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Working Across the Boundary: Practitioners' Experiences of an Integrative Counselling-Coaching Framework in Treating Adult Anxiety

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Biographical notes

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Abstract

This article reports on the qualitative experience of practitioners using a form of integrative counselling and coaching, Personal Consultancy, when working with adults with anxiety. Nine integrative practitioners trained in Personal Consultancy took part in semi-structured interviews and their transcripts were analysed using thematic analysis. The analysis was undertaken through a critical realist lens. Four themes were generated from the data: sense of orientation, getting to the source, developing agency and flexible use of the model. Findings indicate that an integrated counselling-coaching model can offer a structure for practitioners to orientate themselves while giving them the freedom to bring in suitable interventions in collaboration with the client. The approach gives practitioners flexibility around when to offer anxiety-management strategies in the therapeutic process and the option to explore the roots of clients' anxiety. This study provides practical insight into how an integrative framework may enable clients to have greater knowledge and understanding of their condition, thus empowering them to have a greater sense of control.

Keywords: anxiety, counselling, coaching, personal consultancy, integrative, practitioner experience

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Anxiety is an emotion characterised by a mind and body response to perceived danger or adversity. Barlow (2002) refers to two sets of vulnerabilities to anxiety: one rooted in biology and the other psychological, possibly from early life experiences. Often used interchangeably, anxiety differs from fear in that it is more likely to persist whereas fear tends to be short-lived; anxiety tends to be future-focused, while fear is commonly a reaction to a specific threat in the present (American Psychological Association, n.d.; Rachman, 2020). When anxiety is severe leading to significant impairment or distress, it can be diagnosed as a disorder such as generalised anxiety disorder, panic disorder, phobias and social anxiety disorder among others (World Health Organisation, 2019).

Extent of the Issue

Prior to the COVID-19 pandemic, anxiety was in the top 25 leading causes of burden across the world (Vos et al., 2020). Anxiety rates during the COVID-19 pandemic were associated with climbing infection rates and the declining ability of people to socialise (Santomauro et al., 2021). Since the pandemic, meta-analyses have shown a rise in anxiety levels globally (Mahmud et al., 2023; Santabárbara et al., 2021).

As well as being a widespread condition, it is also a debilitating one, severely affecting the quality of individuals' lives (Barrera & Norton, 2009; Olatunji et al., 2007). Economic costs to society are also estimated to be extensive. In the UK alone, anxiety was one of the five most costly neurological disorders at a cost of 11,687 million euros, while in Europe¹, the total cost of anxiety disorders was 74.4 billion euros (Fineberg et al., 2013; Olesen et al., 2012).

¹ Includes all member states of the European Union (EU) plus Iceland, Norway, and Switzerland.

Current Therapeutic Approaches

Meta-analytic reviews have shown the effectiveness of individual therapeutic approaches to anxiety such as psychodynamic, existential, cognitive behavioural therapy (CBT) and its related “third wave” therapies (Dimidjian et al., 2016; Keefe et al., 2014, Vos et al., 2015). Third-wave therapies include mindfulness-based cognitive therapy, acceptance and commitment therapy and dialectical behaviour therapy, among others.

In the main, research into anxiety is from a quantitative perspective and largely focused on CBT. There is a significant body of research to support the effectiveness of CBT for anxiety disorders (Bogucki et al., 2021; Cuijpers et al., 2016; Tolin, 2010). However, studies have concluded that other therapeutic approaches are as efficacious. Keefe et al. (2014) proposed that psychodynamic therapy was as effective as other treatments for anxiety, including CBT, and that outcomes were maintained for up to and over one year. A randomized controlled trial (RCT) comparing acceptance-based behaviour therapy with applied relaxation found that both therapies were efficacious, despite their hypothesis that the CBT-based therapy would outperform applied relaxation (Hayes-Skelton et al., 2013). Furthermore, Timulak et al. (2022) showed in a RCT that emotion-focused therapy was comparable in terms of efficacy to CBT in treating generalised anxiety disorder.

Critique of CBT

One major critique of CBT is that the benefits are not sustained and remission rates are relatively high (Lorimer et al., 2021; Springer et al., 2018). Other studies point to CBT as enabling lower levels of emotional processing which may be important in treating anxiety, possibly meaning that insufficient depth is reached to lay foundations for lasting change (Keefe et al., 2014; Newman et al., 2011). Baardseth et al. (2013) cautions against generalising CBT as being beneficial for all anxiety disorders and that definitions of CBT can

be very broad. In their survey of therapists, Sanderson & Bruce (2007) found some issues with CBT, including barriers in the therapeutic relationship and clients not completing the homework.

