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APPENDIX 1

LETTER OF PERMISSION TO THE PSYCHIATRIC TRAINING HOSPITAL

2 September 2002

The Principal Psychologist
Department of Psychology
XXX Hospital
Private Bag X 5178
XXXX
2452

Dear Mrs. Swanepoel

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH FOR M.A.
DISSERTATION**

Since I am completing an internship at XXX Hospital, Department of Psychology, I hereby request permission to conduct the research required for the dissertation that forms part of the Master's degree. The proposed dissertation is titled *The internship year: the experience of clinical psychology interns*.

The research entails conducting interviews with intern clinical psychologists currently working at XXX Hospital. On completion of the dissertation I will gladly furnish XXX Hospital with a bound copy of the research outcome.

Thank you for your kind attention.

Yours sincerely

Carin Kühn

APPENDIX 2

RESEARCH PARTICIPANT CONSENT FORM

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH

The internship year: the experience of clinical psychology interns

Aim of research

The aim of this research project is to evaluate how intern clinical psychologists in a psychiatric training hospital experience their internship year. The results of the study could provide future intern psychologists with a useful frame of reference that may guide them through the process of internship. The study may also be of value to researchers in this area of interest and to university staff members involved in training of students in clinical psychology. Psychology departments in psychiatric hospitals may also benefit from the study.

Institution involved

The study will be conducted under the auspices of the Department of Psychology, University of Pretoria. The study is part of the M.A. Clinical Psychology Dissertation.

Description of the procedure

You will be asked to be available for an individual interview. Time and place of the interview will be individually arranged with you.

Content of the interview

An informal, unstructured interview will be used to gather the information and descriptions required by the study. You will be asked to reflect on your experience of your internship year.

Risks

This study will not hold any threat to you because:

- ◆ The study will not affect your position as an intern psychologist.
- ◆ Anonymity will be respected at all times; your name and the name of the hospital will not be released.

- ◆ The study is positively applied.
- ◆ You have the right to withdraw from the study at any time.

Advantage for you as respondent

The study is future-orientated and you will contribute directly to enhancing training in clinical psychology.

Compensation for participation

Participants will not receive any compensation in return for participation. Participation in the study is completely voluntary.

Confidentiality

No information that can identify you will be divulged. The research data will not be discussed in the context of your name.

The internship year: the experience of clinical psychology interns

I, _____ hereby acknowledge that this study has been explained to me by _____. I understand that this research study is done under the auspices of the Department of Psychology, University of Pretoria and that it is part of the M.A. Clinical Psychology dissertation.

I am informed regarding the nature and course of the study. I understand the above completely; I am acquainted with the information. I did ask questions if I had any uncertainties.

(Delete which is not applicable)

I hereby:

- ◆ Refuse to be part of this study
- ◆ Willingly agree to participate in the research study provided that I may withdraw from the study at any time without reason

Respondent signature: _____

Witness 1 signature: _____

Witness 2 signature: _____

Researcher: Carin Kühn _____

Signed on this _____ day of _____ 2002, at _____.

APPENDIX 3

TRANSCRIBED INTERVIEWS

RESPONDENT A

25 years

Female

White

Single

My internskapjaar het met groot verwagting, onsekerheid en opwinding 'n aanvang geneem.

Die eerste "hiccup" en frustrasie tot hierdie jaar was die feit dat ek elke dag 120 km moes ry. Alhoewel dit veronderstel is om 'n groot faktor te wees, het ek die volgende rasionaliserings gebruik:

- ◆ Duisende mense reis elke dag so ver na hulle werk, dus kan ek dit ook doen.
- ◆ En dit is vir 'n goeie doel; dit sal die einde van my studies beteken.

Die ryery het vergemaklik aangesien ons 'n ry-klub gehad het, maar wat ook sy eie probleme veroorsaak het in terme van:

- ◆ Laatkom
- ◆ Vir mekaar moes wag
- ◆ Wanneer een persoon vroeër wou ry as die ander
- ◆ Wanneer iemand dalk op 'n dag nie in 'n goeie bui is nie, beïnvloed dit almal

Alhoewel hierdie ry-klub ook baie van sy eie probleme veroorsaak het, was dit ook vir my 'n bron van ondersteuning en ontlasting.

