



REVIEW ARTICLE

Psychotherapy training in psychiatry residencies: A review of trainees' perspectives

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Abstract

Background and Objectives: Incorporating psychotherapy into the curricula of psychiatry residency programs has been proven difficult, even in countries where it is a requirement for residents to become psychiatrists. The primary purpose of the article was to assess psychiatry trainees' perspectives on psychotherapy training in residency programs worldwide.

Methods: The authors performed a narrative review, resulting in 19 original research studies, published between 2001 and 2021, evaluating psychiatry residents' perspectives by the application of questionnaires.

Results: Psychiatry residents are interested in and value psychotherapy training, and some consider it should be an obligatory competency for psychiatrists, as it already occurs in some countries worldwide. Even though, most psychiatry trainees feel dissatisfaction with the existing training in residency curricula, pointing out concerns related to the quality of resources, time within the residency period, and financial constraints. In terms of personal psychotherapy, we found contrasting views of its importance in psychotherapy training for psychiatry residents. A crucial finding was that psychiatry residents tend to lose interest in psychotherapy during the years of the residency, and dissatisfaction with the quality of the psychotherapy curricula, lack of support, and low self-perceived competence in psychotherapy by trainees were factors associated with reduced interest in psychotherapy training.

Conclusions: The authors postulate that maintaining residents' interest in psychotherapy requires improvements in the residency curricula and departmental leadership must support trainees' goals of becoming comprehensively trained psychiatrists.

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Introduction

Psychiatry is a unique medical specialty requiring knowledge in various domains: medicine, neuroscience, psychopharmacology, interventional treatments, and psychotherapy.¹ Recent advances are being made in areas like neuroscience and pharmacotherapy, and many authors are questioning the focus of the specialty, as it seems there is a movement towards an emphasis on biological psychiatry, in contrast to psychological psychiatry.²

Psychiatrists must deeply understand patients suffering from mental and psychiatric disorders.¹ There is a risk that future psychiatrists lacking psychotherapy skills will be restricted in managing the wide scope of disorders and personalities they will face in clinical practice.³

Additionally, there is a growing appreciation of the effectiveness of various modalities of psychotherapy as effective treatments, being included as the first choice for the treatment of mental disorders in international guidelines, e.g., the National Institute for Health and Care Excellence (NICE) guidelines^{4–6} and European recommendations for psychiatry residencies endorse psychotherapy training for psychiatrists,⁷ as do training guidelines for psychiatrists in the United States of America (USA).^{8–10}

Incorporating psychotherapy into the curricula of psychiatry residency programs has been proven difficult, even in countries where psychotherapy training is a requirement for psychiatry residents to become psychiatrists like Canada, Denmark, England, Ireland, and the USA.^{10–15} The difficulties pertain to psychiatry training in most countries around the world and include providing training in methods of different types of psychotherapy, identifying suitable patients, evaluating psychotherapy competencies, and other various concerns.^{8,9,16–18} In 2005, the World Health Organization (WHO) together with the World Psychiatric Association (WPA), applied a survey to collect information about psychiatric training programs worldwide, including psychotherapy training. Psychotherapy training was accessible in the majority of residency programs in only 27.5 % of countries, in many programs in 13.5 % of countries, in few programs in 36.5 % of countries, and no information about psychotherapy training was available in 23 % of countries.¹⁹

Published studies assessing psychotherapy training in psychiatry residency programs evaluated perspectives of heads of the department or residency program directors in both psychiatry residency,^{8,16–18,20–27} early career psychiatrists^{28,29} or by analyzing education curricula of psychotherapy in residencies^{30,31} in various countries of Europe,³² the USA,³³ and the rest of the world.^{34,35} The main difficulties found in training in psychotherapy were getting time away from other responsibilities, lack of supervision, and lack of funding.²⁸ Some studies were developed to assess or measure competency in psychotherapy training,^{22,36–42} and some proposed the development and evaluation of courses, pathways, or protocols to teach psychotherapy to residents.^{43–55}

It is important to assess what psychiatry trainees around the globe have to say about psychotherapy training as part of their residency curricula. Our study was developed to analyze the perspectives of psychiatry trainees about psychotherapy training in residency programs worldwide. Understanding trainees' perspectives on psychotherapy training can shed light on the strengths and weaknesses of

current programs, enabling the development of more comprehensive and effective training curricula.

