

Psychotherapy Training in Psychiatry Residency: Insights from Türkiye

Psikiyatri İhtisasında Psikoterapinin Yeri: Türkiye'den Bir Sunum

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ABSTRACT

Objective: This study aimed to investigate the psychotherapy training experiences of psychiatry residents through a questionnaire, addressing the knowledge gap on standards and practices during psychiatry residency training in Türkiye.

Materials and Methods: The study was conducted via WhatsApp and e-mail groups specific to psychiatry residents in Türkiye.

Results: In our study, 80.5% of psychiatry residents received psychotherapy training during their residency, whereas, especially in those who have been in residence for four years or more, 97% received theoretical training, and 68% received supervision training. Moreover, a substantial portion (90.3%) of residents expressed plans to pursue psychotherapy training after graduation. Of those who received training, 63.7% obtained it from their educational institution, while 89.0% obtained it from other centres. Furthermore, 47.8% of the psychotherapy training was provided by in-house faculty members. Cognitive Behavioral Therapy was the most preferred type of psychotherapy among the residents. The most commonly reported barrier to accessing psychotherapy training was its high cost.

Conclusion: The study concluded that most psychiatry residents in Türkiye received psychotherapy training. Enhancing psychotherapy training in psychiatry residency, overcoming barriers, and improving supervision are critical issues to be addressed.

Keywords: Medical, psychotherapy, residency, training

ÖZ

Amaç: Bu çalışma, Türkiye'de psikiyatri asistanlığı eğitimi sırasında standartlar ve uygulamalar konusundaki bilgi eksikliğini ele alan bir anket aracılığıyla psikiyatri asistanlarının psikoterapi eğitim deneyimlerini araştırmayı amaçlamıştır.

Materyal ve Metot: Çalışma, Türkiye'deki psikiyatri asistanlarına özel WhatsApp ve e-posta grupları aracılığıyla gerçekleştirilmiştir.

Bulgular: Çalışmamızda psikiyatri asistanlarının %80,5'i asistanlığı süresince psikoterapi eğitimi alırken, özellikle dört yıl ve üzeri asistanlık yapanların %97'si teorik, %68'i süpervizyon eğitimi almıştır. Ayrıca, asistanların önemli bir kısmı (%90,3) mezun olduktan sonra psikoterapi eğitimi almayı planladığını ifade etmiştir. Eğitim alanların %63,7'si eğitim aldığı kurumdan, %89,0'ı ise diğer merkezlerden almıştır. Ayrıca psikoterapi eğitiminin %47,8'i kurum içi öğretim üyeleri tarafından verilmiştir. Asistanlar arasında en çok tercih edilen psikoterapi türü Bilişsel Davranışçı Terapi oldu. Psikoterapi eğitimine erişimde en yaygın olarak bildirilen engel, yüksek maliyetiydi.

Sonuç: Çalışma, Türkiye'deki psikiyatri asistanlarının çoğunun psikoterapi eğitimi aldığı sonucuna varmıştır. Psikiyatri asistanlığında psikoterapi eğitiminin artırılması, engellerin aşılması ve süpervizyonun iyileştirilmesi ele alınması gereken kritik konulardır.

Anahtar Kelimeler: Eğitim, psikoterapi, tıp, uzmanlık

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INTRODUCTION

Psychotherapy has gained popularity and significance in recent years, prompting questions about competence and training.¹ Recognized as a crucial priority in psychiatry education, psychotherapy training is expected to equip psychiatric residents with competence in effective practices.² Training institutions are expected to follow the curriculum and provide practical education in psychotherapy to residents as part of their psychiatry residency programs.³

Although there are many different methods in psychotherapy training, the most commonly used method is practical application counselling (supervision) and theoretical training.¹ The content, method, and duration of the theoretical training, the difference in the application methods in different occupational groups, and the certificates obtained at the end of the training are controversial issues in Türkiye and the world. Official committees and curricula that evaluate psychotherapy training and competence in the USA, Europe, and Türkiye determine the minimum standards.^{4,5} On the other hand, private institutions provide education within the framework of their curricula and, even more recently, through online education.^{1,6} In addition to the adequacy of the educational practices provided by official institutions, the content and methods offered by the increasing number of private education centres also lead to debates among experts in the field.

