

Psychotherapy training in Turkey: Experience of early career psychiatrists

Türkiye'de psikoterapi eğitimi: Kariyerinin erken dönemindeki psikiyatristlerin deneyimleri

Hatice Kaya¹, Rümeyza Tasdelen², Batuhan Ayık¹, Mariana Pinto da Costa³

¹M.D, Department of Psychiatry, Istanbul Erenkoy Education and Research Hospital, Istanbul/Erenkoy/Turkey, <https://orcid.org/0000-0003-3281-5135>, <https://orcid.org/0000-0002-9322-2336>

²M.D.,Department of Psychiatry, Marmara University Istanbul Pendik Education and Research Hospital, Istanbul/Pendik/Turkey, <https://orcid.org/0000-0002-2493-6351>

³M.D.,Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK,<https://orcid.org/0000-0002-5966-5723>

SUMMARY

Objective: Theoretical and practical psychotherapy training improves psychiatrists' case management and treatment skills. However, little is known about the extent that in Turkey early career psychiatrists have access to these opportunities and their experiences, so in this study, we aimed to investigate various aspects of the psychotherapy training of early career adult, child and adolescent psychiatrists in Turkey. **Method:** A 22 items questionnaire was disseminated in Turkey to psychiatry trainees and early career psychiatrists (psychiatry and child and adolescent psychiatry trainees and specialists who are in the first 5 years of their career and younger than 40). The questionnaire inquired about participants': i) sociodemographics; ii) the quality of the psychotherapy training; iii) organizational aspects of psychotherapy training; iv) satisfaction with psychotherapy training. **Results:** A total of 103 individuals (n=41 psychiatrists, n=37 psychiatry trainees, n=12 child and adolescent psychiatrists, and n=13 child and adolescent psychiatry trainees) responded to this questionnaire. While 68% of the participants stated that psychotherapy training is included in psychiatry training, 89.3% stated they have conducted psychotherapy training themselves and 76.7% reported that they received supervision. Only 41.7% stated that they were going to their own personal psychotherapy or had gone before, and 59.2% were not a qualified psychotherapist. **Discussion:** One third of psychiatry and child and adolescent psychiatry trainees in Turkey cannot access psychotherapy training in their institutes, and one fourth cannot access supervision opportunities, and more than half are deprived of their personal therapy processes. This should be addressed to improve the skills and competencies of psychiatrists that train in Turkey.

Key Words: Psychotherapy, Psychiatry training, Supervision, Psychotherapy research

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ÖZET

Amaç: Teorik ve uygulamalı psikoterapi eğitimi, psikiyatristlerin vaka yönetimi ve tedavi becerilerini artırır. Ancak, Türkiye'deki psikiyatristlerin bu fırsat ve deneyimlere ne ölçüde eriştikleri hakkında çok az şey bilinmektedir, bu nedenle çalışmamızda Türkiye'de kariyerinin erken dönemlerindeki yetişkin, çocuk ve ergen psikiyatristlerinin psikoterapi eğitimlerini çeşitli yönleriyle incelemeyi hedefledik. **Yöntem:** Katılımcıların i) sosyodemografik özellikleri ii) psikoterapi eğitiminin niteliksel yönleri iii) psikoterapi eğitiminin organizasyonel yönleri; iv) psikoterapi eğitiminden memnuniyetini ölçmeyi hedefleyen 22 soruluk ölçek formu kariyerinin erken dönemindeki psikiyatristlere (erişkin, çocuk ve ergen psikiyatri asistanları ve ilk 5 yıllık, 40 yaşından küçük uzmanlarına) online olarak verilmiştir. **Bulgular:** Çalışmaya toplam 103 kişi (41 psikiyatri uzmanı (ilk 5 yıl), 37 psikiyatri asistanı, 12 çocuk ve ergen psikiyatri uzmanı (ilk 5 yıl) ve 13 çocuk ve ergen psikiyatristisi asistanı) katıldı. Katılımcıların %68'i psikoterapi eğitiminin psikiyatri eğitiminin içinde yer aldığını belirtirken, %89,3'ü psikoterapi eğitimi, %76,7'si süpervizyon aldığını belirtmiştir. Ayrıca katılımcıların sadece %41,7'si kendi kişisel psikoterapisine gittiğini ve %59,2'si sertifikalı bir psikoterapist olmadığını ifade etmiştir. **Sonuç:** Türkiye'de kariyerinin erken dönemindeki psikiyatri ve çocuk ve ergen psikiyatristlerinin yaklaşık üçte biri uzmanlık eğitimi aldıkları kurumda psikoterapi eğitimi alamamakta, dörtte biri süpervizyon olanaklarından yararlanamamakta ve yarısından fazlası kişisel terapi süreçlerinden mahrum kalmaktadır. Türkiye'de eğitim alan psikiyatristlerin beceri ve yeterliliklerini geliştirmek için bu eksikliklerin tespiti ve giderilmesi önemlidir.