Uiteindelik het die jaar begin; vreemd in die begin, ken nie almal nie. Stadig maar seker kennis gemaak met almal in die internegroep. Groot diversiteit het in ons groep geheers en daar was 'n groot versigtigheid om mekaar te leer ken. Tydens ons toer op die gronde die eerste dag was daar maar min

kommunikasie. Daar was lede wat ek gedink het ek sal hulle beter wil leer ken, maar dit was moeilik om uit te reik na ander toe weens subgroepe wat outomaties geheers het as gevolg van die verteenwoordiging van verskillende instansies. Hierdie houding het min of meer dwarsdeur die jaar geheers.

Met groot opgewondenheid het ek deur die gronde geloop sodat ek kon besluit waar ek my eerste rotasie wil begin. Op hierdie stadium van die wedstryd het al die eenhede so aanloklik gelyk en as entoesiastiese intern wou ek nie een mis nie.

Ek het toe besluit om by 'n Forensiese rotasie te begin; dit het na die grootse uitdaging geklink. Die ervaring by forensies was een van harde werk, min emosie en gevoel; amper iets soos robotagtig. Die enigste variasie wat by forensies was, was die feit dat dit verskillende pasiënte met verskillende aanklagtes was. Maar die proses hoe jy hulle hanteer was telkens dieselfde. Min tot geen supervisie het ongelukkig gesorg dat ek 'n groot en belangrike deel van forensies gemis het. Daar was besondere geleenthede aangesien ek in my saal waar ek wel terapie kon doen, besondere pasiënte gehad het. Ek glo dat 'n gebrek aan supervisie en leiding my 'n groot leemte in my groei as terapeut besorg het.

Volgende rotasie was Adolessensie. Ek was nie baie ingenome om hierheen te gaan nie, alhoewel ek vroeg in die jaar baie optimisties oor al die eenhede was. Na Forensies was ek reeds moeg, maar verlig om daarmee klaar te wees. Daar het groot vrees in my geheers oor om met die misdadigers in aanraking te wees, en teen hierdie tyd was ek al effens moeg vir "sexual passes" en "comments".

Adolessensie het vir my 'n ander wêreld oopgemaak. Dit was vir my 'n belewenis om met die kinders en hul families te werk. Dae van "assessments" was vir eers verby, hier en daar nog toetse gedoen, maar meestal terapie gedoen. Vrees was daar steeds as gevolg van die opset van hierdie saal; my kantoor was afgesonder en heel agter in die saal. Soms was daar die gevoel

van verlatenheid, veral laatmiddag. Maar die kinders se psigotiese skreeu en maniese lag was altyd ten hore.

Die moeilikste en frusterendste in hierdie rotasie was die feit dat ek saam met 'n intern was wat nie werklik als gegee het nie en bietjie slap gelê het. Baie meer verantwoordelikheid en werk is op my afgestoot wat my uiters kwaadgemaak het en ook uitgeput het. Tydens hierdie rotasie was daar 'n groter teenwoordigheid van 'n supervisor, maar ook nie my ideaal nie. So ek moes ook baie op my eie insigte en kennis staatmaak en het ook van my intern-kollegas se insigte gebruik gemaak.

Nadat adolessensie verby was, was ek besonders moeg. Siek en sat vir interns, sielkundiges, verpleegsters en pasiënte! Ek het die jaar om gebid en het nie geweet hoe ek gaan klaarmaak nie. Daar was 'n tyd wat ek dit als net wou gelos het. Die rede dink ek was grootliks 'n gebrek aan supervisie en 'n algemene negatiewe houding wat in ons groep en onder die sielkundiges geheers het.

lewers het ek die krag vandaan gekry, meestal van ondersteuning van vriende en familie om aan te gaan en klaar te maak. Die laaste rotasie was minder vermoeiend gewees, danksy die eerste vorm van supervisie wat ook as ondersteuning gedien het. Behalwe vir 'n groot vrees wat ek weereens vir die pasiënte (Mans Akut) gehad het, was hierdie rotasie die mees waardevol, aangesien daar 'n goeie poging tot supervisie en 'n positiewe houding teenoor ons was.

In terme van die psigiatryse konteks waarin ons onself bevind het – dit was vir my moeilik om kontak met die psigiaters te maak. Baie van hulle is so afgesluit en verdedigend. Dwardeer die jaar was daar drie psigiaters of "registrars" waarmee ek kon poog om kontak mee te maak. Hulle was ook baie ondersteunend en het ondersteuning en leiding gebied waar hulle kon. Die res, het met hulle kennis op hulle skouers geloop en het nie veel met die sielkundiges gemeng nie. Dit was vir my uiters sleg, want met so houding val die klem definitief nie op 'n multi-dissiplinêre span nie.

