MARIANNE – RINGLER- PREIS FÜR FORSCHUNG

“Therapeutic Attitudes in Psychotherapy”

The role of therapist´s values in training and treatment

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Abstract

Introduction

In last three decades psychotherapy research has dealt increasingly with the investigation of the "patient's variable", while the investigation of the "therapist's variable" was left in the background. This development seems noteworthy, because literature provides evidence for the fact that the individual therapist - his subjective characteristics - contributes substantially to the explanation of treatment outcome.

Project aims and methodology

Within the scope of the study the therapeutic attitude is examined as a subjective, cross-situational variable of the therapist. Three random groups are investigated: potential trainees (medical students; n = 150), trainees of the psychotherapeutic propedeutics (n = 80) and experienced psychotherapists (n=70). Participants are recruited at the Medical University of Vienna (medical students), the University of Vienna (psychotherapeutic propedeutics), and at the Viennese Psychoanalytic Society.

Project aims: 1. The therapeutic attitude of the respective random group (hot spot recruitment) should be identified. It is expected that the therapeutic attitudes differ between the groups systematically. 2. The changeability of the psychotherapeutic attitudes is examined within the group of experienced psychotherapists, whose psychotherapeutic attitudes are examined before and after participation in a training program. 3. Furthermore a possible connection is examined between the therapeutic attitude and the interpersonal problems of the therapist, as well as a connection between the psychotherapeutic attitude and the emotional reaction (countertransference) of the therapist to the patient, the therapist ratings of the psychotherapeutic relationship and the therapists rating of affect experience and affect regulation of the patient.

Measurements: ThAt (questionnaire for the psychotherapeutic position/attitude), associations and connotations (towards the concept Psychotherapy), IIP (questionnaire for interpersonal problems), CTQ (questionnaire for the emotional reaction - countertransference), PRQ (questionnaire for the psychotherapeutic relationship) and AREQ K (questionnaire for the affect perception and affect regulation).

Statistics

Descriptive, as well as inference-statistical procedures will be used. A multivariate variance analysis (MANOVA) is carried out between the independent variable (ThAt) and the dependent variable (random check). Group comparisons between the different random groups are carried out by means of t test or chi ^{2} test. The differences in the therapeutic attitude of experienced therapists are carried out by means of variance analysis. The qualitative data material is evaluated by means of qualitative contents analysis according to Mayring (2003).

Abstrakt

Einleitung

In den letzten drei Jahrzehnten hat sich die Psychotherapieforschung vermehrt mit der Erforschung der „Patientenvariablen“ beschäftigt, während die Untersuchung der „Therapeutenvariablen“ in den Hintergrund getreten ist. Diese Entwicklung scheint bemerkenswert, da sich in der Literatur einige Belege dafür finden, dass der individuelle Therapeut, seine subjektiven Charakteristiken, zur Erklärung des Behandlungsergebnisses einen nicht zu vernachlässigenden Beitrag leisten.

Projektziel und Methodik

Im Rahmen der Studie wird die therapeutische Haltung als eine subjektive, situationsübergreifende Variable des Therapeuten untersucht. Dazu werden Fragebogenerhebungen an drei Stichprobengruppen durchgeführt: potentielle Ausbildungskandidaten (Medizinstudierende; n = 150), Ausbildungskandidaten des psychotherapeutischen Propädeutikums (n = 80) und erfahrene Psychotherapeuten (n=70). Um genügend Untersuchungsteilnehmer gewinnen zu können, wird eine Kooperation mit der Medizinischen Universität Wien (Medizinstudierende), der Universität Wien (Psychotherapeutisches Propädeutikum), sowie einem psychoanalytischen Ausbildungsverein (Wiener Psychoanalytische Vereinigung) angestrebt.

Projektziele: 1. Die therapeutische Haltung der jeweiligen Stichprobengruppe soll identifiziert werden. Es wird erwartet, dass sich die therapeutische Haltung zwischen den Gruppen auf eine systematische Art unterscheidet. 2. Die Veränderbarkeit der psychotherapeutischen Haltung wird bei den erfahrenen Psychotherapeuten untersucht, deren psychotherapeutische Haltung vor und nach der Teilnahme an einem Trainingsprogramm erhoben wird. 3. Weiters wird ein möglicher Zusammenhang zwischen der therapeutischen Haltung und dem interpersonalem Problemverhalten des Therapeuten untersucht, sowie ein Zusammenhang zwischen der psychotherapeutischen Haltung und der emotionalen Reaktion (Gegenübertragung) des Therapeuten auf den Patienten, sowie ein möglicher Zusammenhang der psychotherapeutischen Haltung mit der Einschätzung der psychotherapeutischen Beziehung und der Einschätzung des Patienten von Seiten des Therapeuten.