Qualitative Studies

Few qualitative studies were found regarding practitioners working with client anxiety. In the main, studies focused on therapist experiences of delivering forms of CBT. For example, a multi-perspective study into a distinctive form of CBT with social anxiety in young people sought the views of clients, parents and clinicians (Taylor et al., 2021). Experiences of the treatment were generally positive with clinicians providing added perspectives about using a new model and about the challenges of delivering a new treatment within a particular clinical setting. Song and Foster (2022) studied the experiences of practitioners and clients of CBT delivered by video-conferencing. In including therapists' perspectives, this study offers some important conclusions for therapists when delivering CBT by video-conferencing, such as specific assessment, training, and technology requirements. Furthermore, McCabe and Day (2021) examined counsellors' experiences of using mindfulness when treating anxiety and depression. Counsellors integrated mindfulness with their chosen therapeutic approach, either CBT, ACT or person-centred therapy, and spoke of the benefits to clients and the importance of a collaborative partnership between therapist and client. These studies demonstrate the utility of counsellors' perspective when integrating or applying therapy in a particular way.

No qualitative study examined practitioners' experiences of using an integrative counselling-coaching approach; however some qualitative studies explore the perspectives of counsellors and coaches regarding the boundary between the two disciplines and their views on the differences and similarities (Griffiths & Campbell, 2008; Giraldez-Hayes, 2021).

Some important conclusions from these studies are that the two disciplines tend to merge and collide, and that having mechanisms to navigate both would be helpful. Indeed, Griffiths and Campbell recommend “collaboration rather than competition” between the two disciplines to better serve clients (p. 164).

Integrative Counselling Approaches

Integrative approaches have evolved to address the recognition that a single approach may not always be adequate to address the complexity and range of mental health concerns (Norcross & Goldfried, 2019). Single theoretical approach therapies such as CBT focus on managing anxiety symptoms in the present and for some clients this short-term treatment is sufficient. Integrative practitioners can incorporate approaches from the three overarching therapeutic traditions: psychodynamic, humanistic-existential, and cognitive-behavioural (O’Brien & Houston, 2007). Some believe that a therapeutic approach with both active (such as CBT) and exploratory techniques (such as psychodynamic) may allow for more “meaningful” work (Orvati Aziz et al., 2020, p. 6). Indeed, Wolfe (2005) observed that for some anxiety sufferers, attempting to locate and resolve past issues can be beneficial as these past issues could be drivers of the anxiety. Overall, despite the number of integrative practitioners, there is a limited body of research into integrative approaches to anxiety.

The available research indicates that integrative counselling approaches for anxiety are effective (Kiley-Morgan et al., 2021; Orvati Aziz et al., 2020; van Rijn & Wild, 2013). Difficulties processing emotions and interpersonal problems are known to maintain anxiety, areas which CBT alone may not be adequate to address (Newman et al., 2008; Newman et al., 2011). Research examining the integration of psychodynamic techniques with CBT for anxiety found a number of positive effects including deeper experiences of client growth,

development of problem-solving strategies, and a strong therapeutic alliance (Goldman et al., 2013; Orvati Aziz et al.).

Counselling-Coaching Integration

According to the British Association for Counselling and Psychotherapy (2022), an increasing number of qualified therapists are interested in coaching or are working as coaches. Indeed, research by Baker (2014) found that a third of practitioners thought integrating counselling and coaching would benefit clients. The disciplines of counselling and coaching have evolved over time and the two areas have much in common (Bachkirova et al., 2016). There has been some debate over the differences, similarities and boundaries between the two modalities, recognising that it can be a difficult line to navigate (Giraldez Hayes, 2021; Grant & Green 2018). However, there is very little in the literature about how to integrate them and whether this could potentially benefit clients.

To address these challenges, the Personal Consultancy (PC) model offers a unique kind of integration. It differs from eclecticism as it is a systematic approach to integration. It also differs from a fused kind of integration, such as theoretical integration, in which the integrated approaches can become blended and confused (Norcross & Goldfried, 2019). Instead, the PC model offers, so-called, demarcated integration, in which counselling and coaching skills may be used with the same client, but not at the same time (Popovic & Jinks, 2014). PC provides a framework for the integration of counselling, psychotherapy and coaching, aiming to help clients manage both internal conflicts at a deeper level and behavioural, future-focused issues. The framework has four stages: Authentic Listening, Rebalancing, Generating and Supporting. Within these stages the practitioner can move between “being” versus “doing” with the client, as well as working with the client’s “existing patterns” and “forming new patterns” (see figure 1).

The first stage, Authentic Listening, involves the practitioner genuinely focusing on what the client is communicating, predominantly about their past and present, being with them and their “existing pattern”.

