

# Key factors in psychotherapy training: an analysis of trainers', trainees' and psychotherapists' points of view

Diego Rocco,<sup>1</sup> Alessandro Gennaro,<sup>2</sup> Lorena Filugelli,<sup>1</sup> Patrizia Squarcina,<sup>1</sup> Elena Antonelli<sup>3</sup>

<sup>1</sup>Department of Developmental and Social Psychology, University of Padua; <sup>2</sup>Department of Dynamic and Clinical Psychology, Sapienza University of Rome; <sup>3</sup>Department of General Psychology, University of Padua, Italy

## ABSTRACT

The literature on clinical training lacks identifications of the factors that are most relevant in training programs; accordingly, the main aim of this work is to fill this research gap by assessing which factors that trainers, trainees and psychotherapists consider most relevant in psychotherapy training programs. A secondary aim is to identify whether these factors differ among trainers, trainees and psychotherapists. An *ad hoc* questionnaire was created and administered at 24 psychotherapy schools from 14 institutions; the sample included 641 trainees, 172 trainers and 218 psychotherapists of various theoretical orientations. The questionnaire included 63 items and used a 5-point Likert scale. An exploratory factor analysis was completed to identify the latent structure. The reliability of the dimensions was then checked. Finally, an analysis of variance and a multivariate analysis of variance were completed to achieve the study's aims. Four factors emerged from the study's results: *trainers' relational characteristics, supervision, transmission of clinical know-how, and theoretical background and technical support*. All these factors displayed acceptable reliability and internal consistency. Moreover, their relative rankings varied based on the participants' roles and theoretical backgrounds. This study's results indicate that the new instrument's psychometric qualities are acceptable. It thus could be used to develop a new approach to psychotherapy training, as this study's results regarding trainees' needs underline the differences between trainees' perceptions of those needs, as compared to trainers' and psychotherapists' perceptions.

Correspondence: Diego Rocco, Department of Developmental and Social Psychology, University of Padua, Via Belzoni 84, 35131 Padua, Italy.  
E-mail: diego.rocco@unipd.it

Citation: Rocco, D., Gennaro, A., Filugelli, L., Squarcina, P., & Antonelli, A. (2019). Key factors in psychotherapy training: an analysis of trainers', trainees' and psychotherapists' points of view. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 22(3), 369-378. doi: 10.4081/ripppo.2019.415

Acknowledgements: the authors thank the following specialized schools for participating in this research: *Associazione Fiorentina di Psicoterapia Psicoanalitica* (Florence); *Centro Studi in Psicoterapia Cognitiva* (Padua); *Centro Italiano Studio Sviluppo Psicoterapie a Breve Termine* (Padua); *Confederazione di Organizzazioni Italiane per la Ricerca Analitica sui Gruppi* (Rome and branches); *Centro di Psicologia e Analisi Transazionale* (Milan); *Centro Padovano di Terapia della Famiglia* (Padua); *Institute of Constructivist Psychology* (Padua); *Istituto di Ricerche Europee in Psicoterapia Psicoanalitica* (Padua); *Istituto di Gestalt Therapy Kairòs* (Rome and branches); *Istituto di Terapia Cognitiva e Comportamentale* (Padua and branches); *Psicoterapia Psicodinamica ad Orientamento Socio-Costruttivista* (Lecce); *Scuola di Specializzazione in Psicologia del Ciclo di Vita, Università di Padova* (Padua); *Scuola Europea di Psicoterapia Funzionale* (Padua); and *Studi Cognitivi* (Rome and branches).

See online Appendix for additional materials.

Contributions: DR conceived of the presented idea. LR and PS acquired the data. DR, EA and AG wrote the manuscript, EA performed the analytic calculations. AG aided in interpreting the results. All authors critically revised the manuscript. DR and EA supervised the project.

Conflict of interest: the authors declare no potential conflict of interest.

Received for publication: 7 July 2019.  
Revision received: 26 September 2019.  
Accepted for publication: 26 September 2019.

This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 License (CC BY-NC 4.0).

©Copyright: the Author(s), 2019  
Licensee PAGEPress, Italy  
*Research in Psychotherapy: Psychopathology, Process and Outcome* 2019; 22:369-378  
doi:10.4081/ripppo.2019.415

**Key words:** Psychotherapy training; Questionnaire; Exploratory factor analysis; Key factors in psychotherapy training.

## Introduction

There are many difficulties related to the transmission of the complex body of knowledge that psychotherapists need to acquire in their training before beginning clinical practice. Many aspects could be considered critical to psychotherapy training, including the role of ethics, the impact of methodology and the (unavoidable) emergence of trainees' personal traits. Ethics are embedded in both sides of psychotherapists' training – the trainer and the trainee. A certified therapist can work with people who are suffering and who expect to improve as a result of psychotherapy. It is ethical for a certified therapist to satisfy this expectation (or to recognize an inability to satisfy it), but a trainer can ethically certify a therapist only if the latter has the competencies needed to meet patients' expectations.

This scenario implies several problems. On the one hand, the roles of both the training program and the clinical orientation must be determined with regard to transmitting the basics of professional practice through lectures. What internship experience should a trainee have developed before receiving certification? During the training years, what is the best way to measure a trainee's progress? Is a final dissertation enough to properly evaluate that progress? Which evaluation methodologies are best? On the other hand, the personal role that trainees play in the pursuit of their clinical training must also be considered. Is it correct – or even useful – to force a trainee to start personal psychotherapy (didactic analysis), or should this be the trainee's decision? Should didactic psychotherapy be performed by a therapist who is also a trainer? Which personal aspects (*e.g.*, unresolved conflicts) merit preventing a trainee from completing the training? Finally, and critically, when, and on what basis, should a trainer recommend that a trainee not complete the program?