There are significant differences in psychotherapy training in psychiatry residency across Europe. Further documentation and standardisation of the curriculum are recommended.^{6,7}

Psychotherapy training standardisation is crucial both globally and in Türkiye.⁴ According to a joint study by the World Health Organization (WHO) and the World Psychiatric Association (WPA), significant disparities exist in psychotherapy training worldwide, including differences in educational opportunities, content and quality.⁸ The standards for psychotherapy training in Türkiye are set by the "Medical Residency Board Curriculum Establishment and Standard Setting System (MRBCES)" regulations, updated in 2017 and 2020. These standards include requirements such as providing 60-80 hours of theoretical training and at least one hour per week of theoretical training on either psychodynamic or cognitive-behavioral theories. Additionally, residents are expected to develop psychotherapeutic interviewing skills and provide long-term (at least 40 sessions) psychotherapy to at least one patient and short-term (12-16 sessions) psychotherapy to at least five patients. Furthermore, psychotherapy supervision is mandated to be at least 100 hours in a semi-individual format.⁹

Although there are studies on psychotherapy training in Türkiye,^{10,11} data on psychotherapy training standards and their implementation in the residency training process are limited. The current study aims to investigate residents' experiences in psychotherapy training through a questionnaire and to document the situation in Türkiye.

MATERIALS AND METHODS

Ethics Committee Approval: The study received approval from the ethics committee of Sakarya University Faculty of Medicine. All stages of the study were carried out in accordance with the ethics committee statement (Date: 27.01.2020, decision no: 71522473/050.01.04/20), and the Declaration of Helsinki.

Study Design and Data Collection: Between April and December 2020, an online questionnaire was distributed to psychiatry residents in Türkiye who volunteered to participate in this study. The questionnaire was sent to WhatsApp and e-mail groups with almost 1,000 members, comprising psychiatry residents nationwide. Informed consent was obtained from all participants.

A 40-item questionnaire was prepared for the study, which included questions about the sociodemographic data of the participants and the psychotherapy training they received during their psychiatry residency. While preparing the questions, support was received from previous similar studies¹²⁻¹⁴ and the MRBCES.⁹ The word 'observation' in the questions meant direct observation of the practices of both the assistant and the supervisor and/or co-therapist. Two reminders were sent to all groups, and the study was completed in December 2020 with the participation of 114 residents.

Statistical Analysis: The data obtained from the research were analysed using the SPSS 21.0 software package and Microsoft Office Excel. The Kolmogorov-Smirnov test assessed the normality of the data. Frequency analysis determined the number of occurrences (frequency) and percentages. Descriptive statistics, including rates for categorical variables and mean and standard deviation for normally distributed data, were used for data presentation.

RESULTS

A total of 113 residents, 75 females (66.4%) and 38 males (33.6%), participated in the study. The mean age was 29.23 ± 2.60 (25 to 38 years). Among the participants, 33.6% (n = 38) worked in a training and research hospital, while 66.4% (n = 75) worked in a university hospital. Of the residents, 80.5% (n = 91) reported receiving psychotherapy training during their residency training. This rate was 91.2% for the residents with three years or more experience,

97.6% for those with four years or more experience, and 100% for residents who have completed five years ($n = 6$). It was determined that 62.6% ($n = 57$) of the participants received psychotherapy supervision training during their residency. This rate was 67.7% for residents with three years or more of ex-

perience and 68.2% for residents with four years or more of experience. Information on the characteristics of the participants and the psychotherapy training they received during their residency was presented in Table 1.

Table 1. Characteristics of participants and information on psychotherapy training during residency.