Material and methods

The authors performed a narrative review on the PubMed database by searching for the following terms on the title or abstract of articles written in English, published between the years 2000 to 2023: “psychiatry”, “psychotherapy”, and “residency”, “resident”, “residents”, “trainees”, or “trainee”. The closing date for the search was 20 May 2023.

All 196 articles, resulting from the search, were reviewed to confirm whether they were related to the purpose of the current review. The authors selected original research articles with samples including psychiatry residents. The use of an instrument or survey evaluating trainees' perspectives of psychotherapy training was a mandatory inclusion criterion. The authors decided also to include articles analyzing psychiatry residents' perspectives about personal psychotherapy since, by exploring the bibliography, the authors found studies additionally or entirely investigating this component of psychotherapy training.

Review articles, commentaries, and editorials that exclusively addressed education curricula of psychotherapy training in psychiatry residencies were excluded, but all articles addressing psychotherapy training were surveyed for bibliographic references indicating original research articles of interest not found in the search.

Results of studies based on the implementation and evaluation of psychotherapy courses or protocols for residents were excluded, as well as studies surveying only the perspective of residency program directors or graduated psychiatrists about psychotherapy training in the residency.

Results

Nineteen articles, published between 2001 and 2021, were included in this review.^{11–15,25,56–68} Most of the studies were developed across European countries (47.4 %) and in the USA (36.8 %). All studies evaluated psychiatry residents' perspectives by the application of questionnaires or surveys. Each study used a different, not validated, questionnaire, mostly developed by the corresponding authors. The main findings of each study are presented in [Table 1](#).

Nine (47.4 %) of the included studies were developed in Europe, comprising one study evaluating residents' perspectives from various European countries⁵⁸ and studies applied in the following countries: Croatia,⁶¹ Denmark,¹³ England,^{11,12} Greece,⁵⁹ Ireland,¹⁴ Portugal,⁵⁷ and Spain.⁶⁵ For these countries, there are European and national recommendations about psychotherapy training in residency programs.^{7,58,69} Even though, only in some residency programs of countries like Denmark, England, and Ireland, psychotherapy is seen as obligatory for residents to qualify as psychiatrists,^{11–14} in contrast with other European countries like Greece, Portugal, and Spain.^{57,59,65} Despite having a somewhat structured plan of psychotherapy training, European and national guidelines are not being systematically followed for British, Danish, and Irish residents in most residency programs.^{11–14} A study published in 2010 assessing psychiatry residents of 28 European

Table 1 Main findings of the included studies.

