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Abstract

Objective: The first study aimed to evaluate the impact of deliberate practice (DP) training within a bilingual CE program of existential therapy by assessing its effects on facilitative interpersonal skills (FIS), as perceived by both participants and independent raters. The second study focused on exploring participants' subjective experiences of the training, with a specific focus on repairing ruptures in the therapeutic alliance, while also assessing FIS. **Method:** Each week, participants engaged in DP training and recorded their responses to video stimuli from the FIS task, which simulated therapeutic encounters. In the second study, participants also documented their reflections on the program. **Results:** In the first study, improvements were observed in various dimensions FIS, although participants' self-perception of their abilities declined over time. In the second study, only verbal fluency showed significant improvement, with no changes in other dimensions. Participants' feedback on additional workshop activities revealed two key themes: Promotion of Skill Acquisition and Perceived Obstacles and Challenges, comprising 19 subcategories. **Conclusion:** The findings suggest that DP training can improve specific interpersonal skills, but its impact on self-perception may not be consistent. Further research is needed to explore the factors influencing skill development and participant perceptions in DP training.

Keywords: Deliberate Practice; Continuing Education; Alliance focused training; FIS; FIS-SR;

Introduction

Continuing Education (CE) is a cornerstone of professional development across diverse fields, including medicine, education, psychology and psychotherapy, ensuring practitioners remain updated with evolving knowledge and skills. CE is broadly defined as formal, structured learning experiences designed to sustain and improve professional competence, usually accredited by an authorized agency. According to the Institute of Medicine (IOM, 2010), effective CE programs should incorporate five key elements: a) conducting needs assessments to identify critical training areas, b) including interactive components such as skill development and group reflection, c) obtaining participant feedback to foster engagement, d) utilizing diverse learning methods with sufficient time to process material, and e) offering opportunities for clinical simulations during sessions. In clinical psychology and psychotherapy, the American Psychological Association (APA, 2015) highlights CE as a vital aspect of professional development, aimed at maintaining, enhancing, and expanding competencies and scientific knowledge to improve services. CE fosters reflection on learned material and encourages evaluation of the learning process itself to ensure continuous improvement.

Despite its recognized importance, CE programs face numerous challenges across healthcare and mental health services. Although interactive methods have demonstrated greater effectiveness compared to passive approaches (Bloom, 2005), many CE programs still predominantly rely on passive learning formats, such as didactic seminars (Taylor & Neimeyer, 2016). According to the Institute of Medicine (IOM, 2010), these passive approaches constitute over 90% of current offerings. Additionally, these programs are often informally designed, with limited systematic evaluation of their educational impact (Hartley et al., 2019). In psychology and other mental health professions, a primary focus on participant satisfaction as the main measure of success further restricts understanding of CE's true impact on professional practice and client outcomes (Taylor & Neimeyer, 2017).

Evidence regarding healthcare settings, including hospital-based medical and mental health care contexts such as psychiatric nursing, highlights that CE enhances self-efficacy (Lainé et al., 2019), improves knowledge and skills (Hartley et al., 2019), and is perceived by professionals as beneficial not only for their patients but also for their own professional growth (Singh, 2021). However, the effectiveness of CE programs in medical care, when evaluated through patient outcomes or changes in practitioner behavior, depends significantly on the nature of the intervention and the context in which it is applied (Rampatige, 2009). Research consistently shows that interactive, feedback-driven methods far surpass passive learning approaches in promoting meaningful changes in practice (Bloom, 2005; IOM, 2010; O'Brien, 2001; Rampatige, 2009; Taylor & Neimeyer, 2017)

These challenges are also reflected in outpatient consultation settings such as psychotherapy and clinical psychology services. Although psychologists generally recognize CE as beneficial and relevant to their practice (Jameson et al., 2007; Sharkin & Plageman, 2003; Taylor et al., 2019), research highlights persistent issues of therapist stagnation, where experience and training do not always correlate with improved client outcomes (Goldberg et al., 2016). Interestingly, therapists in earlier stages of training (e.g., graduate training) sometimes achieve better client outcomes compared to those in more advanced stages, such as postdoctoral or licensed practice (Erekson & Janis, 2017). To address these gaps, structured and evidence-based approaches, such as Deliberate Practice (DP), have been proposed to enhance CE effectiveness and align training with measurable improvements in therapeutic outcomes (Goodyear et al., 2016).