Das Erhebungsinventar besteht aus: ThAt (Fragebogen zur psychotherapeutischen Haltung), Assoziationen und Konnotationen (zum Begriff Psychotherapie), IIP (Fragebogen zum interpersonalem Problemverhalten), CTQ (Fragebogen zur emotionalen Reaktion/ Gegenübertragung), PRQ (Fragebogen zur psychotherapeutischen Beziehung) und AREQ-K (Fragebogen zur Affektwahrnehmung und Affektregulation).

Statistik

Zur Anwendung kommen deskriptive, sowie interferenzstatistische Verfahren. Eine multivariate Varianzanalyse (MANOVA) wird durchgeführt zwischen den unabhängigen Variablen (ThAt) und den abhängigen Variablen (Stichprobe). Gruppenvergleiche zwischen den verschiedenen Stichproben werden mittels t-Test oder chi^2-Test durchgeführt. Die Unterschiede in der therapeutischen Haltung der erfahrenen Therapeuten werden mittels einfaktorieller Varianzanalyse durchgeführt. Das qualitative Datenmaterial wird mittels qualitativer Inhaltsanalyse nach Mayring (2003) ausgewertet.

(Aus Gründen der Lesbarkeit wird auf die zusätzliche Formulierung der weiblichen Form verzichtet.)

Introduction

The individuality of a psychotherapist plays a major role in the psychotherapeutic process. Psychotherapeutic technique is reported to account for about 15 % of the variance in therapeutic outcome, common factors for 30 %, expectancy for 15 %, whereas outside therapy factors are reported to account for as much as 40 % (Lambert & Barley, 2002). Considering the influence of therapist characteristics (Wampold, 2001), especially the influence of therapeutic attitude on treatment outcome (Sandell, Lazar, Grant, Carlsson, Schubert, & Broberg, 2007) is of importance. Literature provides evidence that the systematic investigation of factors, which are not directly influenced by education, as for example personality variables and attitudes, was neglected in the past (Klug, Henrich, Kächele, Sandell & Huber, 2008). Nevertheless, the need of this investigation arises by the fact that the characteristics of a therapist contribute substantially to therapeutic success.

Background

"The psychotherapist matters" is not only claimed by Luborsky et al. (1985; 1997), however, there was not enough attention drawn to the systematic investigation of factors that Beutler et al. (2004) in their reviews on therapist factors called subjective, cross-situational traits such as personality and attitudes (Klug et al., 2008). Some efforts have been made to investigate the influence of therapist variables (e.g. Costanzo & Philpott, 1986), yet these focused on the objective characteristics, namely the therapist's orientation, rather than the subjective characteristics. Yet there is some evidence that the subjective characteristics of a therapist contribute substantially to the therapeutic outcome. Some researchers demonstrated that a therapist's personality determines the

therapeutic outcome more than the practiced psychotherapeutic method (Beutler, Malik, Alimohamed, et al., 2004). Nevertheless since the 1980´s some research emerged even postulating the individual therapist´s contribution as a mere nuisance which has to be controlled by using manualized treatments and adherence control (Taubner, Kächele, Visbeck, Rapp, & Sandell, 2010).