Characteristics of Participants	n (%)	
Gender	Female	75 (66.4)
	Male	38 (33.6)
What year of residency training?	1	18 (15.9)
	2	27 (23.9)
	3	26 (23.0)
	4	36 (31.9)
	5	6 (5.3)
In which region do you receive your residency training?	The Marmara Region	45 (39.8)
	The Mediterranean Region	14 (12.4)
	The Central Anatolia Region	20 (17.7)
	The Black Sea Region	12 (10.6)
	The Eastern Anatolia Region	13 (11.5)
Did you/do you receive any psychotherapy training during your residency training?	The Aegean Region	7 (6.2)
	The Southeast Anatolia Region	2 (1.8)
	Yes	91 (80.5)
	No	22 (19.5)
Did you/do you receive any psychotherapy supervision training during your residency training?	Yes	57 (62.6)
	No	34 (37.4)
Did you/do you receive psychotherapy training at the institution where you received residency training?	Yes	58 (63.7)
	No	33 (36.3)
What type of psychotherapy training have you received/are you receiving? (You can tick more than one option)	Cognitive Behavioural Therapy (Any)	76 (67.3)
	Classical Cognitive Behavioural Therapy	72 (63.7)
	Acceptance and Commitment Therapy	15 (13.3)
	Metacognitive Therapy	8 (7.1)
	Schema Therapy	8 (7.1)
	Supportive Therapy	25 (22.1)
	Sex Therapy	20 (17.7)
	Psychodynamic Psychotherapy	18 (15.9)
	Couple and Family Therapy	3 (2.7)
	Brief Psychotherapy	2 (1.8)
	Oral consultation	41 (36.28)
How do you receive psychotherapy supervision training (in your institution or outside the institution)? (You can tick more than one option)	Audio recordings	25 (22.12)
	Written records	23 (20.35)
	Observation	10 (8.85)
	Video recordings	8 (7.08)
	0-50	13 (22.8)
How many hours of theoretical psychotherapy training are provided in the institution where you receive residency training until graduation?	50-100	17 (29.8)
	100-200	6 (10.5)
	200-400	17 (29.8)
	400 or more	4 (7.0)
How many hours of theoretical psychotherapy training did you receive in total in the institution where you received residency training?	0-50	28 (48.3)
	50-100	12 (20.7)
	100-200	12 (20.7)
	200-400	4 (6.9)
How many hours of psychotherapy supervision training are provided in the institution where you receive residency training until graduation?	400 or more	2 (3.4)
	0-50	7 (21.2)
	50-100	6 (18.2)
	100-200	12 (36.4)
How many hours of psychotherapy supervision training did you receive in total in the institution where you received residency training?	200-400	6 (18.2)
	400 or more	2 (6.1)
	0-50	13 (39.4)
	50-100	7 (21.2)
The psychotherapy training you received at the institution where you receive residency training... (You can tick more than one option)	100-200	11 (33.3)
	200-400	2 (6.1)
	400 or more	0 (0.0)
	Training is provided by faculty members of the institution	54 (47.8)
External guest trainers provide training	23 (20.4)	
Association-supported training is provided	6 (5.3)	

Sixty-three point seven per cent of the residents reported receiving psychotherapy training at the institution where they underwent psychiatry residency training. Among the institutions, 47.8% provided psychotherapy training through their faculty members, 20.4% invited guest trainers from outside, and 5.3% offered association-supported training. Furthermore, 56.8% of the residents reported receiving psychotherapy supervision within their institution. Most theoretical education and supervision occurred through weekly course hours at the institution (Table

2). Regarding training outside the institution, 89.0% (n = 81) of the residents received theoretical training in psychotherapy from external sources, and 56.8% (n = 46) received supervision outside the institution. It was observed that theoretical training and supervision in psychotherapy mostly took place in the form of monthly training or package modules in private institutions. The details of psychotherapy training received by residents during their psychiatry residency, both within and outside the institution, are presented in Table 2.

Table 2. Responses related to training in and outside the institution providing residency training.

Question	Answer	In the institution	Outside
		n (%)	n (%)
Are you training in psychotherapy?	Yes	58 (63.7)	81 (89.0)
	No	33 (36.3)	10 (11.0)
Are you training in psychotherapy supervision?	Yes	33 (56.9)	46 (56.8)
	No	25 (43.1)	35 (43.2)
What is the frequency of psychotherapy theoretical training?	Weekly	37 (32.7)	5 (4.4)
	Less than once a month at irregular intervals	12 (10.6)	9 (8.0)
	The package is in modules	10 (8.9)	29 (25.7)
	With monthly/monthly psychotherapy unit rotation	5 (4.4)	37 (32.7)
What is the frequency of psychotherapy supervision training?	Weekly	18 (15.9)	5 (4.4)
	Less than once a month at irregular intervals	8 (7.1)	6 (5.3)
	The package is in modules	4 (3.5)	18 (15.9)
	With monthly/monthly psychotherapy unit rotation	4 (3.5)	18 (15.9)
How do you receive psychotherapy supervision training?	Oral consultation	28 (24.8)	24 (21.2)
	Written record	13 (11.5)	23 (20.4)
	Sound recording	9 (8.0)	22 (19.5)
	Video recording	6 (5.3)	6 (5.3)
	Observation	5 (4.4)	3 (2.7)

During residency training, 51.8% of the residents reported applying structured psychotherapy. However, only 11.5% felt fully competent in applying psychotherapy, while 58.4% felt partially competent.