DP, defined as structured training aimed at improving specific performance aspects through repetitive practice and expert feedback (Ericsson & Lehmann, 1996), has been shown to be highly effective in fields such as music, sports, and medicine (Ericsson & Pool, 2016). Recent research suggests that DP could significantly enhance the skills of clinicians in psychology and

psychotherapy (Rousmaniere, 2017). The goal of DP is to enhance therapeutic outcomes and minimize repeated errors. This is achieved through a structured process that includes: (a) assessing current performance; (b) delivering personalized and immediate feedback; (c) establishing small, attainable learning goals tailored to the trainee's current capabilities; (d) conducting behavioral training focused on specific learning objectives; and (e) tracking and evaluating performance over time (Miller et al., 2017).

Given the current CE framework in mental health care, which has been described as a fragmented patchwork of inconsistent learning approaches and regulations (Adams & Sharkin, 2012; Daniels & Walter, 2002), DP may offer a focused and systematic approach to professional development. By prioritizing skill refinement through structured repetition, feedback, and attentive guidance, DP could provide a unifying, evidence-based approach to improving both therapist competencies and patient outcomes. As Cervero and Daley (2010) suggest, the challenges in CE are ultimately a "systems" issue, and integrating DP into CE could be a crucial component of the "system's fix" needed to establish a more cohesive, effective, and outcomes-driven model for mental health education.

Our study serves as an exploratory effort to examine the integration of DP into CE programs. It comprises two investigations conducted with the same group of participants — mental health professionals enrolled in a training program by the Portuguese Society of Existential Psychotherapy. This program, accredited by the Portuguese Psychologists Association (OPP), the European Association of Psychotherapy (EAP), and the Portuguese Federation of Psychotherapy (FEPPSI), requires participants to hold a university degree, typically a master's in psychology or psychiatry, with other backgrounds requiring additional evaluations and coursework to meet equivalency requirements.

The program's structure includes 250 hours of personal psychotherapy, 750 hours of training and 400 hours of clinical practice, aligning with the IOM's definition of CE that emphasizes both theoretical and practical development within a structured framework.

The first study examined the impact of a DP training program on participants' facilitative interpersonal skills (FIS) external and self-perceived performance. FIS encompasses a range of relational competencies which are critical for fostering a strong therapeutic alliance and improving therapy outcomes (Anderson et al., 2020; Anderson & Pearlman, 2019). The decision to focus on FIS in this study was driven by their established relevance across various therapeutic approaches, highlighting their universal role in enhancing therapeutic effectiveness (Anderson et al., 2020). Given that literature suggests therapists' self-assessments often differ from external evaluations, such as those provided by clients (Hill et al., 2019), we chose to assess both self-perception and external perception of performance during DP training.

The second study explores both the FIS and perception of each participant with DP training. This qualitative data provided insight into participants' subjective experiences and whether the training met their expectations. Together, these studies offer a comprehensive evaluation of DP's effectiveness in enhancing both professional competence and personal growth.

Method

Data collection began with a convenience sample of 16 participants, from which 14 expressed interest and ultimately formed the final sample. Participation was entirely voluntary, with an alternative theoretical task available for those who chose not to participate. Informed consent was obtained from all participants, emphasizing the voluntary nature of their involvement and guaranteeing confidentiality.

Participants ranged in age from 25 to 50 years ($M = 38.23$, $SD = 7.17$) and included 11 women and 3 men. 13 were from Portugal, and 1 was from Brazil. Professional experience varied from one to 25 years ($M = 13.23$, $SD = 6.28$), with clinical practice spanning 1 to 20 years ($M = 8.15$,

SD = 6.19). Educational backgrounds included master's, postgraduate, doctoral, and bachelor's degrees. One participant was completing a professional internship, while the others were fully qualified. Three participants had additional training in psychotherapy approaches such as logotherapy, EMDR, and family systems therapy.