Studies	Area	Samples	Measure	Main findings
Margariti et al. (2001)	Greece	60 psychiatry trainees	Presential anonymous questionnaire	A considerable number of trainees showed a favorable attitude towards psychoanalytic psychotherapy.
McCrindle et al. (2001)	England	Trainee chairperson or the most senior trainee of psychiatry training schemes	Telephone questionnaire	Residents from 92 % of the schemes expressed dissatisfaction with their psychotherapy training.
Foulkes (2003)	Australia and New Zealand	94–95 senior psychiatry residents	Questionnaire	Satisfaction rates in the quality of teaching varied from 7 to 41 %. The trainees rated supervision as the most useful component of training (72 %) followed by case discussions (41 %) and seminars (24 %). Personal therapy was considered least useful in training, being considered essential by only 22 % of trainees. Trainees wished for more training in CBT, group, family and supportive therapies, practical seminars, and better supervision. 39 % of psychiatrists in training found that the quality of supervisors was an issue and 26 % had difficulties finding a supervisor. A substantial number of trainees indicated that they had pursued their own private supervision or psychotherapy training course. A third of year 2, 3 and 4 trainees had not undertaken a single psychotherapy case. Most trainees did not report any experience with systemic and family therapies.
Duddu & Brown (2004)	England	Psychiatry residents in Northwest England	Survey	
Khurshid et al. (2005)	USA	72 chief psychiatry residents	Presential self-administered questionnaire	84 % of chief residents reported that they were aware of the ACGME competencies required for residents. Global assessment by psychotherapy supervisors was the most commonly used method of competency determination (61 %). 26 % of chief residents opined that not all the faculty members involved in teaching and assessing competencies were qualified to do so. 31 % of respondents reported that competency criteria were well integrated into the residency curriculum.
Hadjipavlou & Ogrodniczuk (2007)	Canada	385 psychiatry trainees	Anonymous Self-report Questionnaire	68 % of trainees indicated that the prospect of learning and practicing psychotherapy was a factor in their decisions to become psychiatrists. Nearly all residents (99 %) believed that psychotherapy has an important role in contemporary psychiatric practice. 87 % of residents considered their ability to practice psychotherapy to be important to their identities as psychiatrists. The majority of residents (71 %) was generally satisfied with their psychotherapy training. Although 95 % of first-year residents planned to practice psychotherapy, this figure drops to 84 % for last year residents. Satisfaction with overall training experience and supervision and feeling competent to perform psychotherapy were significantly associated with decisions to practice psychotherapy after graduation.

Table 1 (Continued)

Studies	Area	Samples	Measure	Main findings
Sharma et al. (2007)	USA	Residency program directors of 22 programs; Senior residents of 13 programs	Online Self-report Questionnaire	54 % of the residents feel they received sufficient DBT training.
Kuzman et al. (2009)	Croatia	66 psychiatry trainees	Questionnaire, personally or email delivered	High interest in specific psychiatric fields such as psychotherapy and clinical psychiatry by residents. 65 % of participants were engaged in various psychotherapeutic trainings, mainly in group analytic psychotherapy, cognitive behavioral therapy, psychoanalytic psychotherapy and family psychotherapy. Only 33.3 % of those who were engaged in psychotherapy showed affinity toward psychopharmacology compared to 66.7 % of those who weren't engaged in psychotherapy. Most problems pointed out by trainees resided from the lack of practical psychotherapy, the inefficiency of the mentorship system and the lack of funding resources. Residents rated their experience of taking on cases and supervision highly and regarded psychotherapy positively in terms of relevance to their general psychiatric training.
McNeill & Ingram (2009)	Ireland	51 psychiatry trainees	Anonymous self-report questionnaire, via post and email	A large proportion (94 %) were failing to meet requirements for psychotherapy training set down by the Royal College of Psychiatrists. Although most supervision was rated highly, a number of trainees had irregular or no case supervision.
Calabrese et al. (2010)	USA	249 psychiatry trainees	Anonymous Online Self-Report Questionnaire	56 % of residents agreed that their program provided high quality psychotherapy training. Concerns about the adequacy of the time and resources provided by their programs were expressed by 28 % of trainees. 65.7 % of residents agreed that their departmental leadership actively supported residents' psychotherapy training. Across years of training and modes of therapy, residents perceived their own competence in neutral to slightly positive terms, with self-perceived competence increasing with years of training.
Katz & Kaplan (2010)	USA	75 psychiatry residents	Anonymous Online Self-Report Questionnaire	Residents valued psychoanalytic concepts and most planned to incorporate the practice of psychodynamic psychotherapy into their careers after graduation. Most residents (79 %) regarded psychotherapy as important to the practice of psychiatry. Residents had little confidence in their level of skill and the adequacy of their training. 91 % of residents believed that personal psychotherapy for residents was very important. While 46 % expressed interest in further psychodynamic psychotherapy training, only 22 % expressed interest in psychoanalytic training. Most cited the cost and time involved as reasons they would not pursue further training.