These and other aspects are strictly linked to each other, and each affects the features and the quality of the psychotherapy training process. However, the researchers who have examined these aspects have done so only partially. Various authors (Berman & Norton, 1985; Bright, Baker, & Neimeyer, 1999; Durlak, 1979; Hattie, Sharpley, & Rogers, 1984) evaluated the effectiveness of psychotherapy training by comparing outcomes for therapists with and without such training; surprisingly, the groups had no differences. Another research approach compares the outcomes of psychotherapy held by expert therapists to the outcomes of psychotherapy held by less expert therapists. The results show no correlation between years of experience and outcomes (Shapiro & Shapiro, 1982; Smith, Glass, & Miller, 1980), but Stein and Lambert (1995) did find such a correlation. In addition, the efficacy of using standardized psychotherapy manuals during training is not linear: Manuals are effective for experienced therapists but less so for students (Vakoch & Strupp, 2000). Other authors have analyzed trainees' experiences related to their training in terms of the phases that therapists experience during their careers. Rønnestad and Skovholt (2003) identified six phases, including the following: the lay helper phase, which occurs before the training; the beginning student phase, when the trainee is strongly dependent on and influenced by the trainers and supervisors; and the senior professional phase, which includes therapists with 20 or more years of experience, who can have difficulties determining their professional identity and searching for new sources of personal and professional growth.

As part of an articulated research project on psychotherapists' professional development (Messina, et al., 2017, 2018; Orlinsky et al., 2015), Orlinsky and Rønnestad (2005) produced the Development of Psychotherapist Common Core Questionnaire (DPCCQ). This tool is

meant to evaluate three factors that therapists claim have a high impact on their professional development: therapy with their own clients, personal therapy and supervision. Orlinsky and Rønnestad, based on these data, developed a theoretical model of psychotherapists' training characterized by: relational competencies, motivation, satisfaction with the profession, practical experience, supervision and personal psychotherapy.

Carlsson and Schubert (2009) and Carlsson, Norberg, Schubert, and Sandell (2011) also studied (by means of the Therapeutic Identity – ThId – questionnaire) the main influences on psychotherapists' professional development, identifying – consistent with Orlinsky and Rønnestad (2005) – three factors: clinical experience, personal therapy and supervision. Carlsson and Schubert (2009) analyzed changes during and after a 3-year training period, using professionals' evaluations regarding various factors in their professional development. Carlsson and Schubert found that the importance attributed to past research and technical abilities was higher during training than afterward; on the other hand, the importance of personal experiences and qualities decreased throughout the training.

Finally, authors have focused on identifying the main components of psychotherapy training, following the provocative position of Beutler (1995), who affirmed that *academic training programs continue to follow procedures that suggest a belief in the 'germ theory of education.'* That is, they operate on the assumption that *exposure to psychotherapy, through supervision and class instruction, over a finite period of time, will result in competence and expertise* (p. 490).

Since the 1920s, the tripartite model has been the most acknowledged model of clinical training (Garfield, 1977); this model includes didactic training, supervision and personal psychotherapy. Botermans (1996) enriched this model, which remains one of the foundations of psychotherapy training, by adding a new component: clinical experience.

Combined, these researchers have highlighted many aspects related to psychotherapy training but have not answered the fundamental question that Mahoney (1980) proposed: How should students in psychotherapy be trained?

For several reasons, the answer to this question is not simple. Each school has its own tradition in terms of clinical approach and, consequently, didactic action. Some components of training activities are very difficult to control – for example, the personal variable (Ferenczi, 1928/1980). It is possible to use patient outcomes to evaluate the efficacy of a certain training program or to compare training models only after assuming that *better training will result in better therapists with better outcomes* (Boswell & Castonguay, 2007, p. 383); however, that has not been verified.

In light of all these considerations, in this work, we aim to contribute to the knowledge on psychotherapy

training by determining the opinions that trainers, trainees and professional psychotherapists have regarding the factors that are important in psychotherapy training. To achieve this aim, we developed an *ad hoc* questionnaire, the Dimensions in Psychotherapy Training Questionnaire (DPTQ).

Once we had identified the factors that each group believed to be important, we analyzed which of those factors were relatively important for each of the trainers, trainees and psychotherapists. This approach is highly important because training programs are usually organized on the basis of schools' historical traditions, and the factors that organizations consider to be the most important are not always the same as the ones that the trainees identify. For example, a training program could have the main goal of transmitting theoretical knowledge, but the trainees may consider it a greater priority to acquire technical competence. Another aspect that could influence attributions regarding the importance of the various factors is theoretical orientation.

In contrast with the above mentioned questionnaires used in the studies (DPCCQ; Orlinsky, & Rønnestad, 2005; ThId; Carlsson et al., 2011) whose items examine a broad range of factors that are linked to the development of psychotherapists (for instance, personal psychotherapy experience, personal limits, personal characteristics, personal relationships and so on), the DPTQ is strictly focused on organizational aspects and on the activities that take place in psychotherapy training institutions. This specific focus is linked to the above-mentioned question: How should students in psychotherapy be trained? A further peculiar aspect of the DPTQ is that it is addressed to all the roles involved in psychotherapy training, in this way allowing there to be a wider vision of the dimensions involved in the process.