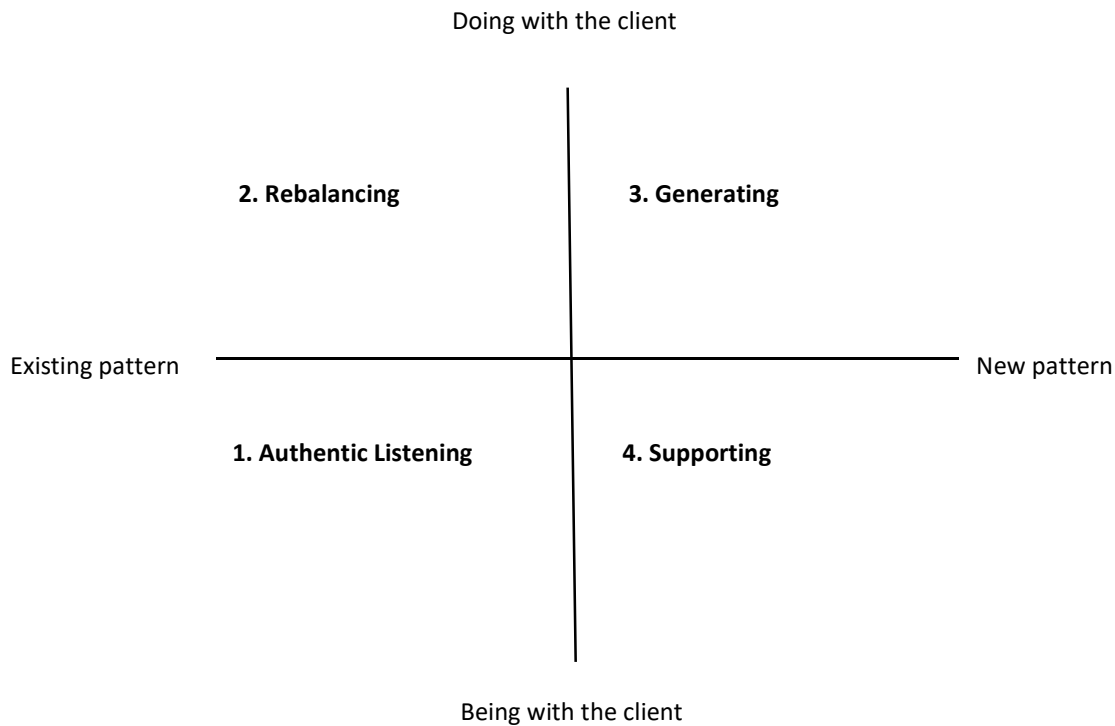


Figure 1. The Stages of the Personal Consultancy Model. The diagram is from *Personal Consultancy: A model for integrating counselling and coaching* (p. 68), by N. Popovic and D. Jinks, 2014, Routledge. Copyright 2014 by Routledge.

Rebalancing involves the practitioner working with clients at the cognitive, emotional, and behavioural levels to “locate and resolve internal conflicts” and on barriers to change (Popovic & Jinks, 2014, p. 71). Interventions and techniques from counselling and psychotherapy can be used at this stage. The Generating stage focuses on personal change and developing new patterns, and the practitioner is likely to draw from coaching, among other goal-orientated approaches. The Supporting stage is about being alongside the client while they maintain and practice new patterns. Popovic and Jinks highlight that the stages

provide some direction for practitioners and they do not have to be strictly followed in a linear fashion; indeed the stages can be revisited as many times as is necessary.

Given its relatively recent development, there is little published empirical research into the PC model. Additionally, the literature on integrative counselling and coaching in relation to anxiety is extremely limited. We found one mixed-method study where Flynn et al. (2018) concluded that the PC model was beneficial for distressed young people compared with a standard counselling approach. There were 80 participants in this study, ages ranging from 11 to 25 years, and sessions took place over seven months. While there was a similar mean number of sessions in the groups, there was variability in the number of sessions within groups. Distress was characterised as including anxiety and was captured in self-reported evaluations. Specifically, in the quantitative part of the study, distress levels reduced from “moderate-severe” to “mild” for those undergoing PC and from “moderate-severe” to “moderate” among those undergoing the control intervention (humanistic counselling). The five master themes extracted from the qualitative element of the study (making sense of past, present and/or future, developing a sense of agency, management of affect, enhancing interpersonal relationships and development of self) reflected the experience clients had of PC in addressing both their internal conflicts as well as addressing present and future challenges.

Drawing on the extant literature, this study is designed to address the gap in research around the application of an integrated counselling-coaching approach with adults with anxiety. As outlined above, there are studies exploring the views of counsellors or coaches working near or at the boundary, but rarely across both modalities. Capturing practitioners’ views on using a counselling-coaching framework will provide valuable insights for other practitioners and scholars on the experience of this less common type of integration. Furthermore, practitioners’ perspectives on how they use this integrative framework with

anxious adults and how they perceive the impact of this on their clients may provide some new perspectives on treating anxiety.

In this article, we explore the following question: how do integrative counselling-coaching practitioners experience the PC framework when working with adults with anxiety?

Method

Participants

The study took place in the UK in 2021 and participants were recruited from those who had successfully completed the University of East London's (UEL) post-graduate diploma in Integrative Counselling and Coaching. Participants needed to have been trained in PC and to have had experience of working with adult clients (aged 18 to 65 years old) with anxiety. Potential participants were contacted by email and text messages to each year group, with follow up messages, and an advert was posted on specific UEL post-graduate groups' social media (LinkedIn and Facebook).