Anahtar Sözcükler: Psikoterapi, Psikiyatri eğitimi, Süpervizyon, Psikoterapi araştırması

INTRODUCTION

According to the World Health Organization (WHO), approximately 970 million people, one of every eight people in the world, experience mental diseases which are associated with high morbidity and mortality, and to a significant disease burden (1,2). The education of mental health physicians is important for the society to receive effective and safe mental treatment and care (3). Studies show that the quality of education is related to the competence of clinicians, and this leads to better results in the treatment of mental diseases (4). However, the quality and standard of this education varies all over the world due to economic, political, societal, and social factors (3).

In the second half of the last century, psychiatry has transformed from a field whose main treatment method is psychotherapy, to a specialty based on complex diagnostic categories and biological-based treatment methods with the influence of neurobiological studies and discovered pharmacological agents (5). The differentiation of disease concepts and treatment expectations has led to changes in the role and identity of psychiatrists, causing psychiatrists to move away from psychotherapy and focus on psychiatric medication (6). Today, evidence-based psychotherapy practices have been found to be effective and cost-effective in different psychiatric diseases and have been included in international treatment guidelines (7). The acquisition of competency in psychotherapy contributes to the professional development of psychiatrists, expands their therapeutic repertoire in clinical practice, and helps them to counsel and lead the mental health team psychiatrists work with, even if they do not choose to practice psychotherapy (4). A successful psychiatrist who has also received training in psychotherapy can be aware of the etiological factors in each of the medical, pharmacological, social, and psychological areas of the mental illness (8). However, psychiatrists' practice of psychotherapy is declining, even if the evidence for the effectiveness and contributions of psychotherapy is increasing (5,9). Studies on psychiatrists working in the US showed that only 29% provided psychotherapy to their patients in 2004-2005, compared to 44% in 1996-1997 (10). Additionally, results of a 2012 survey of 394 psychiatrists conducted by the

American Institute of Psychiatry's Psychotherapy Committee showed that from 2002 to 2010, the practice of psychotherapy alone or in addition to medication decreased from 68% to 48% in office visits (11). The reasons reported for this reduction were the difficulties of meeting the therapy fee, the limitation of time, patients and physicians finding the medication more practical, and the decrease in the number of psychiatrists specialized in psychotherapy (6). In many medical faculties and educational hospitals that train mental health physicians, there is a gradual decrease in psychotherapy services and education (3,5).

In the postgraduate psychiatry training, trainees are expected to have knowledge of psychodynamic psychotherapy, cognitive behavioral therapy, supportive psychotherapy, and other psychotherapy modalities, and to demonstrate the competence to be a practitioner to some extent. However, studies show that the education provided is variable in terms of quality and quantity in different world regions (12). In a study conducted by the World Psychiatric Association in 47 countries, it was shown that only 59% of the member countries require obligatory psychotherapy training (3). The expected service demand from physicians during psychiatry training in clinical practice, a wide range of patients, the presence of a large number of competing subjects, multiple rotations, lack of educators or consultants with advanced psychotherapy training are the limitations that prevent the implementation of what is planned in theory (4,13). In a study conducted with psychiatrists in Canada, it was found that a quarter of physicians did not feel competent to practice psychotherapy without supervision when graduating (14).

In Turkey, in the core curriculum of the psychiatry training, it is recommended that trainees should treat and follow up patients for at least 12 months, using psychodynamic, cognitive-behavioral and biological approaches, under regular supervision (15). However, in clinical practice, little is known about the accessibility of psychiatry trainees and early career psychiatrists in Turkey to the recommended standard psychotherapy training and their satisfaction with the training received. Therefore, this study aimed to examine how psychotherapy is included in mental health education in Turkey and

to determine the accessibility to it. Our hypotheses were that early career psychiatrists had some difficulties in accessing psychotherapy training and supervision, individual therapy opportunities were insufficient, and the rate of certified therapists was relatively low.

METHOD

Participants

Early career psychiatrists (psychiatry and child and adolescent psychiatry trainees and early career specialists under the age of 40 who were in the first 5 years of their profession) in Turkey were included in the study, which was disseminated through snowball sampling. The research questionnaire was sent to the participants via professional mail groups and WhatsApp groups. Data were collected over a 8-month period between 05.07.2021 and 05.03.2022. The inclusion criteria were: i) being aged below 40, ii) working as a psychiatric trainee or as an early career psychiatrist in Turkey. The ethics committee approval from Istanbul Erenkoy Training and Research Hospital was received and written informed consent was obtained from all participants. This study complies with the Declaration of Helsinki.

