

From THE DEPARTMENT OF CLINICAL NEUROSCIENCE,
STOCKHOLM CENTRE FOR PSYCHIATRIC RESEARCH
AND EDUCATION, CPF PSYCHOTHERAPY
Karolinska Institutet, Stockholm, Sweden

BECOMING A PSYCHODYNAMIC PSYCHOTHERAPIST

**A study of the professional
development during and the
first years after training**

Jan Carlsson



**Karolinska
Institutet**

Stockholm 2011

All previously published papers were reproduced with permission from the publisher.

Published by Karolinska Institutet. Printed by US-AB Universitetservice.

© Jan Carlsson, 2011

ISBN 978-91-7457-410-4

ABSTRACT

Aim: The four studies reported in this thesis aimed to explore the professional development of psychotherapists from their training through the first few years after graduating by using longitudinal data from a Swedish training setting, and secondarily to develop and standardise an instrument measuring therapeutic attitudes.

Instruments: The therapeutic identity questionnaire (ThId), the therapeutic attitudes scales (TASC-2), and semi-structured interviews.

Material/Methods: A random sample of Swedish psychotherapists (n=325) and a pool of therapists with patients in the Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP) (n=294) were given the ThId questionnaire to develop and standardise an instrument measuring therapeutic attitudes. The study group, psychotherapy students (n=46) in advanced psychodynamic psychotherapy training programme, received the ThId at programme entry, after 2 years, at graduation and 3 to 5 yrs later. Only those who answered at all four occasions (n=21) were included in the analyses. Further, 18 of these students also completed a retrospective semi-structured interview of their development of the professional self.

Results: Nine therapeutic attitude scales (TASC-2) were extracted from ThId and validated. During and after training, students rated clinical work, supervision and personal psychotherapy as the top three influences in their professional development. Conversely, the importance of personal experiences and theoretical study varied across time. Concerning assets as a therapist, most changes occurred after training, with a shift towards describing an ability to create patient contact and alliance as a greater asset than listening and containing, which predominated during training. Self-described limitations did not change substantially during or after training. Concerning the effects of training on attitudes and values, students stayed close to their teacher's and psychoanalytical cluster's profile during training then began developing an eclectic psychodynamic profile after graduation. Interviews identified a core category called "searching for recognition", indicating their primary concern all along to become acknowledged as psychotherapists in their own right. During training, they sought their supervisors' acknowledgment of their pre-formed professional self. In their early professional careers participants experienced having achieved recognition and a resultant a sense of freedom to exercise independent judgment.

Conclusions: The present work is the first to use a longitudinal design to study the professional development of psychotherapists during advanced training and the first few subsequent years. Student trainees had a rigid psychotherapeutic identity and were motivated by a desire to achieve acknowledgment from their supervisors. This led to conflicts in supervision, which students typically handled by conforming to the supervisors. Training had a conformative effect rather than encouraging the development of an individualised therapeutic style. However, soon after graduation, the former students experienced an increased sense of freedom and moved towards an eclectic psychotherapeutic identity. Training institutes, the teachers and supervisors, should acknowledge the students' "attachment to the pre-formed professional self" and "search for recognition" in order to avoid a learning environment dominated by student complying as a least line of resistance.

Keywords: Psychotherapist training, professional development, psychotherapeutic attitudes, supervision

ISBN 978-91-7457-410-4

LIST OF PUBLICATIONS

- I. Sandell, R., Carlsson, J., Schubert, J., Broberg, J., Lazar, A., & Grant, J. (2004). Therapist attitudes and patient outcomes: I. Development and validation of the therapeutic attitude scales (TASC-2). *Psychotherapy Research*, 14, 469–484.
- II. Carlsson, J. & Schubert, J. (2009). Professional values and their development among trainees in psychoanalytic psychotherapy. *European Journal of Psychotherapy & Counselling* 11, 267–286.
- III. Carlsson, J., Norberg, J., Schubert J., & Sandell, R. (In press). The development of therapeutic attitudes during and after psychotherapy training. *European Journal of Psychotherapy & Counselling* (September, 2011). Epub ahead of print.
- IV. Carlsson, J., Norberg, J., Sandell, R. & Schubert J. (2011). Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it. *Psychotherapy Research* 21, 141-153.

CONTENTS

1	INTRODUCTION.....	1
1.1	Psychotherapy training in Sweden	1
2	BACKGROUND.....	3
2.1	The development of psychotherapy research.....	3
2.2	Research on therapist variables	3
2.3	Effective psychotherapy and effective psychotherapists.....	5
2.4	Psychotherapists' professional development	6
2.5	Psychotherapy Training.....	8
2.5.1	Different phases of training.....	9
2.5.2	Development following formal training	10
2.6	Difficulties in research on training.....	10
3	OBJECTIVES.....	12
3.1	Specific objectives	12
4	METHODS	13
4.1	The setting.....	13
4.2	Measures	13
4.2.1	The Questionnaire	13
4.2.2	Interviews	14
4.3	Participants.....	15
4.4	Design	16
4.5	Procedure	16
4.5.1	Attrition study II and III.....	18
4.6	Data analysis	18
4.7	Ethical approval	20
5	RESULTS	21
5.1	Paper I: Therapist attitudes and patient outcomes: I. Development and validation of the Therapeutic Attitudes Scales (TASC-2).....	21
5.2	Paper II: Professional values and their development among trainees in psychoanalytic psychotherapy.....	22
5.3	Paper III: The development of therapeutic attitudes during and after psychotherapy training.	23
5.4	Paper IV: Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it.	24
6	GENERAL DISCUSSION	26
6.1	Pre-formed professional self	26
6.2	The supervisory relationship	27
6.3	Compliance	28
6.4	Towards an eclectic therapeutic profile	29
6.5	Ethical considerations.....	30

6.6	Methodological issues	31
6.7	Future research	33
6.8	Implications for psychotherapy education.....	34
7	ACKNOWLEDGEMENTS.....	36
8	REFERENCES.....	38

LIST OF ABBREVIATIONS

DPCCQ	Development of Psychotherapists Common Core Questionnaire
SPR	Society for Psychotherapy Research
STOPPP	Stockholm Outcome of Psychoanalysis and Psychotherapy Project
TASC-2	Therapeutic Attitude Scales
ThId	Therapeutic Identity questionnaire

1 INTRODUCTION

About 30 years ago, Mahoney (1980) stated that “the field of psychotherapy research now faces three fundamental questions: 1) Is psychotherapy effective? 2) When and why is it effective? and 3) How should psychotherapists be trained?” (p. xi). As we are now certain that psychotherapy does produce clinically significant effects, and also – to some extent – under what circumstances, the time seems ripe for dealing with the third question concerning the training of psychotherapists. Unfortunately, there has been a lack of scientific investigation on psychotherapist training and professional development. For example, there has not been a single chapter on psychotherapy training in the authoritative *Handbook of Psychotherapy and Behaviour change* since the third edition (i.e. Matarazzo & Patterson, 1986). However, the last decades has seen a growing interest in the study of therapists’ general professional development (e.g. Orlinsky & Rönnestad, 2005; Rönnestad & Skovholt, 2003; Skovholt & Jennings, 2004; Skovholt & Rönnestad, 1995) as well as an increasing awareness of the need to find answers to how psychotherapy training best should be organised (Boswell & Castonguay, 2007; Fauth, Gates, Vinca, Boles & Hayes, 2007; Klein, Bernard & Schermer, 2011).

The present thesis aims to explore the professional development of psychotherapists during their training and the first few years after graduating, by using longitudinal data from a Swedish training setting.

1.1 PSYCHOTHERAPY TRAINING IN SWEDEN

Even though the role of the psychotherapist is long-established, it has never been formally linked to a specific professional curriculum. Thirty years ago Garfield (1977) noted that the training of psychotherapists encompasses a surprising diversity of professional groups, training centres, settings, value systems and orientations, and this great variability still holds (Rönnestad & Ladany, 2006).

Psychoanalysis was introduced in Sweden in the 1920s, but it would be a long time before it made an impact. The Swedish psychoanalytic society was founded in the mid 1930s, but there were still very few members in the 1940s (Reeder, 2006). During the late 1960s and early 1970s, psychotherapy became established with the creation of several psychotherapeutic societies (for group psychotherapy, behavioural therapy, family therapy, and psychodynamic psychotherapy) (Larsson, 2007, 2010; Öst, 1996;

Ringborg, 2007). Training was initially given outside the universities and without government guidelines.

Once psychotherapy began to gain in importance, the National Health Service made psychotherapy training a part of the formal educational system in Sweden. In 1978 the government decided to create training programmes within the university system (Högskoleverket, 2007). Another important step in the professionalization of psychotherapy was taken in 1985 when the National Board of Health and Welfare introduced a licence for psychotherapists (Larsson, 2007). However, becoming a licensed psychotherapist was not considered as a profession on its own, but also required a basic academic degree.

Swedish psychotherapy training is a two-step process. The curricula for psychologists and specialist training in psychiatry for physicians include the basics. This basic training is also taught separately to other professions. This provides a large group of professionals the fundamentals of psychotherapy useful in their work, and is also a prerequisite for entering advanced psychotherapy training.

The second step consists of a 3-year advanced psychotherapy study programme attended part time. Admission criteria for this second step, in addition to completion of the basic psychotherapy course, include a bachelor's university degree, at least 125 sessions of personal psychotherapy, and at least 2 years of documented clinical work under supervision. Completing this advanced course leads to licensing by the National Board of Health and Welfare.

2 BACKGROUND

2.1 THE DEVELOPMENT OF PSYCHOTHERAPY RESEARCH

For many psychotherapists, clinical work has traditionally been the main way of validating their practice but there has gradually been an increasing influence from scientific research. The first steps were taken in the 1920s by trying to show that it was possible to investigate psychotherapy scientifically (Russel & Orlinsky, 1996). However, in the early 1950s, Eysenck (1952) challenged the results of this endeavour in an article questioning the effectiveness of psychotherapy. He argued that psychotherapy does not obtain better success rates than the simple passage of time, and concluded that it was unreasonable to elaborate training programmes for a technique that had no proven effects: “Until ... a process of rigorous analysis support the prevalent belief in therapeutic effectiveness of psychological treatment, it seems premature to insist on the inclusion of training in such treatment in the curriculum of the clinical psychologist.” (p. 323). This challenge led to a phase of psychotherapy research lasting from 1955 through 1969 which investigated the fundamental question of whether psychotherapy had any positive effect at all (Russel & Orlinsky, 1996).

Thanks to this effort, it is now recognised that psychotherapy is an effective method for achieving psychological change and is clearly distinguishable from spontaneous remission. The average effects have been demonstrated to be moderate in magnitude but robust (Lambert & Bergin, 1994; Lambert, 2004).

When psychotherapy expanded in the 1970s with new methods, the focus of investigation was to find out which form of psychotherapy gave the best effect and also which ingredients were important for outcome (Botermans, 1996).

2.2 RESEARCH ON THERAPIST VARIABLES

Historically, psychotherapy research has generally tended to focus on therapy itself (Orlinsky and Rönnestad, 2005) neglecting the potential influence of the individual therapist. This was recognised by the journal *Clinical Psychology Science and Practice*, which devoted a special section to “the therapist as a neglected variable in psychotherapy research” (“Therapist,” 1997).

The idea that the person of the therapist is crucial for the therapeutic process is old, dates back to Freud’s work (1905/1953) and is currently acknowledged by most schools of therapy (Hart, 1985). In their review of the literature on psychotherapists’

characteristics, training and performance Orlinsky and Rönnestad (2005) found that studies have been carried out for almost as long as psychotherapy has existed, even if few in number (e.g. Fiedler, 1950a, 1950b; Holt & Luborsky, 1958; Kelley & Fiske, 1951, Strupp 1955a, 1955b); they found only a few major studies after the 1950s (Henry, Sims & Spray, 1971, 1973; Rönnestad & Skovholt, 2003; Skovholt & Rönnestad, 1995; Gurman & Razin, 1977) and periodic reviews of research on therapist effects in treatment (Beutler, Crago & Azrimendi, 1986; Beutler, Machado & Neufeldt, 1994; Beutler et al., 2004; Parloff, Waskow & Wolfe, 1986).