Despite this, 85.7% of the residents evaluated psychotherapy as an effective method. Table 3 presents the evaluations of the residents and their instructors in their institution.

Table 3. Responses related to psychotherapy practice, effectiveness, competence.

Question	Answer	n (%)
Do you apply/have you applied structured psychotherapy during your residency training?	Yes	58 (51.8)
	No	54 (48.2)
	0	28 (47.5)
How many clients have you provided long-term (at least 40 sessions) psychotherapy?	1-2	19 (32.2)
	3-4	7 (11.9)
	5 or more	5 (8.5)
	0	11 (18.6)
How many clients have you provided short-term (12-16 sessions) psychotherapy?	1-4	25 (42.4)
	5-8	9 (15.3)
	9 or more	14 (23.7)
	0	11 (18.6)
Do you think psychotherapy is an effective method?	Yes	96 (85.7)
	Partially	16 (14.3)
Do you think you are competent in applying psychotherapy?	Yes	13 (11.5)
	No	34 (30.1)
	Partially	66 (58.4)
Do you think that the psychotherapy training you received at the institution where you received your residency training will provide you with the competence to apply structured psychotherapy in the future?	Yes	23 (20.5)
	No	39 (34.8)
	Partially	50 (44.6)

Table 3. Continue.

Do you think you need structured psychotherapy training outside the institution where you received your residency training?	Yes	100 (88.5)
	No	1 (0.9)
	Partially	12 (10.6)
Do you think that your trainers are competent in psychotherapy training in the institution where you receive residency training?	Yes	35(31.0)
	No	26 (23.0)
	Partially	52 (46.0)
Do you think that your trainers adequately supervise your psychotherapy competence in the institution where you receive residency training?	Yes	20 (17.7)
	No	56 (49.6)
	Partially	37 (32.7)
During your residency training. Do you use psychotherapy elements in your outpatient clinic meetings?	Yes	45 (39.8)
	No	13 (11.5)
	Partially	55 (48.7)
Do you plan to continue structured psychotherapy training after your graduation?	Yes	102 (90.3)
	No	0 (0.0)
	Partially	11 (9.7)

To the question ‘In which school/schools should psychotherapy training be compulsory in a medical residency training centre?’, 99.1% of the residents answered Cognitive Behavioural Therapy (CBT). When asked which therapy school they feel closer to, 75.2% answered CBT. The residents’ opinions

about the psychotherapy schools are presented in Table 4.

When the barriers to access to psychotherapy training were evaluated, the most critical problem was found to be the high cost of training (84.9%). Problems related to residents’ access to psychotherapy training are shown in Table 5.

Table 4. Views on psychotherapy schools.

Question	Answer	n (%)
In which school(s) should psychotherapy training be compulsory in a medical residency training center? (You can tick more than one option)	Cognitive Behavioural Therapy (Any)	112 (99.1)
	Classical Cognitive Behavioural Therapy	107 (94.7)
	Schema Therapy	24 (21.2)
	Acceptance and Commitment Therapy	16 (14.2)
	Mindfulness	16 (14.2)
	Metacognitive Therapy	12 (10.6)
	Supportive Therapy	74 (65.5)
	Sex Therapy	62 (54.9)
	Psychodynamic Psychotherapy	38 (33.6)
	Brief Psychotherapy	34 (30.1)
	Couple and Family Therapy	33 (29.2)
	Group Therapy	30 (26.6)
	EMDR	28 (24.8)
	Interpersonal Relations Psychotherapy	24 (21.2)
	Integrative Psychotherapy	10 (8.9)
	Solution Focused Therapy	9 (8.0)
	Existential Therapy	9 (8.0)
	Hypnotherapy	9 (8.0)
	Transference-Focused Psychotherapy	3 (2.7)
Transactional Analysis	2 (1.8)	
None	1 (0.9)	
Which therapy school do you feel closer to? (You can tick more than one option)	Cognitive Behavioural Therapy (Any)	85 (75.2)
	Classical Cognitive Behavioural Therapy	69 (61.1)
	Acceptance and Commitment Therapy	19 (16.8)
	Mindfulness	19 (16.8)
	Schema Therapy	17 (15.0)
	Metacognitive Therapy	7 (6.2)
	Supportive Therapy	43 (38.1)
	Sex Therapy	32 (28.3)
	Psychodynamic Psychotherapy	25 (22.1)
	EMDR	24 (21.2)
	Interpersonal Relations Psychotherapy	10 (8.9)
	Couple and Family Therapy	10 (8.9)
	Existential Therapy	10 (8.9)
	Hypnotherapy	7 (6.2)
	Group Therapy	6 (5.3)
	Brief Psychotherapy	5 (4.4)
	Solution Focused Therapy	5 (4.4)
	Transference-Focused Psychotherapy	5 (4.4)
	Integrative Psychotherapy	4 (3.5)
	None	2 (1.8)
	Transactional Analysis	1 (0.9)