Study instrument

A 22-items questionnaire was developed for the "World Psychotherapy Survey". The questionnaire inquired about: i) sociodemographics; ii) the quality of the psychotherapy education: modality of type of psychotherapy education available; format and availability of supervision; iii) organizational aspects of psychotherapy training (mandatory/optional), payment iv) satisfaction with psychotherapy training (v) qualification in psychotherapy areas) are evaluated. The research questionnaire was developed by the Early Career Psychiatrists Section of the World Psychiatric Association.

Statistics

Statistical analyses were performed on IBM SPSS

Statistics version 23.0 (IBM Corp., USA). Numerical variables were presented as mean and standard deviation. Categorical variables were presented with n (%) values. The distribution of the variables was evaluated with the Kolmogorov-Smirnov test. Mann-Whitney U test and independent samples t-test were used in the analysis of quantitative data. Chi-square test and Fischer's exact test were used in the analysis of nominal data. A two-sided p-value of less than 0.05 was judged to be statistically significant.

RESULTS

Sociodemographics

A total of 103 participants responded to this survey, of which 41 were psychiatrists, 37 were psychiatry trainees, 12 were child and adolescent psychiatrists, and 13 were child and adolescent psychiatry trainees. The participants' mean age was 31.12 ± 3.18 for the total group, 31.15 ± 3.21 for adult psychiatrists, 31 ± 3.35 for child and adolescent psychiatrists, and there was no significant difference between the mean ages of the two groups ($p=0.9$). The majority ($n=64, 62.1\%$) of the participants were female.

The quality of the psychotherapy training

All participants considered that psychotherapy training should be a part of the psychiatry training, and the vast majority ($n=92, 89.3\%$) stated that they had or are receiving psychotherapy training. Among these, most ($n=42, 40.8\%$) received both practical and theoretical training, whereas the rest received either theoretical training ($n=17, 16.5\%$) or practical training ($n=12, 11.7\%$). The most frequently trained therapy modalities were cognitive behavioral therapy ($n=76, 73.8\%$), psychodynamic therapy ($n=53, 51.5\%$) interpersonal therapy ($n=9, 8.7\%$), family therapy ($n=9, 8.7\%$), psychodrama ($n=6, 5.8\%$) and other therapy training ($n=10, 9.8\%$) (e.g. sexual therapy, EMDR, schema therapy, etc.) respectively. While the majority ($n=79, 76.7\%$) stated that they could receive supervision, only a few ($n=11, 14.2\%$) stated that they received individual supervision, more than half ($n=44, 56.8\%$) received group supervision, and more than

a quarter (n=22, 28.4%) stated that they received both. Less than half (n=43, 41.7%) stated that they could not undergo themselves to their own psychotherapy. The rate of certified therapists was only 42 (40.8%).

Organizational aspects of psychotherapy training

More than half of the participants (n=58, 56.3%) stated that the cost of the psychotherapy training was fully covered by themselves, whereas the rest was either by the institution (hospital/government) they work for (n=23, 22.4%), or by both themselves and the institution they work for (n=22, 21.4%). Most (n=59, 74.6%) of those who received supervision stated that this was optional, and the others (n= 21, 26.4%) reported this was mandatory. Nearly half of the participants (n=33, 43.4%) who received the supervision were able to receive 50-100 hours of supervision throughout their entire education.

Satisfaction with psychotherapy training

Most were satisfied or very satisfied with their psychotherapy training (n=78, 83.8%).

Various aspects of early career psychiatrists' psychotherapy training and their sociodemographic characteristics are shown in Table 1.

There were 78 adult psychiatrists and 25 child and adolescent psychiatrists in this sample. While there was no difference between the two groups in terms of psychotherapy training rates (p=.806), satisfaction with psychotherapy training (p=.698), personal psychotherapy history (p=.503) and certification rates (p=.135), supervision rates were significantly higher in the adult psychiatrists (p<0.001). The comparison of the characteristics of psychotherapy education by type of profession is presented in Table 2.