## Methods

### The construction of the Dimensions in Psychotherapy Training Questionnaire

The construction of the DPTQ has been a long and iterative process that included both individual and group work. We started by analyzing the literature in order to identify those areas that were considered important in psychotherapy training so as to develop, for each area, all the items we were able to create. Moreover, we had some meetings in order to identify, by brainstorming, possible areas that had not yet been considered and from which we have developed other items. Further inspiration in completing the DPTQ items was provided by the six expert trainers we involved in the first phase of the preliminary research, and by the three trainers and three trainees that were involved in the second part of the preliminary research (see below). All these professionals were also asked to suggest items that they considered to

be important but that were not yet present in the questionnaire. At the end of this process, we developed a first version of the questionnaire, which included 68 items. Nine of these items referred to technical or methodological topics (*e.g.*, teaching methodologies, specific techniques and supervision activities). Another 29 items referred to organizational topics (*e.g.*, the availability of tutors, the student's clinical training and the number of trainees in each class). A further 16 items dealt with didactic topics (*e.g.*, the trainer's clinical experience, the availability of clinical materials such as session audio recordings, the trainer's didactic experience and the coordination among the trainers in the didactic programs). Eight items focused on the topics that are personal to the trainees (*e.g.*, motivation, the quality of the trainer–trainee relationship, and personal history). Finally, six items focused on theoretical topics (*e.g.*, the versatility of the theoretical model).

The respondents used a 5-point Likert scale to answer all the questions. The final instructions (after incorporating the experts' feedback, as described below) can be found in the Appendix.

### Preliminary research

To examine the content validity of the first version of the questionnaire, we carried out a two-step preliminary study. The main purpose of this research was to determine the comprehensibility of the instructions, the items and the response mode. Furthermore, we aimed to identify any problems with the various structural parts, as well as to gather experts' suggestions, critiques and comments as a basis for possible changes (Di Nuovo, 2008; Manganelli-Rattazzi, 1990).

In the first step of this preliminary research, we sent the 68-item version of the questionnaire by e-mail to six expert trainers from psychotherapy schools (they included two male and four female trainers, all with at least 10 years of experience as trainers in psychotherapy and with at least 15 years of experience as psychotherapists. One had a psychoanalytic approach, three had a psychodynamic approach, one had a transactional analytic approach and one had a cognitive–behavioral approach). We asked them to i) judge the instructions and the response mode for clarity, using a Likert-type scale ranging from 1 to 10; ii) evaluate the items' comprehensibility and potential for emotionally upsetting the respondents, using a dichotomous (yes or no) response mode; and iii) suggest possible new items. The experts could also leave comments on both the instructions and the items.

We examined the experts' responses, both qualitatively and quantitatively. The instructions received a high mean score of 8. On the basis of the experts' suggestions, we improved them to ensure better clarity. Moreover, following the experts' suggestions, we added the *not evaluable* option, which indicates that the respondent has no experience concerning a specific item. For each item, we

decided to modify it if at least two of the six experts judged it to be not easily comprehensible and/or potentially disturbing – or to eliminate it if four or more experts gave such negative evaluations. On the basis of these criteria, we eliminated five items, slightly modified 15 more, and added one new item.

In the second step of the preliminary research, we administered the resulting 64-item version of the questionnaire to three trainers and three trainees from distinct psychotherapy schools. We then utilized semi-structured interviews to check the clarity and comprehensibility of the instrument. The six participants commented freely on each part of the questionnaire. With the participants' consent, we recorded these interviews and then transcribed them verbatim. We analyzed the responses, both qualitatively and quantitatively, using the same criteria that we employed in the first phase. The instructions again received a mean score of 8. The participants had no negative comments about either the instructions or the response modality. Concerning the items, however, we eliminated three items, slightly modified another five, and added two new ones, all on the basis of the participants' suggestions. Thus, the third version of the questionnaire comprised 63 items.

Based on this third version of the questionnaire, we carried out the pilot study below.

## Pilot study

### Procedure

People from 14 psychotherapy schools (approved by the Italian Ministry of Instruction, University and Research; MIUR), participated in the survey. Twenty-four branches of those 14 schools were involved in the research, covering each geographical region of Italy (north, center, south and the islands).

We contacted the schools' directors to elicit their consent to participate to the research. In turn, the directors who had agreed to be part of the research contacted their schools' current trainers and trainees, as well as psychotherapists who previously attended the school, in order to elicit their permission for us to contact them. Once we obtained this permission, we sent an e-mail link to the questionnaire for each participant to fill out. The survey was anonymous and all the participants were free to participate or not and free to interrupt the compilation of the online questionnaire in any moment without giving any explanation.

## Sample

We classified the schools in terms of their theoretical orientation: psychodynamic, cognitive-behavioral, constructivist, systemic, and other (*i.e.*, those orientations not included in the previous items). Table 1 reports the demographic characteristics of the trainees, trainers and psychotherapists.

## Data analysis

To examine the dimensional structure of the DPTQ, we performed an exploratory factor analysis (EFA). According to scholars, EFA is more appropriate than other techniques (*i.e.*, confirmatory factor analysis) for studies such as this one due to its ability to determine the relationships among variables, to reduce data to a small number of latent factors, and to identify both the variables that are not acceptable indicators of the factors and the factors that are not adequately measured (Barbaranelli, 2003, 2006; Gerbing & Hamilton, 1996). Furthermore, as Tinsley and Tinsley (1987) pointed out, confirmatory factor analysis is a less stringent test of a hypothesized structure than EFA, at least in the early stages of the analysis of a new instrument. In the future, we could carry out confirmatory factor analysis on other samples (Kahn, 2006).