However, there is evidence that the subjective characteristics of a therapist (e.g. his or her therapeutic attitudeKelly & Strupp, 1992) contribute substantially to the therapeutic outcome. Efforts to identify the therapeutic attitudes that cause these systematic variations often led to limited significance. In the present study an operationalized definition of psychotherapeutic attitude is used. Based on an approach by Sandell et al. (2004) convictions and values of a therapist can be summarized as therapeutic attitude. These convictions and values, the therapeutic attitude, derive from the personal background of the therapist and offer the base on which the therapeutic process develops during the treatment. Sandell and colleagues (Sandell, Carlsson, Schubert, Broberg, Lazar & Grant, 2004; 2007) developed an instrument (Therapeutic Attitude Questionnaire; ThAt), which is used in this study in combination with an instrument to identify the interpersonal problems (IIP;, Strauß & Kordy, 2000) as well as measures of the psychotherapeutic relationship (PRQ; Westen, 2005) and countertransference (CTQ; Zittel & Westen, 2003). The therapeutic attitude is of great relevance considering its important value as an essential construct in all therapeutic schools. The ThAt-questionnaire developed by Sandell et. al. (2007) is able to discriminate between therapists of different theoretical orientations. Sandell and colleagues demonstrated that attitudes contribute substantially to the explanation of variance of treatment outcome (Sandell et al., 2007).

Another crucial question concerns the development of therapeutic attitudes. While some researchers postulate that one becomes a psychotherapist not by education, but that the base for it is already laid in infancy (e.g. Kottler & Blau, 1991; Miller, 1979), there are some studies pointing in another direction. Casper and Eversmann (2009), as well as Loo (1979), underline the need of training of the interpersonal skills for the therapeutic success of a therapist. Considering the influence of the therapeutic attitude on treatment outcome (Sandell, Lazar, Grant, Carlsson, Schubert, & Broberg, 2007), acquisition of therapeutic identity and attitude, as well as its training (Sandell, Carlsson, Schubert, Broberg, Lazar, & Blomberg, 2002) is of importance. Even under the aspect of formulation of entrance qualifications for psychotherapists (Caspar et al., 2009), studies on attitudinal factors of potential trainees are underrepresented. The remaining question is what should be trained in order to influence the "outside therapy factors" mentioned at the beginning, the therapists' variable, and in this context especially the therapeutic identity and attitude. Therefore, in our view it is necessary to identify primary knowledge about therapeutic attitudes in order to develop further training possibilities. To improve treatment outcomes, psychotherapeutic training institutes would do well to consider in greater depth the influence of certain therapist variables on patient outcomes.

Given the crucial impact of therapeutic attitudes on therapeutic outcome and the sparseness of empirical research on the topic of formation of attitudes in (potential) psychotherapy-trainees, this topic certainly deserves increased attention in future research. This pilot-study serves as a first step in this direction.

Aims

Based on the assumption that the therapeutic attitude makes an essential contribution to the explanation of the effectiveness of a treatment, the presented study tries to contribute to a clearer picture of the development of the therapeutic attitude.

The first aim of the present pilot-study is to identify therapeutic attitudes of a sample of potential trainees (medical students), trainees (in the psychotherapeutic propedeutics) and experienced psychotherapists and to investigate their attitudes and beliefs towards psychotherapy. The special interest is to investigate the therapeutic attitudes of potential rainees (medical students) that are established throughout the basic psychotherapeutic training provided in the framework of a medical curriculum, in order to evaluate the formation of therapeutic attitudes that serve as a base for further training. Furthermore, it will be examined how potential trainees (medical students) differ from trainees in the psychotherapeutic propedeutics and experienced psychotherapists in their therapeutic attitudes (Therapeutic Attitude Scales, TASC – 2; Sandell, Broberg, Schubert, Blomberg & Lazar, 2004). It is expected that attitudes differ significantly between the groups in a rather systematic way. It is hypothesized that beginners in the psychotherapeutic field tend to a coping-oriented attitude while experienced psychotherapists tend to more insight-driven attitudes. Furthermore, it is hypothesized that (potential) trainees' attitudes will differ in respect of more ambivalent associations towards psychotherapy or doctor-patient-communication, resulting in more ambivalent considerations of psychotherapy compared to experienced psychotherapists.

In a second step, the influence of a psychoanalytic oriented training program on the therapeutic attitude of experienced psychotherapists will be investigated, in order to evaluate the modifiableness of therapeutic attitudes. It is hypothesized that

psychotherapists differ in their therapeutic attitudes before and after the training program in respect of the influence of psychodynamic concepts (e.g. insight). Consequences for the training of psychotherapists might be derived from the obtained results.