Dit was dan dus nie altyd maklik om deel te word van die multi-dissiplinêre span nie. Slegs tydens my adolessensie rotasie kan ek getuig van 'n aktiewe rol waar ek pasiënte voorgedra het en totaal en al die geleentheid gebied is om my rol as sielkundige uit te beeld. Ek is ook as sielkundige gerespekteer. Ek skryf dit hoofsaaklik toe aan die res van die span se positiewe houdings. Ek is seker hulle handhaaf 'n positiewe gesindheid teenoor sielkundiges aangesien hulle vorige positiewe ervarings met sielkundiges het in die adolessente eenheid.

Dit was 'n moeilike jaar. Ek het vroeg gesien dat akademiese kennis so verskil van die werklikheid in hierdie konteks en ek moes baie vinnig leer om anders te leer. My leer het prakties geword; ek het geleer deur te tref en te trap. Ek het ook geleer deur foute te maak en verder deur my eie groei dop te hou. Ek het ook geleer deur die psigiaters te hoor praat van hulle ervarings. Ek het baie min aan my boeke geraak deur die jaar, tensy ek net weer wou opvang op 'n onderwerp of meer oor iets wou weet.

Die aanpassing was nie vir my so groot in terme van die sosiale omgewing nie, aangesien ek voorheen 'n hele jaar by 'n ander psigiatrisie instansie kontak gehad het met saalrondtes en "case presentations". Ek het geweet wat om te verwag in terme van die hiërargie.

Wat ek nie verwag het nie, is swak tot geen supervisie en 'n interngroep wat net nie kon "click" nie. Ek dink my grootse teleurstelling was in terme van my interngroep; ek het meer samesyn verwag, groter sin vir professionaliteit en meer bevoegdheid.

Evaluerings sorg ook vir meer stres wanneer mens deur 'n moeilike tyd gaan, professioneel en persoonlik. Soms het ek die gevoel gekry dat die sielkundiges die evaluasies as 'n slagtingsveld sien, iets waarvoor hulle nie kan wag nie. Alhoewel ek meestal positiewe terugvoer gekry het, het ek dit soms bevraagteken, want ek was opsoek na opbouende kritiek.

My bronne van ondersteuning was vriende, kêrel, ex-kêrel en my ouers. Ek het gou gevind dat hulle nooit die werklikheid van die internskap sal besef soos ek dit doen nie en sal nooit werklik weet waardeur ons gaan nie, maar soms was die feit dat hulle weet dit is 'n moeilike jaar, goed genoeg. Ek het by twee interns darem meer ondersteuning gekry, aangesien hulle ook deurgemaak het wat ek het.

Ek is verder deur hierdie jaar met soveel persoonlike dinge gekonfronteer, veral siekte van my pa. Dit het vir nog meer stres gesorg en soms het ek gevoel dat ek net nie meer omgee oor hierdie internskap nie; ek wou net klaarmaak met die jaar en het nie werklik omgee hoe min ek op 'n tydstip gedoen het nie. Ek het besef dat ek ook 'n manier sal moet kry om na myself om te sien in hierdie konteks. Ek dink nie 'n mens kan, ek sou nie deur die jaar kon gaan sonder ondersteuning nie. Daar's nie 'n manier nie. Ek dink dit is belangrik dat interns weet hoe om na hulself te kyk; tyd vir ontspanning, skuldgevoelens te laat vaar en tyd te maak vir die simpel dinge in die lewe.

Mens vergeet hoe om die klein dingetjies te waardeer, want jy raak so ernstig met alles. Mens het nie meer lus om sosiaal te kuier nie, want mense praat net nonsens. Dit was hoe ek gevoel het! Jy moet leer hoe om 'n balans te handhaaf.

Ek het ook groot veranderings in my voorkoms opgemerk. Nie in terme van netheid nie, maar soos my vel wat al hoe slegter begin lyk het en my hare wat al hoe moeiliker hanteerbaar geword het. Boonop het ek uitermatig geëet en ook gerook.

Ek dink ek het baie gemis hierdie jaar, aangesien daar 'n gebrek aan supervisie, opleiding, intern-samesyn en leiding was. Ten spyte daarvan het ek op myself staatgemaak om die jaar 'n goeie jaar te maak; ek het baie gegroei en is soveel sterker as wat ek was. Daar is selfs "issues" wat ek kon deurwerk. Alhoewel ek baie persoonlike en professionele groei beleef het, wil ek dit nie oor hê nie!