DISCUSSION

Psychiatrists are in a unique position to be aware of the biological and psychological components of mental illness and to intervene with a holistic approach (14,16). However, it is thought that psy-

Table 1. Several aspects of psychotherapy training of the early career psychiatrists

Variables	Mean (Standard deviation) n (%)
Age	31,12 (.318)
Gender	
Female	64 (62.1%)
Male	39 (37.9%)
Type of Profession	
Adult psychiatry trainees	37 (35.9%)
Adult psychiatry specialists	41 (39.8%)
Child and adolescent psychiatry trainees	13 (12.6%)
Child and adolescent psychiatry specialists	12 (11.7%)
Rates of psychotherapy education	92 (89.3%)
Type of psychotherapy education	
Theoretical teaching of psychotherapy	17 (16,5%)
Practical teaching of psychotherapy	12 (11,7%)
Both	42 (40,8%)
None	32 (31 %)
Modalities	
Cognitive behavioral therapy	76 (73,8%)
Family therapy	9 (8,7%)
Psychodynamic psychotherapy	53 (51,5%)
Psychodrama	6 (5,8%)
Interpersonal psychotherapy	9 (8,7%)
Other	10 (9,8%)
Psychotherapy education fee payment	
Fully paid by the trainee	58 (56,3%)
Fully paid by the hospital or the training institution/government	23 (22,4%)
Partially paid by the trainee and another source	22 (21,4%)
Rates of supervision	79 (76,7%)
Supervisions' format	
Individual	11 (14,2%)
In Group	44 (56,8%)
Both	22 (28,4%)
Supervisions' duration throughout training	
<50 hours	18 (23,6%)
50-100 hours	33 (43,4%)
>100 hours	25 (32,8%)
Satisfaction with psychotherapy training	
Dissatisfied	2 (2,1%)
Neither satisfied nor dissatisfied	13 (13,9%)
Satisfied	58 (62,3%)
Very satisfied	20 (21,5%)
Personal psychotherapy history	43 (41,7%)
Qualification	42 (40,8%)

Data given with mean (standard deviation) or n (%)

chotherapy practices, which formed the basis of psychiatric education and practice in the past, are gradually losing their importance (17). Concerns have been raised over the importance and future position of psychotherapy in recent years, as it was found that after 1980, psychiatrists spent less time on psychotherapy than their former colleagues (18,19). A Canadian study of 385 psychiatry residents in 2007 showed that more than half of the participants' ability to practice psychotherapy was important to their identity as a psychiatrist, that psychotherapy was the treatment of choice for certain psychiatric disorders and were highly satisfied with their experience of psychotherapy training and the importance given to psychotherapy in training programs (14). A study conducted with 574 participants from 22 European countries in 2017, reported a willingness to learn psychotherapy practices in residency training and more than 90% wanted to practice psychotherapy in the future (20). Similarly, all participants in this study considered that psy-

Table 2. Comparison of adult psychiatrist and child and adolescent psychiatrist in terms of therapy education

	Adult psychiatrists (n=78) (Mean (Standard deviation)n (%)	Child and adolescent psychiatrists (n=25) (Mean (Standard deviation)n (%)	Test statistics	p
Age	31,15 (3,21)	31 (3,35)	Z=-,120*	0,9
Gender (F/M)	(44/34)	(20/5)	X ² =4,47**	0,034
Specialist/trainee	41/37	12/13		
Rates of psychotherapy education	70 (89,7%)	22 (88%)	X ² =,060**	,806
Rates of Supervision	67 (85,9%)	12 (48%)	X ² =15,214**	<0.001
Satisfaction with psychotherapy training	58 (82,9%)	19 (86,4%)	X ² =,151**	,698
Personal psychotherapy history	34 (43,6%)	9 (36%)	X ² =,448**	,503
Qualification	35 (44,9%)	7 (28%)	X ² =2,232**	,135

*: Mann Whitney U test, **: Chi square test, P<0.05

chootherapy should be included in psychiatry residency training.

It is debatable how much the psychotherapy education demanded during postgraduate training is met by educational institutions all over the world. According to the results of the study by the European Federation of Psychiatric Trainees in 31 countries, significant differences in the content and quality of education between European countries have been revealed (21). Particularly in high-income countries, psychiatry education committees have developed mandatory protocols for psychiatry trainees to gain competence in different psychotherapy models, and improvements have been made in psychotherapy education in recent years (22). In a study in which the World Psychiatric Association investigated psychiatry education in 47 WPA member countries and compared education in low- and high-income countries, it was found that, regardless of income, psychotherapy training is mandatory in psychiatry training in 59% of countries, the average training period is 160 hours, cognitive behavioral and psychodynamic therapy are preferred generally and the training programs are generally accredited by well-known institutions, and the competencies of the participants are evaluated (3). In our study, the majority of the participants stated that they received psychotherapy theoretical and supervision training; the duration of supervision was in the range of 50-100 hours in general. It is not surprising that cognitive behavioral therapy was the most preferred as a result of the psychotherapy trends around the world shifting from open-ended, longer, and less structured models of therapy to problem-focused and more time-limited therapies (22, 23). In a study with 112 ECP's in Iran, 98.2% of the participants stated that they received psychotherapy training, and cognitive

behavioral therapy and psychodynamic psychotherapy were the most reported modalities integrated into their psychiatric training, these results are consistent with the findings of this study (24).