Of the approximately 120 practitioners invited, nine – seven women and two men – agreed to be interviewed. It is not known why there was not higher participation given the numbers invited. According to the literature, the required number of participants for qualitative studies can vary depending on many factors including the scope of the study, its methodology, the richness and quality of the data, budget, time available, and the number of researchers (Boddy, 2016; Malterud et al., 2016). We can speculate that the relatively low response rate was for a number of reasons including that given this is the only course of its kind previous PC students receive many requests to participate in research; they did not fit the criteria; they did not have much experience of anxiety; and no incentives could be offered other than the research findings would be shared.

Those that participated appeared to do so for a number of reasons including having an interest in the treatment of anxiety; some had completed their own post-graduate research in the past and wanted to participate in others' work; a few had personal experience of anxiety and of treating anxious clients; and some were interested in contributing to research into the framework they use in their own practice.

The mean age of the participants' was 45.8 (SD = 9.38; range = 29 - 59). Seven of the participants described their ethnicity as White British, one as British Pakistani and one as Northern Irish. Their experience of practising PC in terms of length of practice ranged from 6 months to 4 years. Participants were working in a range of settings, including private practice, the charity sector and schools. All participants had worked with clients presenting with anxiety.

Design

We took a qualitative approach in order to hear from practitioners in detail about their experience of using an integrative model to address their clients' anxiety. We took a critical realist perspective, which, ontologically, sits between realism and social constructionism. This means we acknowledged that participants' views would be influenced by both social structures and individual assumptions, but avoided "putting all the explanatory weight on structures or individuals" (Collier, 1994, pp. 2-3). In practice, the critical realist approach encourages the researcher to seek out a form of reality from the "messy complexity" of people's accounts, acknowledging that people are "in a mixed state of awareness and ignorance" about the social structures around them (Pilgrim, 2019, pp. 169-171). The critical realist perspective was held by the researcher and not discussed with participants.

In the context of approaches on how to address anxiety therapeutically, we approached the study bearing in mind views on the sequencing of treatment for anxiety

within an integrative approach (Beutel et al., 2019; Wolfe 2005). Specifically of interest was how practitioners experienced the PC stages when working with anxious clients and at what point they might bring in anxiety-management strategies. Practitioners' views on this were sought during the interview.

Interviews

We chose the semi-structured interview format for its flexibility in giving participants the space to speak openly while allowing the researcher to focus the interview on the research question (Willig, 2013). Examples of the open questions asked by the interviewer included: How helpful, or not, is the model when working with clients with anxiety? How do you think your clients experienced the approach? Some follow-up probe questions included: How do you tend to use the four stages of the model when working with a client with anxiety? How does the model help, or not, to get to the source of the anxiety? What is your experience of the Rebalancing element when helping a client with anxiety? What is your experience of the coaching/Generating element when helping a client with anxiety?

All interviews took place via video call using Microsoft Teams and they were recorded with each participant's consent. An interview schedule, developed in advance with questions and prompts, was used to ask questions regarding the research question while allowing room within the interview for the discussion to diverge from and broaden around the topic. We encouraged participants to use examples from their therapeutic practice. Interviews lasted between 40 minutes and one hour.

Procedure and data analysis

We chose thematic analysis for its flexibility and its compatibility with a critical realist standpoint. This type of analysis serves both to "reflect reality and to unpick or unravel the surface of 'reality'" (Braun & Clarke, 2006, p. 81). Braun and Clarke (2021) categorise

thematic analysis into three broad types and for the purpose of this study a “reflexive” thematic analysis was chosen as the researchers acknowledge their role in interpreting the data and are explicit about this.

We chose to do a thematic description of the entire data set acknowledging that while some depth might be lost, a “rich overall description is maintained” which suited the under-researched nature of the topic (Braun & Clarke, 2006, p. 83). An inductive approach was chosen to analyse the data over a deductive one, given that we were not starting out with theoretical-based categories or codes, but rather deriving codes from the raw data (Boyatzis, 1998; Fereday & Muir-Cochrane, 2006). The process of analysis was guided by the six phases in Braun and Clarke’s (2006) step-by-step guide.

In practice, this meant the researcher transcribed the recordings carefully and read through them several times in order to become very familiar with the transcripts. Second, the researcher began to code features of the data in a systematic way, collating data relevant to each code. This was done manually, organising and summarising the data by writing notes in the margins and using different colours. The third step involved collating codes into possible themes, using visual representations such as a table and diagrams to aid this process. Fourth, the researcher reviewed the potential themes, checking to see if they worked in relation to the coded data and then the entire data set. Fifth, the researcher continued the analysis, refining each theme and generating clear names for them before, finally, writing up the findings.