Before performing the EFA, we studied the item distributions. Even though we were using the EFA to summarize the relationships among a group of variables, which does not require particular assumptions concerning the distributions' forms, the factorial solution is better if the distribution is normal, as the correlation coefficients are more reliable in that case. We applied principal-axis extraction, Cattell's scree test (to determine the number of factors) and oblique promax rotation (Barbaranelli, 2003). For the interpretation of the rotated factor loadings, we adopted the rules that Hafkenscheid (1993, 2009) introduced by considering the items for which the largest factor loading was at least .40 and for which the next largest loading was at least .20 lower than that; at least four items had to fulfill both of these inclusion criteria. In so doing, we obtained the scores for the dimensions that emerged from the EFA, using weighted sums of the participants' ratings.

We also assessed the internal structure of the DPTQ in terms of Pearson's correlations among raw dimensional scores. In addition, we calculated the Cronbach's alpha values and 95% confidence intervals for the reliability estimates.

A tool that is still in the validation process cannot be used to draw inferences with regard to interpersonal differences. That said, just at the exploratory level, we used a mixed-design analysis of variance (ANOVA) to compare the scores for the trainees, trainers and psychotherapists. Finally, we used a multivariate analysis of variance (MANOVA) to compare the DPTQ ratings according to the participants' theoretical orientation: psychodynamic, cognitive-behavioral, constructivist, or systemic. To correct for multiple comparisons, we conducted a post hoc analysis by means of Bonferroni's test.

The differences in the number of subjects across the statistical analyses are due to missing cases and to the differences in the two methods that we used to deal with such cases (pairwise and listwise deletion). We performed the data analysis using SPSS (version 23).

## Results

After checking the database for errors and omissions, we substituted a rating of 3 for each missing value, as that is the midpoint of the response scale (Barbaranelli & D'Olimpio, 2007). On the whole, we received 1475 *not evaluable* responses, which is 2.27% of all the responses from the 1031 participants. We then recoded the *not evaluable* responses as missing values and recalculated the items' descriptive statistics, mainly to ascertain their distribution forms. Empirically, a distribution is normal if its skewness and kurtosis are in the range from  $-1$  to  $1$ . Twelve items did not have normal distributions, as they had strong negative asymmetry – that is, the high values on the response scale were the most frequently chosen. Following Barbaranelli and D'Olimpio (2007), we applied a log transformation to normalize these items' distributions and then recomputed their skewness and kurtosis. The findings indicate that the new asymmetry indexes were in the range from  $-1$  to  $1$  for all but one of the 12 items. For the other item, Item 26 (*How important is it that the trainees have the opportunity to treat patients during the internship?*), we found its distribution to be normal only after a reciprocal transformation. The items' means vary from 2.71 (Item 60, *How important are the*

*total hours spent in didactic training at the school?*  $SD=.923$ ) to 4.62 (Item 49, *How important is the trainer's clinical experience?*  $S=.563$ ).

## Factorial structure

The tests regarding whether the correlation matrix could be subject to factor analysis all had satisfactory results; the determinants are all higher than 0 (meaning that the variables are not linearly dependent); the Kaiser–Meyer–Olkin test score is .88 (signifying that the sample is adequate); and the result of Bartlett's sphericity test is statistically significant ( $P<.001$ ), which means that the correlation matrix differs from the identity matrix (Chiorri, 2011). The results of the EFA (including principal-axis extraction, Cattell's scree test and oblique promax rotation) show a four-factor solution; the four factors account for 24.25% of the total variance. This is a very low percentage, but it is acceptable for the first analysis of a newly constructed questionnaire that has a high number of items. To interpret the factors, we considered the abovementioned criteria (Hafkenscheid, 1993, 2009). Table 2 shows the factor loadings for the four extracted items; those that satisfy Hafkenscheid's criteria are presented in italics.

**Table 1. Trainees, trainers and psychotherapists demographic characteristics.**

	Trainees (N=641)	Trainers (N=172)	Psychotherapists (N=218)
<i>Age, years</i>			
Mean±SD	31.01±6.57	51.5±12.31	40.42±7.41
Minimum, maximum	24, 64	28, 78	29, 66
<i>Gender, n (%)</i>			
Female	533 (83.5)	107 (65.2)	185 (84.6)
Male	105 (16.5)	57 (34.8)	33 (15.4)
<i>Degree, n (%)</i>			
Psychology	611 (97.3)	126 (77.8)	209 (95.93)
Medicine	17 (2.7)	20 (12.3)	9 (4.07)
Philosophy	-	8 (4.9)	-
Literature	-	4 (2.5)	-
Sociology	-	2 (1.2)	-
Pedagogy	-	2 (1.2)	-
<i>Attending years, n (%)</i>			
I	187 (29.5)	-	-
II	178 (28.1)	-	-
III	139 (21.9)	-	-
IV	130 (20.5)	-	-
<i>Clinical experience, years</i>			
Mean	-	-	5.72
SD	-	-	4.27
Minimum, maximum	-	-	1, 20
<i>School's theoretical orientation, n (%)</i>			
Psychodynamic	249 (38.8)	116 (68.2)	100 (45.7)
Cognitive-behavioral	163 (25.4)	33 (19.4)	-
Constructivist	86 (13.4)	-	25 (11.3)
Systemic	98 (15.3)	-	61 (28.1)
Other	45 (7.1)	21 (12.4)	32 (14.9)

The first factor includes seven items – all but one referring to trainers’ personal attitudes in their relationships with trainees or to other interpersonal didactic aspects. Thus, we labeled this factor *trainers’ relational characteristics*. The second factor comprises four items, three of which are related to the supervision activity, so we labeled this factor *supervision*. The third factor loads six items concerning the transmission of the trainers’ know-how regarding the technical procedures for working with the patients; therefore,

we labeled this factor *transmission of clinical know-how*. Lastly, the fourth factor includes five items, three of which refer to the trainees’ previous training, with the other two referring to didactic support. We labeled this factor *theoretical background and technical support*.

