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Received: 13 December 2023 | Revised: 3 June 2024 | Accepted: 6 June 2024

DOI: 10.1002/capr.12788

ORIGINAL ARTICLE

WILEY

Healing involvement and stressful involvement experienced by psychotherapy trainees: Patterns, correlates and perceived development

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Abstract

Background and Method: The experiences of 454 psychotherapy trainees when providing therapy to patients were surveyed in a multinational sample largely from European countries, as part of the collaborative SPRISTAD study, using established measures of trainees' Healing Involvement (HI) and Stressful Involvement (SI).

Results: The results of cross-sectional analyses included the delineation of four differential patterns of therapeutic work involvement showing approximately half the trainees experienced an Effective Practice (high HI, low SI) while the other half experienced either a Challenging Practice (high HI, high SI), a Disengaged Practice (low HI, low SI) or a Distressing Practice (low HI, high SI).

Discussion: Strong-to-moderate correlations were found between involvement styles and trainees' individual personal and professional characteristics, and among training programme and workplace situational conditions, and their possible applications to candidate selection and training practices were discussed. A strong association was seen between HI and SI qualities of trainees' therapeutic work and their positive or negative experiences of current professional development. Implications for training and hypotheses for future longitudinal studies were proposed based on the results.

KEYWORDS
professional development, psychotherapy practice patterns, psychotherapy trainees, psychotherapy work experience, therapeutic work correlates

1 | INTRODUCTION

Healing Involvement (HI) and *Stressful Involvement* (SI) are two empirically derived, higher order dimensions reflecting the overall experiences of psychotherapists when engaged with patients in their practice (Orlinsky & Rønnestad, 2005). *Healing Involvement* reveals the nature and extent to which therapists perceive themselves as skilfully, warmly and effectively interacting with their patients; capable of coping constructively if difficulties arise; and deeply interested and absorbed in their work. *Stressful Involvement* shows the nature and extent to which therapists find themselves having difficulties in practice; coping non-therapeutically with those difficulties (e.g. by blaming patients or avoiding dealing with them); and themselves experiencing anxiety or boredom in sessions. *Healing Involvement*

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and *Stressful Involvement* are both present to varying degrees in any therapist's experience.

1.1 | Background

These dimensions each consist of distinct multi-item, factor-analytically derived scales representing different facets of psychotherapeutic process. The analyses that led to them were based on data from a very large multinational sample of over 4900 therapists at all career levels, in different professions, and having diverse orientations (Orlinsky & Rønnestad, 2005).

While the HI and SI scales based on those large samples have been used in studies of psychotherapy trainees (e.g. Dennhag & Ybrandt, 2013; Evers et al., 2019; Odyniec et al., 2017, 2019; Taubner et al., 2013), those were all conducted with trainees in single countries. To assure the cross-national relevance of HI and SI measures to trainees, this study employs a sample in training at programmes located in multiple countries (Orlinsky et al., 2023).

Another reason for interest in trainees' experiences of treating patients is the link that has been shown between therapeutic work and experiences of professional development by quantitative studies (e.g. Orlinsky et al., 2001; Orlinsky & Rønnestad, 2005) and qualitative studies (e.g. Rønnestad & Skovholt, 2003). Although therapeutic competencies are still debated (e.g. Hill et al., 2017; Norcross & Karpiak, 2017), the trainee's own sense of growth can be viewed as an important aspect of development, and of satisfaction with their training.

1.2 | Specific research questions

This study seeks answers to the following research questions:

1. What are the typical therapeutic work experiences of trainees, as shown by HI and SI?

2. What proportion of trainees are found in each of the work involvement patterns defined by the combinations of HI and SI?

3. How much are HI and SI levels associated with individual trainees' personal and professional characteristics, and with aspects of their work and training situations?

4. How, and how much, are HI and SI related to trainees' positive and negative experiences of professional development?

2 | METHODS

2.1 | The SPRISTAD study of psychotherapy trainees

This paper reports one aspect of a large international study of psychotherapy training conducted collaboratively by members of the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD). The general organisation and protocols of the larger SPRISTAD study were described by Orlinsky et al. (2015). The main goals of the SPRISTAD study include identifying common and divergent features of psychotherapy training programmes (e.g. Orlinsky, Messina, Hartmann et al., 2021), exploring cross-sectionally and longitudinally the extent, patterns and trajectories over time in trainees' development as psychotherapists, and identifying factors that tend to facilitate or impede trainee development, using extensive data from varied training programmes. The SPRISTAD study is a natural follow-up to the earlier SPR Collaborative Research Network study of psychotherapists' experiences and development across the whole professional career (e.g. Orlinsky & Rønnestad, 2005), adding longitudinal data analysis to supplement the cross-sectional strategy of the earlier project and focussing specifically on a limited career phase when substantial change is expected.

Training centres and trainees were recruited through professional publications (e.g. Rønnestad et al., 2018), workshops and conferences, professional societies and collegial networks, resulting in a series of opportunity samples that together are large enough for statistical analysis in an exploratory study. The selection criteria included a minimum 1-year programme duration so that trainees could be assessed at three time points 6 months apart. Trainees were informed about the study by research coordinators in their training programme, and trainees who gave informed consent were provided with online SPRISTAD questionnaires by the data collection centre at Witten/Herdecke University in Germany (or in Finland, through a Finnish national coordinator, and in a subset of Italian participants via a paper-and-pencil measure through a local research coordinator).

This paper, which forms part of the larger SPRISTAD study, is based on data collected at the first time point with the *Trainee Current Practice Report* (TCPR-1). This instrument was largely based on the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ; cf. Orlinsky & Rønnestad, 2005) and included item content that could be expected to change over time. These were adapted for repeated use by trainees by doubling the number of item scale points in order to be more sensitive to change over time. Most items

Implications for Practice and Policy

- Findings offer potential guidelines for consideration in candidate selection.
- Trainees in practice patterns requiring extra supervisory support are identified.
- Positive and negative influences on trainee development are described.
- Supportive workplace and supervisory conditions can contribute to trainee development.

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are structured response scales or checklists, but space was also provided for textual response to open-ended questions. The *Trainee Background Information Form* (TBIF), also based on the DPCCQ, provided data that would not change over time, such as the trainee's life history and experiences to date.

The domains of the TBIF and TCPR mirror the domains of the DPCCQ, but because of reformulation of TCPR items for repeated measurement use, its factorisation was renewed. Exploratory factor analyses of the TCPR domains yielded conceptually identical dimensions as previously found in the DPCCQ. The following description of the measures shows the content and reliabilities of the domains and their factors.

