Students' Stories of Challenges and Gains in Learning Cognitive Therapy

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Abstract

Counsellor educators are responsible not only for teaching counselling students but also for facilitating their personal development processes during training. An understanding of student learning experiences can support counsellor educators in this task. This qualitative New Zealand study extends the examination of reflective practice by researching student reflections on their learning rather than the reflections of the educators. Using narrative method, it explored seven undergraduate students' experiences of learning cognitive therapy. Findings suggest that students experienced varied challenges during this process. These included the demands of: managing preconceptions, changing counselling models, matching student learning with tutor teaching styles, and translating the model cross-culturally. Out of these challenges emerged beneficial learning for students, including valuing self-development through self-practice, a deeper empathy for clients, and a growing perception of themselves as competent to apply cognitive therapy. This paper concludes by recommending some ways in which counsellor educators could support students in learning cognitive therapy.

Keywords: cognitive therapy, counsellor education, student experience, student learning

Practising counselling is both a privilege and an ethical responsibility, as counsellors are entrusted with intimate stories from vulnerable, often distressed people. Counselling is a unique profession in that the main "tool of the trade" can be seen as the person of the counsellor with his or her unique qualities and skills (McLeod, 2003). Similarly, the profession of counsellor educator involves privilege and a deep ethical responsibility (Morrissette & Gadbois, 2006; Nelson & Neufeldt, 1998) both for the students and for their current and future clients in counselling.

Counsellor educators aim to produce graduates with the knowledge and skills to apply counselling approaches in response to clients' needs (Connor, 1994). Continual self-reflection on teaching practice and course curriculum assists counsellor educators to facilitate students in this development (Spencer, 2006) but finding effective ways to support students' personal development processes is a very complex task (Hensley, Smith, & Waller Thompson, 2003).

Background and context for this study

A basic counsellor education programme involves three years of fulltime study for a Bachelor of Counselling degree. In the counselling programme in this study, in year one, students are introduced to a broad range of counselling models, followed by learning the person-centred approach. In year two the compulsory cognitive therapy paper is taught, and in year three other models of counselling are offered, including family systems, narrative therapy, and existential approaches. Hence students have a relatively intense training period with a significant amount of theory, skill, and personal development.

It is well recognised that an experiential approach assists students' learning processes through a bringing together of academic and practical knowledge (Kolb, 1984; Schön, 1991) and is made more effective when students are encouraged to develop a critical, self-reflecting process (Guiffrida, 2005; Mezirow, 1995). Counsellor education is firmly grounded in this learning approach. In experiential learning, students often use personal material for skill development. This learning process can be experienced as both challenging and rewarding (Mezirow, 1991).

In counsellor education, personal development is viewed as essential to professional development (Irving & Williams, 1995; Schön, 1991). The responsibility of a counsellor educator is to facilitate this learning process in a timely, developmentally paced, ethical, and supportive manner (Morrissette & Gadbois, 2006).

Initially, counsellor education prioritises teaching students to develop relational ability, where they convey a sense of warmth, acceptance, and responsivity toward their future clients. Clients are viewed as experts on themselves (Rogers, 1961) but for students, learning to be person-centred can be a real challenge, in developing the capacity to tolerate "not knowing" (Levitt & Jacques, 2005) and in resisting the drive to solve the client's problems (Mearns, 2003). The person-centred, relational foundation is then built upon by introducing other counselling modalities such as cognitive therapy.

Cognitive therapy was initially developed in the 1960s as a present-oriented, short-term, structured approach for treating depression (Beck, 1995). It is an educative

counselling approach that assists people to identify and modify unhelpful thinking. This changed thinking or perspective enables people to have more choice in how they feel and respond to external influences. Hence, clients use their own recent problematic behaviours to explore how their thinking influences feelings, physiology, and behaviour in specific situations (Padesky & Mooney, 1990). Through practising new behaviours or changing beliefs, new cognitive and behavioural skills develop that improve wellbeing (Kazantzis, 2006). A central idea in cognitive therapy is that an individual's perception of an event, not the event itself, powerfully affects that person's responses to it (Kelly, 1955).