Overview and Design

Data for both studies were collected during a four-year bilingual (Portuguese and English) existential psychotherapy course. The first study's data were gathered in 2022 during the second year of the program, within a seminar titled "*Observation and Training of the Therapeutic Experience*." The second study's data were collected in 2023 during the third year of the program, within a seminar titled "*Therapeutic Alliance and Ruptures*."

Participants completed the Facilitative Interpersonal Skills Task (Anderson et al., 2020), a performance-based task for the assessment of therapists' responses to challenging therapy situations. The task involves watching simulated patient videos of approximately one minute that depict challenging moments and responding as they would in a real therapy session.

Responses were recorded using Skillsetter®, an online platform that enables participants to view FIS Task videos, record their responses, and share them for review by coaches.

At the start of the training, participants attended an introductory session covering the training structure and exercise methodology. Between sessions, homework was assigned through the Skillsetter® platform. Its flexibility allowed practice from any location with internet access and appropriate privacy, ensuring workshop time focused on DP exercises rather than recording responses for the study. During homework, participants practiced their responses as often as needed, incorporating the tailored coach feedback provided beforehand. Repetition, a cornerstone of DP, was encouraged until they were satisfied with their response. Each week, recordings were collectively reviewed during module classes. Tutors provided feedback, and group DP exercises facilitated integration of this feedback to strengthen skills. New goals were set at the end of each workshop to guide the next stages of training.

At the end of the course, independent raters evaluated participants' responses to the videos, with inter-rater agreement calculated using the Intraclass Correlation Coefficient (ICC), yielding high agreement for both Study 1 (ICC = .869, 95% CI = [.654, .959]) and Study 2 (ICC = .772, 95% CI = [.441, .921]). Inter-rater reliability was assessed by two master's students and one doctoral student using the Facilitative Interpersonal Skills Task and Rating Manual (Anderson et al., 2013). To resolve any disagreements, a calibration session was held where raters reviewed the scale criteria, discussed the application of items, and analyzed sample videos together to ensure consistency in their ratings.

For both studies, a multi-level linear regression analysis was conducted (Hox et al., 2015) to account for the repeated-measurement nature of the data, with each observation representing a participant-video dyad nested within unique participant IDs. The dependent variables were the various FIS ratings, and the independent variable was session number, spaced one week apart, serving as a measure of time. This method is particularly suitable for our repeated-measures data, as it accounts for the nested structure of observations (participant-video dyads nested within unique participant IDs). By modeling within-subject variability and changes across time, the multi-level approach inherently avoids the issue of experimentwise error that arises with multiple hypothesis testing, such as from running numerous t-tests. In the second study, qualitative data were collected regarding participants' perceptions of the DP training. This data, along with the FIS task, provided insights into participants' experiences and reflections throughout the training process.

Study 1

Materials

The Facilitative Interpersonal Skills (FIS) (Anderson & Patterson, 2013) and the Facilitative Interpersonal Skills – Self Report (FIS-SR) (Anderson et al., 2020) are an 8-item tool assessing competencies like Verbal Fluence, Hope and Positive Expectations, Persuasiveness, Emotional Expression, Warmth, Empathy, Alliance Bond Capacity, and Alliance Rupture-Repair

Responsiveness, rated on a 5-point Likert scale, where each item measures a different construct. For example, regarding emotional expression, a score of 1 would indicate *The participant speaks with little or no affect and may be dull or boring (e.g., speaking in a near monotone voice and without intensity)*. In contrast, a score of 5 would suggest that there is *affect and prosody in the participant's voice. The response is delivered in a highly emotional and engaging manner. The primary criterion is that the vocal expression conveys emotion. Additionally, there may be a more focused use of emotional intonations to emphasize meanings that influence other processes (e.g., persuasion). The participant might even adopt a somewhat provocative or challenging tone when delivering an emotion-based response to the client in the video clip*. The FIS demonstrates strong reliability (.80–.95 interrater reliability) and validity across various settings (Anderson et al., 2020; Allen et al., 2023) and its internal consistency ranges from $\alpha = .43$ to $\alpha = .89$ (Anderson & Patterson, 2013). The FIS-SR is a self-assessment version with high internal consistency ($\alpha = .91$) (Anderson et al., 2020). Nine videos were used in the FIS task, consisting of four in Portuguese and five in English.