Several psychotherapy researchers have devised inventories to assess therapists' values and beliefs in therapeutic matters. This tradition was initiated by Fiedler (1950a, 1950b) and continued by Fey and Rice (Fey, 1958; Rice, Fey & Kepecs, 1972; Rice, Gurman & Razin, 1974), Sundland & Barker (1962), McNair and Lorr (1964), Wallach and Strupp (1964), Weissman, Goldschmid and Stein (1971), Sundland (1977), Wogan and Norcross (1983, 1985), and by the Collaborative Research Network (CRN) of the Society for Psychotherapy Research (SPR), initiated by Orlinsky (Ambühl, Orlinsky & SPR Collaborative Research Network, 1997; Orlinsky, Ambühl, Rönnestad, Davis, Gerin, Davis, et al., 1999). Sandell and co-workers have presented a validated set of therapeutic attitude scales as one part of a comprehensive therapist questionnaire (Sandell et al., 2004, 2006, 2007), which has also been validated in a Germany study (Klug, Henrich, Kächele, Sandell & Huber, 2008) and applied to psychotherapy students (Taubner Visbeck, Rapp & Sandell, 2010; Carlsson, Norberg, Schubert & Sandell, in press).

In fact, it has been shown that the therapist variables actually contribute more to outcome than the techniques used (Wampold, 2001). This has also been confirmed in several empirical studies (Blatt, Sanislow, Zuroff & Pilkonis, 1996; Crits-Christoph et al., 1991; Huppert et al., 2001; Kim, Wampold & Bolt, 2006; Luborsky et al., 1986; Strupp, 1958, 1959; Wampold & Brown, 2005). One finding from the research on the therapist contribution to outcome and process is that even among systematically trained psychotherapists of the same theoretical school there is large variation regarding their therapeutic success (Elkin, 1999). This variation may partly be mediated by the therapists' varying ability (rather than their patients') to contribute to alliance and outcome (Baldwin, Wampold & Imel, 2007).

2.3 EFFECTIVE PSYCHOTHERAPY AND EFFECTIVE PSYCHOTHERAPISTS

Several researchers have tried to distinguish qualities of effective versus less effective psychotherapists. In their review on therapist effects, Beutler et al. (2004) found very little evidence for any contribution to client outcome of observable traits (e.g. age, sex or ethnicity) and only inconsistent evidence for observable states (e.g. theoretical orientation or experience). Well-being and cultural belief (inferred states) seem to have a modest effect on outcome while the values, beliefs and attitudes of the therapist seem to have a somewhat stronger effect. The ideal therapist seems to be a warm and emphatic person with self-insight, a positive self-image and a capacity for self-critical reflection, who avoids complicated communications with patients, seldom contradicts the patient and is more interested in psychotherapy than medication (Luborsky, McLellan, Woody, O'Brien & Aurebach, 1985; Lafferty, Beutler & Cargo, 1989; Van Wagoner, Hayes, Gelso & Diemer, 1991; Najavits & Strupp, 1994; Blatt, Sanislow, Zuroff & Pilkonis, 1996).

In an attempt to define empirically supported treatments, Norcross (2002) described four demonstrable effective general elements of the therapeutic relationship: the alliance, cohesion, empathy and goal consensus. Positive regard, congruence, feedback, repairing alliance ruptures, self-disclosure, management of counter transference, and relational interpretations were also listed as promising effective elements. Conversely, therapists with a confrontational and rigid psychotherapeutic style, whose perspective and assumptions about the patient were dominating, tended to be ineffective at best.

In a qualitative study Skovholt and Jennings (2004) examined the characteristics of a "master therapist" without using patient outcome for selecting informants. They asked therapists at a major US Midwestern metropolitan area to nominate colleagues who they consider to be a master therapist, and the top ten were then interviewed. It was found that becoming a master therapist is more than just an accumulation of experience, but also involves the development of cognitive attributes (cognitive complexity and voracious appetite for learning), emotional attributes (emotional receptivity and maturity) and relational abilities (interpersonally gifted) to a very high level. This echoes clearly the results from previous research on effective elements in psychotherapy and the therapist contribution to the therapeutic process. The authors conclude that "many of the master therapist characteristics highlighted in this study are related to concepts such as Rogers' (1961) "fully functioning" person, Maslow's (1970)

“self-actualised” person, Skovholt and Rönnestad’s (1995) senior therapists in the integrity stage of therapist development, and Erikson’s (1963) ego-integrity stage of human development” (s. 50). Skovholt and Jennings reached the conclusion that ‘getting to mastery is a long, hard and uneven developmental process’ (s. 141) and that this process often starts early in life, even in childhood and continues throughout life (Henry et al. 1971, 1973; Norcross & Guy, 1989; Skovholt & Rönnestad, 1995).

However, Lambert and Ogles (2004) argue that differences in effectiveness between therapists likely reflect not only differences in personal qualities, but variations in technical skill as well. They conclude that a study of interaction effects actually would be more appropriate.

2.4 PSYCHOTHERAPISTS’ PROFESSIONAL DEVELOPMENT

The choice of becoming a psychotherapist has deep roots in personal history and life experiences and have both conscious and unconscious motivations (Sussman, 1992). Holland (1996) has suggested that people in general seek a work environment that fits their personality. According to Super (1994), career development begins early when children begin to form their self-concepts and begin to form beliefs about various occupations. These self-concepts are later developed to match interest and capabilities in certain occupations. Both career choice and development result from the interaction between person variables (genetic predisposition, specific talents), environmental factors (socioeconomic status, culture, access to work or educational opportunities, family, geography) and learning experiences (e.g. Krumboltz & Henderson, 2002; Mitchell & Krumboltz, 1990, 1999; Lent & Brown, 2002).

Professional development is typically a discontinuous process with periods of intense development at certain times, which alternates with periods of slow change (Skovholt & Rönnestad, 1995; Rönnestad & Skovholt, 2003). Acquiring superior skills requires much time, at least ten years, as suggested by the literature on expertise (Ericsson & Lehmann, 1996). Most therapeutic schools or orientations have a specified training, the completion of which is required as a basis for application to psychotherapeutic societies or associations (Botermans, 1996).

Skovholt and Jennings (2004, 2005) note that the acquisition of expertise in psychotherapy is similar to the acquisition of expertise in any domain, as described in the developmental model of increasing expertise formulated by Dreyfuss & Dreyfuss (1986). The psychotherapists gain expertise as they move from using decontextualised theory to using an internalised theory of psychotherapy based upon reflection and

accumulated wisdom. A novice relies on rules or textbooks, while an expert has experience and knowledge that enables operating from an intuitive level without relying on textbook rules. Jennings and colleagues (Jennings et al., 2003; Jennings et al., 2005; Jennings & Skovholt, 1999) and others (Dawes, 1994; Fook et al., 1997) propose that expertise in psychotherapy also requires relational and emotional expertise. One problem the psychotherapist faces in everyday practice is the lack of a well-defined task, characterised by mostly ill-structured difficulties often with multiple potential solutions (Strauss & Gruber, 2004).

Studies have shown that many peer-defined “master therapists” started as informal helpers (Norcross & Farber, 2005; Skovholt & Jennings, 2004). Skovholt and Rönnestad (1995, Rönnestad & Skovholt, 2003) hold that prior to entering formal training, a therapist in professional development often has a feeling of being natural or authentic when helping, even if over-involvement and strong identification may fuel an inclination to give specific and strong advice. Their strategies for helping typically rely on personal experience, leading them to suggest what has worked for them, without regard for the strategy’s suitability for the client.

In the last two decades there have been two major empirical efforts to conceptualise counsellor professional development. One is based on the work of Skovholt and colleagues (Skovholt & Rönnestad, 1995), and the other centers on the work of Orlinsky and the SPR collaborative research network (Orlinsky, Rönnestad, Ambühl, et al., 1999). These researchers used retrospective or cross-sectional methodology to study counsellors at all stages in their careers. Skovholt and colleagues have developed a well-articulated description of therapists’ and counsellors’ professional development, ranging from the time preceding their professional training to the conclusion of their working lives. The authors have described how counsellors change and grow sequentially though their careers along eight dimensions: professional phase, central task, predominant affect, sources of influence, role and working style, conceptual ideas, learning process, and measures of effectiveness and satisfaction.

Orlinsky et al. (2005) constructed a model of the professional development of psychotherapists containing two alternative cycles, one positive and one negative. Factors contributing to the positive cycle were found to be: good basic relational skills, broad theoretical orientation, a sense of satisfaction with one’s own work and work environment, breadth and depth of case experiences and resources such as supervision and personal psychotherapy. The lack of these factors defines the negative cycle

leading towards the erosion of therapeutic mastery. In particular, beginning therapists tend to have higher stress scores.

2.5 PSYCHOTHERAPY TRAINING

Despite its central role, formal psychotherapeutic training is just one of several important experiences in the process of becoming a psychotherapist. The training generally serves several purposes. In addition to producing technical expertise and specified knowledge, it also involves a selection of those who are suitable for the profession (Dryden & Spurling, 1989). Importantly, psychotherapy training is also a process of socialisation into a community of practise (Wenger, 1998), in which individuals gradually learn the norms, attitudes and beliefs of their profession (Wollmer & Mills, 1966).

Explicit training for psychotherapy has a relatively brief history (Matarazzo & Garner, 1992). Around the 1920s several psychoanalytic groups proposed training programmes, in which lectures and seminars, case supervision, and didactic psychoanalysis were required as part of the curriculum. This tripartite structure was to remain the most stable aspect of training regardless of theoretical orientation, era and nationality (Botermans, 1996).

Within psychodynamic psychotherapy, personal therapy has always been highly regarded. Perhaps more for practical than theoretical reasons, cognitive and behaviour therapy training programmes have not departed significantly from this “tripartite” model, even though personal therapy is often not recognised as a “proper” training component. However, even in modern cognitive-behavioural therapy there is a growing trend towards acknowledging that personal therapy is valuable (Laireiter & Willutzki, 2003; Neuhaus, 2011).

Clinical work with patients and supervision are described by therapists as highly influential (Orlinsky et al., 2001, 2005), despite demonstrated risks that supervision may become more destructive than constructive (Gray, Ladany, Walker & Ancis, 2001; Ladany, Hill, Corbett & Nutt, 1996; Nelson & Friedlander, 2001; Ramos-Sanchez et al., 2002; Orlinsky & Rönnestad, 2005; Strömme, 2010). Courses, seminars, books and journals have been found to be less important (Orlinsky et al., 2001, 2005).

2.5.1 Different phases of training

Based on interviews with 100 American counsellors and therapists at various levels of experience, Rönnestad and Skovholt (2003) have described two different phases in psychotherapist training: the beginning-student phase and the advanced-student phase¹.

In the first phase of entering professional psychotherapy training – often as part of the curricula of a basic academic profession (i.e. psychologist or medical doctor) – novice students are typically excited yet feel intensely challenged by learning new modes of communications with patients and experience strong anxiety about their performance and suitability. In this phase, they are highly influenced by teachers and supervisors, even to the extent of imitating professional mentors. They are also in need of positive feedback from clients. They may further have difficulties in organising the massive amount of new content to which they are exposed and may seek refuge in one theoretical mode in an attempt to simplify this. Strömme (2010) has added to the results of Rönnestad and Skovholt by showing how the anxiety when entering this new field is connected to a feeling of helplessness, and Olk & Friedlander (1992) found that beginning therapists often experience role ambiguity concerning uncertainty about what is expected of them.