Researcher reflexivity and positioning

Willig (2013) emphasises the importance of reflection on the “meaning and experience of the interview for both interviewer and interviewee” (p. 29). The researcher is trained in PC and uses it as part of her private practice, as well as practising separately as an integrative counsellor and as a coach for other organisations. From her training and

professional practice, she practised the bracketing off of personal perceptions, judgements and experiences during the interviews. She kept journal-style notes during the interview phase to reflect on how she was viewing participants and for noticing any judgement, assumptions or biases. During the analytical stage, the researcher was able to take a reflexive approach and hold awareness of a critical realist perspective. The researcher reflected on and discussed the findings and analysis with two research supervisors. The research supervisors were lecturers in PC at the UEL; one supervised and audited the study during the research phase, the second supported the researcher during the research and publication stage.

Ethics

Participants were provided with information about the study and written informed consent was received before interviews took place. The process of receiving consent was set out to UEL's School of Psychology Research Ethics Committee and once approval to proceed was received, consent forms were collated by the principal researcher and monitored by the supervisors. Research began only after ethics approval for the study was given by the Ethics Committee. Respecting confidentiality, participants were anonymised so they could not be identified in the final report. Participants were informed prior to and during the interview how the recordings and transcripts would be stored securely.

Results

As a result of the thematic analysis, the following four themes were identified from the data: sense of orientation, getting to the source, developing agency and flexible use of the model. Some examples of the coding which we identified from the data can be found in Table 1.

Theme 1: Sense of Orientation

Most participants described the PC model as providing them with a sense of where they were in the therapeutic process with clients. While some practitioners did not always adhere strictly to the model as described by Popovic and Jinks (2014), all but one spoke about the reassuring nature of having the model in the background. This occurred in cases of feeling lost, as knowledge of the model's stages allowed them to ascertain roughly where they were in the process. Participant 8 said "I do find it really useful to have a kind of, in the background, a broad, you know, in the back of my mind, a broad idea of where we are in the work."

Table 1. Themes and Coding

Themes	Examples of coding
Sense of orientation	Map, reference point Blueprint Meandering to follow client Grounding Structure Contained
Getting to the source	Source Root Understanding of self Triggers Recalibration Digging
Developing agency	Emergent hope Finding some control Moving forward Seeing a future
Flexible use of the model	Not jumping ahead Not offering strategies straightaway Foundation work Sticking plaster Rebalancing before Generating Generating before Rebalancing Management of symptoms Training of the mind Helping client in the moment Some immediate practical steps Put fire out and then work out how it started Meet client where they are

While most participants spoke of the sense of orientation the model gave them, some described how clients felt reassured that the therapy had a structure while at the same time giving the client freedom to roam.

P9: I think it's a model that helps give me a certain shape – a sort of arc – to the way I practice, that clients respond to and it's quite often that someone will say, you know, I had a feeling I could say anything that I wanted and that we could go at my own pace, but always at the same time as though we were kind of going somewhere.

Practitioners used words relating to a sense of spatial awareness such as “map”, “guiding point” and “orientate” in relation to the model, noting that it allowed for a certain amount of wandering while providing the therapist and client with a sense of direction. Participant 4 said “there's definitely moments where I kind of go off-piste and I'm doing my own thing, but it's really helpful to have as a kind of map and a guiding point that I can come back to.”

Linked to a sense of direction in space, some practitioners also described the model as giving them a sense of “grounding” and “containment”. This felt particularly important when working with clients with anxiety, such as Participant 1 mentioning “I think it's really important to have some sort of model to ground what you're doing”.

Theme 2: Getting to the Source

Based on the view that it could be beneficial to explore underlying conflicts as well as the symptoms of anxiety, we asked participants whether they felt the PC model helped or not to get to the source of clients’ anxiety. All practitioners spoke about the value of doing so where possible. Participant 6 said “I feel like it's important because if the...if the client understands themselves better, then they can...they can manage themselves better when it comes up.”

Participant 5 spoke of their own personal experience of anxiety and their perspective on what getting to the source meant to them.

P5: As someone who has anxiety themselves, I feel like for me personally getting to the root of it is really important because (...) you can have all the tools and resources that you need, but ultimately you need to, you want to know where it's coming from.

Generally, practitioners reported that they found the model a useful framework to assist the client in understanding where their anxiety might be coming from. Some spoke specifically about the stages of the PC model that enabled this. For example, Participant 3 said "...that whole Rebalancing and figuring out where the anxiety stems from is really helpful". While Participant 4 said "I think that definitely the Authentic Listening stage can be helpful for getting to the root cause..."

Practitioners highlighted the Authentic Listening and Rebalancing stages in assisting them to help the client understand their anxiety and possibly identify where it might be coming from. For participants, getting to the source referred to past events (including childhood development and traumas), and present and future uncertainties, (including existential concerns).