Table 1 (Continued)

Studies	Area	Samples	Measure	Main findings
Nawka et al. (2010)	Europe	Psychiatry residents from 28 European countries	Online survey	Concerns that not enough clinical opportunities are available to meet the training and curriculum needs were pointed out by most trainees about psychotherapy training, as well as concerns about the funding and availability of psychotherapy courses.
Gómez-Beneyto et al. (2011)	Spain	216 third- and fourth-year psychiatry residents	Anonymous survey	Most of the complaints of interns focused on the lack of training in psychotherapy, and one of the aspects with lower degree of satisfaction was supervision of psychotherapy.
Lanouette et al. (2011)	USA	249 psychiatry trainees	Anonymous Online Self-Report Questionnaire	Most residents (82 %) viewed becoming a psychotherapist as integral to their psychiatric identity. 54 % planned to provide formal psychotherapy, whereas 62 % anticipated psychopharmacology would be the foundation of treatment for most patients. Residents with personal psychotherapy experience (47 %) and first-year postgraduate residents were more likely to identify as psychotherapists, plan to pursue further psychotherapy training post residency, and anticipate psychotherapy being central to their future practice.
Zisook et al. (2011)	USA	249 psychiatry trainees	Anonymous Online Self-Report Questionnaire	11.8 % of residents reported decreased interest in psychotherapy during training, with higher values among last-year residents (16.4 %). Dissatisfaction with the quality of psychotherapy curriculum, lack of resident support, low self-perceived competence in CBT and psychodynamic psychotherapy were correlated with decreased interest during training. Personal factors that were significantly associated with loss of interest in psychotherapy were related to residents' identity as psychotherapists and to future career plans. Most trainees defended the inclusion of psychotherapy training in their formation during residency as an obligatory placement. Residents who were doing or have done formation in psychotherapy chose: cognitive-behavioral (60.0 %), psychodrama (28.0 %), interpersonal (20.0 %), family (16.0 %) and psychodynamic (8.0 %) therapies. Trainees in the last years of formation were attending psychotherapy formation in higher percentages.
Pinto da Costa et al. (2013)	Portugal	80 psychiatry trainees	Anonymous Online Self-Report Questionnaire	The psychotherapies elected to be included as mandatory were: cognitive-behavioral (62.5 %), family (42.5 %) and psychodynamic (26.3 %) therapies.
Kovach et al. (2015)	USA	133 psychiatry residents	Anonymous Online Self-Report Questionnaire	Residents ranked teaching modalities in the following order of from most to least important: supervision, hours of psychotherapy performed, personal psychotherapy, readings, and didactic instruction. 26.5 % of residents were engaged in their own psychotherapy and were significantly more likely to rank the experiential aspects of psychotherapy training (personal psychotherapy, supervision, and hours performed) higher than residents not in psychotherapy.

Table 1 (Continued)

Studies	Area	Samples	Measure	Main findings
Schmidt & Foli-Andersen (2017)	Denmark	60 psychiatry trainees	Anonymous Self-report Questionnaire	88 % of psychiatrists in training found psychotherapy to be relevant for their training. 77 % found it difficult to have time to practice psychotherapy. 86 % reported lack of time as a reason they had not sought further training, 38 % listed financial constraints, and 17 % cited lack of interest. 81 % of participants wished for the majority of the training in psychotherapy to be consolidated in a single program, with time set aside within the psychiatrist training program. 36 % and 53 %, respectively, had difficulties securing psychodynamic and CBT supervision. In CBT supervision, around two thirds of trainees reported supervision that appeared to be below the expected CBT supervision standard.
Eissazade et al. (2021)	Iran	66 psychiatry trainees; 46 early career psychiatrists	Anonymous Online Self-Report Questionnaire	98.2 % of participants agreed that psychotherapy training is part of psychiatry residency training and for 90.8 % of them, it is obligatory, with 82.1 % receiving psychotherapy supervision. 43.3 % of the participants reported that they were satisfied with their psychotherapy training during the training years. 52.7 % of trainees reported psychotherapy training should be mandatory in the psychiatry training with formation mainly in CBT, family therapy, and psychodynamic psychotherapy.
ACGME, Accreditation Council of Graduate Education Training; CBT, Cognitive-Behavioral Therapy; DBT, Dialectical Behavior Therapy; USA, United States of America.				