The second phase occurs when the student is at the end of training and is often working as an intern while receiving regular and formalised supervision. The central task at this stage is to professionalise the practical performance, and many feel pressure to do things more perfectly than ever before. This concern may prevent the ability to be mentally present with clients, or to use or tolerate humour in therapy. Although the advanced student still typically has an external focus, looking to models for how to be a professional, there is simultaneously an increased internal focus whereby they also rely on their own ideas of psychotherapy. Conflicts in supervision tend to peak in this second, advanced student phase. Non-confirming experiences may even be more powerful than for the beginning therapist. Olk and Friedlander (1992) have found that there is a role conflict present during advanced training, with students being expected to follow both the supervisor's directions and demonstrate a capacity for autonomous decision making.

One problem that may occur in specialised training is the adoption of a doctrinal stance or over-alliance with a charismatic faculty member or a pressure towards

¹ In Sweden, the first phase may be thought of as corresponding to the basic psychotherapy training and the second phase to the advanced training.

conformity that may adversely affect the educational process (Kernberg, 2000; Raubolt, 2006) and, at worst, infantilise trainees.

2.5.2 Development following formal training

The first years after graduation constitute the next developmental phase, when the therapist is seeking confirmation of the validity of the training. This may be a period of disillusionment, perhaps blaming the graduate programme for inadequate preparation for what was to come. A sense of freedom is also included in this phase, freedom from supervisor evaluation and examinations. This means finding a personal model of therapy that fit client realities, knowing a wider variety of interventions, and being aware of the contribution of one's own (the therapist's) personality. Rönnestad & Skovholt (2003) stressed how crucial the first years following graduation are for professional development. One possible interpretation of their findings is that the anxiety from the advanced training level continues as the newly graduated therapist struggles with feelings of incompleteness and not being professional enough.

2.6 DIFFICULTIES IN RESEARCH ON TRAINING

There is still a lack of knowledge on how training actually contributes to the therapeutic process and client outcome. When reviewing the literature, Beutler et al. (2004) summarised that studies 'tend to cast doubt on the validity of the suggestion that specific training in psychotherapy, even when unconfounded with general experience, may be related to therapeutic success or skill' (p. 239).

The field of psychotherapy training is complex due to the large numbers of variables that could be investigated (Strauss, 2009). These include training at different levels, as well as varying admission requirements and standards which makes the comparison of training effects difficult in practice. Researchers are thus faced with formidable methodological challenges.

Rönnestad & Ladany (2006) argue that it would be empirically and clinically meaningful to extend the definition of training outcome beyond that of client outcome (e.g. client symptomatology, insight and behaviour change). They would add the supervisory relationship (e.g. alliance) and a number of the therapist's qualities including: conceptualisation ability and knowledge (e.g. academic knowledge, diagnostic skills, understanding of parallel processes), self-awareness (e.g. multicultural, countertransference), intrapersonal characteristics (e.g. self-efficacy, anxiety), skills (e.g. helping skills, intervention skills) and self-evaluation ability.

Laireiter & Botemans (2005, cited in Strauss 2009) state that it is important to investigate the processes by which therapeutic skills are transmitted and adopted by the student as well as socialisation into the profession.

3 OBJECTIVES

This thesis aimed to explore psychotherapists' professional development during training and the first years after.

3.1 SPECIFIC OBJECTIVES

- To develop and standardise, using a random sample of licensed psychotherapists in Sweden, an instrument to explore therapeutic attitudes (Study I).
- To explore what educational factors the students consider important, their views of their own strengths and limitations as therapists, and how these factors change during and the first years after training (Study II).
- To explore how the attitudes and values of psychotherapy students develop during and after an advanced psychodynamic training programme, by using the therapeutic attitudes scales (TASC-2) (Study III).
- To explore the development of the professional self during training and the first few years after, as described by the therapists in an open format (Study IV).

4 METHODS

4.1 THE SETTING

In studies II, III and IV students at an institute in Stockholm that offered advanced training in psychodynamic psychotherapy in accordance with the Swedish nationally regulated curriculum, were included.

The institute's staff members divided their time among their own clinical work, instruction and supervision. All were licensed psychotherapists with lengthy experience of clinical psychotherapy, as well as of teaching and supervising psychotherapy.

The training programme included theoretical studies and clinical work under supervision. Personal therapy was a mandatory requirement for being accepted to the programme. During their training, students had sessions with two clients twice a week each for two years and received individual supervision from two different supervisors. In addition, students participated in clinical teams where they received supervision for diagnostic interviews with a number of patients applying for psychotherapy.

4.2 MEASURES

4.2.1 The Questionnaire

In studies I, II and III data were collected with a 15-page questionnaire called Therapeutic Identity (henceforth called ThId)². This instrument contains about 150 items, divided into six sections. The first three sections assess (a) demographics and academic and professional training (age; gender; graduate education; psychotherapeutic training for licensing purposes; auxiliary psychotherapeutic training more than 1 year; formal supervisory training; academic training or professional training outside psychology or psychotherapy; membership in professional associations); (b) professional experience (duration of psychotherapy practice; clinical experience in different settings; accumulated case load in different categorisations; supervision taken or given in the past 12 months); (c) personal therapy or training analysis (number of rounds; kind of therapy; frequencies; durations); the fourth section, (d), addresses allegiance to four major schools of psychotherapy—psychoanalytic, cognitive, behavioral, and eclectic—using a set of four items with ratings ranging from 0 (*not at all*) to 4 (*very strong*). An additional open item was also available for the respondent to use with discretion, and a yes–no question was included after the psychoanalytic item

². ThId was originally designed for STOPPP and constructed by Prof. Em. Rolf Sandell and co-workers.

to ask whether the therapist's psychoanalytic allegiance was differentiated by different schools. The items in these sections were designed specifically for the project or adopted from the DPCCQ (Orlinsky et al., 1999).

Sections (e) and (f) of the ThId explore the therapists' therapeutic attitudes (Grant & Sandell, 2004). Section (e) is subdivided, where subsection (e:1) uses 33 items to rate belief in the curative value of a number of ingredients of psychotherapy. These items were rated on five-point Likert-type scales, ranging from 0 (*does not help at all*) to 4 (*helps a lot*) and were collected from various sources: the authors' experience, colleagues' suggestions, theoretical literature and published instruments (Rice et al., 1974; Sundland & Barker, 1962; Wallach & Strupp, 1964; Weissman et al., 1971).

Subsection (e:2) contains 31 items to describe the manner of conducting psychotherapy in general. These items were also rated on five-point, Likert-type scales from 0 (*do not agree at all*) to 4 (*agree very much*), and, as above, are items of our own design based on experience, colleague suggestions, the theoretical literature, or adaptations and translation of items from published instruments (Rice et al., 1974; Sundland & Barker, 1962; Wallach & Strupp, 1964; Weissman et al., 1971).

The following section (f) contains 16 items relating to basic assumptions about the nature of psychotherapy and the nature of the human mind. These items are inspired by Hjelle and Ziegler (1981), Sundland and Barker (1962), and Wallach and Strupp (1964). The rating scales are continuous bipolar scales. The respondents were instructed to indicate their agreement on the continuum by a cross mark. Five-step scores were derived by partitioning the line in five equal parts. Finally, as the second part of this final section, a number of open-ended questions on the respondents' subjectively felt strengths and difficulties as a therapist, in part taken from the DPCCQ (Orlinsky et al., 1999), concluded the ThId.

4.2.2 Interviews

The data for Study IV was collected using interviews. Each interview consisted of two parts. The first was semi-structured (Kvale, 1997; Patton, 2002) and focused on the interviewees' professional development during and after training and their thoughts about being licensed. In the second part, participants were asked to reflect on their development; this as it was operationally described in a graphic display of their own ratings from the questionnaires.

4.3 PARTICIPANTS

Study I included a random sample of 325 psychotherapists from across Sweden and a sample of 294 psychotherapists and psychoanalysts who saw patients within the Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP). All therapists were licensed by the National Board of Health and Welfare.

In Studies II and III, the sample included student trainees in advanced training at an institute for psychodynamic psychotherapy (n=46). Only those who completed the questionnaire at all occasions (n=21) were included in the studies (Table 1).

The sample used in Study IV is a subset of participants from Studies II and III (Table 1) but open to only those who had answered the ThId at all occasions. All these were now psychotherapists licensed by the National Board of Health and Welfare.

Table 1: Characteristics of the initial student cohort, and participants in study II, III and IV

	Age M (SD) (range)	Gender Female (%)	Basic academic training (%)	Experience of working with psychotherapy ^a M (SD) (range)	Personal therapy ^a M (SD) (range)
Initial Cohort^b , n=46	45.3 (4.6) yrs. (34-55) yrs.	78.3	MD 14 Psychologist 49 Social Worker 14 Other 23	9.2 (4.1) yrs. (2-18) yrs.	6.4 (2.3) yrs. (2-12) yrs.
Studies II and III Answered at all 4 occasions, n=21	45.8 (4.9) yrs. (34-55) yrs.	71.4	MD 19 Psychologist 43 Social Worker 14 Other 24	10.2 (4.3) yrs. (2-18) yrs.	6.3 (2.4) yrs. (2 – 11) yrs.
Study IV Interviewed, n=18	45.2 (5.0) yrs. (34-55) yrs.	72.2	MD 22 Psychologist 44 Social Worker 0 Other 33	10.3 (4.1) yrs. (4-18) yrs.	6.5 (2.4) yrs. (2 – 11) yrs.

^a Based on answers from the questionnaire, and thus for the initial cohort only from those who answered in the beginning of training (n=35).

^b Two students were excluded from the study because of discontinuation of training. This reduced the number of the initial cohort to 46.

4.4 DESIGN

Study I was a survey using the ThId to explore Swedish licensed psychotherapists, and to develop and validate an instrument (designated TASC-2, c.f. Section 4.6 below) for measuring therapeutic attitudes (Table 2).

In Studies II and III, the ThId was used in a longitudinal design, and implemented in a naturalistic training setting (Figure 1, Table 2).

Study IV comprises retrospective interviews with those who had participated in Studies II and III (Figure 1, Table 2) and had answered the ThId.

4.5 PROCEDURE

For Study I the ThId was mailed to a random sample of 325 licensed psychotherapists throughout Sweden in autumn 1995. After three reminders, 227 had responded (70%). To cross-validate the ThId, it was also mailed to the pool of 294 licensed therapists participating in STOPPP. After four reminders 209 (71%) had responded.

For Studies II and III the ThId was distributed to trainees at an advanced course in psychodynamic psychotherapy. All students from three consecutive courses, beginning their training in the years 1998 through 2000, were asked to complete the questionnaires at the beginning of their training, at the end of the second year, at the very end of their training (end of third year) and at a follow-up in 2006, three, four or five years after they graduated. During this period 48 students were admitted to the training programme. Two students were excluded from the study because of discontinuation of training. This reduced the number of the initial cohort to 46. Of these, 35 students answered the first questionnaire, 33 the second, 30 the third and 31 the follow-up. Up to five reminders were used to collect as much data as possible. Six (13%) never answered. Nineteen (41%) answered on one, two or three occasions. Twenty-one (46%) students responded on all four occasions. As a longitudinal design was opted for, only these 21 students are included in the present studies.

In addition to the students, teachers and supervisors at the training institute also received and responded once in 2002 to a short version of ThId, which included only the questions on therapeutic attitudes and a few items on experience. The questionnaire was distributed to 32 members of the staff and was answered by 28 (88%).

The interview study (Study IV) was open only to those students who had answered the questionnaire (ThId) at all four occasions (n=21), and of those 18 agreed to be interviewed. The interviews were conducted in 2007 and 2008, four to six years after the respondents' graduation. The participants were first sent a letter with

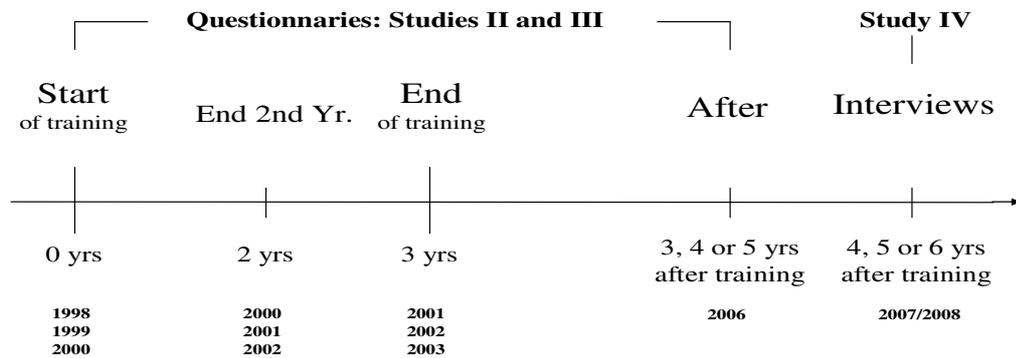


Figure 1. Timeline of distributed questionnaires in Studies I and II, and interviews in Study IV.

Table 2. Design of the four component studies including time and numbers of participants, methods of analyses and aim.

	Aim	Time	Material	Method of analyses
Study I	Develop and standardise an instrument to explore therapeutic attitudes.	Random sample of Swedish licensed psychotherapists	Questionnaire (ThId*) distributed to Swedish therapists (n=325) and a Cross-validation sample of therapist within STOPPP† (n=294)	Principal component analysis, correlations, cluster analysis
Study II	Explore educational factors that the students consider important and their views of their strengths and limitations as a therapist.	Trainees during training and at follow-up	Questionnaire (ThId), (n=21)	Confidence intervals for differences, t-test, chi ² , content analysis, kappa statistics
Study III	Explore how attitudes and values of psychotherapy trainees develop.	Trainees during training and at follow-up	Questionnaire (ThId), (n=21)	Paired samples t-test, Cohen's d, Euclidean distance
Study IV	Explore development of the professional self as described by the therapists.	Retrospective interviews several years after graduating	Interviews (n=21)	Constant comparative method

* Therapeutic Identity

† the Stockholm Outcome of Psychoanalysis and Psychotherapy Project

information about the project. If they agreed to participate, an appointment for the interview was made over the phone. The participants were interviewed individually at a place of their own choosing. Nine chose a facility at the training institute and seven chose their own workplace. Two participants were interviewed by phone due to excessive travel distance. In an attempt to minimise interviewer effects, all interviews were conducted by one researcher who had not been on the staff at the training institute.

4.5.1 Attrition study II and III

Studies II and III had a panel loss of over 50%. Non-responders were studied on the basis of available background data. Chi-square tests were used for categorical variables (sex, basic academic training, type of personal psychotherapy, and theoretical orientation) while t-tests were applied to continuous variables (age, years of experience of working with psychotherapy, and duration and number of sessions in personal therapy). Attrition analysis was performed in several steps. Firstly, the students who had answered the questionnaire on all four occasions (n=21) were compared to all of the remainder (n=25) of the initial cohort and then to the subset of the remainder (n=14) who answered only at the beginning of the training programme. There were no significant differences between any of these groups on any of the background variables. Before finally deciding to restrict the final analysis in Studies II and III to only those who had answered on all occasions, these 21 students were also compared to those who had answered less often (any of 1–3 occasions, n=19). No significant differences on any of the background variables were found. The 21 students who responded on all four occasions were therefore assumed to be representative of the whole group.

4.6 DATA ANALYSIS

In Study I, the three sets of items from the ThId concerning therapeutic attitudes were subjected to a principal component analysis and varimax rotation. The resulting nine subscales (TASC-2) were inter-correlated as well as with the therapists' demographic characteristics, theoretical orientation and therapeutic experience. Finally, a cluster analysis was performed using Anderberg's (1973) nearest-neighbour method. A solution with four clusters was found to offer a reasonable balance between overly differentiated solutions and overly coarse.

To construct the categories and themes of assets and limitations in Study II, all completed student questionnaires were used. A separate content analysis was used to

study the issues of assets and limitations. The results were categorised in two initial steps: firstly, by sorting the statements in alphabetical order, and then by similarity of meaning. These categories emerged inductively from the material and were not formulated a priori. Initial names were assigned to capture the essence of the responses. Finally, by clustering the categories, larger meta-categories were created describing general themes of assets and limitations under new, more comprehensive headings. The resultant solutions contained four descriptive themes of assets and five of limitations. A credibility check of the themes employed two independent co-judges and the use of kappa statistics. The mean kappa for the themes describing assets was 0.81 and 0.76 for themes depicting limitations. The percentage of students contributing to each resultant asset and limitations theme was calculated for each measurement point. The same procedure was applied for the question on what influences had been important in the professional development. Significance of differences between measurement points were tested by calculating confidence intervals for differences.

Study III applied the therapeutic attitude scales (TASC-2) to the trainees. The internal consistencies for each scale were calculated, as well as a factor score on each scale and measurement point per participant. Effect sizes (Cohen's d) between measurement points in the mean factor scores were calculated ($d = m^2 - m^1 / s^1$). Paired-sample t -tests was applied to compare differences between measurement points (from entering training to the end of the second year, from the end of the second year to early professional employment, and from completion of training to early professional employment) on each of the nine therapeutic attitude scales. The Euclidian distances of the students' mean scores at each assessment point were compared to the supervisors and to two cluster groups from the national sample.

In study IV the material was analysed using a constant comparative method following guidelines from Charmaz (2006). The interviews were analysed by dividing the texts into meaning units. These units were assigned codes. All codes were also indexed by a time reference (beginning, during or post-training) based on the time referred to in the participants' account. The resulting codes were then compared and grouped into categories of similar codes. These categories were assigned names, descriptors and time-reference indices. This was initially done with a subset of the interviews and the resulting categories were then used to analyse the next group of interviews. If needed, new categories were created. This was repeated until no new categories emerged and saturation was achieved. To create a hierarchical model, the categories were then compared and grouped in still higher order categories. They were

also assigned names and time indices, resulting in one category for each time point with two subcategories each. Further, a core category emerged that subsumed the whole process across time. Theoretical memos about students' own ideas regarding causal relations had been written during the coding process, and these were also used when developing the categories and the core category. In order to establish trustworthiness and to limit biases, meetings were held before the study commenced to discuss and challenge our preconceptions. Preliminary results were presented and discussed on several occasions in internal research seminars and at international conferences, which enabled further clarification of the results. In addition, two independent senior researchers, experienced in qualitative methods and with no affiliations with the training institute, were asked to read versions of the report. In an attempt to achieve final validation, all participants were invited to share the findings, either at a general meeting at the training institute, over the telephone or by e-mail.

4.7 ETHICAL APPROVAL

The study was approved by the Ethical Research Committee of Huddinge University Hospital, Sweden (Karolinska Institute) in 1997 (the questionnaires) and 2005 (follow-up and interviews). All the participants were guaranteed confidentiality and informed that they could terminate their participation at any time.

5 RESULTS

5.1 PAPER I: THERAPIST ATTITUDES AND PATIENT OUTCOMES: I. DEVELOPMENT AND VALIDATION OF THE THERAPEUTIC ATTITUDES SCALES (TASC-2)

This study aimed to develop and standardise an instrument to explore therapeutic attitudes using a random sample of licensed psychotherapists in Sweden. Data was collected from a national sample. The ThId was mailed to a random sample of 325 psychotherapists throughout Sweden. All were licensed by the National Board of Health and Welfare, and the sampling was done on the basis of its roster. After three reminders, 227 had responded (70%). The majority of the respondents were female (68%), between 50 and 54 years of age (39%), and psychologists (62%). The majority (69%) had graduated from a training institute with a psychodynamic orientation. Twelve percent had family-therapy training, and 5% had formal psychoanalytic training at one of the two institutes in Sweden. Not more than 4% had training in cognitive, behavioral or cognitive-behavioral therapy. The average length of practice as a therapist was as long as 17 years, longer before licensing ($M=10.7$, $SD=6.5$) than after ($M=6.6$, $SD=4.2$). Personal therapy is compulsory for a therapist license in Sweden, and the average therapist had been in personal therapy more than twice, for a total of almost 8 years ($M=7.9$, $SD=3.6$), most frequently in individual psychodynamic psychotherapy (61%) or psychoanalysis (21%).

To cross-validate several analyses, primarily the factor analyses, data were also used from therapists participating in the Stockholm Outcome of Psychotherapy and Psychoanalysis Project (STOPPP). The pool was 294 therapists and psychoanalysts who had patients within that project. All were licensed by the National Board of Health and Social Welfare and living in the Stockholm area. These therapists were predominantly of psychodynamic or eclectic orientations, and some were psychoanalysts. The ThId was distributed to all STOPPP therapists at the same time as the national sample. After four reminders, 209 (71%) had returned their questionnaires.

A separate principal component analysis of section e:1, e:2 and f of the ThId resulted in nine scales deemed to be related to therapeutic attitude (and designated "TASC-2"). The first set of scales (Curative aspects) was centred on 33 original items that rate one's belief in the curative value of a number of ingredients of psychotherapy. Three components had eigenvalues >2 . After varimax rotation of the principal

components, the squared loadings accounted for 41.4% of the total variance. The second set (Therapeutic style) centred on 31 different items describing the manner of conducting psychotherapy in general. Three components, with eigenvalues >3 , were consistently interpretable. These factors, after varimax rotation, accounted for 32.1% of the total variance. The last set (Basic assumptions and beliefs) was built from 16 items relating to more basic assumptions about the nature of psychotherapy and the nature of the human mind. Three components had eigenvalues >2 and explained 40.4% of the total variance. The nine scales can be grouped into three categories, Curative aspects of psychotherapy: (Adjustment, Insight and Kindness scales); Therapeutic style: (Neutrality, Supportiveness and Self-doubt scales); and Basic assumptions and beliefs about psychotherapy: (Irrationality, Artistry, and Pessimism scales). The internal consistencies of the scales varied between 0.50 and 0.87, with a median of 0.75.

Next, in order to see how the individual respondents grouped on the basis of their scores on the nine therapeutic attitudes scales a cluster analysis was performing. Using Anderberg's (1973) nearest neighbour method the scales fell into four groups describing four different therapeutic profiles. The interpretation of the clusters was based on their associations with the self-designated theoretical orientation of the therapists and with their professional training. Cluster 1 was interpreted as a behavioural/cognitive-behavioural cluster and captured 14% of the therapists, while cluster 2 was clearly a psychoanalytic cluster (32%). Cluster 3 (33%) was interpreted as eclectic therapists with a vague psychodynamic inkling, and Cluster 4 (22%) as therapists with an eclectic orientation, albeit with a more cognitive perspective.

5.2 PAPER II: PROFESSIONAL VALUES AND THEIR DEVELOPMENT AMONG TRAINEES IN PSYCHOANALYTIC PSYCHOTHERAPY

Paper II investigated which determining educational factors the trainees considered important in their professional development, what they viewed to be their strengths and limitations as psychotherapists, and to explore if they had changed their views of these factors during the training and in first few years since.

All trainees in three consecutive courses (entry years: 1998–2000) at a training institute for psychodynamic psychotherapy were asked to complete a questionnaire (ThId) at the beginning of their training, at the end of the second year, upon completion (end of the third year), and three, four or five years post-graduation. Twenty-one students responded (45.7%) on all four occasions.

Conducting psychotherapy with patients, supervision and personal psychotherapy were rated as the three most important influences in their professional development. This was stable both during training and afterwards. Entering the programme the trainees considered their non-professional (i.e. personal) experiences to be of major importance. However, this influence diminishes throughout training and reaches a significantly lower level by graduation. At follow-up, the pendulum swings back and personal experiences once again begin to be valued as important. The importance of studying of theoretical literature also varies through time. At the end of the training, it is rated as more important than personal experience, yet following graduation, the trend is reversed and fewer regard reading theoretical literature as important.

There are also changes in what is reported as one's greatest assets. Most changes occur post-training, when there was a shift towards describing the ability to create a contact and an alliance with patients as a greater asset than the ability to be listening and containing. The post-graduation experiences seem to have more of an impact. There is no change in self-described limitations whether these were perceived in training or afterwards.

The programme led to a change over time in the rated importance of their technical and methodological skills, and the students imparted less emphasis to personal characteristics and experiences. Most of the reported changes made during training tended to be reversed afterwards.

5.3 PAPER III: THE DEVELOPMENT OF THERAPEUTIC ATTITUDES DURING AND AFTER PSYCHOTHERAPY TRAINING

Paper III was an attempt to apply the therapeutic attitudes scales (TASC-2) and explore how the attitudes and values of psychotherapy trainees develop during and after an advanced psychodynamic training programme.

The same trainee study population (n=21) was used as in study II, but featured data from another part of the ThId, namely data concerning therapeutic ideals, technical approach and ideas about the nature of psychotherapy and the human mind.

The mean profiles of the students at each of the four measurement points (entering training, end of the second year, graduation and early professional practice) were compared to the TASC-2 profiles of three other groups: the supervisors at the training institute and the psychoanalytic and psychodynamic eclectic clusters from Study I (Sandell et al. 2004).

The results indicate that the effects of training on student attitudes and values occur in two phases. In the first –the initial two years until the end of supervised clinical work – students stayed close to, and even approached, the profiles of their teachers and that of the psychoanalytical cluster. In the second phase –the final year in training after the end of clinical supervision and continuing thereafter – students distanced themselves from both their supervisors and psychoanalytic cluster. In their early professional years, rather dramatic changes occurred towards developing an eclectic psychodynamic position.

Several possible explanations for the students' strong initial adaption to the training programme can be suggested. One is that therapeutic attitudes are pre-formed and established before training, and that students apply for a particular training programme because it represents the psychotherapeutic school that corresponds to their ideals and wishes. Another interpretation is that the students adjusted to what they thought was expected or demanded of them by the training programme or supervisors. In that sense the training programme had a conformative effect rather than encouraging the development of each student's therapeutic style. The results suggest that compliance and identification are prominent processes during training. The radical change after training suggests that the trainees feel it is not desirable to apply the strong emphasis of the programme on psychoanalytic ideals in their clinical work.

5.4 PAPER IV: SEARCHING FOR RECOGNITION: THE PROFESSIONAL DEVELOPMENT OF PSYCHODYNAMIC PSYCHOTHERAPISTS DURING TRAINING AND THE FIRST FEW YEARS AFTER IT

This study sought to explore the development of the professional self while in training and during the first few years after, as described by the therapists themselves.

This study used the same population of trainees as the two previous studies (Papers II and III) i.e. only those trainees who had completed the ThId at all four occasions were asked to participate. Eighteen (13 women and 5 men) agreed to be interviewed. The participants were interviewed individually at a place of their own choosing. The interview was semi-structured and focused on the interviewees' professional development during and after training and their thoughts about being licensed. The material was analysed using a constant comparative method.

The analysis showed that participants' perceptions of their development during training and in the first few years thereafter could be subsumed under a core category called "searching for recognition". This category showed that participants' primary

concern during this period was to become acknowledged as psychotherapists in their own right. They wanted both an identity as psychotherapists and to receive the formal accreditation in form of a license. For this reason, they wanted their pre-formed professional self to be acknowledged by teachers during training. When this did not happen, conflicts and students' loss of self-esteem followed. Participants handled this by openly confronting teachers or conforming despite secretly disagreeing with their views. However, once entering their early professional careers participants experienced having achieved recognition and, as a result, a sense of freedom to exercise their own judgment.

Students' search for recognition as therapists strongly influences the process during training, involving intense emotions and creating a dilemma for teachers about whether to confirm or challenge students' preconceptions. Neither strategy may lead to any qualitative changes to the students' pre-formed professional self. The findings have implications for training. Firstly, the pre-formed professional self must be adequately addressed by teachers and supervisors, possibly by using meta-communication and by negotiating the supervisory alliance. Secondly, a stronger focus on the pre-formed professional self when recruiting students is needed in order to select students in accordance with the specific training programme's basic values and beliefs.

6 GENERAL DISCUSSION

To the best of my knowledge, the present work is the first that has used a longitudinal design to study the professional development of psychotherapists during advanced training and the first few subsequent years. Briefly, psychotherapeutic training is far from a linear accumulation of factual knowledge and normative skills, but rather a complex and conflictual process of attaining an independent therapeutic identity. Essentially, what seems to be happening is that the students gradually cease to accommodate to their teachers and supervisors and – once training is completed – orient themselves to what they believe are their patients' needs.

6.1 PRE-FORMED PROFESSIONAL SELF

The analysis of the interviews showed that the participants had established a professional identity already at the beginning of training, and that they wanted their pre-conceived ideas about therapy to be acknowledged by their seniors at the training institute. This could be a consequence of the fact that the participants had extensive experience of working with psychotherapy already before entering training. Further, they all held university degrees in a chosen academic profession, had studying psychotherapy in their previous basic training, and had extensive experience of personal psychotherapy. They thus had had considerable time to build an identity as therapists before starting advanced training.

One of the reasons that these already experienced students had begun advanced psychotherapy training was to become members of the psychotherapeutic community. This also included a utopian wish of becoming a better person, i.e. an idealized psychotherapist. These expectations seem to express a longing of being autonomic in the practices of psychotherapy. This echoes the descriptions of Rönnestad & Skovholt (2003), who described one theme in the professional development of psychotherapists as being about external versus internal control. Prior to any training an informal helper relies on personal experience when helping others in the same way as a graduated therapist does, while a student in training relies on external sources such as mentors and supervisors. This means that students during training are still under external control, but should gain more inner control during the last part of training.

6.2 THE SUPERVISORY RELATIONSHIP

When asked what has been most important for their professional development, therapists all around the world tend to rate supervision as one of the most influential factors (Orlinsky et al., 2001; Orlinsky & Rönnestad et al., 2005). In line with this, the participants in these studies also rated supervision as a positive experience in the questionnaires. However, in the interviews they mentioned supervisory relationships that involved strongly negative emotions. This negative appreciation of supervision has also been documented in the literature (e.g. Gray, Ladany, Walker, & Ancis, 2001; Nelson & Friedlander, 2001; Ramon-Sanches et al., 2002; Rönnestad & Skovholt, 1993, 2003; Strömme, 2010). For instance, when Wulf and Nelson (2000) interviewed licensed psychologists about their internship supervisors' contribution to their development, most informants described a lack of investment on the part of the supervisors, little support for trainee autonomy, and an absence of confirmation of the supervisees' strengths.

The students' attachment to their pre-formed professional self and their search for recognition seem to be the source of conflicts with teachers and supervisors. The studies suggest that the trainees strongly experience that their previous knowledge and work experience were of less or no value to their teachers. This seems to have threatened the trainees' self-esteem and provoked a defensive stance in protecting their pre-formed professional self. This has also been described by Olk & Friedlander (1992) as a role conflict between being a student and concurrently someone who is supposed to take his or her own responsibility. This has been found to be more common among students at the advanced level of training than at the basic level (Olk & Friedlander, 1992; Rönnestad & Skovholt, 1993). These difficulties in supervision during training also echo the results of Rönnestad & Skovholt (2003), as described above, indicating a conflict between students' longing for inner control and the unattractiveness of the enforced outer control.

Like psychotherapy, supervision requires a strong alliance to handle the ruptures that inevitably arise (Bordin, 1979, 1994). The suggestion that the pre-formed professional self plays an important part in the conflicts with supervisors might suggest that the students are to blame for the problems that arise. However, it may be argued that it is the teachers' and supervisors' responsibility to handle this. One possible conclusion that may be drawn from these studies is that the teachers and supervisors should be more attentive to their students' pre-formed professional selves and acknowledge their students' previous experiences. Drawing on the working alliance

literature (Bordin, 1979, 1994; Horvath, 2000) Safran and Muran (2000) recommend meta communication about all three components of the alliance - bond, task and goals when resolving alliance ruptures and impasses in psychotherapy. Similar approaches may be useful when impasses occur in training or supervision. First, the problems need to be addressed and defined. If problems are the result of misunderstanding about the task and goals of the supervisee's training experience, clarification of the supervisee's role and responsibilities may resolve the impasse. If the problems are more related to misunderstandings in the supervisory relationship itself (i.e. the bond component of the alliance), then an examination of the dynamics of the interaction may be necessary. The supervisee who directly experiences productive conflict resolutions with a supervisor will probably be better equipped to provide similar experiences to clients.

It has to be acknowledged that negative experiences or conflicts in supervision are not necessarily a bad thing and may indeed have constructive consequences. For example, Allphin (1984) suggested that conflicts, even destructive conflicts, have the power to strengthen character and enhance the trainee's clinical awareness.

6.3 COMPLIANCE

Data from the questionnaires showed that participants' profiles during training were very close to that of the teaching staff as well as to the psychoanalytic profile from the national sample. We do not know whether the students chose to apply to the specific training institute because it represented the therapeutic school that corresponded best with their ideals or if they were selected on that basis. Unfortunately, no pre-training data was collected and there is no available comparable information on those not deselected.

However, in the interviews participants described their attempts to handle the conflicts with their supervisors by means that should generally be considered as mere compliance (Kelman, 1961). Thus, they conformed to the demands of their supervisors while secretly questioning and disagreeing with them. They simply adopted their supervisors' attitudes out of expediency. Compliance could thus be an explanation of the similarities between teachers and students during training. Compliance is one of three processes that Kelman (1961) has suggested to describe how people respond to social influence. The first, compliance occurs when attitudes and actions are motivated primarily by reward and punishment. The second, identification, occurs in order to establish and maintain a relationship with the other. Identification, as well as compliance, are relationally based and will be abandoned when the relationship is no

longer salient. Our results suggest that compliance and identification are prominent processes during training. The third process described by Kelman, internalization, is when attitudes are held because of their congruence with the individual's value system. Unlike compliance and identification, internalized behaviour is a unifying factor as attitudes become personal convictions integrated in the personality.

The students are interested in passing their exams, graduating and becoming members of the psychotherapeutic community, and thus it is likely that the training has a strong normative effect. One function of a training programme is to teach the specific techniques and methods of psychotherapy that the training institute endorses, and training programmes offering an advanced level of training are often specialized programmes devoted to disseminate the principles of a particular psychotherapeutic school. This may be reasonable and helpful for the development of expertise in a specific area, but there also seems to be some risks involved with having a narrow focus at a training institute. Ladany (2007) points to the risk that such an approach may infantilize the trainees and slow down the trainees' rate of growth. It is a well known risk that power dynamics may infiltrate specialized programmes with subtle or overt conformity pressures that adversely affect the educational process (Kernberg, 2000; Raubolt, 2006), or create a doctrinal stance or over-alliance with a charismatic faculty member (Kernberg, 2000) (i.e. identification in the sense of Kelman, 1961). By teaching one single psychotherapeutic tradition, this tradition is likely to be understood as the right and only way to help clients.

6.4 TOWARDS AN ECLECTIC THERAPEUTIC PROFILE

One of the findings of these studies is that graduating seems to offer a change towards becoming an eclectic therapist, as defined by Sandell et al. (2004). Becoming a licensed psychotherapist allows one to work on one's own without the control of a supervisor, and the students reported a sense of freedom to use their own judgment after graduation. The shift in therapeutic attitudes after graduation could be interpreted as a sign that the trainees are moving from external to internal control (Rönnestad & Skovholt, 2003). They were now free to use their own judgment and their perception of the need of the patient. The change after graduation may also be interpreted as a sign that what was taught during training had not been internalised, but only adopted via compliance or identification and thus easily abandoned after graduation.

One possible explanation for the turn to an eclectic position by the students might be the rapid change within the field of psychotherapy during the past decades with a

growing interest and publicity for Cognitive-Behavioral Therapy. When the first questionnaires were distributed in the mid 1990s, the therapists trained in cognitive and behavioural psychotherapy represented no more than 4% of the total Swedish psychotherapist population. Some of the reported changes could thus be a reflection of a structural trend. However, the most reasonable interpretation is probably to connect it with the fact that the trainees graduated and no longer needed to adapt to the demands of the supervisors and the training institution. This echoes what Rönnestad & Skovholt (2003; Skovholt & Rönnestad, 1995) found in their study using retrospect interviews: Students are rather rigid in their therapeutic style during training, and the first years after its completion involves a reorientation in order to find their own therapeutic style. In the interviews the trainees described themselves as adjusting to their patients' needs after graduation, while during training, they primarily adjusted to the supervisors. The radical change post-training suggests that the students feel it is not possible or desirable to apply what was taught during training in their clinical work. This may reflect an influence from writings and discussions in newspapers, but could also be interpreted as a reaction towards the supervisors. One question is whether the perception of the newly graduated therapists mirrors realistic and rational experiences of the patients' demands or whether the statements may be coloured by transference processes. Rönnestad & Skovholt have described how the strong emotions during training could be understood in terms of transference, and the participants may be understood in terms of similar dynamics as adolescent development and leaving the parents (Ericson, 1963). Thus, had the interviews taken place five years later, the picture may have been different.

One question that could be asked is why this development towards a personal therapeutic style did not start during training in cooperation with their supervisors? Is training necessarily best run under conditions reminiscent of oppression? Perhaps helping trainees at the advanced level of training to find their own psychotherapeutic style would be an appropriate aim for such training and more important than implicitly demanding compliance or that they identify (Kelman, 1961) with what is supposed to be the right way of doing psychotherapy.

6.5 ETHICAL CONSIDERATIONS

The study was approved by the Ethical Research Committee of Huddinge University Hospital. However, there is one ethical concern that needs to be raised: While studying the professional development among trainees the researcher was employed at the training institute, albeit not as a teacher to any of the trainees participating in the

present studies or involved in any examination of them. A further complicating condition was that the researcher was himself a graduate of the same training programme a few years previously.

One advantage of this position was, of course, being uniquely privileged from an informational point of view. At the same time such a dual position raised specific challenges.

There is the risk that my perceptions might have been biased by my own experiences without my being able to retain the necessary mental distance. Furthermore, the information the student therapists gave might have been biased by their suspicions that the information they gave would be forwarded to their teachers and supervisors. Additionally, the students may have perceived the researchers as representatives of the institution and believed that the researchers' primary loyalty was with the teaching staff. All participants were informed at each data collection occasion that their participation was voluntarily and that confidentiality was guaranteed. Thus, the identity of the participants was kept secret – even from other members in the research team – to protect them from being exposed to the institute staff. For obvious reasons the particular interviewer had to be excluded from this precaution. Concerning the interviews, the participants were free to choose the place for the interview, and interviewer was an intern non-associated with the teaching staff to minimize interviewer effects. Two experienced researchers on qualitative methods were consulted to review and question the results with particular focus on possible bias due to conflation of roles in the research group.

6.6 METHODOLOGICAL ISSUES

The main strength of this series of studies is that it is the first longitudinal study of a training setting. The extension to a follow-up a few years after training is a special advantage, particularly as it showed substantial changes after graduation.

However, there were also a number of limitations. One is the domination of psychodynamic or psychoanalytic therapists in the sample of Study I. This may have influenced the resulting Therapeutic Attitude Scales (TASC-2). However, the findings on the Swedish sample have later been replicated in a German sample (Klug et al., 2008). TASC-2 has also recently been used in another German study (Taubner et al., 2010) where the attitude profiles of trainees in different institutes were found almost identical to those found among the Swedish psychotherapists (Sandell et al., 2004).

The main limitation is probably the select sample of participants in Studies II, III and IV. All participants came from only one specific advanced training programme at one specific training institute. It is possible that studies on other programmes at other training institutes would have found different patterns of their students' development. Specifically, students at institutes promulgating other psychotherapeutic traditions might show different patterns of development. Also, the sample was possibly unusual in the sense that the participants were all middle-aged and had a great deal of psychotherapeutic experience before entering the training. The conclusions may not hold for younger students with less experience. It should be conceded, however, that the constitution of the sample at the time reflected the Swedish therapist population.

Certainly, the gradual attrition across the data collection waves is a severe limitation. However, it reflects the general difficulties involved in collecting data over such an extended time period as eight years. Twenty-five students that were either initial non-responders or responded on less than four occasions had to be excluded. However, attrition analysis on the basis of socio-demographic and experience variables did not reveal any important bias, thus the sample may be seen as representative of the initial cohort, although it certainly includes the most compliant of those who started training.

The present studies did not include any external variables that could deepen the understanding of the developmental pattern of the students and help to explain the results. Including some measure of therapeutic skills or competence would have strengthened the studies. It is not possible from the available data to know which students actually improved as therapists during their training or afterwards. Another type of measure that might have been relevant would have focused on other aspects of therapeutic attitudes. For example, the Work-Involvement-Scales (WIS; Orlinsky & Rönnestad, 2005) were not yet available at the time. However, the interview study was designed to triangulate the students' ratings in the questionnaires.

However, when evaluating the limitations of the present studies, it should also be taken into account that the findings in many ways harmonise well with previous studies. Both the tension in the student-teacher relationships and the idealisation of teachers, the training institute, and the therapeutic community have been found in other studies (e.g. Gray et al., 2001; Nelson & Friedlander, 2001; Ramos-Sanches et al., 2002; Skovholt & Rönnestad, 2003), and the same tendency for students to loosen up their rigidity in therapeutic style during training to become more flexible after its completion have been shown in other studies (Skovholt & Rönnestad, 1993, 1995;

Rønnestad & Skovholt, 2003). It is therefore likely that the core findings of the studies in this thesis may have bearing on other training programmes, schools and participants.

6.7 FUTURE RESEARCH

Because this project explores the development of only one specific training programme, in one city, with one specific therapeutic theoretical orientation, it is important to expand the exploration towards other programmes, in other locations and other therapeutic orientations. It would be important in future research to compare different training contexts in a longitudinal design and explore whether different cultures of training stimulate different patterns of development.

The development of psychotherapeutic attitudes also needs to be investigated at earlier stages of training. It would be of interest to see whether students at the level of basic training follow the same kind of development.

Further, the design of future studies should also include external variables (i.e. measure of skill or competencies, other aspects of therapeutic attitudes, measures of personality) to further illuminate the development during training and the first years afterwards.

The present project included repeated distribution of questionnaires only. Parallel, and more frequent, interviews in a longitudinal design to follow trainees' learning process would be a valuable complement in a future study. Such a study could start by exploring students' expectations and fantasies about the training and the therapeutic profession in a first interview at the beginning of training and follow along with interviews after each semester exploring which experiences during the semester the trainees found most important from a learning perspective in the positive as well as negative sense. The study might also explore the concepts of "attachment to the preformed professional self" and "searching for recognition" and how they influence learning in different training settings.

To be sure, training is as much the teachers' and supervisors' concern as the students'. It is indeed an interactive process. This project has showed the importance of the relationship between supervisors and trainees, and with data from both groups the perspectives could be compared and further illuminate the process of learning and non-learning. In the light of the present findings, it would be as important to explore teachers' understanding of what they believe to be facilitating or obstructing learning in a psychotherapy training programme and what they believe are relevant learning goals

(Higgs et al., 2004). Specifically, it seems to be important to explore how teaching staff cope with the students' previous experiences and preformed professional selves.

Lastly, studies of how pedagogical theories can be integrated with the training of psychotherapists are needed. Psychotherapy training is often cast in terms of the theory of the specific psychotherapeutic school being advocated rather than by being based on pedagogical theories. Botermans (1996) remarks that entire libraries of clinical literature deal with contents that could constitute a good course on psychotherapy; much less has been written on how, when or why these contents should be taught. Learning a profession could be seen as a kind of apprenticeship, where the student proceeds from the periphery to the centre of the profession (Lave & Wenger, 1991). Such a perspective would urge the supervisors and teachers to change from a teachers' to a students' perspective, from a didactic model of education to a learning one, and focus on the learner's prior learning experiences, cultural tradition and personal history. The negotiation between the trainee and the supervisor or teacher concerning their theories about the learning process may be a crucial part of that process. An important line of research would be to explore and analyze this interplay.

6.8 IMPLICATIONS FOR PSYCHOTHERAPY EDUCATION

Training institutes and the teachers or supervisors have to acknowledge the students' "attachment to the pre-formed professional self" and "search for recognition" in order not to create a learning environment to which students' simply comply. It has to be recognized that attitudes based on processes of compliance and identification are unstable, isolated and poorly integrated with the rest of the personality. For this reason, students' extended previous experience should be discussed and also be the ground to build on. In other words, teachers and supervisors should help the trainees to develop their own style during training.

Teachers as well as supervisors and supervisees should continuously negotiate the aims of learning and what is going on in the process in order to overcome impasses, difficulties and destructive relationships. This seems especially important in supervision. A recommendation is to regularly take time-outs in the ongoing supervision of the therapy process, turning the focus explicitly on the supervision process, the supervision relationship, and the professional development of the therapist. This kind of meta-communication may be of importance to create a milieu optimal for learning. Teachers should also appreciate the risk of power struggles and the difficulties that could arise from the role conflict within students between being a student

dependent on external knowledge and at the same time trying to develop an ability to work autonomously.

Finally, training institutes should put a stronger focus on the preformed professional self when recruiting students in order to select students in accordance with the specific training programme's basic values and beliefs.

To summarise, on the basis of the present series of studies, the teaching staff should

- be aware of the students' need for recognition.
- be aware of the risk of power struggles and the possible role conflict for the student.
- pay attention to the ways students learn, whom they learn from, together with whom, and the context in which learning activity takes place.
- be aware of the pre-formed professional self, and use it as a starting point for the individual student's learning goals.
- include regular time-outs in the training to discuss its aims and what is going on in the process, including the relationships between the student and the teachers and supervisors.
- continuously explore and negotiate the supervisory alliance.
- transform findings from the present studies to training programmes by creating ongoing learning and assessment strategies.

7 ACKNOWLEDGEMENTS

First, I would like to thank the students who contributed to this dissertation by taking time to fill out the questionnaire during a busy time in training. Thanks also to those who agreed to be interviewed a few years after graduating and for so generously sharing their experiences.

I thank everyone who has participated in the project. Primarily, I would like to express my deep gratitude to my main supervisor, Professor Johan Schubert, who urged me to take on this project and has supported me through the difficult path carrying out a dissertation project, for his knowledge and continued encouragement. I also would like to thank my co-supervisor, Professor Emeritus Rolf Sandell, for generously contributing with his knowledge and experience. You have both been involved in the project from the moment of its inception and have remained engaged throughout. Thanks!