Table 5. Access to psychotherapy training and online training.

Question	Answer	n (%)
What barriers did you experience in accessing psychotherapy training? (You can tick more than one option)	High price	96 (85.0)
	Time constraints	74 (65.5)
	Transportation difficulties	65 (57.5)
	Few training options in the region	55 (48.7)
	Lack of training options in the region	34 (30.1)
	Too many training options	25 (22.1)
	Institutional trainers do not support psychotherapy training	22 (19.5)
	I am not experiencing any difficulties	2 (1.8)
	Yes	11 (12.1)
Do/have you received any psychotherapy training online at an institution other than the institution where you received your residency training?	No	80 (87.9)

DISCUSSION AND CONCLUSION

Psychotherapy practices are one of the essential areas of psychiatry, and in this study, residents receiving psychiatry residency training were asked about psychotherapy through an online questionnaire. Eighty per cent of the residents reported that they had received theoretical psychotherapy training. In addition, almost all the residents who have been in residency training for four years or more received theoretical psychotherapy training. Our results are compatible with studies conducted in other countries.^{15,16}

The gold standard in psychotherapy training involves clinical practice under supervision, complementing theoretical education with one-on-one relationships.¹ In addition to treating patients, psychiatrists' psychotherapy skills can be invaluable in providing supportive and empathetic care to patient relatives, offering corrective experiences, and understanding the theories underlying individual, group, and family psychotherapies for mental disorders.¹⁷ Furthermore, psychotherapy training equips psychiatrists with proficiency in oral and written examinations, evidence-based discussion skills, and the ability to practice psychotherapy safely and effectively.¹ Rapidly advancing developments in neuroscience and other fields of medicine have increased the intensity of the subjects intended to be known in psychiatry education. Similarly, developments in psychotherapy have also increased the time required for psychotherapy training. Despite this, the psychiatrists' time spent on psychotherapy training and psychotherapy practices has gradually decreased. However, there is evidence that psychotherapy practice by the same therapist provides additional benefits, and psychotherapy training still occupies an important place in psychiatry education and clinical practice.^{18,19}

In this context, a comprehensive literature search to identify the diversity of psychotherapy training in Europe has found significant variation in psychotherapy training practices; therefore, standardisation is required.⁴ Another study has reported that the

most problematic areas in the psychotherapy training of psychiatrists in Europe are the need for mentoring for trainees, the variability of approaches to ensure training quality, and the assessment of training outcomes.

In a study investigating the status of cognitive therapy in Türkiye and The European Federation of Psychiatric Trainees (EFPT) member countries, 78.5% of residents and specialist psychiatrists in Türkiye have reported that they involve in psychotherapy. This rate was higher in EFPT members (92.6%) than in Türkiye.¹⁰

Approximately 64% of the residents stated that they also received psychotherapy training in the institution where they received a psychiatry residency. In contrast, in a study of 79 psychiatry residency programs in the US, it has been reported that 22% have a psychotherapy course, 4% are developing a psychotherapy course, and 74% do not offer a psychotherapy course.⁵

The training received from external centres is provided by training institutions and private centres worldwide, as in Türkiye. For example, in the USA, psychotherapy training and assessments are supported by the American Association of Directors of Psychiatric Residency Training (AADPRT) Psychotherapy Committee and the AADPRT Virtual Training Office (VTO).²⁰ In addition to the Turkish Psychiatric Association, many internationally accredited organisations provide psychotherapy training in Türkiye. In this study, the training rate in an external center for any psychotherapy training was 89% and 56.8% for supervision. The fact that centres other than official institutions take place in psychotherapy training makes it necessary to explore the content, adequacy, and supervision of this training. In addition, these findings show that psychotherapy training varies significantly between countries and requires international cooperation for its standardisation.