2.2 | Measures

2.2.1 | Aspects of therapeutic work

The domains of the TCPR through which HI and SI are assessed include trainees' perceived clinical skills, difficulties in practice, coping strategies when dealing with difficulties, manner of relating with patients and feelings in recent treatment sessions with patients. Each of those was surveyed with multiple items, typically rated on a 0 to 10 scale (e.g. 0—not at all, 2—slightly, 4—somewhat, 6—moderately, 8—much and 10—very much).[i] To reduce the number of variables, each set of items was factor-analysed, and reliable multi-item scales were computed to represent that domain. The resulting set of multi-item scales for the relevant domains were in turn factor-analysed, identifying two higher level dimensions that could form reliable second-order scales, interpreted, respectively, as HI and SI.[ii]

Healing Involvement (HI; $\alpha=.82$[iii]) was defined by the following first-level factors (in order of loadings):

(1) 'Relating Effectually with Patients' (e.g. wise, effective, skilful, intuitive and energetic; $\alpha=.79$);

(2) 'Basic Relational Skills' (e.g. engaging an alliance and effective in communicating concern; $\alpha=.80$);

(3) 'Affirming in Relating with Patients' (e.g. accepting, accommodating, friendly, tolerant and warm; $\alpha=.84$);

(4) 'Technical Expertise' (e.g. constructive use of self in therapy, mastery of techniques, moment–moment understanding of process, and subtlety and finesse in therapeutic work; $\alpha=.91$);

(5) 'Feeling "Flow" in Recent Sessions' (e.g. inspired, stimulated and creative; $\alpha=.76$);

(6) 'Feeling Responsive in Recent Sessions' (e.g. calm, focussed and relaxed; $\alpha=.70$);

(7) 'Adaptable in Relating with Patients' (e.g. receptive, reflective and pragmatic; $\alpha=.62$);

(8) 'Constructive Coping with Difficulties' (e.g. discussing problems with a peer or colleague and consulting a supervisor; $\alpha=.69$).

Stressful Involvement (SI; $\alpha=.80$) was defined by the following first-level factors (in order of loadings):

(1) 'Negative Personal Reaction to a Patient' (e.g. not finding something to like or respect in a patient and difficulty withstanding a patient's neediness; $\alpha=.83$);

(2) 'Feeling Anxiety in Recent Sessions' (e.g. anxious, tense, pressured and trapped; $\alpha=.70$);

(3) 'Professional Self-Doubt' (e.g. being unsure how to deal with a patient, lacking confidence that you can help and feeling demoralised about lack of progress; $\alpha=.80$);

(4) 'Avoidant and/or Critical Coping' (e.g. avoiding dealing with problem and criticising a client for causing trouble; $\alpha=.60$);

(5) 'Feeling Boredom in Recent Sessions' (e.g. bored, inattentive and drowsy; $\alpha=.74$).

Work Involvement Patterns. Four patterns of practice experience were defined by dividing HI and SI into two levels and the constructing a 2×2 table having four cells. The cut-off points for the two dimensions were determined by considering their respective distributions, the various scale anchors and the consensual judgement of experienced senior clinicians and trainers. For HI, a cut-off of 19 on a scale of 30 was chosen to distinguish a majority of trainees who were experiencing at least 'Moderate Healing Involvement' in doing therapy from those experiencing 'Less than moderate Healing Involvement'. For SI, the chosen cut-off was 9.5, separating trainees experiencing 'Little Stressful Involvement' from a minority experiencing 'More than a little Stressful Involvement' in their practice. Because clinical judgement was one element in selecting these cut-offs, a degree of subjectivity is involved, and we recognise that setting different cut-offs would result in different percentages of trainees within each of the four cells.

2.2.2 | Possible correlates: Work and professional characteristics

The following variables were assessed in the TCPR as potential HI and SI correlates.

(1) 'Practice Duration': Years and months of therapeutic practice to date.

(2) 'Trainee Caseload': Number of current cases across treatment modalities (e.g. individual, couple, family and group).

(3) 'Theoretical Orientation': The extent to which therapeutic practice was influenced by *each* of the following orientations was rated on a 0–10 scale[iv]: Analytic-psychodynamic, Cognitive-Behavioural, Humanistic, Interpersonal, Systemic and Integrative/Eclectic.

(4) 'Frame Flexibility': A reliable scale ($\alpha=.74$) was constructed by combining responses[v] to 'With your current clients, how often do you… (a) Have phone or mail contact other than for setting appointments? (b) Schedule periodic additional or emergency sessions? (c) Agree to meet in locations other than your normal therapy setting? (d) Allow sessions to run over time by a substantial margin? (e) Intercede on a client's behalf with other individuals or agencies?'

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(5) 'Professional Autonomy': A reliable scale ($\alpha = .75$) was constructed from responses[vi] to (a) Are you able to select the clients with whom you work? (b) Are you able to set the number of clients with whom you work? (c) Are you able to select the theoretical orientation(s) you use? (d) Can you decide on the duration of therapy you offer?

(6) 'Work Setting Support' was rated (cf. note 5) from 'In the main setting where you currently practice, how much do you feel supported in your work?'

(7) 'Peer Support' was reliably ($\alpha = .89$) rated (cf. note 5) by combining responses to 'Currently in the training program how much do you feel you are part of a cohort with other trainees? Do you feel a sense of support and camaraderie in the group?'

(8) (a) 'Supervisory Support' was rated (cf. note 5) from 'How much does the supervision you are getting provide support for your therapeutic work?' (b) 'Supervisory Critique' was rated from 'How much does the supervision you are getting feel judgmental or critical of your therapeutic work?' (c, d) 'Supervisory Satisfaction' and 'Supervisory Dissatisfaction' were rated from 'How much are you satisfied with the supervision you are currently getting?' 'How much are you dissatisfied with the supervision you are currently getting?'

2.2.3 | Possible correlates: Trainee personal characteristics

Personal characteristics were surveyed with the TBIF:

(1) 'Demographics' including (a) age, (b) gender, (c) marital status and (d) parental status.