RESPONDENT B

31 years

Female

White

Divorced

I would like to use the metaphor of a balloon floating in space. When I began my internship, I had two years of solid and good training with lots of practical experience. Even though I was apprehensive, I felt my training was adequate and grounded in practice. My apprehension was the unknown, the skew population that I had to work with. Skew in terms of their severe pathology and limited resources. The situation was unpredictable and the patients were unpredictable.

So this pink balloon was filled with hydrogen gas and ready to float off into the unknown space. Little did I know how unstable H₂ gas was. Secure and safe I entered my internship, yet in the back of my mind there was still this nagging apprehension. I felt tired in the first few weeks, the workload was heavy and the emotional exhaustion due to intensity was high. After about one month I got internship fit and things were going ok.

The apprehension didn't leave me but I left it. I was coping well. Note my words, coping... and not really living. It began to feel like the internship took up lots of time out of my close relationships. I began to isolate myself in order to cope better. So I started to feel the membrane of the balloon as I floated in space. I realised that I was isolated from the world around me. Even though I could see through the membrane, it was still there.

Yet, at the same time, this membrane protected me, and I felt safe from the sometimes hostile and exhausting environment. After two months the work became routine and I put in effort to learn more and explore the likes and dislikes of my own therapeutic style. This was good in that I discovered myself more as therapist. The flip side of this was the challenge it brought to my own psyche and internal growth process. I began to discover that I have made

some distorted choices in my personal life and felt like I needed to return home to myself. The impact of this led to a divorce and at the same time I got ill and had to undergo an emergency operation. This nearly cost my life and I was spiraled into a deeper existential questioning.

My life deepened, my therapies deepened and my personal life radically changed. There were challenges that went with this and I felt I needed personal psychotherapy. I also reached out to some of my colleagues who responded with support and understanding. Supervision was a challenge; even though the supervisors were mature, they were mostly younger than I with less life experience. I felt without the motherly holding that I received when our principal psychologist in her fifties was still there. I deeply missed the guidance of an older wiser person, both in my personal life and the impact it had on my work. The implications of this was that by the middle of the year it felt as if my balloon broke from its string and I was now floating loose in space. There was no containment and I felt that I was not even secure inside my own balloon anymore as I was falling inside it from one side to the other, uncontained and insecure, while it was floating off in space without direction. The H₂ inside the balloon was volatile and it felt as if my only safety could explode any moment. I felt scared.

This happened concurrently with a lot of personal circumstances that was changing; my house got broken into and I lost most of my precious belongings, I had to move and couldn't find a place to stay, the announcement of community service and the uncertainty coupled with that and I had a car accident and lost my car all contributed to this feeling. Yet, somehow the routine and structure provided by my internship along with the support from colleagues and friends helped me cope. I also started a new relationship five months into my internship with its own challenges. So I can summarise this as extreme external perturbation coupled with radical life changes and consequential internal changes. Indeed a growing up experience.

The impact that this had on my therapeutic style was remarkable. I discovered what it meant to have empathy and to get a glimpse of the uncertainty that

most of the patients must find themselves in. For me it felt as if at least I had my strength of mind to rely on, whereas this was their brittle side and they have very little to hold onto. I discovered how much I could learn from my patients and find strength in their strength. This was a healing experience in many instances for both them and myself. They could be of value and I could need them as they needed me.

This of course brought its own challenges such as over-involvement and attachment, etc. that could have been therapeutic, however, in many instances the administrative arrangement of the hospital prevented this. The rotation every four months felt as if my balloon just bumped into a rock and then dislodged itself quickly again before I could tie it up or get out. There was little time for follow through and containment. I would have preferred two six months rotations for the sake of depth and therapeutic continuity. Towards the end of the year I experienced this arrangement as slightly fragmenting. Both to the patients and to myself. This is a pity. The system could probably be more efficient with six-month rotations.

The foreseeable problem with this is that I would only get exposure to two rotations. And thus limit my own growth, exposure and further training. The advantage of this four-month rotational system was that I realised to a certain depth what I want to do and what kinds of therapeutic work I prefer not to do. My concern still is that this was at times costly to the patients.

At the end of my internship, I looked back and felt it was worthwhile, hard and I survived. It was very good experiential training and the academic part of it I kept up myself. It encouraged independent working, it felt as if I was thrown into the deep end of the swimming pool at times and I learnt how to swim. I learnt how to find and use resources. It was a very good preparation for independent work in real life out there, which is mostly uncontained. I've learnt how to find containment and creative growth. My balloon didn't explode, but landed safely somewhere, I pierced the membrane towards the end and got out. I made deep contact with those precious to me again and felt whole. The safe place was home. My internship brought me home once more, to myself.

