences of online training are based on the ad hoc solutions provided during the emergency lockdown in 2020 rather than a well-planned, high-quality online education utilizing student-centred methods (Almendingen et al., 2020). As a result, the trainers may not have had sufficient time to prepare and implement the best teaching and learning practices for the online environment. They had extensive training experience face-to-face, and their lessons and interactions were tailored around this format. Therefore, trainees' experiences in this emergency online environment are arguably not representative of their experiences in well-planned and quality-based professional training in psychology. Hodges et al. (2020) preferred to refer to this shift "emergency remote teaching" rather than online learning, characterising it as a momentary shift from the traditional face-to-face learning and teaching environment.

Interestingly, it is noted that despite the challenges encountered in their transition to online platforms, participants felt sufficiently prepared for their internships. Each trainee expressed a sense of development and maturation at the end of their training. It may be that the platform on which learning took place had technological challenges, but it did not significantly affect their professional development. It has decreased some opportunities for traditional

training (such as exposure to hands-on practical work), but it has also expanded training experiences in diverse ways. Therefore, compared to previous students who possibly had less exposure to online professional services, trainees who completed their training during the pandemic experienced a benefit from specialised training opportunities. Although they differed in their experiences and comfort with online platforms, each participant was able to identify how this experience aided their personal and professional development. The outcomes of the present study thus point to the feasibility of telepsychology as a modality of professional training to develop and upskill professional competencies.

CHAPTER 6: CONCLUSION

The practice of psychology has acquired several complex characteristics as a profession. It is a guild under regulatory bodies, with trade secrets that are shielded from public knowledge. It is characterized by numerous ethical codes and a sense of dignity related to the provision of services. These characteristics are not easily transferable to online platforms, which hold several practical, legal and ethical challenges. However, the challenges encountered during the COVID-19 pandemic have the potential to leave a lasting impact on education and training systems in psychology. Moreover, they offer significant prospects for contemplating adopting additional modifications that will surpass the resolution of the existing public health crisis. The pandemic compelled the profession to swiftly address challenges, undertaking actions that would have otherwise been met with resistance or required extensive time for planning and implementation. The primary aim of this study was to generate insights into the experiences of trainee psychologists as they navigated their professional development during the COVID-19 pandemic. The study revealed that learning and teaching were modified and re-aligned within the framework of statutory and professional requirements in the facilitation of online training to enable trainees to achieve their professional competencies. The use of technology in the field of psychology has an extensive historical background that predates the COVID-19 pandemic. However, limited research exists regarding the professional development of trainees on an online platform.

Aligned with the study's research questions, this study revealed that being a professional trainee during the COVID-19 pandemic presented unique challenges and opportunities for the development of competencies in various training domains. These experiences were not typically encountered during traditional professional training in psychology or early in one's career. This novel training experience has the potential to cultivate a group of psychologists equipped to adeptly navigate and contribute to the evolving nature of society. Trainees initially expressed concerns about whether online platforms would provide them with sufficient exposure to the curriculum to become competent psychologists. As the findings suggested, there were some areas in which exposure was limited (e.g., psychological assessments), while in other areas maximum exposure was attained (e.g., psychotherapy). Trainees in this study identified various challenges, including dealing with the stressors of the pandemic, reconciling with what they sometimes perceived as limited opportunities for

practical work, working with the barriers of technology, and feeling isolated from their peers and lecturers. Evidently, the use of technology for professional training entails both advantages and disadvantages. The main advantage was the opportunity to continue with their professional training during a global pandemic. The online platform further provided convenience and flexibility, which enabled trainees to continue receiving supervision and to see their clients in the comfort of their homes at a time when they needed to be closer to their support systems.

The findings suggested that some elements of psychology training are well suited for online instruction, while others need far more preparation and strategic thinking to be effectively executed. This is particularly relevant when it comes to training components in psychological assessments and community work. Trainees perceived training in psychological assessments as difficult to learn on an online platform. It was perceived as involving a more directive and skills-based learning approach that was more feasible in a face-to-face environment. The complex administration and high-level interpretation of assessments require students to be familiar with a variety of testing components. This was not feasible due to the constraints of the global pandemic. Moreover, considerations such as copyright, confidentiality, and assessment validity posed a threat. On the other hand, community work remains a marginal component among trainee psychologists. Although they felt dissatisfied with the lack of hands-on exposure, it was perceived as an added experience rather than contributing to their main training curriculum.

Regarding client work, trainees found it difficult to work within the online setting, which challenged their ability to define the parameters of the frame with their clients. They also found it difficult to work without nonverbal communication and often struggled to see how theory translated into application. However, despite these challenges, they gained specialized skills and witnessed the formation of their professional identity on an online platform. Consistent with the literature, the core elements of supervision remained the same despite the format in which they were delivered. Online supervision was experienced as facilitating the development of professional competence, critical reflection, and self-awareness. However, a poor supervisory relationship was seen as affecting the development of these abilities.