Learning a new counselling approach such as cognitive therapy can be difficult for counselling students who are developing a professional identity (MacKay, West, Moorey, Guthrie, & Margison, 2001), especially if they identify themselves by allegiance to particular counselling models. In addition, many misconceptions exist about cognitive therapy (Dattilio, 2001), including the view that it is overly mechanistic, prioritising behavioural change with minimal focus on the counselling relationship or the client's feelings. These ideas can promote an image of a robotic style of therapist, administering a manualised treatment approach to a passive client. Unsurprisingly, for some new students, these misconceptions will be a learning barrier (Wills, 2007). In fact, cognitive therapy principles emphasise active collaboration between counsellor and client, with the direction of therapy being expressly guided by the client's wishes (Beck, 1995).

However, one critique of the cognitive therapy model concerns the insufficient emphasis placed on the local and sociocultural context (Bennett, Flett, & Babbage, 2007; Hirini, 1997), so that when cognitive therapy is provided to Māori clients and other ethnic minority groups, their worldview and lived experience may not be clearly understood and taken into account. The New Zealand education context is guided by the principles of the Treaty of Waitangi, and participation for Māori students is enhanced by teaching in culturally appropriate ways. Māori may contextualise time, place, boundaries, and connectedness differently from Western approaches in counselling practice (Durie, 2007). Therefore, an understanding of such cultural difference is essential in teaching practice and in adapting the application of this model to meet the needs of Māori and other ethnic minority clients.

Both in New Zealand and internationally, limited research is available on students' perspectives about learning counselling (Bennetts, 2003; Folkes-Skinner, Elliott, & Wheeler, 2010), particularly in relation to cognitive therapy (Bennett-Levy & Beedie, 2007; Wills, 2007). The small amount of existing research tends to focus on postgraduate rather than undergraduate counsellor education.

Research question

In my own role as a counsellor educator, I have taught an introductory paper in cognitive therapy for eight years.[1] It has been a privilege and a joy to witness adult students' self-development journeys during their counselling training. An on-going research question of mine has been: "What was the experience of learning and completing a self-case study for cognitive therapy students?" Following one cognitive therapy paper, Mary, my student, spontaneously told me her life-changing story of learning cognitive therapy, which further inspired me ("the researcher") to carry out this research to seek other students' perspectives.[2]

Method

This study aimed to develop an in-depth understanding of the participants' personal experiences of learning cognitive therapy. Narrative inquiry was particularly well suited to the purposes of the study as, in the telling of stories or recounting of past experiences, people make meaning and sense of these events (Bruner, 2002; Crossley, 2000).

The participants were seven students from general counselling or alcohol and drug studies bachelor level programmes in a New Zealand tertiary institution. Five participants had graduated and two were completing their training. The ethnic mix was five Pākehā (European) and two Māori, and the gender mix was six women and one man. These participants had been recruited through a mail-out to the researcher's past students from 2004 to 2006 and to another cohort taught by a different tutor, a total of 45 former students.

The study was approved by the Auckland University of Technology Ethics Committee. Careful consideration was given to the dual relationship of the researcher as ex-tutor of most of the participants. In line with the narrative research frame for the study, this relationship was directly addressed at the beginning of each interview and the researcher expressly positioned herself as an "investigative reporter" learning from an expert (Mishler, 1986). Participation was voluntary and each participant chose the time and place for her or his interview. The interviews were conducted from one to three years after the researcher had completed her final teaching relationship with participants.

Cognitive therapy paper

The introductory cognitive therapy training involves 70 hours of face-to-face teaching

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1. This research report draws on Niccy Fraser's Masters in Health Science research thesis, which Jan Wilson supervised. Although co-authored, it is told in Niccy's voice.
2. Mary gave permission for her core narrative to be included in this article.

over 15 weeks, including practising techniques. Students use their own personal issues for regular self-practice, such as changing behaviour by applying the five-part model (Padesky & Mooney, 1990) and changing unhelpful thinking via thought records. The final evaluation involves a recorded cognitive therapy demonstration and written case study.

Data collection and analysis

In unstructured recorded interviews, participants were invited to tell their stories of learning cognitive therapy and completing a self-case study. The opening question was deliberately broad so that participants could choose to story any aspect of their learning experiences.

The analytical process was based on a tool developed by Lieblich, Tuval-Mashiach, and Zilber (1998) focusing on both content and form. The results reported in this article largely concern the thematic analysis of content. Key themes were identified within each participant's story, as were the recurrent themes across different stories. The students' perspectives on their experiences of learning cognitive therapy and completing a self-case study produced two groups of themes. This article focuses solely on the themes related to learning cognitive therapy. The personal development related to the self-case study has been reported in an earlier paper (Fraser & Wilson, 2010).