(2) Personal self-identity, defined as an individual's self-experience in close personal relationships (Orlinsky et al., 2019), was assessed with 35 self-descriptive adjective scales rated (cf. note 1) following the question: 'How would you describe yourself as you really are in your close personal relationships?' Factor analysis (principal components extraction and Varimax rotation) yielded four reliable dimensions: (a) 'Genial/Caring' (e.g. warm, friendly, tolerant, receptive, nurturant and optimistic; $\alpha = .76$); (b) 'Forceful/Exacting' (e.g. directive, demanding, authoritative and challenging; $\alpha = .76$); (c) 'Reclusive/Remote' (e.g. reserved, guarded, private and sceptical; $\alpha = .72$); (d) 'Practical/Determined' (e.g. organised, pragmatic and determined; $\alpha = .66$).

(3) Attachment Style: Adult attachment was assessed with an adaptation of the *Experiences in Close Relationships* short questionnaire (ECR-S) (Wei et al., 2007), an instrument yielding scores on two insecure attachment dimensions: (a) 'Avoidant Attachment' (e.g. 'I prefer not to show a partner how I feel deep down') and (b) 'Anxious Attachment' (e.g. 'I worry about being abandoned'). Using a Likert-type scale from 1 (strongly disagree) to 7 (strongly agree), these subscales have shown good retest reliability (Wei et al., 2007) and adequate to good internal consistency: $\alpha = .78$ (Anxiety) and $\alpha = .84$ (Avoidance); and in the current sample: $\alpha = .74$ (Anxious Attachment) and $\alpha = .80$ (Avoidant Attachment).

(4) 'Current Economic Situation' was assessed with the question, rated on a 0 to 5 scale[vii]: 'How difficult is your personal economic or financial situation currently?'

(5) 'Life Satisfaction' and 'Life Stress' were assessed (cf. note 6) from 'How satisfying is your life at present?' and 'How stressful is your life at present?' (Heinonen et al., 2022; Nissen-Lie et al. 2021).[viii]

(6) 'Personal Therapy': Trainees were asked 'Are you currently in some type of personal therapy, analysis, counseling or self-exploration?' and, if so, then rated (cf. note 6) for 'What is the value of this therapy to you as a person?'

2.2.4 | Current professional development

Two dimensions of ongoing development were identified by factor analysis (Orlinsky & Rønnestad, 2005): (a) 'Currently Experienced Growth' (e.g. deepening your understanding of therapy and have a growing sense of enthusiasm about doing therapy; $\alpha = .89$) and (b) 'Currently Experienced Depletion' (e.g. losing your capacity to respond empathically and feeling your performance has become mainly routine; $\alpha = .67$).

2.3 | Participants

Participants were 454 psychotherapy trainees, drawn in varying numbers in opportunity samples from several mainly (but not only) European countries. The main aim in recruitment was to acquire a varied sample that would be large enough for statistical analyses. Trainees signed informed consent statements; were enrolled in psychotherapy trainings of varied theoretical orientations; and were located at programmes whose own (or affiliated) research ethics committee approved the study. Trainees were then sent links to interactive online versions of the TBIF and TCPR (excepting in Finland and some in Italy who received paper-and-pencil forms). Table 1 summarises the demographic, professional and personal characteristics of the participants.

2.3.1 | Demographics

Gender and age

A great majority (83%) of trainees identified as women. Trainees' ages spread almost evenly across the adult years: about 33% each for young adults (19–29), prime-age adults (30–39) and mature adults (40–71).

Marital status

Most trainees were either married (36%) or living with a partner (28%), more so among older (77.4%) and mature (68.2%) than younger (43.7%) trainees.

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TABLE 1 Trainee sample: Individual and programme characteristics ($N \cong 454$).

Age	**M/med**	**SD**
In years	36.5/34.3	9.6
By age group	*N*	%
19–29	153	33.8
30–39	152	33.6
40–71	148	32.7
Sex	***N***	**%**
Female	374	82.7
Male	78	17.3
Country[a]	***N***	**%**
Argentina	24	5.3
Austria	99	21.8
Canada	1	0.2
Chile	30	6.6
Finland	68	15.0
Germany	86	18.9
Ireland	3	0.7
Italy	37	8.1
Lithuania	19	4.2
Romania	10	2.2
Switzerland	23	5.1
United Kingdom	48	10.6
United States	6	1.3
Marital status	***N***	**%**
Single	144	33.3
Living w. partner	119	27.5
Married	155	35.9
Separated/divorced	14	3.2
Program duration	***N***	**%**
<3 years	74	16.9
3 to <4 years	103	23.5
4 to <5 years	129	29.4
≥5 years	133	30.3
Program orientation[b]	***N***	**%**
Psychodynamic	167	36.9
Cognitive-behavioural	151	33.4
Humanistic	147	32.5
Interpersonal	144	31.9
Systemic	86	19.0
Integrative	154	34.1
Academic preparation	***N***	**%**
Masters or higher	291	65.2
Bachelor	115	25.8
High school or less	40	9.0
Prior therapy practice	**M/Med**	**SD**
In years	3.24/0.00	5.4

(Continues)

TABLE 1 (Continued)

By group	*N*	%
0.0	203	55.3
>0.0–<5.0	69	18.8
≥5.0	95	25.9
Training experiences	**M/Med**	**SD**
Current cases	13.2/ 7.0	18.6
Supervision/therapy	***N***	**%**
In supervision	384	85.0
In personal therapy	284	62.8
Ever in personal therapy	384	84.6

[a]Country where training.
[b]Strongly perceived emphasised; multiple emphases allowed.

Nation

Larger proportions of trainees were from Austria, Germany, Finland, the UK and Italy.

2.3.2 | Training programmes

Programme duration

Despite the minimal inclusion criterion of 1 year, most trainees (97%) were in programmes lasting longer than that, and 83% of the trainees were enrolled in programmes of 3 or more years duration.

Academic preparation

About two-thirds of trainees had a masters-equivalent level, one-fourth a bachelors level and fewer than 10% only a secondary or lower education.

Previous clinical experience

A majority (55%) of trainees were in entry-level professional training and had no previous experience doing therapy, but others had already worked as therapists and would be viewed as in advanced professional training.

Theoretical orientations

Orientations rated on the 0–10 scale as 8 ('great'), 9 or 10 ('very great') were considered 'salient' (aggregating to more than 100% because many endorsed more than one salient). All orientations except systemic were endorsed by at least 30% of trainees.

Current caseload

Trainees treated a substantial number of cases on average, but the mean vs. median difference shows a few had even larger caseloads.

Developmental guidance

Two common forms of guidance in therapists' professional development are supervision (e.g. Bernard & Goodyear, 2019; Rønnestad & Ladany, 2006) and personal therapy (Geller et al., 2005; Orlinsky et al., 2022). Most (85%) trainees were currently being supervised;

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most (85%) had ever been in personal therapy; and a large majority (65%) were currently in personal therapy.

2.4 | Data analyses

Cronbach's alpha (α) was used to determine the levels of internal consistency (reliability) for multi-item scale variables. Chi-square tests were used to determine associations between categorical variables. Nonparametric Spearman's correlations (ρ) were calculated to determine associations between continuous measures for HI, SI and variables reflecting trainees' work situation, professional characteristics and personal life. Correlations of $\rho \geq .2$ (4% shared variance) are cited in the text. This exploratory investigation assessed relationships with multiple independent variables without an alpha-level adjustment because its main aim was detecting trainee characteristics and situations related to HI and SI. Our study aims to generate rather than test hypotheses derived from theoretical propositions or replications of prior empirical studies. Analyses used SPSS for Mac version 28.0.0.

3 | RESULTS

3.1 | Question 1: Typical experiences of trainees on the HI and SI dimensions

Psychometric features of HI and SI scales are shown in Table 2. For HI, both mean and median were around 20 on a 0–30 scale (0—none; 30—maximum possible), suggesting a relatively normal distribution. The SD was about 3, and the range extended from about 8 to nearly 28. Translating to the 0–10 scale, the mean is 6.57 and median 6.33, or about a quarter of a point more than 'moderate'. With SD = ±0.99, a majority of trainees scored between 5.58 and 7.56 (i.e. from not quite 'moderate' HI to nearly 'much' HI). Scores ranged from 9.20 (close to 'very much') to 2.63 (just above 'slight').

For SI, the mean on the 0 to 30 scale was 7.54 and median was 7.39, or 2.51 and 2.46 on the 0–10 scale, or slightly more than a 'little' SI on average. With SD = ±0.95 on the 0–10 scale, a majority of trainees were between 1.51 and 3.41 (i.e. from less than 'little' to about 'some' SI). Scores ranged from 5.7 (close to 'moderate' SI) to 0.88 (between 'little' and 'none at all'). The 'average trainee' experienced more than moderate HI, and just more than a little SI.

3.2 | Question 2: Trainee work involvement patterns

As HI and SI reflect distinct but interdependent[ix] aspects of treatment experience, combining HI and SI scores generates uniquely different work involvement patterns. Using a 2×2 cross-tabulation of higher versus lower scores[x] on HI and SI, Orlinsky and Rønnestad (2005) created four such patterns: (1) *Effective Practice*, 'more than moderate' HI with 'slight or lower' SI; (2) *Challenging Practice*, 'more than moderate' HI but also 'more than slight' SI; (3) *Disengaged Practice*, 'moderate or lower' HI and 'slight or lower' SI; and (4) *Distressing Practice*, 'more than slight' SI together with 'moderate or lower' HI (Table 3).

The largest group of trainees (50.2%) experienced an *Effective Practice*. A relatively small group (11.7%) were in a *Challenging Practice*, having 'more than moderate' HI but 'more than a little' SI. The two patterns with relatively high HI included three-fifths of the trainees.

Trainees in the other two patterns appeared less fortunate, particularly the small but not negligible group in a *Distressing Practice* (11.7%) who had 'more than a little' SI without the rewarding experience of 'more than moderate' HI. Finally, about one-fourth (26.4%) of trainees had what could be called a *Disengaged Practice*, lacking a positive experience of helping their patients through therapy (only 'moderate or less' HI), but also suffering little if any SI.

3.3 | Question 3: Personal, professional and situational correlates of HI and SI

3.3.1 | Personal characteristics

Of trainees' personal characteristics that correlated with HI, the strongest positive associations were with Current Life Satisfaction ($\rho = .40$), and being personally both Genial/Caring ($\rho = .39$) and Practical/Determined in close relationships ($\rho = .29$) (Table 4). HI was most strongly negatively associated with having Avoidant Attachment ($\rho = -.27$) or Anxious Attachment ($\rho = -.22$) relationships.

Stressful Involvement was strongly positively associated with relative youth ($\rho = -.30$ for age); an Anxious attachment style ($\rho = .26$); currently experiencing more Life Stress ($\rho = .27$); and less Life Satisfaction ($\rho = -.25$). SI tended to be lower for older trainees, with more current Life Satisfaction ($\rho = -.25$), and with having children ($\rho = -.23$).

TABLE 2 Healing Involvement and Stressful Involvement: Trainee sample psychometrics.

Dimension	α	N	M	Med	SD	Range
Healing involvement	.82	455	19.7	19.9	2.98	7.9–27.6
Stressful involvement	.80	454	7.54	7.39	2.86	0.76–17.1
HI × SI	ρ		N			p
	−.32		454			<.001

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3.3.2 | Professional characteristics

Of the professional characteristics studied, the only notable positive correlate of HI was having a Humanistic orientation ($\rho = .22$). None were correlated negatively with HI, and either positively or negatively with SI (Table 5, top tier).

TABLE 3 Trainee work experience patterns.

	Stressful involvement		
Healing involvement	Little or less (≤9.5)	More than a little (>9.5)	Total
More than moderate (>19)	*Effective practice*	*Challenging practice*	
n	228	53	281
%	50.2%	11.7%	61.9%
Moderate or less (≤19)	*Disengaged practice*	*Distressing practice*	
n	120	53	173
%	26.4%	11.7%	38.1%
Total			
N	348	106	454
%	76.7%	23.3%	100.0%

3.3.3 | Situational characteristics

Situational factors positively associated with HI included experiencing Professional Autonomy in clinical practice ($\rho = .30$), Work Setting Support ($\rho = .29$) and Supervisory Support and Satisfaction ($\rho = .26$) (Table 5, middle tier). By contrast, higher SI was associated with exposure to Critical/Judgmental Supervision ($\rho = .29$), and Dissatisfaction with Supervision ($\rho = .26$). SI was negatively associated with Professional Autonomy in practice ($\rho = -.22$) and Supervisory Support and Satisfaction ($\rho = -.20$).

3.4 | Question 4: Therapeutic work and professional development

Experiencing therapeutic work as a HI was strongly associated with trainees' sense of Current Growth as a therapist ($\rho = .51$), and with a feeling of having Overcome Past Limitations ($\rho = .42$) and Realised One's Full Potential ($\rho = .37$) as a therapist (Table 5, bottom tier). Experiencing therapeutic work as a SI was strongly associated with a burnout-like sense of Current Depletion ($\rho = .46$), which was mitigated if trainees also experienced Current Growth ($\rho = -.24$) and having Realised One's Potential ($\rho = -.23$) as a therapist.

TABLE 4 Healing and Stressful Involvement correlates of trainees' personal characteristics.

	Healing involvement			Stressful involvement		
Individual characteristics	ρ	N	*p*	ρ	N	*p*
Demographic						
Age	.18	455	<.001	**−.302**	453	<.001
Gender[a]	.05	456	ns	−.04	454	ns
Married[a]	.09	436	ns	−.11	434	.02
Parent[a]	.19	454	<.001	**−.23**	453	<.001
Intimate self-experience						
Genial/caring	**.39**	455	<.001	−.05	453	ns
Forceful/exacting	.03	455	ns	.01	453	ns
Reclusive/remote	−.17	455	<.001	.16	454	<.001
Practical/determined	**.29**	455	<.001	−.14	453	.003
Attachment style[b]						
Anxious attachment	**−.22**	455	<.001	**.26**	453	<.001
Avoidant attachment	**−.27**	454	<.001	.19	452	<.001
Current life quality						
Current satisfaction	**.40**	445	<.001	**−.25**	443	<.001
Current stress	−.17	445	<.001	**.27**	443	<.001
Economic/financial difficulty	−.08	456	ns	.17	444	<.001
Personal therapy						
Currently in therapy[a]	.02	455	ns	.07	453	ns
Personal value	.05	286	ns	−.07	286	ns

Note: Bold values are used for correlations of ≥.20 to call attention to major findindings.

[a]Point-biserial correlation.

[b]ECRS.

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TABLE 5 Healing and Stressful Involvement correlates of trainees' work and training.

Trainees' work and training	Healing involvement			Stressful involvement		
	ρ	N	p	ρ	N	p
Experience level						
Total practice duration	12	365	.02	−.03	364	ns
Current training duration	.06	453	ns	.01	452	ns
Treatment approach						
Analytic/psychodynamic	−.09	453	.05	.12	452	.01
Cognitive-behavioural	.08	453	ns	.14	452	.003
Humanistic	**.22**	453	<.001	−.11	452	.03
Interpersonal	.08	453	ns	.06	452	ns
Systemic	.08	453	ns	.09	452	ns
Integrative	.09	453	ns	.01	452	ns
Frame flexibility	.17	455	<.001	.16	454	<.001
Practice setting						
Caseload	.19	450	<.001	.05	449	ns
Professional autonomy	**.30**	451	<.001	**−.22**	450	<.001
Work setting support	**.29**	453	<.001	−.16	452	<.001
Peer group support	.12	440	.01	−.02	438	ns
Supervision						
Support and satisfaction	**.26**	348	<.001	**−.20**	387	<.001
Critical/judgemental supervision	−.10	388	.05	**.29**	387	<.001
Dissatisfied w. supervision	−.12	388	.02	**.26**	388	<.001
Professional development						
Current growth	**.51**	454	<.001	**−.24**	453	<.001
Current depletion	−.16	454	<.001	**.46**	453	<.001
Overcame past limitations	**.42**	392	<.001	−.13	392	.01
Realised potential as therapist	**.35**	393	<.001	**−.21**	392	<.001

Note: Bold values are used for correlations of ≥.20 to call attention to major findindings.

4 | DISCUSSION

4.1 | Limitations

To start with the limitations of this study, a major shortcoming undoubtedly is the lack of representativeness in the sample, which makes generalisation of the results statistically problematic. The sample is representative neither of the nations where trainings occurred nor the theoretical orientations or other characteristics of trainees. On the contrary, the lack of a widely accepted conceptual definition of 'psychotherapists' as a statistical population clearly limits attempts to obtain a statistically representative sample. Alternatively, the heterogeneity or internal diversity of the sample lends a measure of generality to the findings which emerged despite the greater random variability introduced by this heterogeneity.

A second limitation stems from the fact the study reflects the observational perspectives of trainees concerning their own individual characteristics and experiences. Validity of self-reports varies, as some self-reports are typically viewed as factual (e.g. age, gender and marital status) while others require conscious reflection (e.g. difficulties in practice and feelings during sessions) and judgement (e.g. current growth as a therapist). A more comprehensive study might include the perspectives of trainers and supervisors, and possibly also of patients, but strenuous insistence on multiple observational perspectives may deter gathering interesting and useful information.

A third limitation is the cross-sectional design of the study, in so far as it concerns the concept of development; yet, the findings may prove a useful step towards the longitudinal analyses that are a main goal of the SPRISTAD project (cf., Orlinsky et al., 2024).

With these caveats in mind, the implications of the study's findings can be considered.

4.2 | Question 1: Typical therapeutic work experience

Findings concerning the first research question show therapy as practised and experienced by the 'average' trainee (whatever that might mean in a sample so diverse in terms of age, marital status,

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nationality and theoretical orientation). Overall, a majority of trainees (SD = ±1) had a moderately positive experience, with HI from just under 'moderate' to almost 'much' and SI from less than 'slight' to nearly 'some'. However, more interesting may be the rarer individuals whose experiences were closer to the *extremes*: the 'easy learner' at the top of HI; the 'luckless apprentice' at the HI bottom; the 'struggling student' at the SI top; and the 'confident beginner' with the lowest SI. These trainees are likely to be ones who attract, or require, the most attention from supervisors, trainers and researchers.

4.3 | Question 2: Work involvement patterns

A more comprehensive approach to variations in HI and SI is by viewing them as complementary, producing a two-dimensional field that allows trainees to be sorted into contrasting groups. Only half the trainees in our sample experienced therapeutic work as an Effective Practice, which is comparable to the initial DPCCQ sample of Orlinsky and Rønnestad (2005 p. 84); to a group of therapists in an outpatient setting (Zeeck et al., 2012); and to findings by Gossmann et al. (2022) in a large probability sample of psychotherapists in Germany. However, these patterns may be context-dependent, since a contrasting distribution was found by Zeeck et al. (2012) for therapists in a day hospital setting, and quite a different one among the UK therapists forced by COVID-19 to conduct remote rather than face-to-face therapy (James et al., 2022).

The other half of our trainees experienced therapeutic work as a Challenging Practice, a Distressing Practice or a Disengaged Practice. The first two were characterised by relatively high SI, and both should be identified by trainers as needing extra supervisory or other help. Those in the third group, with relatively low SI but low HI too, might need more creative stimulation to foster engagement.

The main point highlighted by these studies is that qualitatively different practice patterns appear in therapist *and* trainee samples; that therapists and trainees are *not* homogenous in how they experience themselves in their principal role with patients, but differ much in their experienced effectiveness, comfort and resilience. They are also not homogeneous with respect to the impacts of their practice, whether that impact be patient outcomes (e.g. Wampold & Owen, 2021) or development as trainees. Researchers who previously attempted to study trainee development longitudinally reached similar conclusions. Evers et al. (2021) stated, 'Our findings highlight that training might not be equally effective across all outcomes and that trainees might develop differently during training'. Dennhag and Ybrandt (2013) observed, 'The individualized reliable change scores show that the process during training is different for different students'. Qualitative studies of psychotherapist development (e.g. Rønnestad & Skovholt, 2013) have also shown large variations in how students and therapists learn, as well as changes in learning preferences across the professional career. Trainers and researchers alike should not expect all trainees to respond similarly to training, but rather be prepared to deal with their differences.

4.4 | Question 3: HI and SI correlates

4.4.1 | Individual qualities

The individual correlates of HI and SI seem potentially most applicable to the initial selection of candidates. Assuming that the therapist's experience of HI is generally associated with improved patient outcomes, whether directly (e.g. Heinonen, Knekt, Jääkeläinen, & Lindfors, 2013; Heinonen, Lindfors, Laaksonen, & Knekt, 2013; Nissen-Lie et al., 2012; Schröder et al., 2016) or indirectly through enhanced working alliance (e.g. Heinonen, Lindfors, Härkänen, et al., 2013; Nissen-Lie et al., 2010), the results of our study would seem to imply (a) that individuals whose core personal identity is strongly Genial/Caring (warm, nurturant and involved) and Practical/Determined (organised, pragmatic and energetic), and (b) who typically form secure rather than Anxious or Avoidant attachments tend to have higher levels of HI and might be more suitable candidates, especially if (c) they seem basically satisfied in their private lives. Complementarily, enhancing the likelihood of having an Effective Practice by being less prone to SI would lead also to taking candidates with more current Life Satisfaction, less current Life Stress, who are less Anxiously attached, and somewhat older.

Individuals' ability to form and maintain secure attachments in their personal lives may be an asset in their therapeutic work (cf. Strauss & Petrowski, 2017, p. 125). Likewise, having a private life that is satisfying and not too stressful could enable trainees to feel more equanimity when dealing with patients' problems, rather than identifying with patients' problems or being distracted by their own. Alternatively, candidates who may be prone to experiencing therapeutic work as a Distressing Practice (i.e. low HI and high SI) would include those with insecure (especially Anxious) attachment styles, and whose own lives are more stressful than satisfying. Candidates who feel less Genial/Caring and less Practical/Determined in their close relationships may experience lower HI levels, which also define a Distressing Practice. The relevance of trainees' personal qualities is more than just clinical lore but is supported by a rich body of research (e.g. Heinonen & Nissen-Lie, 2020).

Strikingly, almost all of the individual characteristics related to HI and SI (both positively and negatively) were personal rather than professional in nature, which tends to reinforce the views of Norcross and Karpiak (2017) and highlights the importance of research on therapists as persons (e.g. Orlinsky, 2022). Except for a Humanistic theoretical orientation (which may reflect attentiveness to felt experience), professional characteristics made little difference in how trainees experienced their therapeutic work.

4.4.2 | Situational factors

Situational correlates of HI and SI, in training programmes and treatment settings, are relevant to understanding (and potentially modifying) the environmental circumstances that may mitigate or amplify a trainee's individual qualities; for example, trainees experiencing

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less than optimal HI might benefit from more supportive supervision and from social support in their main work setting. Trainees might also attain more HI if they have greater professional autonomy in controlling the conditions in which they practice. Adding a Humanistic component to the mix of theoretical orientations offered by a programme might reinforce their trainees' predisposition to find therapeutic work a HI.

By contrast, having to do therapy under tightly controlled practice conditions that minimise trainees' professional autonomy might foster SI. Even worse, allowing trainees to get into supervisory relationships that they perceive as critical and judgmental, and with which they are dissatisfied, could heighten SI by creating a situation that Rønnestad and Orlinsky (2005) termed *double traumatisation*—that is, struggling to cope with one's supervisor while also struggling to cope with one's patient. Trainees whose individual characteristics predispose to high HI, and are in an Effective or Challenging Practice, might survive such negative supervision for a time, although not without some damage, but critical and judgemental supervision might prove toxic for trainees whose individual characteristics predispose to high SI, and who might be in a Distressing Practice. It is precisely those trainees who most likely need supportive and satisfying supervision, as well as workplace support, if their clinical work is to help them eventually become acceptable professional therapists—rather than career dropouts or, if they remain in the profession, possible sources of negative effects for patients (Castonguay et al., 2010; Strauss & Frenzi, 2023). While correlations such as these do not show a causal influence of situational factors on HI and SI, it seems conceptually more plausible than to view HI and SI as influencing these situational factors.

4.5 | Question 4: Professional development

The measure of Currently Experienced Growth used in this study can be understood as the progressive self-realisation of the trainees' chosen professional role-identity; into which they invest significant amounts of time, energy, money, emotional sensitivity and self-regard; and through which they may become more comfortable, capable, resilient and effectively helpful in their therapeutic role performance with patients.

The strongest associations we found were correlations of therapeutic work as a HI with trainees' Currently Experienced Growth; and a comparable link of SI with Currently Experienced Depletion—or 25% and 21% of shared variances. This confirms, with trainees, the connection of therapeutic work with professional development found among psychotherapists in general (Orlinsky & Rønnestad, 2005) and reflects therapists' ratings of work with patients as a highly important source of development (Orlinsky et al., 2001). Qualitative research further testifies to the primary role of patients as a preeminent influence on counsellors and therapists' professional development (Skovholt & Rønnestad, 1992). Theoretical accounts of the developmental processes involved have been offered elsewhere by Rønnestad and Skovholt (2013) and Orlinsky and Rønnestad (2013).