Results

During the second year of the existential program, we could observe an increment in FIS over time, albeit a modest one within the timespan of the study. The largest increase was regarding Verbal Fluency ($B = 0.04$, $p < .001$), followed by Empathy ($B = 0.030$, $p < .05$), and then Persuasiveness ($B = 0.03$, $p < .05$), Emotional Expression ($B = 0.026$, $p < .05$) and finally Hope and Positive Expectations ($B = 0.03$, $p < .05$) and Alliance Rupture-Repair Responsiveness ($B = 0.03$, $p < .05$). No significant increases were found regarding Warmth Acceptance and Understanding ($B = 0.00$, $p = .971$) and Alliance Bond Capacity ($B = -0.02$, $p = .49$). The results of this model are summarized in the following table:

Table 1. Multi-level model showing the effects of time on FIS.

Variables	VF	HPE	P	EE	WAU	E	ABC	ARRR
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Time	0.04***	0.03*	0.03*	0.03*	0.02	0.03*	0.03	0.030*
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)

Observations	126	126	126	126	126	126	126	126
Number of groups	14	14	14	14	14	14	14	14

Notes: *** $p < .001$; ** $p < .01$; * $p < .05$. . Unstandardized coefficients

are shown, with standard errors in parenthesis..

Acronyms: VF- Verbal Fluency; HPE- Hope and Positive Expectations; P- Persuasiveness; EE- Emotional Expression; WAU- Warmth; E- Empathy; ABC- Alliance Bond Capacity; ARRR- Alliance Rupture-Repair Responsiveness

Comparing self-rated with observed FIS scores

Participants were also asked to self-rate their skills using the FIS-SR scale. When taking the overall mean of all videos, we can see that participant consistently self-rate their own skills as lower than the rating given by the observers, $t(11) = -11.74$, $p < .001$).

Second study

Materials

Besides FIS, qualitative data were analyzed using Grounded Theory, involving coding, categorization, and concept development based on participants' responses. The FIS task in this study was composed of eight Portuguese-language videos, each illustrating therapeutic alliance ruptures. In addition to these videos, therapists were provided with a diary to record reflections after responding to each video. This diary aimed to promote deeper understanding and self-reflection throughout the training process.

Results

In the second study, the initial sample of 14 FIS participants was reduced to 12 due to the non-participation of two individuals, who opted to complete an alternative task instead of participating in the study. The final sample included 10 women and 2 men. In this study, few significant effects were observed over time. Notably, Verbal Fluency demonstrated an increase across sessions ($B = 0.04$, $p < 0.01$). Thus, in this study, Hope and Positive Expectations is no longer significant ($B = -0.02$, $p = .36$), as is the case for Persuasiveness ($B = -0.01$, $p = .76$), Emotional Expressiveness ($B = -0.03$, $p = .09$), and Empathy ($B = -0.04$, $p = .06$). Both Warmth Acceptance and Understanding ($B = 0.01$, $p = .971$) and Alliance Bond Capacity ($B = -0.02$, $p = .49$) are non-significant.

Table 2. Multi-level model showing the effects of time on skills.

Variables	VF	HPE	P	EE	WAU	E	ABC	ARRR
Time	0.04**	-0.02	-0.01	-0.03	0.01	-0.04	-0.02	0.01
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Observations	96	96	96	96	96	96	96	96
Number of groups	12	12	12	12	12	12	12	12

Notes: *** $p < .001$; ** $p < .01$; * $p < .05$. . Unstandardized

coefficients are shown, with standard errors in parenthesis..

Acronyms: VF- Verbal Fluency; HPE- Hope and Positive Expectations;

P-Persuasiveness; EE- Emotional Expression; WAU- Warmth; E-

Empathy; ABC- Alliance Bond Capacity; ARRR- Alliance Rupture-

Repair Responsiveness

Qualitative analysis

The study followed Charmaz's constructivist Grounded Theory methodology (2014). To analyze participants' diary entries, open coding was employed to identify meaningful units within their descriptions. The Taguette software was used to assist with this coding process. During the initial open coding phase, guided by constant comparison, codes were developed by reflecting on participants' impressions of their DP training experiences: "What were their experiences? What challenges did they encounter? Did they find the training beneficial, and how?" As coding progressed, the coder's sensitivity heightened, allowing for refinement or merging of codes based on emerging data comparisons among participant reports. Ultimately, 19 descriptive codes were generated.