The use of movies and videos in psychotherapy has been known and utilised for a long time.²¹ While it is the most optimal method for the supervisor and the therapist to see a case together in psychotherapy

supervision, watching video recordings, listening to audio recordings, and reading written records are also acceptable methods.¹

However, despite the need for a standard, structured practice in psychotherapy supervision, it is unfortunately seen that there needs to be more supervision in clinical practice. A Canadian survey study has shown that few programs regularly use direct observation during supervision, essential for learning and teaching techniques.²²

A few decades ago, only 10% of supervisors used audio or video,¹ but now using webcam, internet, and video technology alternatives and digitalisation has become standard new options for supervision.²³ However, there is still a need for standardisation and documentation of rules and structure in education and sessions. For instance, in a survey study that included adult psychiatry programs approved by the Accreditation Council for Graduate Medical Education (ACGME), most programs (78.1%) reported having clear resident supervision guidelines. Still, only a few programs (17.2%) required residents to document that they received these guidelines.²⁴

In this study, the most frequently used practice in psychotherapy supervision was determined to be verbal counselling. Video and audio recordings were among the methods used in evaluations, and the participation rate in the sessions as an observer was 8%. In fact, evidence-based training programs are now necessary for psychotherapy training, from school selection to supervision processes.^{25,26} In practice, it is hoped that educational institutions will improve themselves and increase these rates.

The Accreditation Council for Graduate Medical Education (ACGME) has identified cognitive behavioral therapy, supportive therapy, and psychodynamic psychotherapy as core modalities for psychotherapy training in psychiatry residency programs.²⁷ In this study, it was determined that the most trained and preferred psychotherapy model was CBT. Some studies have also reported that the most used method by psychiatrists is supportive psychotherapy.²⁸ However, it is stated that the most trained psychotherapy school is CBT. At this point, the fact that CBT has come a long way in evidence-based practices compared to other psychotherapy schools may be due to the advantage of its ease of application and training. Qualifications in psychotherapy must meet the criteria of 'need' (in terms of a population burden of disease) and 'applicability' (i.e., skills must be applicable in multiple settings). These criteria are currently applied in CBT and psychodynamic therapy taught during residency training in Canada.²⁹ More than half of residency training program directors in the United States indicated that CBT, Parent Skills Training, psychodynamic psychotherapy, and family therapy should be taught to the point of competence

or expertise.¹² Given the lack of standardisation in psychotherapy training in Türkiye, a model focused on teaching "psychotherapy skills" can be proposed.

In this study, the most critical barriers to accessing psychotherapy training were stated to be its high cost, time constraints, and transportation difficulties. All these difficulties are related to receiving training outside the institution. Considering that institutions cannot provide the education of all schools together, it is unavoidable to resort to additional training outside the institution when necessary in a wide field such as psychotherapy. However, the standardisation and improvement of training within the institution can help reduce the need for training outside the institution. On the other hand, it is a controversial issue whether the most crucial factor regarding participation in psychotherapy education is cost or incentive. Evidence from recent studies reported no difference in participation in training activities between incentivised and non-incentivized groups.³⁰

The fact that the psychiatry faculty members in the institution did not support psychotherapy training was stated as one of the barriers to receiving psychotherapy training, with a frequency of 19.5% in this study. A study in the US investigating residency programs has reported that 20% of programs consider department attitude towards psychotherapy as a barrier, including one response that claimed that psychotherapy training was not appropriate for psychiatry residency training in this century.⁵

Recent years have seen discussions regarding the status of psychotherapy training in psychiatry taking place in Türkiye and other countries.^{13,25} The present study obtained much better results than previous years, showing that psychotherapy training in psychiatry residency has come a long way.^{6,14} Nevertheless, it is evident that additional training (especially in the form of supervision) and the establishment of more therapy programs within the institution are necessary. An integrative approach in psychotherapies may help achieve the deserved place of therapies and increase the quality of psychotherapy training. Thus, the basic mechanisms of many practices of different psychotherapy schools, from severe patient groups to personality disorders, from brief interventions for symptomatic and crisis resolution to comprehensive psychotherapy approaches, can be taught to residents during psychiatry training. It is vital that institutions make room for psychotherapy in their curricula, adapt clinical conditions and allocate sufficient time to education.