4.6 | Implications for future research

The strong association between trainees' positive experiences of therapy when working with patients and their development as therapists heightens our interest in proceeding from cross-sectional to longitudinal data analysis as a next step in the SPRISTAD study (cf. Orlinsky et al., 2024). In doing so, we venture the following hypotheses based on the present study: (a) The most positive outcomes of training will be found for trainees experiencing an Effective Practice and, to a lesser degree, in a Challenging Practice to the extent their high SI is reduced; (b) little or no reliable development will be found for trainees experiencing a Disengaged Practice; and (c) negative outcomes may be found among trainees experiencing a Distressing Practice, unless successful steps are taken to counter their high SI and increase their low HI. Yet, for optimal training outcomes, those caught in a Challenging Practice or adrift in a Disengaged Practice also require attention. The goal of training surely is to help all trainees who can, to experience their therapeutic work as an Effective Practice.

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ENDNOTES

[i] One set of items on the trainee's 'Manner of Relating to Patients' was rated on a 0 to 6 scale (0—not at all, 2—some, 4—much and 6—very much), as a legacy from the DPCCQ. Consequently, 0–10 scales were multiplied by 3 and 0–6 scales by 5 in order to define a 0–30 metric. To recover 0–10 scale anchors, scores are divided by 3.

[ii] A detailed description of the procedures involved is found in Orlinsky and Rønnestad (2005).

[iii] All alphas were computed for the present sample and were very close to those found for the DPCCQ (Orlinsky & Rønnestad, 2005).

[iv] (0—not at all, 2—slightly, 4—somewhat, 6—moderately, 8—greatly, 10—very greatly).

[v] (0—never, 2—rarely, 4—occasionally, 6—fairly often, 8—often, 10—very often).

[vi] (0—not at all, 2—slightly,4—somewhat, 6—moderately, 8—much, 10—very much).

[vii] (0—not at all, 1—little, 2—some, 3—moderately, 4—greatly, 5—very greatly).

[viii] Although negatively correlated ($\rho = -.38$), they are clearly not redundant.

[ix] HI and SI share about 10% of their variance ($\rho = -.32$).

[x] The cut-off of 19 on HI, and that of 9.5 on SI, were slightly above the respective medians of 20 and 7.4. These cut-offs were independently determined for this study.

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REFERENCES

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision (6th edn)*. Merrill.

Castonguay, L. G., Boswell, J. F., Constantino, M. J., Goldfried, M. R., & Hill, C. E. (2010). Training implications of harmful effects of psychological treatments. *American Psychologist*, *65*(1), 34–49. https://doi.org/10.1037/a0017330

Dennhag, I., & Ybrandt, H. (2013). Trainee psychotherapists' development in self-rated professional qualities in training. *Psychotherapy*, *50*(2), 158–166. https://doi.org/10.1037/a0033045

Evers, O., Schröder-Pfeifer, P., Möller, H., & Taubner, S. (2019). How do personal and professional characteristics influence the development of psychotherapists in training: Results from a longitudinal study. *Research in Psychotherapy*, *22*(3), 424. https://doi.org/10.4081/ripppo.2019.424

Evers, O., Schröder-Pfeifer, P., Möller, H., & Taubner, S. (2021). The competence development of German psychotherapy trainees: A naturalistic, longitudinal and multidimensional outcome study. *Psychotherapy Research*, *32*, 539–553. https://doi.org/10.1080/10503307.2021.1950939

Geller, J. D., Norcross, J. C., & Orlinsky, D. E. (2005). *The psychotherapist's own psychotherapy: Patient and clinician perspectives*. Oxford University Press.

Gossmann, K., Rosner, R., & Barke, A. (2022). Work involvement and work satisfaction of psychotherapists: A nationwide online survey among psychotherapeutic practitioners in Germany. *Clinical Psychology & Psychotherapy*, *30*, 73–85.

Heinonen, E., Knekt, P., Jääkeläinen, T., & Lindfors, O. (2013). Therapists' professional and personal characteristics as predictors of outcome in long-term psychodynamic psychotherapy and psychoanalysis. *European Psychiatrist.*, *29*, 265–274. https://doi.org/10.1016/j.eurpsy.2013.07.002

Heinonen, E., Lindfors, O., Härkänen, T., Vitala, E., Jääkeläinen, T., & Knekt, P. (2013). Therapists' professional and personal characteristics as predictors of working alliance in short-term and long-term psychotherapies. *Clinical Psychology & Psychotherapy*, *21*, 475–494. https://doi.org/10.1002/cpp.1852

Heinonen, E., Lindfors, O., Laaksonen, M. A., & Knekt, P. (2013). Therapists' professional and personal characteristics as predictors of outcome in short-term and long-term psychotherapies. *Journal of Affective Disorders*, *138*, 301–312.

Heinonen, E., & Nissen-Lie, H. A. (2020). The professional and personal characteristics of effective psychotherapists: A systematic review. *Psychotherapy Research*, *30*(4), 417–432. https://doi.org/10.1080/10503307.2019.1620366

Heinonen, E., Orlinsky, D. E., Willutzki, U., Rønnestad, M. H., Schröder, T., Messina, I., Löffler-Stastka, H., & Hartmann, A. (2022). Psychotherapist trainees' quality of life: Patterns and correlates. *Frontiers in Psychology*, *13*, 864691. https://doi.org/10.3389/fpsyg.2022.864691

Hill, C. E., Spiegel, S. B., Hoffman, M. A., Kivlighan, D. M., Jr., & Gelso, C. J. (2017). Therapist expertise in psychotherapy revisited. *The Counseling Psychologist*, *45*, 7–53. https://doi.org/10.1177/0011000016641192

James, G., Schröder, T. A., & De Boos, D. (2022). Changing to remote psychological therapy during Covid-19: Psychological therapists' experience of the working alliance, therapeutic boundaries, and work involvement. *Psychology and Psychotherapy: Theory, Research and Practice*, *95*(4), 970–989. https://doi.org/10.1111/papt.12413

Nissen-Lie, H. A., Monsen, J. T., & Rønnestad, M. H. (2010). Therapist predictors of early patient-rated working alliance: A multilevel approach. *Psychotherapy Research*, *20*(6), 627–646.

Nissen-Lie, H. A., Monsen, J. T., Ulleberg, P., & Rønnestad, M. H. (2012). Psychotherapists' self-reports of their interpersonal functioning and difficulties in practice as predictors of patient outcome. *Psychotherapy Research*, *23*(1), 86–104.