In a third step, the connection between psychotherapeutic attitudes, interpersonal problems of the therapist as well as its´ connection to the emotional reaction (countertransference) of the therapist to the patient will be examined. A possible connection between psychotherapeutic attitude of the therapist and the therapists ratings of the psychotherapeutic relationship, as well as the therapists rating of affect experience and affect regulation of the patient will be examined, in order to evaluate the possible influence of psychotherapeutic attitudes on treatment.

Method

Participants

Potential Trainees/ Students.

The group of students (n = 150) participating in this study are in their forth year at the Medical University of Vienna. They attend the compulsory lessons of psychotherapy within the framework of the university course lasting for 5 weeks, titled „Psychic functions in health and disease“. The Viennese Medical Curriculum (Merl, Csanyi, Petta, Lischka, & März, 2000) is oriented on modern international medical degree programs (Metz et al., 1994) and lays a focus on integrative, horizontal and problem-oriented learning, in which the procurement of psychosocial competence is of high relevance. The qualification profile that students should acquire throughout their studies consists of the following elements: (1) knowledge and comprehension, (2) clinical skills and excellence,

(3) communicative competences, (4) therapeutic attitude and (5) occupational competences.

Trainees.

Trainees are assessed at the end of the basic psychotherapeutic course and are asked to reconsider their experiences within doctor/therapist-patient-interviews and how they imagine the therapeutic work with a patient. The group of trainees (n = 80) investigated in this study are participating in a basic psychotherapeutic training program (psychotherapeutic propedeutics).

Therapists.

The psychotherapists (n = 70) taking part in this study are licensed psychotherapists with an average of at least 5 years of clinical and psychotherapeutic experience, working in private practice. A hot spot recruitment will be conducted in therapists, who participate in an advanced vocational training for psychotherapists. The program provides professional training in psychoanalytic oriented psychotherapy over the length of two years.

Materials

1. A demographic questionnaire; measuring participants´ age and gender, education, level of experience and for the sample of psychotherapists their psychotherapeutic orientation (psychodynamic therapy, behavioural therapy, humanistic therapy, systemic approach) and ground profession.

2. The psychotherapeutic attitude (ThAt) questionnaire, developed by Sandell, Carlsson, Schubert, Broberg, Lazar, & Grant (2004); this instrument measures the attitudes and assumptions of psychotherapists in three sections (TASC-2 scales). An adapted version of the ThAT is given to potential trainees and trainees.

   The first section (which is called "e1 – curative factors") rates the belief in the curative value of several "ingredients" of psychotherapy and consists of 33 items. In this section one should indicate what one thinks that makes psychotherapy effective. After conducting principal component analysis Sandell et al. (2004) identified 3 scales: Adjustment, Insight and Kindness. High scores in "Adjustment" (e.g."Helping the patient to avoid repeating old mistakes") suggest that one considers adjustment of the patient's emotions and behaviour to his/her environment as an important curative factor in psychotherapy. Low scores suggest that this component isn't considered to be of importance. High scores in "Insight" (e.g. "Helping the patient see the connections between his/her problems and childhood" or "Supporting the patient in the therapy to reflect on early painful experiences") and accordingly "Kindness" (e.g. "being a warm and kind therapist") are working analogue. The second section ("e2 – therapeutic style") includes 31 items to describe the manner of conducting psychotherapy in general. In this section the participants are asked to reflect their own therapeutic style. Sandell et al. (2004) divided this section into the scales "Neutrality" (e.g. "I don't answer personal questions from the patient"), "Supportiveness" (e.g. "It is important to convey hope to the patient") and "Self-doubt" (e.g. "I'm often not sure what to say or do in sessions"). The items of both sections are rated on 5-point Likert-type scales, the first section is ranging from 0 ("does not help at all") to 4 ("helps a lot") and the second section from 0 ("do not agree at all") to 4 ("agree very much"). High scores suggest that the therapist

considers him/herself to be more supportive or neutral in therapy and to have more self-doubt; low scores mean that one is less supportive or neutral in therapy and is more confident in his/her therapeutic skills. The third section (called "f – basic assumptions") contains 16 items and intends to rate basic assumption about the nature of psychotherapy and human. This section mainly asks for the general attitudes towards human beings, especially towards the origin of the human mind and psychological functioning (e.g. human mind is determined by heredity vs. environment), and if one considers psychotherapy as a form of art or rather learnable science. Therefore continuous bipolar scales are used and the answers are measured by dividing the line into five equal parts. These basic assumptions display three factors: Irrationality, Artistry and Pessimism. High scores mean that one considers psychotherapy more as a form of art and the human mind as more irrational and more inalterable, low scores on the other hand mean that psychotherapy is considered as science and human mind as rational and changeable.