Results

Themes and subthemes emerged from the qualitative analysis largely focusing on learning challenges and gains. "Challenge" was the most frequently spoken word in the interviews.

Learning challenges

Preconceptions

All participants brought preconceptions to their learning. Some had previous positive exposure, e.g., *"I had a* [CBT oriented] *counsellor a few years prior, so yes, I was excited to learn."*[3] Stacey was sceptical about the effectiveness of the technique. *"How could just changing your thinking make a difference?"*

Some participants were fearful of learning cognitive therapy as they expected painful feelings to emerge. However, most participants tested their negative preconceptions through self-practice and overcame these potential barriers: *"As time went on I found myself…using it…and getting good results with clients."*

As a result of these preconceptions, some participants had an easy engagement, while others struggled to start the learning.

Learning a second counselling model

Several participants were daunted by learning a more structured counselling modality. *"Being direct in CBT was challenging for me after having CCP* [client-centred practice] *pumped into us for one and a half years."* This new learning left some participants feeling confused, and Rachael asked herself, *"What is my own style?"*

Looking back at this early learning stage, participants seemed to experience a sharp contrast between cognitive therapy and a person-centred approach. The students initially considered the two approaches to be mutually exclusive, rather than seeing how a person-centred approach could be a foundation for cognitive therapy.

Matching student learning and tutor teaching styles

In this study there had been two tutors teaching cognitive therapy (one being the first author of this article). Several participants chose to comment on their experience of the tutor's teaching style. Confidence in the tutor's teaching ability meant they developed a level of trust in the teaching relationship. This confidence and trust had a direct impact on their openness to the learning. Confidence in the student-tutor relationship, therefore, supported them in engaging at a deep personal level when practising CBT techniques on themselves. Mauri described her confidence in the tutor: *"That made it so much easier to get into the subject and to really kind of challenge myself."* Stacey had difficulty: *"The way it was delivered didn't fit right with my learning style."*

Cross-cultural translation of the model

One Māori participant, Mauri, described her first experience of the westernised cognitive therapy model and wondered about the relevance for Māori: *"How does it look in our world?"* and *"What reference can we make to some of these concepts?"* As she described her process of beginning to understand cognitive theory, she said: *"It was a process of translating into two worlds."* She questioned herself about how to present cognitive theory in a way that made sense for her Māori clients: *"How to explain CBT…and the language…?"* Finally she wondered: *"How was I going to integrate that* [cognitive therapy concepts] *with a holistic way of working?"*

Mauri's reflections show a process of navigating between two worlds to learn a westernised model. She described several steps, as she worked back and forward to make sense of the theory, grasp the learning, and "translate" the knowledge to take to

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3. All direct quotations from the participants are in italics to highlight their contributions. Pseudonyms chosen by the participants are used with some quotations.

her Māori clients. Finally, she raised the over-arching dilemma of how to blend cognitive theory into her holistic counselling frame.

Value and challenges of self-practice

Most participants viewed practice as essential for deepening an understanding of cognitive theory and developing skills. There was an acknowledgement that practice required discipline. As Nellie summarised: *"Be quite disciplined…*[and consequently] *the rewards can be so…significant."*

Self-practice required participants to examine their own behaviour, thoughts, feelings, and bodily sensations. All participants experienced this self-practice as stimulating and demanding. Rachael remarked on the demand of personal development: *"I am not someone who does a huge lot of self-examination so I found it quite difficult."* The structured written approach meant they could not avoid their own feelings as they saw them recorded. Mauri commented: *"CBT was difficult for me…because there were lots of exploring the feelings."*

Gains from learning cognitive therapy

Mary's story, written as a "core narrative" (Riessman, 1993) summarised all of the learning gains.

Life in a cage

> My life was spent inside a cage but I did not know I was inside it. I had no voice to sing with and I couldn't fly. I thought that cages were safe and I couldn't see the bars as I was so used to them. Yet there was such a deep yearning for words and notes. Time went on and the more years that I was inside, the harder it became to breathe. I took substances to help me carry on.
>
> Cognitive therapy arrived and shook the bars, which frightened me and excited me. I decided to get to know her more. Over time, breathing got easier, which gave me hope. She showed me the size of the cage and beckoned me to the door. She showed me my wings and how to make small fluttering movements. I had to practise a lot, over and over the same movements. Excitement turned into wonder as I found the door myself. Surprisingly quickly I lifted off and flew for the first time. I felt so relieved that I sang with joy. Hearing my voice fills me with amazement and now I have a place in the world. I took my girls with me. I left fear, anger, and grief behind in the cage. Now I take cognitive therapy back inside and show others small flutterings which do become strong. It is wonderful to be able to fly and I would like to stretch to further horizons. I know I can now.