countries⁵⁸ described residents' concerns about the non-availability of enough clinical opportunities to meet the psychotherapy training and curricula needs of most trainees and about funding for psychotherapy courses. These and other concerns were also verified in further studies developed in specific European countries: lack of time for psychotherapy training was a reason for not seeking further training, and most residents defended the consolidation of psychotherapy training as a placement or course, with time set aside within the residency program;^{13,57} financial constraints and lack of funding for psychotherapy training;^{13,61} and general resources such as availability of psychotherapy courses and case supervision or mentorship.^{12,13,61,65} Dissatisfaction with the lack of psychotherapy training was also pointed out.^{11,65} Despite these concerns and dissatisfaction with psychotherapy training, most studies reported that the majority of psychiatry residents showed interest in psychotherapy training.^{13,14,57,59,61} In countries with psychotherapy training integrated into residency programs, both psychodynamic and cognitive-behavioral psychotherapies were the predominant models in residency programs, according to residents from Northern Ireland.¹⁴ In countries with no structured psychotherapy training, Portuguese trainees were interested in the inclusion of cognitive-behavioral, family, and psychodynamic psychotherapies in the residency curricula,⁵⁷ and Greek residents showed a favorable attitude towards psychoanalytic psychotherapy.⁵⁹

Seven (36.8 %) of the included studies were developed in the USA.^{25,56,60,62–64,68} In the USA, treating patients with psychiatric disorders by using practices of psychotherapy modalities is an essential competency requirement of the Accreditation Council for Graduate Medical Education (ACGME) in psychiatry residencies.¹⁰ The ACGME originally required competency in 5 core psychotherapy modalities (brief, cognitive-behavioral, combined psychotherapy and psychopharmacology, psychodynamic, and supportive) that have since been reduced to 3, likely because of supervisors' availability.⁷⁰ Despite these orientations, challenges for educators in implementing the requirements and evaluating the competencies are significant, and psychotherapy training perceived quality by trainees varies across American residency programs.^{63,68} In a 2010 study, around half of psychiatry residents agreed that their program provided high-quality psychotherapy training⁶⁸ but, in another study developed in 2005, only about one-third of respondents stated that competency criteria were well integrated into the residency curricula.⁶³ Based on one 2010 study of 5 American training programs, most respondents were interested in psychotherapy training,⁶⁴ and in a 2011 study, most American trainees viewed becoming a psychotherapist as essential to their psychiatric identity.⁶⁰ Another 2011 study from the same team⁵⁶ found that 11.8 % of residents reported decreased interest in psychotherapy during training, with a higher proportion among last-year residents (16.4 %). Dissatisfaction with the quality of the psychotherapy curricula, lack of resident support, and low self-perceived competence in psychotherapy were correlated with decreased interest during training in this study.⁵⁶ These concerns were also found in studies reporting dissatisfaction with the psychotherapy teaching curricula and with the quality of supervision by residents.^{63,68} As reported in

countries in Europe, American trainees also acknowledged concerns about the time and cost of psychotherapy training.^{64,68}

The remaining 3 studies were implemented in Australia and New Zealand,⁶⁶ Canada,⁷¹ and Iran.⁶⁷ In the 2003 study developed in Australia and New Zealand, most psychiatry residents were dissatisfied with the quality of psychotherapy teaching. Around 40 % of trainees found problems regarding the quality of supervisors and a considerable number of residents indicated they pursued their psychotherapy training course or private supervision.⁶⁶ In Canada, where psychotherapy training is included in residency programs, around 70 % of psychiatry trainees were generally satisfied with their psychotherapy training and first-year residents planned to practice psychotherapy more than senior residents. Satisfaction with overall training experience and supervision and feeling competent to perform psychotherapy were significantly associated with the decision to practice psychotherapy after residency graduation.¹⁵ In Iran, the psychiatry training curricula integrate a full-time 9-month placement of psychotherapy training. Almost all psychiatry trainees and early career psychiatrists reported psychotherapy training was included in their psychiatry education during residency, but only around 40 % of the applicants reported they were satisfied with their psychotherapy training during the psychiatry residency.⁶⁷