It was tough, at times I didn't know if I was going to make it, but I did. And now it feels rewarding. This accelerated growth could have been devastating if it wasn't for the good training preparation I received and for the support of precious people such as colleagues, friends and family and my own personal therapeutic process with an outside therapist.

RESPONDENT C

27 years

Female

Black

Single

Having done my internship at XXX was a blessing in disguise for me. When I got there, I thought I knew everything in the field of psychology. I thought I was the best therapist ever. Only to find out that I was deceiving myself. The time that I have spent there was like introspection for me.

Coming from a small, developing hospital, to a big, well established, semi-academic hospital with diverse professionals was really a challenge for me. It was the first time I worked in an organised and systematic organisation, where ward rounds and case presentations are being regularly and consistently held.

My worst challenge was language and culture issues. It was my first experience to work with white patients from different cultural backgrounds and socio-economic backgrounds. I expected ninety five percent of patients to be blacks and five percent to be whites, which was not the case.

I found it very challenging to see a white person in therapy. Firstly, the patients made me feel like I'm being manipulated and belittled. I never thought that someday I would have to sit in with a white patient and share feelings. In the past, I was made to believe that whites are and will always be superior. Only to find that this was just a myth.

For the first two months my self-esteem used to be continuously very low when in therapy with a white patient, because they made me think that they know it all, things that our black patients are not familiar with. I also used to get frustrated when working with a patient who does not understand English, Afrikaans or my language, Setswana. I felt like I am not communicating, hence I cannot send my point home or carry the message across. I made use of an interpreter at times, but this had a negative impact on therapy.

XXX Hospital promotes a culture of learning. Being there, I came to realise that one never stops learning. I met different professionals with whom different opinions and ideas were shared.

My skills in individual therapy were re-defined and polished. New strategies and techniques were learnt. I also learnt to conceptualise. However, I think that was not enough. If I had spent another six months, it would have been of great benefit for me. More focus was put on individual therapy, rather than group therapy. I feel I did not grow much in group therapy.

My assessment skills and report writing skills were also improved. It was an added advantage for me to have been placed in the forensic unit. I learnt more about neuro-psychology, forensic psychology and psychiatry. Something that was absolutely new to me. I was struggling, but I managed to conquer. I have developed the love for neuro-psychology and I would like to specialise in that.

Our visits to the clinics were helpful in that I was able to get a diversity of cases ranging from neurosis to psychosis. People of different ages were also seen.

For the first time in my internship period I received such formal, well-organised and intensive supervision. It was anxiety-provoking for me, but I came to realise that that was the only way that would help me grow. My first one-way mirror supervision was like a nightmare. Feedback obtained from supervision was just too good to be true. Criticisms were there, but were more polite, motivating and insight or awareness-oriented.

I think it is good for a developing therapist to know and understand himself. The essence of the intern psychologist group sessions was mainly for personal growth of which I think I have accomplished. Interaction with fellow interns was good, however, the time was short to develop friendship.

I came to realise my role as therapist at XXX, to know that I also have a say or voice among the psychiatric team members. This was different from my past experiences in a psychiatric hospital where the doctors did not take your opinion into consideration.

Internship at XXX was the best as compared to what I have received in the past. I am proud today. I feel more confident and I am oozing with zest. The feedback I received from supervisors and some of my patients gave me this confidence.

RESPONDENT D

29 years

Male

White

Single

Lots of experiences, and they are hard to distill in one. Firstly, pressure from all kinds of people, all with their own agendas. Doctors who want free beds, other professionals who want to be included in the therapeutic process. Parents of patients who want definite explanations, and patients who simply want down-to-earth things like leave and cigarettes. It was hard to find out how to manage all these pulls, and I often felt overwhelmed and confused. Stimulus overload.

I also often felt that I should know and contribute more than I found I could. I think after six years, and hand selection, the pressure is on to be some kind of expert. I was simply not able to live up to these implies and often subjective challenges.

The hopelessness of the whole place. People who just seem to be going nowhere, the hopelessness of psychiatric patients. Psychologists come and leave and cannot make any difference in this way. And a system that is barely floating. A system that is understaffed and poorly financed. And often the tone of this and the practical implications of this weighed heavily on me. With less staff, you had to do more.

However, I feel that I discovered strength in me that I did not feel in the past. Putting theory into practice gives you a strength you did not experience before.