Theme 3: Developing Agency

In describing how they used the PC model, all the participants referred to a form of agency that the client develops generally and specifically. This showed itself from the coding of words such as "future", "hope", "power" and "control" (Table 1). Nearly half of the participants referred to the model as giving the client a sense of power and control. In general, they were referring to the Generating phase, which they felt empowered clients to move forward. For instance, Participant 3 said "...I think often if you're feeling, you know, really anxious (...) being able to take some control back of the situation and being in charge

of things, that anxiety, rather than it being in charge of you...” and Participant 7 said “(...)...they're being empowered and they're being given strategies that they can use.”

In one case, Participant 2 felt that earlier stages of the model empowered clients as well, suggesting that the Authentic Listening and the Rebalancing stages bring “real knowledge” and “understanding”, preparing clients for the Generating stage.

Five practitioners reported that the Generating phase of the model in particular gave clients with anxiety a sense of moving forward and a view of the future.

P5: ...I think the coaching side of things really helps because you've got an idea of where you want to be, how you want it to be, and it's about implementing that in those situations where your anxiety plays up again...

Linked to looking ahead and feeling empowered is the concept of hope, which one participant mentioned twice.

P1. ...the model's helpful in that you know that that's not where you want to sit. You don't want to stay there, you know you want to see this person recognise where they've been, where they are, but also give them hope for where they can go and where they're going.

Theme 4: Flexible use of the Model

Overall, participants spoke in positive terms about the model offering both a “being” and “doing” aspect which they felt was helpful for clients with anxiety. Some spoke about how it would not be sufficient to only offer CBT, as they felt that clients benefitted from understanding themselves using the Authentic Listening and Rebalancing stages in particular.

P9: So I think it [PC] works really well with people with anxiety because you need to make footsteps forward in both areas. If you just concentrate on one, like CBT, then

you're going to miss something. If you just concentrate on the kind of core conditions and hope that's sufficient, then you might miss something too.

The data revealed differing views on whether the PC model should be strictly adhered to in terms of Rebalancing taking place before Generating. Four out of the nine practitioners expressed a preference to use the model as outlined by Popovic and Jinks (2014). They spoke of the importance of Authentic Listening, being with the client, and moving to Rebalancing before Generating.

P2: ...from my experience, they [clients] like that the Rebalancing comes before the Generating because they understand themselves, they know themselves so much more and [...] it's so much easier for them to then do the interventions and make changes in their life...

Some participants spoke of feeling tempted to offer clients strategies early on in the therapy, and some resisted. Participant 8 reflected on this topic after the interview and felt strongly enough to share her thinking by email.

P8: I thought a little more about your question about swapping the Generating and Rebalancing stages of the model, and I thought that I could add that if you did that, you could risk going off in the wrong direction, i.e. it would be like solving a problem without having all the information.

By contrast, five participants reported that they sometimes would be in the Generating stage before Rebalancing with clients with anxiety. Most said that in some rare cases they would suggest some Generating techniques such as breathing and mindfulness if the client was very distressed or panicked.

P5: it is very tempting to sort of take those steps, and I feel like rightly so, because ultimately you're helping your client in that moment and if [...] something's really

affecting their day-to-day life and they need some immediate practical steps, I feel there's no harm in doing that.

Discussion

As described previously, four themes were drawn from the data: sense of orientation, getting to the source, developing agency and flexible use of the model. These themes reflected aspects of the model which practitioners felt were generally beneficial to them and their clients.

The “sense of orientation” theme reflected the fact that the PC model offers practitioners flexibility and freedom to explore with the client while giving them direction and grounding if needed. This resonates with Popovic and Jinks’ (2014) view that the PC model offers an open system approach to integration, stating that “a framework or map can help the practitioner with direction and focus and to navigate through the process” (p. 37).

This theme highlights the benefits for practitioners of having a framework when practicing in an integrative way, allowing practitioners to choose, in collaboration with the client, which elements from various approaches they think would work best for the therapeutic process while also providing a foundational structure (Corey, 2019). Egan (2014) refers to his integrative helping framework as a “shared map”, which provides direction and focus, and enables clients to participate in the process (p. 227). The same is applicable to the PC model and seemed important to practitioners when working with clients with anxiety, as they had a sense that their clients felt held by the process even if not necessarily being aware of the model. Further research would need to be done to find out if clients’ experience concurs with this.

Popovic and Jinks (2014) acknowledge that adopting an open integrative model can be stressful for practitioners. Therefore, given the number of ways therapies can be

integrated, it can be helpful for practitioners to hold a framework in their mind while still retaining openness and flexibility to adapt their approach according to the client's needs (Norcross & Goldfried, 2019; O'Brien & Houston, 2007). Indeed, some of the participants spoke of holding the model loosely, giving them reassurance of a structure to guide them if needed, while not requiring the client to go in any particular direction. This connects with practitioners' perspectives in qualitative studies, where some described feeling confused about the boundaries between counselling and coaching, leading to recommendations for further clarity and support for therapist/coaches (Baker, 2014; Griffiths & Campbell, 2008).