Personal psychotherapy

Two studies developed in Canada and the USA published in 2016 and 2015, respectively, focused entirely on the perspectives of psychiatry trainees about personal psychotherapy in psychotherapy training.^{71,72} The authors found that around one quarter of the surveyed psychiatry residents from the USA were in personal psychotherapy in comparison to around 40 % of Canadian trainees. Most of these residents' personal psychotherapy had a psychodynamic basis, with weekly long-term therapy for residents of both North American countries.^{71,72} For trainees from the USA, it was done mainly in private practices not affiliated with their academic program.⁷² In both countries, self-awareness, self-understanding, personal growth, and professional development were the most common reasons for engaging in personal psychotherapy. Time and finances were the most frequent factors for not starting personal psychotherapy.^{71,72} For around 60 % of Canadian psychiatry trainees, personal therapy had an important role in psychiatry residency training.⁷¹

Some of the included studies also reported findings about residents' views on personal psychotherapy. In Europe, very few countries provide financial resources in their training programs to support personal psychotherapy for psychiatry trainees, according to a 2010 study.⁵⁸ In the USA, according to another study published in the same year, most residents believed personal psychotherapy to be a very important part of psychotherapy training.⁶⁴ In Australia and New Zealand, a 2003 study found psychiatry trainees rated supervision as the most useful component of training, followed by case discussions, and seminars, considering personal psychotherapy to be the least useful in training,⁶⁶ but in the USA, according to a 2015 study, residents ranked teaching modalities in the following order of importance from most to least important:

supervision, hours of psychotherapy performed, personal psychotherapy, readings, and didactic instruction, considering personal psychotherapy more important to psychotherapy training than Australian trainees.⁶² According to Kovach and colleagues⁶² residents engaged in personal psychotherapy were significantly more likely to rate their personal therapy, hours of treating patients with psychotherapy, and supervision as more important than residents not in personal psychotherapy.

Discussion

To the knowledge of the authors, this is the first review evaluating psychiatry trainees' perspectives of psychotherapy training in residency programs worldwide. The main results were that, even though there are a few countries where residency programs include a somehow structured psychotherapy training program, based on the studies reviewed representing only part of training programs worldwide, it appears that most residents are dissatisfied with the existing psychotherapy curricula.^{11,65–67} This finding was not found in only one 2007 study of Canadian residents, where the majority of psychiatry trainees were generally satisfied with their psychotherapy education.¹⁵

Most psychiatry residents' concerns about psychotherapy training were related to the quality of resources such as courses of psychotherapy and supervision of cases.^{12,13,61,63,65,66,68} Time within the residency period,^{13,64,68} and financial constraints^{13,61,64} were also pointed out concerns by psychiatry residents. Schmidt and colleagues¹³ found most Danish residents defended the consolidation of psychotherapy training as a single placement with time set aside within the residency program. This could be a way of dealing with some of the aforementioned residents' concerns.

Another finding of interest, contrasting with findings of trainees' low interest in psychotherapy training in studies evaluating residency program directors' perspectives,¹⁶ was that residents are still interested in and value psychotherapy training, most viewing it as an integral part of their psychiatric professional identity and some considering it should be an obligatory competence for psychiatrists.^{13–15,57,59–61,64,67}