Significant categories were confirmed through interlinkages drawn from initial code analyses. This phase concluded upon reaching saturation. Ultimately, 11 categories were established, spanning 2 overarching domains (Table 3).

Table 3 – Domains and Categories

Domain 1 - Promotion of Skill Acquisition
<i>1.1 Training demand as rewarding learning</i>
<i>1.2 Intrapersonal deepening</i>
<i>1.3 Dyadic training improved with immediate feedback</i>
<i>1.4 Emotional connection in responses</i>
<i>1.5 DP training perceived as positive</i>
Domain 2 - Perceived Obstacles and Challenges
<i>2.1 DP exercises felt repetitive</i>

2.2 Dealing with frustrations in training

2.3 Difficulty in training new skills

2.4 Demotivation in individual training

2.5 Emotional disconnection in exercises

2.6 Identification of communication gaps

Domain 1 - Skill Acquisition Promotion

This domain encompasses 5 categories reflecting trainees' "positive" impressions associated with skills acquired during DP training sessions.

1.1 Training Demand as Gratifying Learning This category originates from therapists' sentiments that a certain difficulty in training leads to greater satisfaction in responding to the "stimulus-videos." Participants expressed: "I found the exercise very interesting and somewhat challenging."

1.2 Intrapersonal Deepening This category pertains to participants' perception of intrapersonal growth during DP training. They reflected on their feelings during training sessions, their response methods, the content of their responses, and ways to improve. An excerpt demonstrates this reflection: "(...) This led me to personal experiences from recent sessions, intrapersonal reflections on how I felt at the time, responses at the time, and alternatives I could use using more metacommunication, which I am aware of using more and more often in the last few weeks, both in the form of revealing what I am feeling and if the other feels the same, as in the cautious question of how I feel about something, as in sharing some thought between sessions that seemed relevant to me, as in the attentive feedback of how the other was feeling there, in the description of something external (...)."

1.3 Improved Dyadic Training with Immediate Feedback Participants frequently affirmed the benefits of peer training, where feedback was typically quicker compared to trainer feedback. Testimonials validate the advantage of dyadic training: "I did dyadic training, and it was important to discuss elements of the trained responses. I feel I have some suggestions that I can apply in future contexts." "In peer training, the fact that there is immediate feedback and the ability to repeat allows for correction of missing aspects."

1.4 Emotional Connection in Responses This category consolidates participants' impressions of their emotional engagement with issues presented by patients in "stimulus-videos." Extracted reports include: "I easily empathized with X (...)." "I felt very involved when I performed the response."

1.5 Perceived Positive Impact of DP Training Among the most notable perceptions about DP training was its favorability in acquiring new competencies and enhancing existing ones, corroborated by participants' notes: "I think I improved my facial expression compared to the last video (...)." "(...) I felt I was more empathetic and more likely to be able to repair the rupture compared to previous responses to the same stimulus." "(...) training the different possibilities of rupture is an excellent way to be prepared for more difficult situations (...)."

Domain 2 - Perceived Obstacles and Challenges

This domain comprises 6 categories that reveal the difficulties faced by trainees, as well as their main obstacles and challenges during DP training sessions.

2.1 DP Exercises Felt Repetitive "At times, it's tiring with so many repetitions." Throughout the training, some participants found the exercises repetitive and exhausting, causing demotivation.

2.2 Dealing with Frustrations in Training This category demonstrates participants' difficulty in managing their dissatisfaction with what did not seem to go well during DP training. The following perceptions are reported: "(...) I had to repeat and it didn't turn out as well. The initial spontaneity was lost." "(...) I continue to have some difficulty which leaves me a little frustrated."