3. Connotations regarding the term psychotherapy (ratings on a 7-point 25-item German standard semantic differential (Schäfer, 1983), ranging form –3 to +3 in response to the instruction "The term psychotherapy appears to me like…"); this semantic differential as an indirect and open instrument is often used to avoid the single use of direct questions, because they often produce artefacts, e.g. social acceptability (Voracek et al., 2001). Hence this instrument serves as adequate to gather consciously unknown attitudes of the students and experienced psychotherapists.

4. Associations regarding the term doctor/therapist-patient-communication ("Three words which first come to my mind when I think of doctor-patient-communication") in case of the students; Associations regarding the term psychotherapy as well as the individual psychotherapeutic approach ("Three words which first come to my mind when I think of my own psychotherapeutic occupation") in case of the therapists.

5. The Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno & Villasenor, 1988; German translation: Horowitz, Strauß & Kordy, 2000) is designed to evaluate persons´ problems in relating to others. This self-report measurement refers to a final set of 8-item circumplex scales, which are arranged in a two-dimensional semantic field with the dimensions "affiliation" (cold versus nurturant behavior) and "dominance" (competitive versus submissive behavior).

6. The Emotional Response Questionnaire, the former Countertransference Questionnaire (CTQ; Zittel & Westen, 2003; German translation: Löffler-Stastka & Grassl, 2006), is a 79-item clinician-report questionnaire designed to provide a normed, psychometrically valid instrument for assessing countertransference patterns in psychotherapy. Scree plot, percentage of variance accounted for, and parallel analysis were used to select the number of factors to rotate. An 8 factor model was subsequently chosen, with the following factors: 1. overwhelmed/disorganized, 2. helpless/inadequate, 3. positive, 4. special/overinvolved, 5. sexualized, 6. disengaged, 7. parental/protective, 8. critized/mistreated.

7. The Psychotherapy Relationship Questionnaire (PRQ; Westen, 2005; German translation: Löffler-Stastka, 2006) is a 90-item clinician-report questionnaire designed to provide a normed, psychometrically valid instrument for assessing transference relationship patterns in psychotherapy. It provides five dimensions to describe these patterns: angry/entitled, anxious/preoccupied, secure/engaged, avoidant/counterdependent and sexualized.

8. The Affect Experience and Affect Regulation Q-sort, (AREQ; Westen & Shedler, 2003; German translation: Löffler-Stastka & Tischlinger, 2004) originally is a 98-item observer-based Q-sort, using a fixed distribution. It yields three factors of affect experience: socialized negative effect (e.g. guilt), positive affect (e.g. interest), and intense negative effect (e.g. anger). Affect regulation dimension includes three factors: reality-focused response (e.g. goal-directed coping), externalizing defenses (e.g. projection), and avoidant defenses. In this study the short version is used, which is a 27-item clinician-report questionnaire designed to provide a normed, psychometrically valid instrument for assessing affect regulation and affect experience of a patient (AREQ-K: Löffler-Stastka & Stigler, 2011).

The assessment is structured as follows: all three samples (potential trainees, trainees, psychotherapists) are provided with the demographic and the psychotherapeutic attitude questionnaire (ThAt). Potential trainees and psychotherapists additionally are asked to report their associations and connotations on a semantic differential. The group of trainees rates their interpersonal problem behavior (IIP), as well as their emotional response towards a patient (CTQ), the transference relationship pattern with

this patient (PRQ) and the affect regulation and affect experience of this patient (AREQ – K).

Procedure

In order to acquire enough participants, a cooperation is established with the Medical University of Vienna, the University of Vienna and the Viennese Analytic Society. The whole study has been approved by the local Viennese Ethics Committee.

Potential Trainees.

Students are assessed at the end of the basic psychotherapeutic course and are asked to reconsider their experiences within doctor-patient-interviews and how they imagine the therapeutic work with a patient.