Regarding the second theme, seven out of nine participants expressed a view that having the option in the first two stages (Authentic Listening and Rebalancing) to explore the source of anxiety was important. Generally, they thought that having the opportunity for clients to understand their anxiety was a key part of building strong foundations. An important premise of the PC model is that foundations should be laid first before moving to future work, using the analogy of building the foundations of a house before constructing the walls (Popovic & Jinks, 2014). This resonates with Wolfe's (2005) view of the necessity of addressing both the "underlying conflicts and beliefs" and the "surface symptoms" of anxiety (p. 265).

Most participants expressed a view that an integrative approach offers clients the opportunity to go beyond anxiety management. They felt that tools such as mindfulness, breath work and CBT were useful, particularly in acute moments of distress. The predominant view, however, was that these tools used in combination with deeper emotional exploration could be beneficial to clients and could result in a more lasting resolution of their anxiety. This reflects the view of those who believe that integrative approaches appreciate and acknowledge the varied aspects of being human including cognition, affect, the body and spirituality (O'Brien & Houston, 2007). For example, the addition of psychodynamic

techniques to CBT as part of an integrative approach may be a more effective treatment for anxiety than CBT alone through development of new client perceptions, changes to defence mechanisms, and a strengthened therapeutic alliance (Orvati-Aziz et al., 2020). Furthermore, a PC practitioner may choose to integrate an existential approach, acknowledging the link between anxiety and existential concerns such as uncertainty, death, freedom and meaninglessness (Heidenreich et al., 2021; Vos et al., 2015).

This view regarding integration is not unanimously backed up by the literature. Newman et al.'s (2011) RCT showed that CBT followed by the addition of techniques to foster emotional deepening and improve interpersonal functioning was not significantly superior to CBT plus supportive listening in treating anxiety. One conclusion from this study was that having the option to explore emotional experience was beneficial for some clients, but was possibly irrelevant or a distraction for others. Some argue that it is not necessarily possible or important to get to the source of a person's anxiety. For instance, Zwillenberg (2018) states that several factors are usually at play, including genetics, which makes it likely that there is not one cause why a person develops anxiety. Rachman (2020) suggests that as opposed to fear which has a specific source of danger, an anxious person may struggle to identify the cause and it can remain "pervasive and persistent" (p. 3).

The third theme, developing agency, referred specifically to what practitioners had observed in their clients while undergoing integrative counselling-coaching. Participants were asked in general terms about the stages of the model in relation to anxiety and many used words that referred to the future, being in control and the Generating (coaching and other goal-orientated approaches) stage. This theme was the most prevalent master theme found in the previously mentioned study on PC and distressed young people (Flynn et al., 2018). Indeed, researchers found that this theme related to the clients' realisation that they had some

control and that it was connected to other themes such as increase in motivation, managing difficult relationships and overcoming difficulties.

The majority of codes that fed into this theme related to the Generating element of the model. This resonates with the future-focused, goal-orientated nature of coaching, the aim being “to assist the client to vision and grow into the person s/he wants to be” (Bachkirova et al., 2016, p. 87). However, it should be noted that one participant referred to the first two stages as offering the client a sense of forward motion and control. This links with the overlap between counselling and coaching discussed in the literature, indicating that future-focused work is not necessarily the preserve of coaching (Bachkirova et al.; Popovic & Jinks, 2014). Indeed, Kiley-Morgan et al. 2021 in a mixed method study looking at the effect of an integrative counselling approach on wellbeing identified “moving forward” as one of the overarching themes, including positive emotional change and looking to the future as sub-themes.

Connections between anxiety and agency can be found in the psychological and psychotherapeutic literature. Some studies show that children who have little agency in early life, may develop anxiety in adulthood (Chorpita & Barlow, 1998). Having a more external locus of control can lead to higher anxiety, in other words, when a person does not feel they have agency over achieving their goals due to perceived constraints or external factors (Arslan et al., 2009; Hovenkamp-Hermelink et al., 2019). The ability of practitioners therefore to understand the link between anxiety and clients’ agency, and to facilitate agency could be important. However, according to Williams and Levitt (2007), information on how to facilitate clients’ agency for psychotherapy practitioners remains largely theoretical and should be moved to the “foreground of therapists’ thoughts and processing” for the benefit of clients (p.80). According to Bandura (2006), the core properties of human agency (intentionality, forethought, self-reactiveness, self-reflectiveness) mean that people are able to

set goals and be motivated. Richardson (2023) states that having agency to pursue outcomes or goals can temper the effects of anxious thinking. In coaching, the use of models, such as the GROW model, can help the practitioner and client to stay on track in terms of the purpose and goals of the coaching (Grant, 2011). Coaching models can be used within PC in the Generating phase of the framework, usually when the client is ready to build on the therapeutic foundations of previous stages. Therefore, it could be beneficial for practitioners to be aware that both the therapeutic and coaching stages of an integrative framework such as PC could facilitate the building of agency in clients to reduce anxiety and activate change.