This narrative shows Mary's story in which she gradually realised what a limited life she had had and how she had coped with living in this way. She underwent a powerful process of shedding past trauma and this was a liberating change, in all aspects of her living. She developed a strong sense of new capabilities and self-belief. She viewed cognitive therapy as the catalyst for these changes. Finally, she was inspired to share this knowledge by teaching cognitive therapy to her counselling clients.

Gains

The value of self-development

Most participants valued the opportunity for self-development as part of professional development. Jayne explained how personal development related to her goal of becoming an effective counsellor: *"Any counsellor…going through any personal stuff…needs to get it addressed, because it affects every part of your work."* Mostly, participants concluded that self-development enriched their counselling practice, and professional development was viewed as a lifelong process.

Empathy for clients

All participants developed more understanding and empathy for clients through their own self-practice. After overcoming her reservations about self-examination, Rachael said: *"Practice gave me…an understanding of what it is like for anyone that I am going to try it* [cognitive therapy] *on."*

Perception of competence

Following the introductory training, most participants described regular use of cognitive therapy on themselves. Rachael commented: *"It became second nature to be using it on myself."* Mauri had discovered that cognitive therapy was useful for helping adolescents: *"It is easy for them to follow."* One participant, Andy, was less confident: *"I have to spend more time practising."* However, most participants gave accounts of regular self-practice and practice with clients, which suggested they had confidence to use these skills with their counselling clients.

Participants' critiques of the cognitive model

Toward the end of their interviews, two participants critiqued cognitive therapy as overemphasising rationality to the detriment of the spiritual dimension: *"There's a soul, there's a spirit…Yeah, when you take that away, that whole aspect, and you've just got the data it can be, yeah, quite harsh."* Others also commented that the cognitive model paid inadequate attention to spiritual and cultural influences in people's lives. Rachael suggested that people's needs and desires should be more closely followed: *"Their needs and desires…they don't seem to be a big part of the work."*

Final comments were about the difficulty of engaging particular client groups, such as problem drinkers. Nellie concluded: *"It is difficult to get them to reduce their drinking as…whatever is fuelling it* [the core beliefs] *is still there."* Hence Nellie used cognitive theory to conclude that some people with addictions continue to drink alcohol to avoid the painful feelings associated with thinking negatively about themselves.

Further training

All participants recognised the need for ongoing training to build further competence. Rachael said: *"I have heard from other people* [students] *that they would have liked to have more training."* Andy offered ideas for how students could continue their learning immediately post-training:

> *A helpful way to do that would be to diarise it and to keep kind of linking back to the paper itself, while it was fresh…like trainer wheels for a while so you can actually get up and go with it.*

His idea of "trainer wheels" suggested that students continue reading cognitive theory and continue self-practice by journaling their thinking until they develop more confidence to use cognitive therapy by themselves.

Discussion

Limitations of the study

A limitation of this study is the self-selection of participants. Although the participants were a purposive sample of "experts" on their own experience, their choice to be involved in the study could have been related to tutor loyalty to the researcher, or positive learning experiences. The reasons for others' non-participation are unknown.

Another criticism of this study is that the researcher was a former tutor of most participants. If an external researcher had undertaken the interviews, any potential bias may have been mitigated. It could be argued that a potential influence of this dual tutor-researcher role was participants' desire to please their ex-tutor in their selection of stories. One participant criticised the paper, commenting: *"This is hard for me to say this to you, as you were my tutor."* Alternatively, it is possible that this pre-existing relationship instead provided emotional safety, allowing some participants to disclose their experiences more deeply.

The data from one of the participants who identified as Māori provided only one person's perspective, and her experience may not be representative of other Māori students. However, she did choose to reflect in a lot of depth, contributing a rich and

personal account to this study, which is one of the major purposes of qualitative research. The other Māori participant chose not to describe her learning from a Māori worldview. It is not known whether she made a conscious decision not to explore this area with the researcher, or perhaps it was a non-issue for her in the interview situation.