Support systems, be they from the university, lecturers, supervisors, or peers, were identified as influential. Where the lack of support was experienced, the influence on both

personal and professional development was just as evident. The different roles of each support system determined which domain of growth was affected. In most cases, it was linked to the domain of future professional relationships with peers. Importantly, some of the issues and challenges raised by the COVID-19 pandemic in the study are not entirely new: the uncertainty and anxiety of trainee roles, daily practical challenges such as academic workload and exhaustion, feelings of isolation, personal life stressors, and the difficulty that trainees experience when learning psychological assessments. However, it is possible that the stress of the pandemic intensified these stressors. Trainees' experiences point to opportunities for online training in professional psychology. This study indicates the need to consider incorporating modules such as online therapy into the curriculum of professional training.

6.1. Research Limitations

Regardless of the study's contributions to professional development, readers are encouraged to interpret the results with caution before applying them to different contexts. According to Flick (2009), qualitative research emphasises the quality of the interviews rather than the quantity of participants. It must be acknowledged that the study had a small number of participants. It is possible that those who may have provided in-depth accounts of training under the pandemic may not have participated, and vice-versa. The small sample size was purposefully selected to obtain in-depth information with an emphasis on quality information rather than quantity of participants. While the demographics of the participants in this study may have increased the relevance of the findings for trainees at different universities in South Africa, they cannot be interpreted as representing all professional trainees who made the transition to online platforms. Furthermore, the majority of the sample was from the same institution (University of the Witwatersrand) and registration category (Counselling). This may further limit the generalizability of the findings, as they may be a representation of institutional dynamics and program experiences.

Moreover, there might be various unexamined trainees' demographics that influenced their experiences of the transition to online learning, such as other relevant personal and professional experiences before and during the COVID-19 pandemic, such as prior experience with counselling or volunteer work, family support systems, client populations, or the needs of each training university. The researcher acknowledges that a larger sample size, and an exploration of such factors, could have yielded additional themes and data, but it may not have been feasible within the constraints of time and resources.

The current study focused exclusively on the experiences of trainee psychologists and did not cross-check those of their significant others, such as lecturers and supervisors. The researcher acknowledges that a richer understanding would have resulted from the participation of these key players. Moreover, a longitudinal approach, that extends beyond the first-year master's program and includes the internship year, would have offered a deeper exploration of their professional development. Regarding this limitation, it must be emphasized once more that the aim of this study was not to provide a compressive developmental view, but rather to explore the experiences of professional development of first-year master's students. Even so, the researcher took care of this limitation by asking trainees to provide a detailed picture of their experiences. However, the nature of the topic may have directed them to select information that they thought fit the aims of this study. Furthermore, more care was taken to avoid overinterpreting the negative experiences and under-interpreting the positive ones. With this limitation, it was often difficult, as most participants' experiences of professional development were embedded in/impacted by their struggles and challenges. However, it must be mentioned that the researcher kept the interview questions broader and more open-ended (see Appendix D). Owing to the COVID-19-induced lockdown restrictions, in-depth interviews for this study were conducted online via Zoom. This approach, however, hindered the researcher's ability to capture certain nonverbal communication that could have enriched the description of the data. Additionally, data collection was affected by internet disruptions, since participants were occasionally disconnected or inaudible during interviews. In some cases, when efforts were made to continue with interviews, some participants were unavailable.

6.2. Implications and Recommendations for Future Research

This study is one of the few conducted on trainee psychologists' experiences of online training within the South African context. Therefore, the study's strengths include its in-depth attention to trainees' lived experiences of the transition to online platforms. Modifications to the teaching and learning experiences of student psychologists offer possible opportunities and drawbacks for those who are finishing their capstone training during the COVID-19 period. Despite the study's limitations, it offers several inferences, recommendations, and directions that can be taken into future studies and practice.

The first implication pertains to knowledge, particularly the professional development of trainee psychologists. The literature on professional development has suggested that online platforms cannot produce appropriately competent psychologists. Trainees in the current study

suggested otherwise. The findings therefore fill the existing knowledge base and direct attention to a possible use of technology during the training of professional students. Furthermore, while models of counsellor development and supervision have shed light on professional development (Rønnestad and Skovholt, 2013), the differentiation between beginning/in training psychologists in their M1 training and those with more experience (M2 training during internship) has been minimal.

Considering the limitations of this study, some recommendations are made. The COVID-19 pandemic forced the transition to online learning. Both trainees and lecturers were affected by this transition. As already mentioned, incorporating key role players such as the faculty or course coordinators could be an option. It would be equally important to obtain feedback from clients who were receiving online therapy services to determine their experiences and perceptions of trainee-delivered online therapy. Moreover, trainees' clients in this study were students. This means that their experience was mostly limited to the student population. Future studies may investigate the experience of trainees with distinct client demographics, such as M2 trainees.