Furthermore, I would like to thank my good friend and co-author, Joakim Norberg, for being such a nice pal and expressing such interest in our work. All our discussions have been very fruitful and comprised essential contributions to this thesis. Thank-you Joakim for your valuable comments on the draft of the summary.

I also would like to thank Andrzej Werbart, and the research group at the Psychotherapy Institute, for much helpful advice and generously sharing your knowledge. The on-going research seminars were highly inspirational and created a great opportunity to present and discuss preliminary results. I specially want to thank psychologists Mimmi Bohman, Fredrik Tysklind and, particularly, David Forsström for your important contributions.

The Psychotherapy Institute, Stockholm County Council, has supported this project from its inception and helped by providing research leaves of absence from my clinical practise. I also want to thank all colleagues at the Psychotherapy Institute for those creative years at the institute and for all their friendly support. Furthermore, I would like to thank Annika Lindgren, director at Kompetenscentrum för psykoterapi (KPC [Psychotherapy Competence Centre]) within the Centrum för psykiatricforskning (CPF [Centre for Psychiatry Research]), for helping create good working conditions and the opportunity to continue working on my dissertation following closure of the Psychotherapy Institute. I extend similar gratitude to Anna Lazar, director of Psykoterapienheten Psykiatri Södra [Psychotherapy Unit, Psychiatry, South] Stockholm for the very same reasons.

I am also thankful to Mats Hamreby and Alexandra Billingham for their valuable contribution as co-judges in the study reported in Paper II. I also would like to thank Professor Gudrun Olsson at Aalborg University and Associate Professor Staffan Josephsson at the Karolinska Institute for reading drafts of Paper IV and providing such valuable input. I also want to thank Professor Gunnel Backenroth for friendly support.

In, addition I would like to thank all colleagues I have met at SPR international meetings who have been so inspiring and sharing these many years. I am happy to have witnessed the creation this year of a special interest section for research on psychotherapist training. I am sure that SPRISTAD will enable substantial progress in this field of research.

I am truly grateful to Connie Wall and Scott Spellerberg for their important help in reviewing and correcting my English.

Finally, I want to thank all of you – friends, colleagues and family – who have offered unfailing encouragement.

This research was supported by the Regional agreement on medical training and clinical research (ALF) between Stockholm County Council and the Karolinska Institutet.

8 REFERENCES

- Ambühl, H., Orlinsky, D. & the Society for Psychotherapy Research (SPR) Collaborative Research Network (CRN) (1997). Zum Einfluss der theoretischen Orientierung auf die psychotherapeutische Praxis [The influence of psychotherapists' theoretical orientation on their psychotherapy practice]. *Psychotherapeut*, 42, 290–298.
- Anderberg, M. (1973). *Cluster analysis for applications*. New York: Academic Press.
- Allphin, C. (1984). Perplexing or distressing episodes in supervision: How they can help in teaching and leaning of psychotherapy. *Clinical Social Work Journal*, 15, 236–245.
- Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the alliance–outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of Consulting and Clinical Psychology*, 75, 842–852.
- Beutler, L. E., Malik, M., Alinohamed, S., Harwood, T. M., Talebi, H., Noble, S. & Wong, E. (2004). Therapist variables. In M. Lambert (ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (pp. 227–306). New York: Wiley.
- Beutler, L.E., Machado, P.P., & Neufeldt, S.A. (1994). Therapist variables. In S.L. Garfield & A.E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 229–269). New York: Wiley.
- Beutler, L.E., Malik, M., Alinohamed, S., Harwood, T.M., Talebi, H., Noble, S., et al. (2004). Therapist variables. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behaviour change* (pp. 227–306). New York: Wiley.
- Blatt, S. J., Sanislow, C. A., Zuroff, D. C., & Pilkonis, P. A. (1996). Characteristics of effective therapists: Further analysis of data from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology*, 64(6), 1276–1284.
- Boswell J., & Castonguay L. (2007). Psychotherapy training: Suggestions for core ingredients and future research. *Psychotherapy: Theory, Research, Practice, Training*, 44, 378–383.
- Bordin, E. (1994). Theory and research on the therapeutic working alliance: New directions. In A. Horvath & L. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 13–37). Oxford, UK: Wiley.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252–260.
- Botermans, J.-F. (1996). *The training of psychotherapist: Impact on confidence and mastery, self-efficacy, and emotional reactivity*. Unpublished doctoral dissertation, Universite' Catholique de Louvain, Department de Psychologie Clinique, Louvainde- Neuve, Belgium.
- Charmaz, K. (2006). *Constructing grounded theory*. London: Sage.
- Crits-Christoph, P., Baranackie, K., Kurcias, J., Beck, A., Carroll, K., Perry, K., et al. (1991). Meta-analysis of therapist effects in psychotherapy outcome studies. *Psychotherapy Research*, 1(2), 81–91.
- Dawes, R. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: The Free Press.

- Dryden, W., & Spurling, L. (Eds.) (1989). *On becoming a psychotherapist*. London: Tavistock/Routledge.
- Dreyfus, H. L., & Dreyfus, S. E. (1986). *Mind over machine. The power of human intuition and expertise in the era of the computer*. New York: The Free Press.
- Elkin, I. (1999). A major dilemma in psychotherapy outcome research: Disentangling therapists from therapies. *Clinical Psychology*, 6, 10–32.
- Ericsson, K. A., & Lehmann, A. C. (1996). Expert and exceptional performance: Evidence of maximal adaptation to task constraints. *Annual Review of Psychology*, 47, 273–305.
- Erikson, E. (1963). *Childhood and society* (2nd ed.) New York: W.W. Norton & Co.
- Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology*, 16, 319–324.
- Fauth, J., Gates, S., Vinca, M. A., Boles, S. & Hayes, J. (2007). Big ideas for psychotherapy training. *Psychotherapy: Theory, Research, Practice, Training*, 44, 384–391.
- Fey, W. F. (1958). Doctrine and experience: Their influence upon the psychotherapist. *Journal of Consulting Psychology*, 22, 403–409.
- Fiedler, F. E. (1950a). The concept of an ideal therapeutic relationship. *Journal of Consulting Psychology*, 14, 239–245.
- Fiedler, F. E. (1950b). A comparison of therapeutic relationships in psychoanalytic, nondirective, and Adlerian therapy. *Journal of Consulting Psychology*, 14, 436–445.
- Fook, J., Ryan, M., & Hawkins, L. (1997). Towards a theory of social work expertise. *British Journal of Social Work*, 27, 399–417.
- Freud, S. (1953). On psychotherapy. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 257–268). London: Hogarth Press. (Original work published 1905).
- Garfield, S. L. (1977). Research on the training of professional psychologists. In A.S. Gurman & A. Razin (Eds.), *Effective psychotherapy: A handbook of research* (pp. 63–83). New York: Pergamon Press.
- Grant, J., & Sandell, R. (2004). Close family or mere neighbours? Some empirical data on the differences between psychoanalysis and psychotherapy. In P. Richardson, H. Kächele, & C. Renlund (Eds.), *Research on psychoanalytic psychotherapy with adults* (pp. 81–108). London: Karnac.
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive moments in supervision. *Journal of Counseling Psychology*, 48, 371–383.
- Gurman, A. S., & Razin, A. M. (Eds.) (1977). *Effective Psychotherapy: A handbook of research*. New York: Pergamon.
- Hart, A. (1985). *Becoming a psychotherapist: Issues of identity transformation*. Paper presented at the Annual Meeting of the Eastern Association, Boston, MA, March 21–24, 1985.
- Henry, W.E., Sims, J.H., & Spray, S.L. (1971). *The fifth profession*. San Francisco: Josey-Bass.
- Henry, W.E., Sims, J.H., & Spray, S.L. (1973). *Public and private lives of psychotherapists*. San Francisco: Josey-Bass.
- Higgs, J., Richardson, B. & Abrandt, M. (Eds.) (2004) *Developing Practice Knowledge for Health professionals*. London: Butterworth-Heinemann.

- Hjelle, L. A. & Ziegler, D. J. (1981). *Personality Theories - Basic Assumptions, Research, and Applications*. New York: McGraw-Hill.
- Holland, J. L. (1996). Exploring careers with a typology: What we have learned and some new directions. *American Psychologist*, 51, 397–406.
- Holt, R. R., & Luborsky, L. (1958). *Personality patterns of psychiatrists* (2 vols.). New York: Basic Books.
- Horvath, A. O. (2000). The therapeutic relationship: from transference to alliance. *Journal of Clinical Psychology*, 56 (2), 163–173.
- Huppert, J. D., Bufka, L. F., Barlow, D. H., Gorman, J. M., Shear, M. K., & Woods, S. W. (2001). Therapists, therapist variables, and CBT outcome for panic disorder: Results from a multicenter trial for panic disorder. *Journal of Consulting and Clinical Psychology*, 69, 747–755.
- Högskoleverket (2007). *Rapport 2007:30 R*. Retrieved from www.hsv.se.
- Jennings, L., Goh, M., Skovholt, T. M., Hanson, M., & Banerjee-Stevens, D. (2003). Multiple factors in the development of the expert counselor and therapist. *Journal of Career Development*, 30, 59–72.
- Jennings, L., Hanson, M., Skovholt, T. M., & Grier, T. (2005). Searching for mastery. *Journal of Mental Health Counseling*, 27, 19–31.
- Kelley, F. L., & Fiske, D. W. (1951). *The prediction of performance in clinical psychology*. Ann Arbor: University of Michigan Press.
- Kelman, H. C. (1961). Processes of opinion change. *Public Opinion Quarterly*, 25, 57–78.
- Kernberg, O. (2000). A concerned critique of psychoanalytic education. *International Journal of Psychoanalysis*, 81, 97–120.
- Klein, R. H., Bernard, H. S. & Schermer, V., L.(Eds.) (2011). *On becoming a psychotherapist. The personal and professional journey*. New York: Oxford University Press.
- Kim, D., Wampold, B. E., & Bolt, D. M. (2006). Therapist effects in psychotherapy: A random-effects modeling of the National Institute of Mental Health Treatment of Depression Collaborative Research Program data. *Psychotherapy Research*, 16(2), 161–172.
- Klug, G., Henrich, G., Kächele, H., Sandell, R., & Huber, D. (2008). Die Therapeutenvariable. Immer noch ein dunkler Kontinent? [The therapist variables. Still a dark continent?] *Psychotherapeut*, 53, 83–91.
- Krumboltz, J. D., & Henderson, S. A. (2002). A learning theory for career counsellors. In S. G. Niles (Ed.), *Career development: Concepts, issues and practices* (3rd ed.) (pp. 39–56). Columbus, OH: National Career Development Association.
- Kvale, S. (1997). *Den kvalitativa forskningsintervjun [The qualitative research interview]*. Lund, Sweden: Studentlitteratur.
- Ladany, N (2007). Does psychotherapy training matter? Maybe not. *Psychotherapy: Theory, Research, Practice, Training*. 44, 392–396.
- Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43, 10-24.
- Lafferty, P., Beutler, L. E., & Crago, M. (1989). Differences between more and less effective psychotherapists: A study of select therapist variables. *Journal of Consulting and Clinical Psychology*, 57 (1), 76–80.