2.3 Difficulty in Training New Skills Participants felt particularly challenged during DP training when they needed to develop skills not yet acquired: "It's not comfortable for me to respond/converse in English (...)."

2.4 Individual DP Training Demotivation Individual DP training was perceived as demotivating by participants, not only due to the lack of feedback from the trainer but also from the dyadic feedback in peer training: "For me, it's difficult to have these sessions without another to give feedback." "(...) I feel it's harder because it's individual work (...)."

2.5 Emotional Disconnection in Exercises In this category, participants identified issues during some DP training sessions in maintaining an emotional connection with patients, limiting the transmission of positive feelings, such as empathy, in responses. The following report validates the existence of this category: "I miss the relationship to feel that my response is more empathetic."

2.6 Identification of Communication Gaps During DP training, participants frequently expressed difficulty in their verbal or non-verbal communication with patients. Some of these expressions are transcribed below: "(...) the way of communicating was not very successful (...)." "I feel I can improve my verbal fluency."

Discussion

Despite being exploratory these studies are an initial effort to understand how DP can be integrated into CE. Their biggest strength being an empirical investigation conducted within the authentic context of an accredited CE training program in psychotherapy. This underscores the practical feasibility of implementing DP exercises within established training frameworks. To the best of our knowledge, this represents a pioneering effort in the field. Another significant strength of the study lies in its exploration of participants' subjective perceptions and experiences regarding DP training. By doing so, this research takes a critical step toward initiating a line of inquiry aligned with best practices advocated by the IOM (2010) which emphasize the importance of collecting participant feedback as a key element of effective practice. Building on these contributions, this study further advances the growing body of research on nomothetic approaches by focusing on their application in group training settings rather than individual supervision. While originally described as an individualized training method (Ericsson & Lehmann, 1996), research in this area has expanded to explore the application of DP in group settings. By examining the feasibility and impact of group-based DP, we broaden its potential applications, offering valuable insights into how DP can be effectively integrated into collective training contexts while preserving its core principles. This approach offers key advantages for CECE by addressing limitations such as high costs for trainees, time demands for coaches, and resource management challenges for CE programs (Barata et al., 2024). Moreover, group sessions provide trainees with the opportunity to observe and learn from their peers, further enriching the overall training experience (Westra et al., 2020). Lastly, a key strength of this study is its longitudinal approach. A systematic review of 11 studies reveals that most research on DP involves short-term workshops, with only one study extending beyond 8 weeks (Nurse et al., 2024). This highlights the unique contribution of our study in exploring the effects of a longer duration of DP.

First Study

The literature suggests that while CE often enhances participants' self-efficacy perceptions (Lainé et al., 2019), these improvements do not consistently lead to behavioral or performance changes (Hill et al., 2019; Rampatige, 2009). In DP training specifically, Perlman et al. (2020) found that participants often overestimated their interpersonal skills in self-reports compared to observer-coded baseline assessments. To address this gap, our study compared participants' self-efficacy perceptions with evaluations from external raters, offering insights into potential discrepancies.

Our findings revealed significant improvements in key areas highlighted by previous research. Participants showed enhanced empathy, consistent with Barata et al. (2024), Perlman et al. (2020), Westra et al. (2020), and Larsson et al. (2023). Notable gains in alliance rupture repair and responsiveness were aligned with Perlman et al. (2020, 2023), who documented similar outcomes with DP training. Additionally, improvements were observed in verbal fluency, persuasiveness, emotional expression, and fostering hope and positive expectations.

Interestingly, external raters in this study evaluated participants' performance more favorably than participants' self-assessments—an unexpected finding, as the literature often reports a self-assessment bias among therapists, typically leading to overestimations of therapeutic efficacy (Walfish et al., 2012; Perlman et al., 2020).

While it is not possible to determine the exact cause, two hypotheses can be proposed. First, participants were aware that their recordings would be evaluated, which may have triggered feelings of vulnerability and perceived judgment. Such conditions are suboptimal for DP training (Ericsson et al., 1993; Rousmaniere, 2017) and could have contributed to a sense of inadequacy or failure. Second, although the raters were blind to the study hypothesis, they were aware of the chronological order of the recordings, which may have introduced a Rosenthal effect, where their expectations of improvement subtly influenced their evaluations. Additionally, participant evaluations showed a decline in the fifth video, when the language was switched. This decision was made due to resource limitations, under the assumption that,

as a bilingual course, participants would be able to engage with the videos without significant difficulty. However, it is plausible that certain skills, such as empathy, persuasiveness, and verbal fluency, may be influenced by whether the language spoken is or is not the participants' native language.