**Reliability**

We computed the Cronbach’s alpha values of the dimensions from the EFA (Table 3). They are all satisfac-

**Table 2. Exploratory factor analysis of the Dimensions in Psychotherapy Training Questionnaire.**

Factors	1	2	3	4
21. (log) How important is it that the trainer transmit his or her own pleasure in doing psychotherapy to the trainees?	.77	.10	.030	.16
20. How important is the trainer’s ability to involve the trainees?	.65	-.051	.075	-.076
59. How important is it that the trainer transmit his or her own pleasure in doing didactic work to the trainees?	.58	-.027	.36	-.019
34. How important is it that the school has clear procedures at the organizational level (e.g., regarding exams and payments)?	.50	-.035	-.091	.16
16. (log) How important is the quality of the trainer–trainee relationship?	.47	-.16	.001	.037
49. (log) How important is the trainer’s clinical experience?	.45	-.076	-.050	.072
45. (log) How important is the trainer’s ability to not be judgmental toward the trainees?	.43	-.13	-.11	.12
38. How important is the number of hours of group supervision that the school provides?	.05	.58	-.006	.002
9. How important are the group supervision activities within the lessons?	.011	.57	.003	.13
6. How important is the number of individual supervision activities that the school provides?	-.11	.51	.12	.051
54. How important is that the training activities include some group activities?	.14	.42	-.060	.027
53. How important is it that the trainees watch video recordings of the trainer’s clinical sessions?	-.052	-.021	.85	-.010
57. How important is it that the trainees listen to audio recordings of the trainer’s clinical sessions?	-.092	.076	.79	.024
52. (log) How important are the practical indications regarding how to conduct psychotherapy sessions?	-.21	-.051	.55	.095
2. How important is it that the trainees read transcriptions of the trainer’s clinical sessions?	-.13	.23	.53	-.008
10. (log) How important is it that the trainees analyze the clinical cases that the trainer presents during the lessons?	-.11	-.24	.46	.16
44. How important is the teaching of specific intervention techniques?	.21	-.089	.43	.10
40. How important is the availability of technical support for didactic work (e.g., video projector setup)?	.097	-.32	.271	.52
23. How important are the kind of degrees that the trainees obtained at university?	-.089	.024	-.087	.46
61. How important is it that acquired theoretical background would be consistent to training program’s theoretical background?	-.075	-.074	-.044	.46
62. How important is it to have a virtual space (e.g., a website) that allows trainees to exchange and access materials and that provides a space for discussion?	.047	.020	.094	.45
18. (log) How important is the theoretical training that the trainee received before attending the specialized school?	.092	-.082	-.031	.41

This analysis is based on pairwise deletion of missing cases. *N* varies between 889 and 1031. The items that satisfied Hafkenscheid’s criteria are presented in italics. log=logarithmic transformation.

**Table 3. Reliability of the four dimensions of the Dimensions in Psychotherapy Training Questionnaire.**

	# Items	# Subjects	Reliability	95% CI	
				Lower	Upper
Trainers’ relational characteristics	7	1024	.74	.72	.76
Supervision	4	877	.64	.60	.68
Transmission of clinical know-how	6	897	.79	.77	.81
Theoretical background and technical support	5	961	.62	.58	.66

tory: sufficient for the *supervision* and *theoretical background and technical support* dimensions, acceptable for the *trainers' relational characteristics* dimension, and quite good for the *transmission of clinical know-how* dimension (DeVellis, 2012).

### Correlations within the Dimensions in Psychotherapy Training Questionnaire

Based on the EFA results, we calculated the DPTQ scores based on the means of the ratings from Table 2. We then computed the Pearson's linear correlation coefficients among the four dimensions of the DPTQ. These correlations are all statistically significant (which may be due to the high number of subjects), but they are generally of only moderate strength; in fact, they range from  $r=.21$  (between *supervision* and *theoretical background and technical support*) to  $r=.36$  (between *supervision* and *transmission of clinical know-how*, and between *transmission of clinical know-how* and *theoretical background and technical support*).

### Comparisons by dimension and role

For a first indication of how the importance attributed to the four dimensions changes as a function of the participants' role, we performed a mixed-design ANOVA with the dimension (*trainers' relational characteristics*, *supervision*, *transmission of clinical know-how* or *theoretical background and technical support*) as a within-subjects factor and with the role (trainee, trainer or psychotherapist) as a between-subjects factor. The results for Mauchly's test of sphericity indicate that the assumption of sphericity was violated,  $\chi^2(5)=96.96$ ,  $P<.001$ ; therefore, we corrected the degrees of freedom utilizing Huynh-Feldt estimates of sphericity ( $\epsilon=.95$ ). These results

indicate that the main effect of the dimension,  $F(2.85, 2934.25)=1308.59$ ,  $P<.001$ ,  $\eta^2=.56$ , is qualified by an interaction between the dimension and the role,  $F(5.71, 2934.25)=28.53$ ,  $P<.001$ ,  $\eta^2=.05$ . Table 4 presents the descriptive statistics of the dimensions based on the role.