Our study includes some limitations. First, the small number of participants is the main limitation. However, the survey was sent to many WhatsApp groups, with a total of close to 1,000 people. Second, the survey was conducted online due to transportation restrictions and the Covid-19 pandemic.

Third, using self-report in assessing therapist competence is also a limitation. It has been emphasised in previous studies that the tendency of untrained therapists to exaggerate should be taken into account.³⁰

In conclusion, psychotherapy training has an essential place in psychiatry residency in Türkiye. Residents can receive psychotherapy training in their institutions and external centres and develop their psychotherapy skills. However, the development and standardisation of institutional training, the competence of trainers, the need for external centres, and the barriers to accessing psychotherapy training are issues still to be discussed. The results of this study reveal the necessity of further research at the national and international levels for the development and standardisation of psychotherapy education. Future studies should focus on using objective therapeutic competency and effectiveness measures, such as independent or supervisory rating scales and milestones.

Ethics Committee Approval: This study was approved by the Sakarya University Local Ethics Committee (Date: 27.01.2020, decision no: 71522473/050.01.04/20).

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REFERENCES

1. Crocker EM, Brenner AM. Teaching Psychotherapy. *Psychiatric Clinics of North America*. 2021;44(2):207-216. doi:10.1016/j.psc.2020.12.004
2. Bhugra D, Tasman A, Pathare S, et al. The WPA-Lancet Psychiatry Commission on the Future of Psychiatry. *Lancet Psychiatry*. 2017;4(10):775-818. doi:10.1016/S2215-0366(17)30333-4
3. Frank A, Welton R, Crocker E. Psychotherapy Education in Psychiatry Residency Training. In: *Graduate Medical Education in Psychiatry*. 2022:191-214.
4. Mayer S, van der Gaag RJ, Dom G, et al. European Psychiatric Association (EPA) guidance on post-graduate psychiatric training in Europe. *Eur Psychiatry*. 2014;29(2):101-106. doi:10.1016/j.eurpsy.2014.01.002
5. Rim JI, Cabaniss DL, Topor D. Psychotherapy Tracks in US General Psychiatry Residency Programs: A Proxy for Trends in Psychotherapy Education? *Acad Psychiatry*. 2020;44(4):423-426. doi:10.1007/s40596-020-01245-6
6. Brittlebank A, Hermans M, Bhugra D, et al. Training in psychiatry throughout Europe. *Eur Arch Psychiatry Clin Neurosci*. 2016;266(2):155-164. doi:10.1007/s00406-016-0679-4
7. Baessler F, Zafar A, Gargot T, Pinto da Costa M, Biskup EM, De Picker L, et al. Psychiatry training in 42 European countries: A comparative analysis. *European Neuropsychopharmacology*. 2021;46:68-82.
8. World Health Organization. *Atlas: Psychiatric education and training across the world*. 2005. Geneva.
9. TUKMOS. Ruh Sağlığı ve Hastalıkları Uzmanlık Eğitimi Çekirdek Müfredatı v.2.4.1 (2020) [Core Curriculum of Psychiatry Speciality Education]. <https://tuk.saglik.gov.tr/Eklenti/41102/0/ruhsagligivehastaliklarimufredat-v241pdf.pdf>. Accessed September 13, 2021.
10. Ertekin E, Ergun BM, Sungur MZ. Psikiyatristler ve psikiyatri asistanlarında bilişsel-davranışçı terapi hakkında mitler ve yanlış bilinenler. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*. 2015;16(1):60-64.
11. Yazıcı AB, Yazıcı E, Ozakkas T. Integrative Approach to the Psychotherapy Training During Psychiatry Education: Current Status and Notes to the future. *TBPD*. 2021;4(7):1-15.
12. Kitts RL, Isberg RS, Lee PC, Sharma N, Goldman V, Hunt J. Child Psychotherapy Training in the United States: A National Survey of Child and Adolescent Psychiatry Fellowship Program Directors. *Acad Psychiatry*. 2019;43:23–27. doi:10.1007/s40596-018-0998-z
13. Saeed SA, Johnson TL, Bagga M, Glass O. Training Residents in the Use of Telepsychiatry: Review of the Literature and a Proposed Elective. *Psychiatr Q*. 2017;88(2):271-283. doi:10.1007/s11126-016-9470-y
14. Osborne LM, MacLean JV, Barzilay EM, Meltzer-Brody S, Miller L, Yang SN. Reproductive Psychiatry Residency Training: A Survey of Psychiatric Residency Program Directors. *Acad Psychiatry*. 2018;42(2):197-201. doi:10.1007/s40596-017-0672-x
15. Eissazade N, Shalbafan M, Eftekhari Ardebili M, Pinto da Costa M. Psychotherapy training in Iran: A survey of Iranian early career psychiatrists and psychiatric trainees. *Asia-Pacific Psychiatry*. 2021;13(1):e12434.
16. Torales J, González I. Perspectives on psychiatry education in Latin America. *International Review of Psychiatry*. 2020;32(2):122-127. doi:10.1080/09540261.2019.1655716
17. Chaimowitz G, Weerasekera P, Ravitz P. Psychotherapy in Psychiatry. *Can J Psychiatry*. 2021;66(11):999-1004.