Nissen-Lie, H. A., Orlinsky, D. E., & Rønnestad, M. H. (2021). The emotionally burdened psychotherapist: Personal and situational risk factors. *Professional Psychology: Research and Practice*, *52*, 429–438. https://doi.org/10.1037/pro0000387

Norcross, J. C., & Karpiak, C. P. (2017). Our best selves: Defining and actualizing expertise in psychotherapy. *The Counseling Psychologist*, *45*(1), 66–75.

Odyniec, P., Probst, T., Göllner, R., Margraf, J., & Willutzki, U. (2019). An exploratory study of patients' sudden losses during outpatient CBT and therapists' experience of difficulties. *Journal of Clinical Psychology*, *75*, 1–20. https://doi.org/10.1002/jclp.22828

Odyniec, P., Probst, T., Margraf, J., & Willutzki, U. (2017). Psychotherapist trainees' professional self-doubt and negative personal reaction: Changes during cognitive behavioral therapy and association with patient progress. *Psychotherapy Research*, *29*(1), 23–138. https://doi.org/10.1080/10503307.2017.1315464

Orlinsky, D. E. (2022). *How psychotherapists live: The personal self and private life of professional healers*. Routledge.

Orlinsky, D. E., Botermans, J.-F., & Rønnestad, M. H. (2001). Towards an empirically grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist*, *36*, 139–148.

Orlinsky, D. E., Hartmann, A., Willutzki, U., Rønnestad, M. H., & Schröder, T. A. (2024). *Trainees' Developing Experiences of Healing Involvement and Stressful Involvement: A Longitudinal Analysis*. Paper presented at the Society for Psychotherapy Research 55th annual international meeting; Ottawa Canada; June 26-29, 2024.

Orlinsky, D. E., Messina, I., Hartmann, A., Willutzki, U., Heinonen, E., Rønnestad, M. H., Löffler-Stastka, H., & Schröder, T. (2023). Ninety psychotherapy training programmes across the globe: Variations and commonalities in an international context. *Counselling and Psychotherapy Research*, *24*, 558–571. https://doi.org/10.1002/capr.12690

Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. APA Books.

Orlinsky, D. E., & Rønnestad, M. H. (2013). Positive and negative cycles of practitioner development: Evidence, concepts, and implications from a collaborative quantitative study of psychotherapists. In I. M. H. Rønnestad & T. M. Skovholt (Eds.), *The developing practitioner: Growth and stagnation of therapists and counselors* (pp. 265–290). Routledge.

Orlinsky, D. E., Rønnestad, M. H., Hartmann, A., Heinonen, E., & Willutzki, W. (2019). The personal self of psychotherapists: Dimensions, correlates, and relations with clients. *Journal of Clinical Psychology*, *76*, 461–475.

Orlinsky, D. E., Rønnestad, M. H., & Wiseman, H. (2022). Personal therapy. In I. D. E. Orlinsky (Ed.), *How psychotherapists live: The personal self and private life of professional healers* (chap. 9 pp. 148–167). Routledge.

Orlinsky, D. E., Strauss, B., Rønnestad, M. H., Hill, C., Castonguay, L., Willutzki, U., Hartmann, A., Taubner, S., & Carlsson, J. (2015). A collaborative study of development in psychotherapy trainees. *Psychotherapy Bulletin*, *50*(4), 21–25.

Rønnestad, M. H., & Ladany, N. (2006). The impact of psychotherapy training: Introduction section. *Psychotherapy Research*, *26*, 261–267.

Rønnestad, M. H., & Orlinsky, D. E. (2005). Clinical implications: Training, supervision, and practice. In I. D. E. Orlinsky & M. H. Rønnestad (Eds.), *How psychotherapists develop: A study of therapeutic work and professional growth* (pp. 181–202). American Psychological Association.

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Rønnestad, M. H., Orlinsky, D. E., Schröder, T. A., Skovholt, T. M., & Willutzki, U. (2018). The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counselling and Psychotherapy Research*, *19*, 1–17.

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*(1), 5–44.

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge.

Schröder, T., Steele, K., & Macdonald, J. (2016). Psychotherapists' process experiences predict client treatment outcomes: The work experience of British IAPT therapists in relation to staff burnout and client outcomes. Paper presented at the 47th annual conference of the Society for Psychotherapy Research, Jerusalem, Israel.

Skovholt, T. M., & Rønnestad, M. H. (1992). *The evolving professional self: Stages and themes in therapist and counselor development*. Wiley.

Strauss, B. M., & Frenzi, D. (2023). Nil Nocere: How to avoid harm in psychotherapy training. In L. G. Castonguay & C. E. Hill (Eds.), *Becoming better psychotherapists: Advancing training and supervision*. American Psychological Assn.

Strauss, B. M., & Petrowski, K. (2017). The role of the therapist's attachment in the process and outcome of psychotherapy. In L. G. Castonguay & C. E. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 117–138). American Psychological Association.

Taubner, S., Zimmermann, J., Kächele, H., Möller, H., & Sell, C. (2013). The relationship of introject affiliation and personal therapy to trainee self-efficacy: A longitudinal study among psychotherapy trainees. *Psychotherapy*, *50*(2), 167–177.

Wampold, B. E., & Owen, J. (2021). Therapist effects: History, methods, magnitude, and characteristics of effective therapists. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change: 50th anniversary edition* (pp. 297–326). John Wiley & Sons, Inc.

Wei, M., Russell, D. W., Mallinckrodt, B., & Vogel, D. L. (2007). The experiences in close relationship scale (ECR)-short form: Reliability, validity, and factor structure. *Journal of Personality Assessment*, *88*(2), 187–204.

Zeeck, A., Orlinsky, D. E., Hermann, S., Joos, A., Wirsching, M., Weidmann, W., & Hartmann, A. (2012). Stressful involvement in psychotherapeutic work: Therapist, client and process correlates. *Psychotherapy Research*, *22*(5), 543–555. https://doi.org/10.1080/10503307.2012.683345

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How to cite this article: Orlinsky, D. E., Rønnestad, M. H., Willutzki, U., Schröder, T. A., Heinonen, E., Löffler-Stastka, H., Messina, I., Pirke, J., & Hartmann, A. (2024). Healing involvement and stressful involvement experienced by psychotherapy trainees: Patterns, correlates and perceived development. *Counselling and Psychotherapy Research*, *00*, 1–12. https://doi.org/10.1002/capr.12788

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