We used Bonferroni's post hoc analysis to compare the main-effect means and found that the *trainers' relational characteristics* score is significantly higher than the scores for all the other dimensions; the *theoretical background and technical support* score is also significantly lower than all the other scores. Furthermore, the *supervision* score is significantly higher than the *transmission of clinical know-how* score. Using a Bonferroni's test to compare the interaction means, we found that, for all three groups of participants, the *trainers' relational characteristics* dimension has a significantly higher rating than the other dimensions, and the *theoretical background and technical support* has a significantly lower rating. For the trainees, the *supervision* score does not significantly differ from *transmission of clinical know-how* score, but for the trainers and psychotherapists, the former is significantly higher than the latter.

The ANOVA results also highlight the main effect of the role  $F(2, 28)=18.48$ ,  $P<.001$ ,  $\eta^2=.035$ . In addition, the post hoc comparisons show that, independently of the dimensions, the psychotherapists gave the highest ratings ( $M=4.08$ ,  $SD=.37$ ), and the trainers gave the lowest ones ( $M=3.86$ ,  $SD=.36$ ).

### Exploratory comparisons by theoretical orientation

We investigated the differences in the DPTQ ratings due to the participants' theoretical orientations by means of a MANOVA with the four dimension scores as dependent variables and with the subjects' theoretical orientation (psychodynamic, cognitive-behavioral, constructivist,

**Table 4. Means and standard deviations by dimension and role (N=1031).**

	Role	M	SD
Trainers' relational characteristics	Trainees	4.46	.42
	Trainers	4.45	.47
	Psychotherapists	4.51	.41
	Total	4.47	.42
Supervision	Trainees	4.26	.48
	Trainers	4.22	.44
	Psychotherapists	4.39	.47
	Total	4.28	.48
Transmission of clinical know-how	Trainees	4.20	.61
	Trainers	3.62	.65
	Psychotherapists	4.24	.59
	Total	4.12	.65
Theoretical background and technical support	Trainees	3.12	.61
	Trainers	3.13	.51
	Psychotherapists	3.19	.59
	Total	3.14	.59

By role,  $n=641$  for trainees;  $n=172$  for trainers; and  $n=218$  for psychotherapists.

and systemic – excluding the other category, mainly because of its scarcity,  $n=75$ ) as the independent variable. The multivariate tests indicate a significant difference among the four orientations in terms of global ratings on the DPTQ,  $F_{mult}(12, 2843)=11.80, P<.001, \eta^2=.047$ . The univariate test results demonstrate that participants from different theoretical orientations significantly differ on *supervision*,  $F(3, 992)=4.66, P<.01, \eta^2=.014$ ; on *transmission of clinical know-how*  $F(3, 992)=21.86, P<.001, \eta^2=.56$ ; and on *theoretical background and technical support*,  $F(3, 992)=9.78, P<.001, \eta^2=.03$ . However, these groups do not differ on *trainers' relational characteristics*  $F(3, 992)=.26, P=.85, \eta^2=.001$ .

Table 5 shows the descriptive statistics of the dimensions based on the subjects' theoretical orientation.

The Bonferroni's post hoc analysis reveals that, for *supervision*, the psychodynamic group has a significantly greater mean score than the cognitive-behavioral group. Regarding the *transmission of clinical know-how*, the cognitive-behavioral group's score is significantly higher than those of the psychodynamic and constructivist groups; in addition, the systemic group has a significantly greater mean score than the psychodynamic group does. Lastly, for the *theoretical background and technical support* dimension, the constructivist group's score is significantly lower than those of all the other groups.

## Discussion

The main purpose of this study is to detect which factors are most important in psychotherapy-training activi-

ties from the points of view of trainers, trainees and professional psychotherapists.

To reach this goal, we developed a specific new questionnaire through which to assess the opinions of the abovementioned groups. By means of a two-step preliminary study, we set the DPTQ as having 63 items.

After this phase, to reveal the instrument's latent structure, we implemented an EFA based on the DPTQ responses of 1031 subjects, including trainers, trainees and psychotherapists. The results highlight the emergence of four factors, which we labeled as *trainers' relational characteristics*, *supervision*, *transmission of clinical know-how*, and *theoretical background and technical support*.

We utilized inferential statistics, at an exploratory level, to compare the importance of the dimensions based on the participants' role and theoretical orientation. The participants most valued the *trainers' relational characteristics* dimension (as its mean score is significantly higher than all the other scores), followed by *supervision*, *transmission of clinical know-how*, and *theoretical background and technical support*. For the participants' role, we found that trainers and psychotherapists placed more importance on *supervision* than on *transmission of clinical know-how* (as their mean scores are significantly different), whereas, trainees placed similar importance on these two dimensions (as their means score do not significantly differ). Taking into account the participants' theoretical orientation, the results highlight many nonsystematic differences among the groups. For example, psychodynamic-oriented participants placed more importance on *supervision* than cognitive-behavioral participants did; on the other hand, cognitive-behavioral

**Table 5. Means and standard deviations by dimension and theoretical orientation (N=956).**

	Theoretical orientation	<i>M</i>	<i>SD</i>
Trainers' relational characteristics	Psychodynamic	4.45	.43
	Cognitive-behavioral	4.47	.42
	Constructivist	4.47	.42
	Systemic	4.48	.39
	Total	4.46	.42
Supervision	Psychodynamic	4.32	.47
	Cognitive-behavioral	4.17	.49
	Constructivist	4.24	.50
	Systemic	4.29	.46
	Total	4.27	.48
Transmission of clinical know-how	Psychodynamic	3.97	.72
	Cognitive-behavioral	4.38	.45
	Constructivist	4.08	.66
	Systemic	4.24	.50
	Total	4.11	.66
Theoretical background and technical support	Psychodynamic	3.12	.58
	Cognitive-behavioral	3.28	.61
	Constructivist	2.92	.49
	Systemic	3.18	.61
	Total	3.14	.59

By orientation,  $n=511$  for psychodynamic;  $n=196$  for cognitive-behavioral;  $n=123$  for constructivist; and  $n=126$  for systemic.



group valued the *transmission of clinical know-how* more so than the psychodynamics and the constructivists.