Findings from the current study indicate that many students had no experience or training in conducting virtual counselling before the global pandemic. Therefore, it becomes an important recommendation for psychology master's programs to consider incorporating a virtual counselling course within their curriculum in preparation for upcoming students. Some ideas can be drawn from the trainees in this study: (1) strengthening verbal expressions; (2) using the first few minutes of the session to discuss the client's competence in using technology and ensuring that they are in an appropriate position to the camera and screen so that the therapist can see at least half of their body so they can clearly communicate with each other; (3) asking about the level of privacy (Heiden-Roots et al., 2020); (4) practising active listening exercises; (5) encouraging students that can afford to invest in technological tools such as wireless earbuds to block background noise; and (6) guiding trainees about incorporating breaks between sessions to rest and stretch their bodies, take a walk and a break away from the screen. Callan et al.'s (2020) work on self-care practices may be informative for trainees.

To assist with the generalizability of this study, a larger sample is recommended. More areas of potential research could include a longitudinal approach, which includes internship experiences following online training. More areas of research questions to explore may include: Does the type of program category (e.g., clinical, educational, industrial, or counselling) have

an influence on how trainees experience their professional development on an online platform? It may also be important to take a social-ecological approach and explore other interconnected domains, such as financial and personal challenges for trainees who are married or have children. This approach could offer more insight into these related stressors in trainee psychologists' experiences. While the recommendations of this study are generated from the results of the pandemic, these suggestions could potentially be relevant to any digitally-mediated learning platform.

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APPENDICES

APPENDIX A – PARTICIPATION INFORMATION SHEET

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT

Dear Mr./Ms./Mrs. _____

My name is Cindy Baloyi, and I am conducting research for the purposes of obtaining a master's degree in Community-Based Counselling Psychology at the University of the Witwatersrand. My research, under the supervision of Dr. Vinitha Jithoo, hopes to explore trainee psychologists' experiences of professional development during the COVID-19 pandemic. I am interested in your experiences which may include but may not be limited to opportunities and challenges you may have faced with professional development and supervision following its move to a digital platform and remote instruction. As part of this project, I would like to invite you to participate in this study.

Participation in this research will entail being interviewed online at a time and online platform that is convenient for you. The interview will last 45 to 60 minutes. With your permission this interview will be recorded in order to capture the information accurately. Should you experience any discomfort following the interview or at any time during the study process, you can contact Clinical Psychologist Mamositli Modisane to request an appointment on 076 380 1165 or 084 234 3039. Participation is strictly voluntary, and you have the right to withdraw your participation at any stage of the research process. All of your responses will be kept confidential. The interview material will be stored in a password-protected google drive folder and will only be accessed and processed by myself and my supervisor. Data will be reported in an aggregated form. No information that could identify you would be included in the research report.

If you choose to participate in the study please contact me either telephonically at 071 312 9309 or via e-mail at cindeybaloyi@gmail.com .

Your participation in this study would be greatly appreciated.

Kind Regards,

Cindy Baloyi

Dr. Vinitha Jithoo (Supervisor)

Email: vinitha.jithoo@wits.ac.za

APPENDIX B: PARTICIPANT CONSENT FORM (INTERVIEW)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Title of project: Trainee Psychologists' experiences of professional development during the COVID-19 pandemic

Name of researcher: Cindy Baloyi

I, ……., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I understand that due to the nature of face-to-face interviews, anonymity may not be guaranteed but my confidentiality will be protected in the reporting of my responses	YES NO
I agree that the researcher may use anonymous quotes in his / her research report	YES NO
I agree that the interview may be recorded	YES NO
I agree that the information I provide may be used in an anonymized format after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES NO

…… (signature)
…… (name of participant)

…… (date)

APPENDIX C– PARTICIPANT CONSENT FORM (RECORDING)

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559

I _____Give consent that in participating in the research study entitled: Trainee Psychologists' experiences of professional development during the COVID-19 pandemic, my interview may be recorded, and my responses may be used as direct quotes in the study.

Signed _____

Name _____

Date _____

APPENDIX D - INTERVIEW GUIDE

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

INTERVIEW GUIDE

Section A: Demographic data

1. Name: ……
2. Age: …….
3. Gender: (To be asked indirectly) ……
4. Race: ……
5. Field of study: …….
6. University: ……

Section B: Interview Questions

1. What is your experience with remote learning?
2. Please tell me how you experienced your professional training which took place mainly online?

   Prompts:
3. What academic adjustments needed to happen and what support did you receive from lecturers and the university?

   Prompts:
4. What were your experiences of online practical work?

   Prompts:
5. What were the benefits and challenges?
6. Types of clients?
7. How did theory translate into application?
8. What was your experience of ethical issues?
9. What was your experience of environmental and therapeutic frame issues?

10. How did you cope with non-verbal cues?
11. What was your experience of growth and professional development during the COVID-19 pandemic (e.g., applying theory and knowledge of therapy)?
12. How did your training prepare you for your internship?
13. How can education, professional training and supervision change to support a change to online client work?

APPENDIX E: ETHICAL CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MACC/21/01**
PROJECT TITLE:	Trainee Psychologists' experiences of professional development and competency during the Covid-19 pandemic
INVESTIGATOR	Baloyi Cindy (1041956)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	01 June 2021
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2023

ISSUE DATE OF CERTIFICATE 21 June 2021 **CHAIRPERSON** ____ ____
(Dr Vinitha Jithoo)

Cc: Dr Vinitha Jithoo (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

_____ ___21___/____06___/____21___
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES