Settings in Psychotherapy-Training

- **Svenja Taubner** (Berlin, Germany): Evaluation of Skype-based psychodynamic psychotherapy training in China
- **Thomas Munder** (Kassel, Germany):
- **Tony Rousmaniere** (Fairbanks, USA): Remote Live Supervision. Using videoconference for internet-based, one-way-mirror supervision
- Discussant: **Jan Carlsson** (Stockholm, Sweden)

EVALUATION OF SKYPE-BASED PSYCHODYNAMIC PSYCHOTHERAPY TRAINING IN CHINA

Svenja, Taubner, Ines Henning, Marc Schwietring & Horst Kächele

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Freud in China

- **1966-1976 Cultural Revolution**
  - Little mental health training or treatment and particularly no psychotherapy
- **1976-1989 "Opening Up"**
  - Revived interest in psychiatry, psychotherapy and psychoanalysis
- **1982 Sino-German Psychotherapy Training Program established by Dr. Alf Gerlach**
- **1980-present: China "invaded" by every kind of psychoanalyst & psychotherapist imaginable**
  - 30,000 Mental Health Professionals serving 1.3 billion people in China (mainly psychiatrists)

China-America-Psychoanalytic Alliance (CAPA) since 2008

- http://www.capachina.org/
- Psychodynamic Therapytraining for Chinese Mental Health Professionals
- Basic Training and Advanced Training (each 2 years)
- Theory & Supervision via Skype for 2 years
- „Personal Therapy"

Skype Analysis

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Research Questions

- a) How content are trainees with psychodynamic training via SKYPE?
- b) What kind of effects in terms of clinical competence and attitudes does SKYPE training have?
- c) Are there differences in the development of therapeutic attitudes and practice patterns between Chinese trainees with Skype training and German trainees in traditional training?

Sample: Trainees in psychodynamic psychotherapy training

	All	Chinese	German	T_Test/ Chi-Square
Sample	138	58	80	
Age M (SD) Range	33.85 (7.21) 24-57	36.71 (6.10) 27 - 57	31.97 (7.30) 24 - 55	C > G
Gender N (%)	f: 123 (84.2) m: 23 (15.8)	f: 48 (82.8) m: 10 (17.2)	f: 75 (85.2) m: 13 (14.8)	n.s.
Semester M (SD) Range	2.30 (1.8) 1-8	2.74 (2.2) 1-8	2.00 (1.4) 1 - 8	C > G

Instruments

Questionnaires	• **Therapeutic Attitudes Questionnaire (ThAT-TV)** • **Work-Involvement-Scales (WIS)** • **Attribution Complexity Scales (ACS)** • INTREX • Distance Communication Evaluation
Qualitative Interviews	• **5 Chinese Trainees** • 5 American Supervisors (work in progress) • **Both groups with semistructured Interviews per Skype**

ThAt-TV – Therapeutic Attitude Scales (TASC-2 scales)

- The TASC-2 scales consist of **9 subscales** that have been found reliably to discriminate therapists (and trainees) of different theoretical orientations:
  - Adjustment (α=.82), , Insight (α=.79) and Kindness (α=.71) as **curative factors**
  - Neutrality (α=.60), Supportiveness (α=.51) and Self-doubt (α=.73) as **therapeutic style factors**
  - Irrationality (α=.34), Artistry (α=.49) and Pessimism (α=.12) as **basic assumption factors**
- Trainee- Version includes some more specific questions relating to the background of trainees (e.g. satisfaction with training on a 5 point Likert scale)
- **We excluded basic assumption factors because of repeated problems with internal consistency**

Work Involvement Scales

- Work Involvement Scales (Orlinsky & Ronnestad 2005) with two subscales:
  - **Healing Involvement** (Healing), refers to therapist qualities like kindness, warmth, and tolerance that engage therapists in effective and constructive work patterns. (α=.79)
  - **Stressful Involvement** (Stress) refers to feelings related to anxiety, boredom, and conflict-avoidance strategies. (α=.87)
- Items are either rated from 0 (never) to 5 (very often)
  - "How effective are you at engaging patients in a working alliance?"
- or from 0 (not at all) to 3 (very much)
  - "Currently, how would you describe yourself as a therapist/your actual style or manner with patients? "Accepting", "Subtle", "Warm", etc.

Attributional Complexity Scale

- measures the complexity of the attributional schemata that people use to explain human behavior
- has been designed to investigate the different ways that people think about themselves and others
- Includes 28 items which are rated on a 7-point Likert scale (very untrue or inaccurate to very true or accurate)
- Good internal consistency (here: Cronbachs alpha = 0.94)
- "I have found that the causes for people's behavior are usually complex rather than simple."