18. Plakun EM, Vilella RM. Psychotherapy in Psychiatry: Fighting Alternative Facts. *J Psychiatr Pract.* 2019;25(6):466-469. doi:10.1097/PRA.0000000000000422
19. Robert J. Gregory, M.D. , David Mintz, M.D., Jessica Yakeley, F.R.C.Psych. Should Psychotherapy Become a Subspecialty of Psychiatry? *American Journal of Psychotherapy.* 2019;72(2):36-7.
20. Pheister M, Cowley D, Sanders W, et al. Growing the Psychiatry Workforce Through Expansion or Creation of Residencies and Fellowships: the Results of a Survey by the AADPRT Workforce Task Force. *Acad Psychiatry.* 2022;46(4):421-427. doi:10.1007/s40596-021-01509-9
21. Buckman J, Saunders R, Leibowitz J, Minton R. The barriers, benefits and training needs of clinicians delivering psychological therapy via video. *Behav Cogn Psychother.* 2021;49(6):696-720. doi:10.1007/s40596-021-01509-9
22. Rietmeijer CBT, Huisman D, Blankenstein AH, et al. Patterns of direct observation and their impact during residency: general practice supervisors' views. *Med Educ.* 2018;52(9):981-991. doi:10.1111/medu.13631
23. Ruble AE, Romanowicz M, Bhatt-Mackin, S, Topor D, Murray A. Teaching the Fundamentals of Remote Psychotherapy to Psychiatry Residents in the COVID-19 Pandemic. *Acad Psychiatry.* 2021;45:629-635. doi:10.1007/s40596-021-01484-1
24. Mehrtens IK, Crapanzano K, Tynes LL. Current Risk Management Practices in Psychotherapy Supervision. *The journal of the American Academy of Psychiatry and the Law.* 2017;45(4):409-414.
25. Frank HE, Becker-Haimes EM, Kendall PC. Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes. *Clin Psychol (New York).* 2020;27(3):e12330. doi:10.1111/cpsp.12330
26. Pagano J, Kyle BN, Johnson TL, Saeed SA. Training psychiatry residents in psychotherapy: The role of manualized treatments. *Psychiatric Quarterly.* 2017;88(2):285-294.
27. Tavakoli S. The place of psychotherapy in contemporary psychiatry. *Iran J Psychiatry Behav Sci.* 2014;8(4):1-6.
28. Grover S, Avasthi A, Jagiwala M. Clinical Practice Guidelines for Practice of Supportive Psychotherapy. *Indian J Psychiatry.* 2020;62(Suppl 2):173-182.
29. Fefergrad M, Mulsant BH. Psychotherapy Training in a Competency-Based Medical Education Psychiatry Residency: A Proposal for a Practical and Socially Responsible Model. *Can J Psychiatry.* 2022;67(6):423-427.
30. Marriott BR, Kliethermes MD, McMillen JC, Proctor EK, Hawley KM. Implementation of a Low-Cost, Multi-component, Web-Based Training for Trauma-Focused Cognitive-Behavioral Therapy. *Adm Policy Ment Health.* 2023;50:392-399. doi:10.1007/s10488-022-01246-7