Despite these complexities, our findings suggest meaningful skill development through DP training, indicating its potential to enhance therapeutic outcomes while highlighting opportunities for improvement in assessment methodologies.

Second Study

In this study, we aimed to refine DP training by focusing on a specific objective—addressing alliance ruptures—while also tailoring individual goals to meet the unique needs of each participant. This approach was designed to increase the level of challenge for participants towards the end of the course, based on literature indicating that patients who experience rupture-repair episodes tend to show greater gains (Eubanks, 2018). This suggests that resolving ruptures is a crucial factor in achieving positive therapeutic outcomes, with repairing ruptures in the therapeutic alliance being a key aspect of effective therapeutic work.

Our data revealed improvements only in verbal fluency, with no significant changes observed in other dimensions of the FIS. Qualitative analysis using Grounded Theory reveal a dichotomy between two main domains: promotion of skill acquisition and perceived obstacles and challenges. This suggests that participants predominantly experienced moments where the training was either rewarding or frustrating. Participant feedback consistently reflects this divide, with many reporting instances where they felt they were making progress and others where they felt excessively challenged.

Participants described DP exercises as repetitive, frustrating, and isolating when undertaken individually, aligning with findings from Hill and colleagues (2019), who noted that aspiring

psychotherapists often feel overwhelmed when practicing independently and prefer guidance from a coach.

Research indicates that engaging in psychotherapy practice can lead to increased feelings of loneliness and despair (Råbu et al., 2015), with therapists, both novice and experienced, commonly experiencing feelings of inadequacy (Thériault et al., 2009; Thériault & Gazzola, 2005). We might hypothesize that therapists recording their responses to challenging videos portraying ruptures in alliance and subsequently sharing them in class with their peers, coupled with receiving feedback from the coach and engaging in continuous self-evaluation throughout the process, may have contributed to therapists developing feelings of inadequacy. Moreover, participants reported disliking practicing alone, finding it exceedingly difficult to train without feedback. Qualitative data indicate that for some participants, training during between sessions caused some discomfort "For me, it's difficult to have these sessions without another to give feedback." or "(...) I feel it's harder because it's individual work (...)." Therapists in the third year of their specialization program, managing concurrent clinical practice, may be experiencing exhaustion, potentially affecting their ability to fully engage in DP or heightening sensitivity to feelings of frustration and isolation.

Further Research and limitations

Some limitations of these studies warrant a cautious interpretation of its findings. Firstly, the small sample size in both studies limits the generalizability of the results. Additionally, the absence of a control group prevents us from ruling out maturation effects as a potential factor influencing the outcomes.

Despite being considered a strength of the study, using a sample of participants in the final year of a four-year CE training program makes the data more susceptible to contamination effects, such as dissatisfaction with the training, which may have influenced the results without being controlled for. A key strength of this study lies in its integration within a CE program. However, given that existential therapy emphasizes the I-Thou encounter between two

individuals as the basis for authentic personhood (Buber, 1958), it is plausible that this approach fosters greater empathy, which may align with certain FIS items. Moreover, the horizontal power dynamic in the therapeutic relationship could reduce therapist persuasiveness. This contrasts with more structured, goal-driven approaches, which may prioritize directive techniques over empathetic connection. It would be valuable to extend these studies to other therapeutic approaches

Future research should aim to address these issues by conducting a longitudinal study with a control group, ideally using real-life therapy sessions. It would be valuable to compare observer ratings (via FIS) (Anderson & Patterson, 2013), participant self-assessments (via FIS-SR)(Anderson et al., 2020), and client evaluations (via FIS-C) (Santos et al., 2023) to better understand the impact of these changes on therapeutic outcomes.

Nevertheless this study is fucking amazing ... so pra acabar c uma nota mais positiva

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