Lastly, this study had a limited response rate to two mail-outs of invitations, with only seven of the 45 students contacted responding. Students may have chosen not to respond because they were focused on completing their qualification or on establishing a professional identity, they did not value research, or they may have had negative experiences they were uncomfortable discussing, given the researcher's dual role as their tutor.

Future research

Future research is planned that will recruit a larger cohort of participants to address some of the limitations of this study. The dual role of the researcher will be addressed by use of anonymous surveys instead of individual interviews.

Beginning learning challenges

Negative preconceptions of cognitive therapy initially influenced some students' learning engagement. Most participants tested their preconceptions and modified them, but for a minority, concerns about the directive style and structure remained a learning barrier. This finding supports the results of longitudinal research by Wills (2007) on students' negative beliefs and prejudices about the model. Bulkeley's (2010) recent research with New Zealand school counsellors similarly discovered that some counsellors initially had a guarded response to the cognitive model, but in time modified their perceptions to appreciate its value.

Another important beginning challenge was the necessity for students to reorient from a person-centred approach to the more directive style of cognitive therapy. This transition can be difficult for novice practitioners (MacKay et al., 2001), especially as they are required to learn a new counselling model within a relatively pressured time period. Counselling students often struggle with anxiety and, in their desire for certainty, prefer to align themselves with a particular counselling model as they develop their professional identity (Risq, 2006). As some students work to master counselling theory, unfortunately this can be to the detriment of developing an ability to self-reflect critically (Guiffrida, 2005).Guiffrida queried the order in which theory to practice is taught, suggesting counselling skills be taught before counselling theory.

Revision of the counselling programme addressed in this study has attempted to

address this difficulty of learning counselling modalities in a short time by amending the course structure to include the learning of concurrent modalities in year two, followed by more depth in year three. Interestingly, even experienced counsellors—such as the group of psychodynamic counsellors in Owen-Pugh's (2010) study—also experienced identity dilemmas as they engaged in cognitive therapy training.

Tutor relationship

Given the dual relationship of the researcher, who had taught most of the participants, and therefore the power imbalance associated with that relationship, the subject of the tutor-student relationship and teaching style was difficult to explore. However, the fact that three participants chose to raise this topic suggests that they viewed their trust and confidence in the tutor's teaching as important. This enabled the students to assimilate theoretical information, and supported them to challenge themselves in self-practice.

This study has confirmed existing knowledge that in counsellor education programmes, students from cultural minority groups are likely to proceed along particular learning paths. Some suggestions for ways in which educators can support these students are discussed in the implications section below.

Value and demands of practice

Participants emphasised the value of practice for mastering both theory and practical skills despite finding the practice demanding. This finding substantiates the earlier research of Haarhoff and Stenhouse (2004). The participants' experience reminds educators that students can find self-practice anxiety-provoking, and educators need to be consistently aware of and sensitive to students' feelings. Morrissette and Gadbois (2006) recommended that counsellor educators remain aware of these ethical considerations and use teaching strategies that promote personal development very mindfully.

Learning gains and benefits of practice

Most participants referred to the beneficial effects of practice for deepening their under-standing of cognitive theory and mastery of skill development, consistent with previous research (Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003). As students practised cognitive therapy techniques and followed practice with self-reflection, they gained valuable self-awareness. This finding also confirms earlier studies of Laireter and Willutzki (2003).

Another gain from self-practice was that students developed a perception of competence. This is consistent with other cognitive therapy research of Bennett-Levy

(2006). Although practice examples were given, the actual mastery of techniques was not measured by the study reported in this article. The concept of the students developing compassion and empathy for clients as a direct result of self-practice and self-reflection substantiates earlier research into cognitive therapy training (Bennett-Levy, 2003; Haarhoff & Stenhouse, 2004).

Critique of the cognitive model

One participant commented on the focus on negative thinking that produces negative emotions. This view fits with recent developments in the cognitive therapy field by Padesky and Mooney (2006), who have developed a cognitive therapy model for building resilience, and with Fredrickson and Losada's (2005) research on positive emotions in promoting human flourishing. Another criticism was a focus on gathering "data" from clients to the exclusion of considering spiritual dimensions. D'Souza and Rodrigo (2004) studied spiritually augmented cognitive behavioural therapy and discovered it to be useful for providing holistic cognitive therapy and better results for people with psychological diagnoses. Perhaps including course content on the cognitive therapy developments associated with mindfulness and meditation (Segal, Williams, & Teasdale, 2002) may also be experienced as a more holistic approach. A new year-three cognitive behavioural therapy paper written for the counselling programme in this study will include a focus on building resilience and spirituality, as well as the adaptation of cognitive therapy for ethnic minority groups and youth.