Basic psychotherapeutic training: Educational aim of the 5-week (100 academic hours) course "psychic functions in health and illness" is to impart basic knowledge of normal and abnormal psychic functioning. The most important psychological schools of thought are presented (i.e., psychoanalytic, humanistic, systemic and learning theory) and the impact of genetic, biological, gender related and social factors (including the social-cultural context) is discussed. A general continuum from normal psychic functioning to pathology helps to integrate psychic abnormality into a medical thinking and proceeding. Teaching psychotherapeutic contents (e.g., psychotherapeutic attitudes based on concepts of the humanistic psychology) and an established theoretical concept on the basis of psychoanalytic knowledge should give students a basis for their medical proceedings, especially their formation of alliances in the doctor-patient-relationship and the medical communication. Within seminars (28 academic group workshops with a maximum of 20 students per group) basic psychotherapeutic interview techniques are

taught, whereas video presentations help to acknowledge and practice the affective involvement in doctor-patient-relationships. An overview of the different therapeutic possibilities for mental disorders provides material for self-study and could be discussed in tutor supported small-lecture-groups focusing problem oriented learning.

Trainees.

Trainees participating in this study are candidates in a basic psychotherapeutic training program (Psychotherapeutisches Propädeutikum). Besides rating their therapeutic attitudes and interpersonal problems, trainees are asked to rate standardized patients after interacting with them in a workshop ("Exploration mit Schauspielpatienten").

Psychotherapists.

Therapists taking part in this study are participating in an advanced training program.

Advanced vocational course: The training in psychoanalytic oriented psychotherapy provides a practical appropriation of essential concepts and techniques of psychoanalytic oriented psychotherapy. It aims to impart knowledge about practical applications of these concepts in different institutional contexts. The program intends to broaden the understanding of difficult and complex indications as a basis for differentiated therapeutic interventions and it deepens the personal experience of transference and counter-transference processes (via supervision). The training is designed for psychotherapists, clinical psychologists and medical doctors with a diploma in psychotherapeutic medicine. It consists of a total of 200 work units (45 min) and takes place on weekends over four semesters. For further information visit the website of the Viennese Psychoanalytic Society: http://psy-akademie.at/aus-und-weiterbildung

Statistics

All statistical analyses are performed using SPSS, version 17 (Statistical Package for the Social Sciences Software program, Rel. 17). For all analyses the significance threshold is set to $p \leq 0.05$. Data about sex, age and profession of the participants will be extracted using descriptive statistics.

A multivariate analysis of variance (MANOVA) will be performed on the nine dependent variables of the TASC 2 with the group (potential trainees, trainees, psychotherapists) as independent variable. Group comparisons between the different random groups are carried out by means of t test or chi ^{2} test. To evaluate the differences in the TASC 2 scales for the sample of psychotherapist before and after the advanced vocational program a one-way ANOVA will be carried out.

Regarding the connotations, group differences are also checked via multivariate analysis. The participants' associations related to psychotherapy are ranked by frequency and clustered according to the content corresponding to the methods of qualitative content analysis (Mayring, 2003).

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Appendix

1. Zeitplan

Zeitraum	1. – 6. Monate	6. – 12. Monate	12. – 18. Monate	18. – 24. Monate
	Datenerhebung	Dateneingabe und Datenanalyse	Statistische Auswertung	Erstellung des Endberichts, Vorbereitung der Publikation

2. Kostenplan

2.1 Datenerhebung:

Vorbereitung der Fragebögen, Ausgabe der Fragebögen in Lehrveranstaltungen an verschiedenen Institutionen, Einsammeln der Fragebögen

1 Mitarbeiterin
60h à € 15 = 1050 €

2.2 Dateneingabe:

Eingabe von ca. 220 (potentielle Kandidaten/ Psychotherapeuten)× 3 Fragebögen (ThAt, Assoziationen und Konnotationen)
Eingabe von ca. 80 (Kandidaten) × 5 Fragebögen (ThAt, IIP, CTQ, PRQ, AREQ-K)
→insgesamt 1060 Fragebögen

1 Mitarbeiterin
80h à € 15 = 1200 €

2.3 Statistische Auswertung:

Datencleaning, interferenzstatistische und graphische Datenauswertung, Erstellung statistischer Endbericht

ca. 1000 €

→ Kosten gesamt: 3250 €