In terms of personal psychotherapy, we found contrasting views of its importance in psychotherapy training for psychiatry residents. In Australia and New Zealand, trainees considered personal psychotherapy to be the least useful component in psychotherapy training,⁶⁶ but American and Canadian trainees considered personal psychotherapy to be a valuable part of psychotherapy training.^{62,64,71} Many authors believe personal psychotherapy is essential for psychotherapy training.^{1,71,72} It is one of the best ways to refine a psychodynamic understanding, helping psychotherapists learn to differentiate patients' issues from their own.⁷³ Possible ways to deal with residents' concerns about time, costs, and availability of personal psychotherapy could be the facilitation of lists of available and affordable psychotherapy providers, the establishment of a work environment that encourages personal psychotherapy, and allowing time for personal psychotherapy during training by psychiatry residency directors.¹

According to the findings of included studies, psychiatry residents tend to lose interest in psychotherapy during the years of the residency, with evidence of last-year residents being less interested in practicing psychotherapy than first-year trainees.^{15,56} Besides personal factors, such as professional identity and future career plans, dissatisfaction with the quality of the psychotherapy curricula, lack of support, and low self-perceived competence in psychotherapy by residents were associated with reduced interest in psychotherapy training.^{15,56} Maintaining residents' interest in psychotherapy requires improvements in the residency curricula and departmental leadership must support trainees' goals of becoming comprehensively trained psychiatrists.⁵⁶

There are some limitations to this review. Samples of studies included in this review may not statistically represent the psychiatry residents of each country or region intended to represent, since response rates of included studies reporting it varied from 28 to 100 percent and some studies included a small sample of participants, some encompassing only residents at a particular stage of the residency (e.g. chief or senior residents) and others including practicing psychiatrists (e.g. early career psychiatrists). Across countries and throughout parts of the same country, residency curricula change, so it is important not to see the findings of each country as a representation of all national psychiatry residency programs, since programs with fewer psychiatry residents enlisted could have been underrepresented. Another limitation is related to the period of time of the included studies since psychotherapy curricula might have changed across the 20-year period in the evaluated regions or countries. Still, it is important to note that investigating psychotherapy curricula across countries was not the purpose of this review but to investigate psychiatry trainees' perspectives about psychotherapy training in residency programs. Only using the Pubmed database and only including studies using instruments or surveys evaluating trainees' perspectives of psychotherapy training were other limitations of this study, although the authors focused on quantitative studies from psychiatry journals to review trainees' perspectives more objectively. The heterogeneity of assessment measures and the extent to which they evaluate leads to difficulty comparing the same concepts between studies or countries since every questionnaire asked for different parameters related to residents' perspectives. A possible strategy to deal with this limitation in the future could be the development, implementation, and validation of a questionnaire to be used to evaluate residents' perceptions of psychotherapy training.

The authors encourage the development of more studies in this area, in more countries, to evaluate residents' perspectives about psychotherapy training in their residencies' programs. Besides the aspects evaluated by most of the questionnaires used in the included studies, the authors identify other possible variables that can be analyzed regarding psychiatry trainees' interest in psychotherapy training. One of these aspects is evaluating how much trainees can depict psychotherapy training as an obstacle to overcome during the residency. Another feature of interest is related to expectations of salary, since psychiatrists can obtain a higher income practicing traditional pharmacology-centered treatments rather than psychotherapy-based

treatments. These findings provide relevant data from those who are future psychiatrists for evaluation by directors of residency programs about training in a perceived essential competency. By integrating trainees' feedback, residency programs can adjust and develop more suited training models, ultimately promoting comprehensive psychiatrists equipped with the necessary capacities to address the complex needs of individuals with psychiatric and mental health disorders.

Conclusions

At a time when psychotherapy is increasingly becoming acknowledged to play a central role in the treatment of most psychiatric disorders, current training is failing to provide these competencies to psychiatry trainees. Serious reflection must be given to both the extent of the guidelines and the practical opportunities for psychotherapy training so future psychiatrists can be qualified to provide an accurate biopsychosocial model of psychiatric care.

Ethical considerations

The current study does not directly involve human participants, and as such is exempted from Institutional Review Board approval.

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Conflict of interest

The authors have no conflict of interest to declare.

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