On the fourth theme, the flexible use of the model for anxiety, participants had differing views. Four out of nine participants felt it was important to follow the PC model's stages from one to four, in other words, counselling before coaching or other active, goal-orientated approaches. However, most participants reported offering active tools earlier in the therapeutic process if the client was highly anxious and needed immediate strategies to soothe symptoms. Popovic and Jinks (2014) state that ideally the process should follow the four stages sequentially. However, they add that there are occasions "when it is useful to go straight from stage one to stage three and only later visit stage two" (p. 77). While Popovic and Jinks did not specifically refer to anxiety, it could be argued that the practitioner may choose to use the model flexibly when working with clients experiencing high or immediate anxiety. For example, if a client was suffering from panic attacks or needed strategies for an upcoming anxiety-provoking event, moving directly to active or future-orientated approaches could be an effective choice. The view of most participants of this study, therefore, was that working collaboratively with clients and responding to their needs was more important than adhering rigidly to a framework.

This view takes as granted that treating clients with anxiety may involve a combination of therapies including cognitive behavioural therapies and emotional processing

as discussed above. However, there was little found in the literature on the sequencing of therapies for anxiety. Rachman (2020) suggests that emotional processing can take place after anxiety symptoms have declined, once a person's concentration has improved and agitation has decreased. Wolfe (2005) states that treating anxiety symptoms should take place early on ahead of using techniques to explore the roots of a client's anxiety and resolve underlying conflicts. From this perspective, the client needs first to achieve some degree of control over their anxiety symptoms before moving into deeper work, and, in some cases, this stage is enough and the therapy is complete.

It could be argued that the sequencing is down to the therapist's judgement. If a practitioner has flexibility within an integrative framework, they can follow the client and work with the premise that the foundations need to be built before behavioural change can take place. Or indeed, a combination, by addressing immediate anxiety symptoms, followed by working on internal conflicts and sources of anxiety, and then building on this for a lasting change. The benefit, therefore, of practitioners offering therapy and coaching as opposed to therapy-alone approaches is that they are equipped to work both at depth with inner conflicts and complex emotions, and on behavioural, future-focused change.

Limitations and Future Directions

There are some important limitations to address. First, there was a relatively narrow pool of people to recruit from, given that it was limited to those who had studied the approach at UEL, the only institution where integrative counselling-coaching is taught (at the time of writing). Widening the pool of participants could be achieved by including practitioners who integrate coaching with their therapeutic practice, using alternative methods or frameworks to PC.

Second, a greater number and variety of participants could enhance the methodological integrity of the study (Levitt et al., 2017). It is possible that many of those who chose to participate in this study did so because they use the model and were drawn to discussing how they use it with clients. For this reason, there were very few negative comments captured in the data. To mitigate this, future research could include more questions about the difficulties and challenges of this type of integration. Additionally, future research could involve clients' perspectives as recipients of integrative counselling-coaching approaches to enrich and widen the study's findings further.

Third, the main researcher uses PC as part of her work in private practice. During the study she was aware of the possibility of holding a subjectively positive view towards PC. To mitigate this, as well as bracketing mentioned above, the researcher paid particular attention to delivering open questions and follow-up probe questions in a way that did not lead the interviewees. Future mitigation would be to have a larger research team with multiple coders (Braun & Clarke, 2021).

Finally, it could be interesting to compare the PC model with other treatments for anxiety, such as CBT, third-wave therapies, emotion-focused therapy or integrative counselling approaches. Ideally, a RCT with a control group would take place. An assessment of outcomes after six months, one year and possibly longer would be desirable. As well as comparing treatments, future research could also focus on the sequencing of approaches when treating anxiety.

Conclusions

The themes from this study (sense of orientation, getting to the source, developing agency, flexible use of the model) have contributed to the very limited research body on integrated counselling-coaching models. Outcomes suggest that the PC model contains some

valuable elements that practitioners find practical and impactful when working with adults with anxiety.

The study has also added to the limited research into integrative therapeutic approaches to adults with anxiety. As highlighted in the literature review, most research on interventions for clients with anxiety focuses on some form of CBT, while a more limited body of studies showed that integrative counselling approaches can be just as effective. This study illustrated that integrative counselling-coaching practitioners can use cognitive behavioural approaches as but one option in a range of interventions when working with clients with anxiety. Practitioners reported being able to use the framework flexibly, offering both anxiety management strategies and an exploration of the anxiety's source, depending on the client's needs. The theme of agency indicates that the model may help clients to have a greater sense of control. Furthermore, the framework offered practitioners a way to orientate themselves around both modalities of counselling and coaching in service of the client.

Disclosure Statement

The authors report there are no competing interests to declare.

Data Availability Statement

The participants of this study did not give written consent for their data to be shared publicly. Therefore, data may only be obtainable via a request to the corresponding author who will contact participants for written consent for their data to be shared.

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