In this research, we found that the factors that the participants believed to be important in psychotherapy training only partially overlapped with those that researchers have already identified. On the one hand, supervision and didactics are confirmed as basic factors; on the other hand, clinical experience with patients and personal psychotherapy did not emerge as basic factors in our analysis, even though they represent basic steps in every training program (Botermans, 1996; Orlinsky & Rønnestad, 2005).

The main conclusion of this research concerns the first factor that we found, which we named *trainers' relational characteristics*; we found this factor to be important regardless of the participants' role and theoretical orientation. Of course, this factor is strictly linked to didactics, but it represents a very specific aspect of didactic activity. It does not relate to didactic methodology or to organization; rather, it concerns trainers' personal attitudes toward trainees. One explanation of these results is as follows.

A trainer's relational characteristics are important for two main reasons. First, these characteristics can reassure the trainees that they have the right attitude to become a good therapist; second, this attitude can be used as a model of a clinical relationship to introject. Remarkably, this factor is the most important one for all groups, even for the psychotherapists who are no longer involved with the training program.

Another interesting result concerns the differences in the values of the identified factors according to the participants' theoretical orientation. Particularly, membership in training programs with theoretical orientations that are traditionally characterized by a relatively technical attitude (*i.e.*, the cognitive-behavioral orientation) is associated with placing a significantly higher importance on the factor *transmission of clinical know-how*. By contrast, membership in training programs with a theoretical orientation that is less characterized by the use of a technical approach (*i.e.*, the psychodynamic orientation) is associated with placing a higher importance on the *supervision* factor. These data are consistent with the theoretical and technical differences between the two types of training programs and confirm that the DPTQ can detect such differences.

## Conclusions

In this work, we shed light on the key factors in psychotherapy training based on the opinions of trainers, trainees and clinicians. We did so by applying a bottom-up approach, which involved developing a new *ad hoc* questionnaire. The results indicate the importance of a factor that researchers have not yet accounted for (*i.e.*, *trainers' relational characteristics*). Training programs should consider this factor in the future.

The importance placed on *trainers' relational charac-*

*teristics* regardless of theoretical orientation suggests that trainees consider their acquisition of clinical skills in light of the strength of their relationships with their trainers. Psychotherapy-training programs should use these data as an opportunity to enrich the methods that they use to provide clinical training. The results also suggest that, in training programs – as in clinical settings (Rocco, Genaro, Salvatore, Stoycheva, & Bucci, 2017) – the quality of the trainer–trainee relationship is a relevant mediator in the development of clinical competence. From the operative point of view, what emerges in this work could be used within training institutes to both evaluate and monitor the approach to teaching used by the trainers. Indeed, it should not be taken for granted that a trainer, even if he/she is very competent and expert in psychotherapy, has the attitude to teach using his/her relational characteristics in a way that proves to be optimal to support the learning demands of the trainees. To ignore this aspect could be dangerous because it might neglect a central aspect in developing a virtuous didactic process.

This work does have several limitations, mainly due to the limited sample of trainers and psychotherapists, the limited number of training programs involved in the survey, and the lack of a comparison to any foreign training programs. Nevertheless, the results of the EFA shed light on a core issue for modern training programs: the need to develop tools so as to identify trainees' needs and opinions about training programs; this information can enrich training programs by providing relational knowledge rather than lecturing.

## References

- Barbaranelli, C. (2003). *Analisi dei dati: Tecniche multivariate per la ricerca psicologica e sociale [Data analysis: Multivariate techniques for psychological and social research]*. Milan, Italy: LED.
- Barbaranelli, C. (2006). *Analisi dei Dati con SPSS. Le analisi multivariate [Data Analysis With SPSS: II. Multivariate techniques]*. Milan, Italy: LED.
- Barbaranelli, C., & D'Olimpio, F. (2007). *Analisi dei Dati con SPSS: I. Le analisi di base [Data Analysis With SPSS: I. Basic analysis]*. Milan, Italy: LED.
- Berman, J. S., & Norton, N. C. (1985). Does professional training make a therapist more effective? *Psychological Bulletin*, 98(2), 401. doi: 10.1037/0033-2909.98.2.401
- Beutler, L. E. (1995). The germ theory myth and the myth of outcome homogeneity. *Psychotherapy: Theory, Research, Practice, Training*, 32(3), 489–494. doi: 10.1037/0033-3204.32.3.489
- Boswell, J. F., & Castonguay, L. G. (2007). Psychotherapy training: Suggestions for core ingredients and future research. *Psychotherapy: Theory, Research, Practice, Training*, 44(4), 378–383. doi: 10.1037/0033-3204.44.4.378
- Botermans, J. F. (1996). *The training of psychotherapist: Impact on confidence and mastery, self-efficacy, and emotional reactivity* (Unpublished doctoral dissertation). Université Catholique de Louvain, Louvain-la-Neuve, Belgium.