- Laireiter, A. R., & Willutzki, U. (2003). Self-reflection and self-practice in training of cognitive behaviour therapy: an overview. *Clinical Psychology and Psychotherapy*, 10, 19–30.
- Laireiter, A. R., & Botermans J. F. (2005). Ausbildungsforschung in der psychotherapie – Entwicklungen und aktueller stand. [Education research in psychotherapy – development and current stand] In: Laireiter, A.R., Willutzki, U. (Eds.) *Ausbildung in Verhaltenstherapie*. Hogrefe, Göttingen, 53–101.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A.E. Bergin & S.L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4rd ed., pp. 143–189). New York: John Wiley.
- Lambert, M. J. (2004). *Bergin and Garfield's handbook of psychotherapy and behavior change*. New York: Wiley.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.). *Bergin and Garfield's handbook of psychotherapy and behaviour change* (pp. 805–821). New York: Wiley.
- Larsson, B. (2007). *Integration av olika skolbildningar i psykoterapi: möjligheter och hinder*. [Integration of different schools of psychotherapy: possibilities and obstacles] Unpublished thesis for licentiat degree. Department of Psychology, University of Göteborg.
- Larsson, B. (2010). *Therapist and their patients: Similarities and differences in attitudes between four psychotherapy orientations in Sweden*. Unpublished doctoral dissertation, Department of Psychology, University of Gothenburg, Sweden.
- Lent, R. W., & Brown, S. D. (2002). Social cognitive career theory and adult career development. A learning theory for career counselors. In S. G. Niles (Ed.), *Career development: Concepts, issues and practices* (3rd ed.) (pp. 76–97). Columbus, OH: National Career Development Association.
- Lave, J. & Wenger, E. (1991). *Situated learning. Legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Luborsky, L., McLellan, T., Woody, G. E., O'Brien, C. P., & Auerbach, A. (1985). Therapist success and its determinants. *Archives of General Psychiatry*, 42, 602–611.
- Luborsky, L., Crits-Christoph, P., McLellan, T., Woody, G., Piper, W., Liberman, P., et al. (1986). Do therapists vary much in their success? Findings from four outcome studies. *American Journal of Orthopsychiatry*, 56, 501–512.
- Mahoney, M. J. (1980). *Psychotherapy process: Current issues and future directions*. New York: Plenum Press.
- Maslow, A. (1970). *Motivation and personality*. New York: Harper & Row.
- Matarazzo, R. G. & Patterson, D. R. (1986). Research in the teaching and learning of psychotherapeutic skills. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change*. 3rd Ed. (pp. 821–843). New York: John Wiley.
- McNair, D. M., & Lorr, M. (1964). An analysis of professed psychotherapeutic techniques. *Journal of Consulting Psychology*, 28, 265–271.
- Mitchell, L. K., & Krumboltz, J. K. (1990). Social learning approach to career decision making: Krumboltz's theory. In D. Brown & L. Brooks (Eds.). *Career choice and development: Applying contemporary theories to practice* (2nd ed.) (pp. 145–196). San Francisco: Jossey-Bass.

- Mitchell, L. K., & Krumboltz, J. K. (1999). Planned happenstance: Constructing unexpected career opportunities. *Journal of Counseling & Development, 77*, 115–124.
- Najavits, L. M. & Strupp, H. H. (1994). Differences in the effectiveness of psychodynamic therapists: a process-outcome study. *Psychotherapy, 31*, 114–123.
- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology, 48*, 384–395.
- Neuhaus, E. C. (2011). Becoming a Cognitive-Behavioral Therapist: Striving to Integrate Professional and Personal Development. In: Klein, R. H., Bernard, H. S. & Schermer, V., L. *On becoming a psychotherapist. The personal and professional journey*. New York: Oxford University Press.
- Norcross, J. C. (Ed.) (2002). *Psychotherapy relationships that work*. Oxford: Oxford University Press.
- Norcross, J. C., & Farber, B. A. (2005). Choosing psychotherapy as a career: Beyond “I want to help people”. *Journal of Clinical Psychology, 61*, 939–943.
- Norcross, J.C., & Guy, J.D. (1989). Ten therapists: The process of becoming and being. In W. Dryden & L. Spurling (Eds.), *On becoming a psychotherapist*. London: Tavistock/Routledge.
- Olk, M. E., & Friedlander, M. L. (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*, 389–397.
- Orlinsky, D. E., Ambühl, H., Rönnestad, M. H., Davis, J., Gerin, P., Davis, M. et al. (1999). Development of psychotherapists: Concepts, questions, and methods of a collaborative international study. *Psychotherapy Research, 9*, 127–153.
- Orlinsky, D. E., Botermans, J.-F., & Rönnestad, M. H. (2001). Towards an empirically grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist, 36*(2), 1–10.
- Orlinsky, D. E., Rönnestad H. M. & the Collaborative Research Network of the Society for Psychotherapy Research (2005). *How Psychotherapists Develop – A Study of Therapeutic Work and Professional Growth*. Washington, DC: American Psychological Association.
- Parloff, M.B., Waskow, I.E., & Wolfe, B.E. (1986). Research on therapist variables in relation to process and outcome. In S.L. Garfield & A.E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change* (2nd ed., pp. 233–282). New York: Wiley.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. London: Sage.
- Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L., et al. (2002). Negative supervisory events: Effects on supervision satisfactory and supervisory alliance. *Professional Psychology: Research and Practice, 33*, 197–202.
- Raubolt, R. (ed. 2006). *Power Games: Influence, persuasion and indoctrination in psychotherapy training*. New York, NY: Other Press.
- Reeder, J (2006). *Psykoanalys i välfärdsstaten*. [Psychoanalysis in the welfare state] Stockholm/Stenhag: Brutus Östling bokförlag, Symposium.
- Rice, D. G., Fey, W. F., & Kepecs, J. G. (1972). Therapist experience and “style” as factors in co-therapy. *Family Process, 11*, 1–12.
- Rice, D. G., Gurman, A. S. & Razin, A. M. (1974). Therapist sex, “style,” and theoretical orientation. *Journal of Nervous and Mental Disease, 159*, 413–421.

- Ringborg, M. (2007). *Några noter till familjeterapins tidiga historia i Sverige* [Some notes on the early history of family therapy in Sweden]. www.sfft.se/familjeterapihistoria.htm
- Rogers, C. (1961). *On becoming a person*. Boston: Houghton Mifflin.
- Russel, R., L., & Orlinsky, D., E. (1996). Psychotherapy research in historical perspective. *Archives of General Psychology*, 53, 708–715.
- Rönnestad M. H., & Ladany N. (2006). The impact of psychotherapy training: Introduction to the special section. *Psychotherapy Research*, 16(3): 261–267.
- Rönnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development*, 71, 396–405.
- Rönnestad, M. H., & Skovholt, T. M. (2003). The journey of the counsellor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30, 5–44.
- Safran, J. D., & Muran, J. C (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.
- Sandell, R., Carlsson, J., Schubert, J., Broberg, J., Lazar, A., & Grant, J. (2004). Therapist attitudes and patient outcomes I: Development and validation of the therapeutic attitude scales (TASC-2). *Psychotherapy Research*, 14, 469–484.
- Sandell, R., Lazar, A., Grant, J., Carlsson, J., Schubert, J. & Broberg, J. (2006). Therapist attitudes and patient outcomes. III: A latent class analysis of therapists. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 629–647.
- Sandell, R., Lazar, A., Grant, J., Carlsson, J., Schubert, J. & Broberg, J. (2007). Therapist attitudes and patient outcomes II: Therapist attitudes moderate change during treatment. *Psychotherapy Research*, 17, 201–211.
- Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counselling*. Boston: Allyn & Bacon.
- Skovholt, T. M., & Jennings, L. (2005). Mastery and expertise in counseling. *Journal of Mental Health Counseling*, 27, 13–18.
- Skovholt, T. M., & Rönnestad, M. H. (1995). *The evolving professional self: Stages and themes in therapist and counsellor development*. Chichester, UK: Wiley.
- Strasser, J., & Gruber, H (2004). The role of experience in professional training and development of psychological counsellors. In H. P. A. Boshuizen, R. Bromme, & H. Gruber (Eds.) *Professional Learning: Gaps and transitions on the way from novice to Expert*. (pp.11–27). Dodrecht, The Netherlands: Kluwer Academic Publishers.
- Strauss, B., & Kohl, S. (2009). Themen der ausbildungsforschung in der psychotherapie [Themes in research on training in psychotherapy]. *Psychotherapeut*, 6, 411–426.
- Strømme, H. (2010). *Confronting helplessness. A study of psychology students' acquisition of dynamic psychotherapeutic competence*. Unpublished doctoral dissertation, University of Oslo, Department of Psychology, Oslo, Norway.
- Strupp, H. H. (1955a). Psychotherapeutic technique, professional affiliation, and experience level. *Journal of Consulting Psychology*, 19, 97–102.
- Strupp, H. H. (1955b). The effect of the psychotherapist's personal analysis upon his techniques. *Journal of Consulting Psychology*, 19, 197–204.
- Strupp, H. H. (1958). The psychotherapist's contribution to the treatment process. *Behavioural Science*, 3, 34–67.

- Strupp, H. H. (1959). Toward an analysis of the therapist's contribution the treatment process. *Psychiatry*, 22, 349-362.
- Sundland, D. M. & Barker, E. N. (1962). The orientations of psychotherapists. *Journal of Consulting Psychology*, 26, 201–212.
- Sundland, D. M. (1977). Theoretical orientations of psychotherapists. In A. S. Gurman & A. M. Razin (eds), *Effective Psychotherapy: A Handbook of Research*, pp. 189–219. New York: Pergamon.
- Super, D. E. (1994). A life span, life space perspective on convergence. In M. L. Savikas & R. W. Lent (Eds.). *Convergence in career development theories: Implications for science and practice* (pp. 63–74). Palo Alto, CA: CPP Books.
- Sussman, M.B. (1992). *A curious calling – Unconscious motivations for practicing psychotherapy*. Northvale, NJ: Jason Aronson.
- Taubner, S., Kächele, H., Visbeck, A., Rapp, A., & Sandell, R. (2010). Therapeutic attitudes and practice patterns among psychotherapy candidates in Germany. *European Journal of Psychotherapy and Counselling* 12, 361–381.
- The Therapist as a Neglected Variable in Psychotherapy Research [special series] (1997). *Clinical Psychology Science and Practice*, 4, 40–89.
- Van Wagoner, S. L., Gelso, C. J., Hayes, J. A. & Diemer, R. A. (1991). Countertransference and the reputedly excellent therapist. *Psychotherapy*, 28, 411–421.
- Wallach, M. S. & Strupp, H. H. (1964). Dimensions of psychotherapists' activity. *Journal of Consulting Psychology*, 28, 120–125.
- Wampold, B. E. (2001). *The Great Psychotherapy Debate: Models, Methods, and Findings*. Mahwah, N.J.: Erlbaum.
- Wampold, B. E., & Brown, G. S. (2005). Estimating therapist variability: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology*, 73, 914–923.
- Weissman, H. N., Goldschmid, M. L. & Stein, D. D. (1971). Psychotherapeutic orientation and training: Their relation to the practices of clinical psychologists. *Journal of Consulting and Clinical Psychology*, 37, 31–37.
- Wenger, E. (1998). *Communities of practice. Learning, meaning, and identity*. Cambridge, UK: Cambridge University Press.
- Wogan, M. & Norcross, J. C. (1983). Dimensions of psychotherapists' activity: A replication and extension of earlier findings. *Psychotherapy: Theory, Research, and Practice*, 20, 67–74.
- Wogan, M. & Norcross, J. C. (1985). Dimensions of therapeutic skills and techniques: Empirical identification, therapist correlates, and predictive utility. *Psychotherapy: Theory, Research, and Practice*, 22, 63–74.
- Wollmer, H. M., & Mills, D. L. (1966). *Professionalisation*. Englewood Cliffs, NJ: Prentice Hall.
- Wulf, J., & Nelson, M. L. (2000). Experienced psychologists' recollections of predoctoral internship supervision and its contribution to their development. *Clinical Supervisor*, 19(2), 123–145.
- Öst, L-G. (1996) Beteendeterapins utveckling i Sverige under 25 år [The development of behavioural therapy in Sweden over 25 years]. *Scandinavian Journal of Behaviour Therapy*, 23, 101–115.