Psychotherapy education is very expensive when it is not provided by the educational institution (21). It has been reported in the studies that financial and time constraint is an important obstacle to receiving therapy training, and it has been suggested that the cost of education ought to be covered by the public (6, 20). In a study conducted by the World Psychiatric Association, it was stated that nearly half of the participants obtained psychotherapy training with their own efforts, 96% of them could spare time for training if they did not have to pay for training out of their own and were willing to pay an average of 9% of their annual salary for this training (20). More than half of the participants in our study covered the expenses for the training themselves. Despite this, the high demand for training confirms the high motivation of our participants. Therefore, psychiatrists might reach more psychotherapy training when the budget of public institutions to allocate this field is increased.

Approximately one fourth of the participants in our study consisted of child and adolescent psychiatry trainees and early carrier specialists. Although studies with child and adolescent psychiatrists at the beginning of their careers are much more limited, psychotherapy has gained importance in this specialty in the last 30 years. Psychotherapy training and practices are encouraged, such as cognitive behavioral therapy, psychodynamic psychotherapy, family therapy, play therapy, parent skills training, trauma focused therapies, and mindfulness-based therapies are preferred (25). Although it could not be generalized due to the

small number of participants, cognitive behavioral therapy and psychodynamic psychotherapies were preferred by adult psychiatrists in this group in our study. Although similar preferences to adult psychiatrists were observed in general, the rate of receiving supervision in this group was found to be lower than that of adult psychiatrists. In the previous studies, the results of the low number of supervisors were shown, and it was shown that the supervision was mostly from adult psychiatrists and clinical psychologists (25). In our study group, the rates may have been found to be low due to similar limitations. Comparative studies with larger populations are essential to better understand this issue.

While learning psychotherapy in psychiatry education, personal therapy provides an important experiential learning opportunity to therapists by directly benefiting from the process and increasing their confidence in the effectiveness of psychotherapy, as well as improving their technical skills by observing and experiencing therapeutic interventions, increasing their awareness of their own conflicts and working more effectively with the patient (26, 27). In the past, personal therapy experience was seen as indispensable in psychiatry training for people to become competent psychotherapists (28). However, over the years there has been evidence that this view has changed. In a study conducted in 1999, it was shown that 28% of the psychiatrists in the Louisville region of America were in psychotherapy, this rate increased to 57% in the Manhattan region in 2006, and in a study conducted in Canada in 2015, it was 55% (28,29,30). Similarly, almost half of the participants in our study received personal psychotherapy. In past studies, the main barriers to individuals going to personal therapy have been shown to be cost, difficulty in finding a therapist, privacy concerns, and stigma (28,30).

This is the first study investigating various aspects of psychotherapy training in psychiatry specialization process in Turkey. It also compares adult psychiatry and child and adolescent psychiatry trainees and early career psychiatrists who are trained in two different specialties in Turkey. As for the limitations, these results cannot be generalized to all adult, child and adolescent psychiatry residents and specialists in our country, due to the low sample size. In addition, the participants were not questioned about which year of training they were in.

Another limitation is that there is no information about the total duration of the psychotherapy training and the exact number of ECPs in Turkey could not be established, so power analysis could not be performed. Since psychotherapy training in psychiatry residency training in Turkey is given in later years after learning basic psychiatry concepts, diagnosis, and treatments, it is possible that junior trainees are less knowledgeable about psychotherapy training and may mislead our results.

While all of the participants thought that psychotherapy training should be a part of the psychiatry training it seems important to determine which therapy modalities are preferred, the factors that prevent access to supervision and theoretical and practical psychotherapy training, and also to compare the education processes of adult, child and adolescent psychiatrists, in terms of increasing the quality of psychiatry training.

CONCLUSION

The majority of psychiatry and child and adolescent psychiatry trainees in Turkey can access theoretical and practical psychotherapy training and are satisfied with the training they received although more than half are deprived of undergoing personal psychotherapy themselves. Further comprehensive studies on the causes impacting their motivation and participation seem important in terms of improving psychiatry education.

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Correspondence address: M.D. Hatice Kaya , Erenköy Ruh Ve Sinir Hastalıkları Hastanesi, Kadıköy/İstanbul 34736 İstanbul - Türkiye, doc.haticekaya@gmail.com

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