- Bright, J. I., Baker, K. D., & Neimeyer, R. A. (1999). Professional and paraprofessional group treatments for depression: a comparison of cognitive-behavioral and mutual support interventions. *Journal of Consulting and Clinical Psychology, 67*(4), 491. doi: 10.1037/0022-006X.67.4.491
- Carlsson, J., & Schubert, J. (2009). Professional values and their development among trainees in psychoanalytic psychotherapy. *European Journal of Psychotherapy and Counselling, 11*(3), 267–286. doi: 10.1080/13642530903230319
- Carlsson, J., Norberg, J., Schubert, J., & Sandell, R. (2011). The development of therapeutic attitudes during and after psychotherapy training. *European Journal of Psychotherapy & Counselling, 13*(3), 213–229. doi: 10.1080/13642537.2011.596722
- Chiorri, C. (2011). *Teoria e tecnica psicometrica: Costruire un test psicologico [Psychometric theory and technique: How to construct a psychological test]*. Milan, Italy: McGraw-Hill.
- DeVellis, R. F. (2012). *Scale development: Theory and applications*. Los Angeles, CA: Sage.
- Di Nuovo, S. (2008). *Misurare la mente. I test cognitivi e di personalità. [Measuring the mind: Cognitive and personality tests]*. Rome, Italy: Laterza.
- Durlak, J. A. (1979). Comparative effectiveness of paraprofessional and professional helpers. *Psychological Bulletin, 86*(1), 80. doi: 10.1037/0033-2909.86.1.80
- Ferenczi, S. (1980). The elasticity of psychoanalytic technique. In M. Balint (Ed.) & E. Mosbacher (Trans.), *Final contributions to the problems and methods of psycho-analysis*. London, England: Karnac Books. (Original work published 1928).
- Garfield, S. L. (1977). Research on the training of professional psychotherapists. In A. S. Gurman & A. Razin (Eds.), *Effective psychotherapy: A handbook of research* (pp. 63–83). New York, NY: Pergamon Press.
- Gerbing, D. W., & Hamilton, J. G. (1996). Viability of exploratory factor analysis as a precursor to confirmatory factor analysis. *Structural Equation Modeling, 3*(1), 62–72. doi: 10.1080/10705519609540030
- Hafkenscheid, A. (1993). Psychometric evaluation of the symptom checklist in psychiatric inpatients. *Personality and Individual Differences, 14*, 751–756. doi: 10.1016/0191-8869(93)90088-K
- Hafkenscheid, A. (2009). The impact of psychotherapy sessions: Internal structure of the Dutch Session Evaluation Questionnaire (SEQ). *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 99–111. doi: 10.1348/147608308X380750
- Hattie, J. A., Sharpley, C. F., & Rogers, H. J. (1984). Comparative effectiveness of professional and paraprofessional helpers. *Psychological Bulletin, 95*(3), 534. doi: 10.1037/0033-2909.95.3.534
- Kahn, J. H. (2006). Factor analysis in counseling psychology research, training, and practice: Principles, advances, and applications. *The Counseling Psychologist, 34*(5), 684–718. doi: 10.1177/0011000006286347
- Mahoney, M. J. (Ed.). (1980). *Psychotherapy process: Current issues and future directions*. New York, NY: Plenum Press.
- Manganelli-Rattazzi, A. (1990). *Il questionario: Aspetti teorici e pratici [The questionnaire: Theoretical and practical aspects]*. Padua, Italy: Cleup.
- Messina, I., Gelo, O., Gullo, S., Sambin, M., Mosconi, A., Fenelli, A.,...Orlinsky, D. (2018). Personal background, motivation and interpersonal style of psychotherapy trainees having different theoretical orientations: An Italian contribution to an international collaborative study on psychotherapy training. *Counselling and Psychotherapy Research, 18*(3), 299–307. doi: 10.1002/capr.12176
- Messina, I., Gelo, O., Sambin, M., Bianco, F., Mosconi, A., Fenelli, A.,...Orlinsky, D. (2017). Trainees self-evaluation of their development as psychotherapists: an Italian contribution to an international collaborative study on psychotherapy training. *Clinical Psychology & Psychotherapy, 25*(2), 338–347. doi: 10.1002/cpp.2165
- Orlinsky, D. E., Strauss, B., Rønnestad, M. H., Hill, C., Castonguay, L., Willutzki, U., ... Carlsson, J. (2015). A Collaborative Study of Development in Psychotherapy Trainees. *Psychotherapy Bulletin, 50*(4), 21–25.
- Orlinsky, D., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.
- Rocco, D., Gennaro, A., Salvatore, S., Stoycheva, V., & Bucci, W. (2017). Clinical mutual attunement and the development of therapeutic process: a preliminary study. *Journal of Constructivist Psychology, 30*(4), 371–387. doi: 10.180/10720537.20161227950
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5–44. doi: 10.1023/A:1025173508081
- Shapiro, D. A., & Shapiro, D. (1982). Meta-analysis of comparative therapy outcome studies: A replication and refinement. *Psychological Bulletin, 92*(3), 581–604. doi: 10.1037/0033-2909.92.3.581
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.
- Stein, D. M., & Lambert, M. J. (1995). Graduate training in psychotherapy: Are therapy outcomes enhanced? *Journal of Consulting and Clinical Psychology, 63*(2), 182–196. doi: 10.1037/0022-006X.63.2.182
- Tinsley, E. A., & Tinsley, D. J. (1987). Use of factor analysis in counseling psychology research. *Journal of Counseling Psychology, 34*(4), 414–424. doi: 10.1037/0022-0167.34.4.414
- Vakoch, D. A., & Strupp, H. H. (2000). The evolution of psychotherapy training: Reflection on manual-based learning and future alternatives. *Journal of Clinical Psychology, 56*(3), 309–318. doi: 10.1002/(SICI)1097-4679(200003)56:3<309::AID-JCLP7>3.0.CO;2-7