Results I: Satisfaction with training, WIS and ACS

Satisfaction (1-5)	Chinese M (SD)	German M (SD)	Ancova/ Bonferoni
General	4.24 (.63)	4.12 (.68)	n.s.
Supervision	4.50 (.74)	4.08 (.89)	.050
Personal Therapy	3.60 (.99)	4.22 (.87)	.000

Work Involvement (0-15)	Chinese M (SD)	German M (SD)	Ancova/ Bonferoni
Stress	5.88 (1.76)	5.10 (1.82)	.000
Healing	10.27 (1.22)	10.79 (1.45)	.037

Attribution Complexity (0-7)	M (SD)
Chinese	5.49 (.79)
German	5.39 (.66)
Ancova/ Bonferoni	n.s.

Results II: ThAt-TV

Chinese
German

p=.011   p=.001   p=.000
p=.000
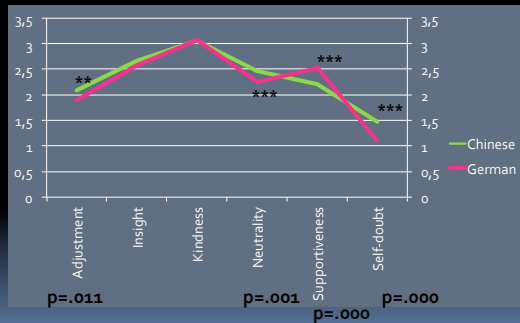
ANCOVA controlled for age, p= pairwise-comparisons by Bonferoni

Qualitative Analysis

- 5 Interviews with CAPA-Students in January 2013
- Method:
  - Semi-structured Interviews
  - qualitative content-analysis (Kuckartz 2012)
  - Deductive and inductive categories
  - Generalization of categories
- Sampling:
- 3 Advanced Training students with Personal Therapy, 1 Advanced Training Student with supervision, 1 Basic Training student with supervision
- Gender: 4 female, 1 male
- Age: between 34 and 42 yrs
- Professional Experience: between 5 and 8 yrs for the students in the Advanced Program, 10 years (including periods of part-time practice) for the student in the Basic Training Program

Results IIIa: Main results from Qualitative Interviews

- Skype enables continuous and meaningful relationship experiences during training
- Skype personal therapy and supervision create Transference experiences in the Trainees, described as
  - mild positive, good, helpful
  - holding attitude by training analyst
  - Enabling repition of relationship patterns and corrective emotional experiences
  - Relational style of training analyst reduces disadvantages of Skype
- However, they all would prefer face-to-face for personal therapy and supervision!

Results IIIb: Main results from Qualitative Interviews

- Skype-setting interfers with the transference
- Positive
  - More room for transference phantasies (therapist as part of a fairy tale)
  - More anonymous → greater openness
- Negative
  - Less holding, real, connected. More distance because the shared room is virtual. This was experienced as reinforcement of abstinence.
  - Internet problems cause rage and frustration, stops flow and emotions, create the feeling of being unimportant.
  - Restricted non-verbal interactions → less closeness
  - Technical settings influence phantasies (e. g. analysist looked older than in the face-to-face situation)
  - Difficult to understand if irritations are part of transference, therapist enactment or technical problems

Results IIIc: Main results from Qualitative Interviews

- Cultural differences
- Trainees do not feel the need to subordinate under the authority of the training analyst/ supervisior
- Problems are mainly based on language problems
- Cultural differences (importance of the group instead of the individual, high life-speed, Orientation to the outward instead of the inner world) → need for a Chinese Psychoanalysis

Summary and Discussion

- High attribution complexity in both groups (one motivation to become psychotherapist)
- Chinese and German psychodynamic trainees develop similar profiles in therapeutic attitudes
  - Kindness as curative factor has hightest scores
  - Differences in Adjustment, Supportiveness, Neutrality and Self-Doubt
- Contrast to prototypical psychoanalytic therapeutic attitudes
  - Cultural or SKYPE-related reasons
  - Pragmatic Orientation to the outside world (→ Adjustment)
  - Psychoanalysts are less neutral and more interpersonal in SKYPE-personal therapy (→ Kindness)

Summary and Discussion

- High general satisfaction with the training in both groups
- But SKYPE-settings may lead to less satisfaction in supervision and personal therapy
- Great distance between trainers and trainees may also lead to higher Self-Doubt, more Stress and less Healing Involvement concerning therapeutic work

Thank you for your attention!

IPU Berlin

University Kassel

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