Implications for counsellor educators

Preconceptions

The students' experience of encountering such challenges on their learning journey suggests that counsellor educators could recognise these potential obstacles and support students accordingly. First, as Wills (2007) recommends, students may benefit from encouragement in class to voice any negative preconceptions and concerns about the cognitive therapy model. However, given that a central student goal is a qualification, they are likely to be motivated to overcome their negative preconceptions in order to achieve academically. As a tutor, I ensure that student preconceptions about cognitive therapy are explored on the first day in class, and encourage and support ongoing group discussion and critique of cognitive therapy.

Learning new counselling approaches is a complex task (MacKay et al., 2001). Perhaps counsellor educators could acknowledge and predict this potential difficulty.

If educators clearly model integration among approaches, this may assist students in bridging counselling approaches. In my counsellor educator role, I constantly model and describe how I am integrating the person-centred style with cognitive therapy, both in my teaching practice and when demonstrating cognitive therapy techniques (Barkham & Elender, 1995).

Student-tutor relationship

A good match between student learning and tutor teaching styles can facilitate understanding and safety for students, which is a basic requirement of adult education (Jarvis, 1988). Regular student evaluations provide some information for counselling tutors. However, evaluations seeking students' views of course content and their tutors' teaching ability must be handed out after assessments are marked, since students may fear reprisal from their tutors if they make negative comments.

In line with Morrissette and Gadbois's (2006) recommendations, I am reminded about giving students choice about whether to disclose personal details in large group reflections on self-practice. In the spirit of collaboration, tutors could regularly invite student learning needs to be included and alter their schedule or teaching style where possible (Jarvis, Holford, & Griffen, 1998).

Facilitating practice

It is vital that students undertake self-practice followed by self-reflection (Bennett-Levy, Turner, Beaty, Smith, Paterson, & Farmer, 2001) in order to integrate learnings. However, experiential learning can be challenging as students are confronted with new self-knowledge. It is incumbent on counsellor educators to take care of students in this process by exercising flexibility and compassion as needed (Morrissette, 2003). A classroom atmosphere of "there are no failures, only discoveries" subsequently encourages students to be similarly supportive of their counselling clients (Mearns, 2003). I state this principle regularly.

Cultural adaptation of the cognitive model

The largely individual, westernised focus and reductionist practice (Bennett et al., 2007; Hirini, 1997) of cognitive therapy requires critique and group discussion for meaningful adaptation of the cognitive therapy model. This process may reduce the potential isolation of students from minority cultures and build a more culturally inclusive classroom. An understanding of cross-cultural adaptation of the cognitive therapy model enhances all students' abilities to counsel clients from diverse ethnic

groups (Pedersen, Draguns, Lonner, & Trimble, 2002). In my class, I schedule an early cultural critique, and invite students to describe how they currently practise culturally adapting cognitive therapy for their clients. As a group, we brainstorm alternative ways of making cognitive therapy more friendly for particular groups of people.

With regard to providing equal participation for Māori counselling trainees (New Zealand Association of Counsellors, 2002), if this educational process is not understood (Love & Waitoki, 2007) and appropriately supported, then Māori students may be less successful, and ultimately the Māori community could have less access to trained Māori counsellors. Tania Cargo, a clinical psychologist, and Nikki Coleman have developed a youth-friendly "skateboard" (Cargo & Coleman, 2006) model of cognitive therapy, which can be applied to working with Māori youth. The "skatepark" is a metaphor for the broader cultural and systemic context. Cargo recommends that "Māori whanau also have access to cultural resources alongside any western model to support them to develop a strong and secure Māori identity, which is a culturally unique protective factor" (Cargo, 2007, p. 99).

Conclusion

This study reiterates existing knowledge that the quality of counselling students' learning experiences of the cognitive therapy model may affect their ability to understand theory and develop skills. Counsellor educators have a central role in facilitating and nurturing students' learning experiences. If educators continue to foster person-centred teaching relationships, and remain attuned to students' learning and development, then they may better support their students in their journeys to becoming counselling professionals.

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