

The Relationship between the Psychotherapist's Years of Clinical Experience and Behavior and Attitude during Therapy

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Abstract: In this study, a survey was conducted to investigate the effects of the length of psychotherapists' clinical experience on their behavior and attitude during psychotherapy.

In the first analysis, 212 psychotherapists were divided into four groups based on the length of their clinical experience (less than 5 years/6~10 years/11~15 years/more than 16 years). The main findings were as follows; (1) Therapists with greater experience tended to use a greater number of techniques than therapists with less experience. (2) Many psychotherapists with less clinical experience are inclined to use eclectic psychotherapy.

In the second analysis, 122 psychotherapists were divided into eight groups according to their length of clinical experience (less than 10 years/more than 11 years) and the technique they used (eclectic psychotherapy/behavior therapy/client-centered therapy/psychoanalytic therapy). The results were as follows; (1) Therapists with a large amount of work experience showed the same behavior and attitudes about "flexibility of therapeutic relationship", even if they used different techniques; (2) There was no evidence that the difference between techniques becomes greater in therapists with a large amount of experience than in therapists with a small amount of experience.

Key words: psychotherapy in Japan, therapeutic technique, the number of years in clinical experience

Introduction

It is of both of practical and theoretical value to elucidate how the therapists' behavior and attitudes in psychotherapy change as their clinical experience increases. Fiedler¹⁾²⁾

was the first to empirically study this issue. He thought that experienced psychotherapists, even though the therapeutic techniques they employ may be different, would have a consensus of opinion on the characteristics of an ideal therapeutic relationship. He believed that, as their experience increased, they

would transcend technical differences and reach a unified conclusion regarding ideal therapeutic relationships. His hypothesis was supported by Parloff,³⁾ who used the same procedure as Fiedler. Most researchers thereafter have not found great differences in behavior and attitudes between therapists with long experience and short experience, and have stated that the difference in experience is a minor factor compared to the difference in technique. However, several differences have been detected arising from differences in the number of years of experience. For instance, Strupp⁴⁾ found that experienced psychiatrists used more interpretations, while less experienced psychiatrists more frequently demonstrated a searching response. In addition, there were other results; the less experienced eclectic group showed more similarity to the psychiatric analysis group than to the more experienced eclectic group (Fey⁵⁾); the group with fewer years of experience tends to direct self-realization in personality development as compared to the group with more years of experience (Sundland, Baker⁶⁾) and more experienced psychotherapists prefer intensive, psychoanalytic, and uncovering psychotherapy (Wallach, Strupp⁷⁾). In their recent study, Wogan and Norcross⁸⁾ examined the relationships between nine factors and years of experience and reported that, as a result of the examination based on partial correlation coefficients with a controlled technique, a significant positive correlation with years of experience was found in the psychodynamic factor and authenticity factor (including items on honesty and genuineness). A negative correlation was noted in the direct guidance factor, frustration inducting factor, educational method factor and planning & structuralizing factor. In light of the foregoing, reexamination is needed regarding the influence of experience on the psychotherapists' behavior and attitudes (Gomes-Schwartz, et al.⁹⁾). While biological psychiatry has recently developed, practice and medical education of psychotherapy have been declining for several decades. Although our research was conducted about ten years ago,¹⁰⁾ our findings are still considered to be valid. There have so far been very few

research studies on psychotherapy in Japan. Our data are necessary to clarify the development of clinical practice and the medical education of psychotherapy in Japan. Based on the First Report¹¹⁾ on the psychotherapy in Japan, this report examines the influence which a large amount of experience has on the therapists' behavior and attitudes, and on their choice of techniques in psychotherapy.

Methods and Subjects

The survey subjects were sampled by the stratified method. For the sampling base of clinical psychologists, we selected the Japanese Society of Clinical Psychologists and the Japanese Society of Behavior Therapy. For physicians engaged in psychotherapy, we selected the Japanese Society of Psychiatry and Neurology. From these three societies, 125, 125 and 250 subjects, totaling 500, were randomly sampled.

The contents of the questionnaire and the survey implementation are the same as those used in the First Report.¹¹⁾ The questionnaire had 65 items relevant to psychotherapy, consisting of questions about the individuals' attributes and backgrounds including years of experience, those concerning the basic data of practice such as number of patients and average frequency of interview sessions, those about techniques they use, and those regarding the actual contents of psychotherapy.

The survey was conducted during the period from December 1990 to February 1991.

The questionnaire was mailed to the subjects with a request to return it after filling in the responses. The response rate was 43.6%.

Of 218 psychotherapists who responded to the survey (128 physicians, 85 clinical psychologists, and 5 without entry), and we selected 212 subjects whose number of years in clinical experience were known to us. As their main therapeutic approach, 76 use eclectic psychotherapy, 34 use psychoanalytic psychotherapy, 20 use client centered therapy, 14 use behavioral therapy, 7 use play therapy, 6 use Morita's therapy, 4 use cognitive therapy 24 use other approaches and 27 are unknown (Figure 1).

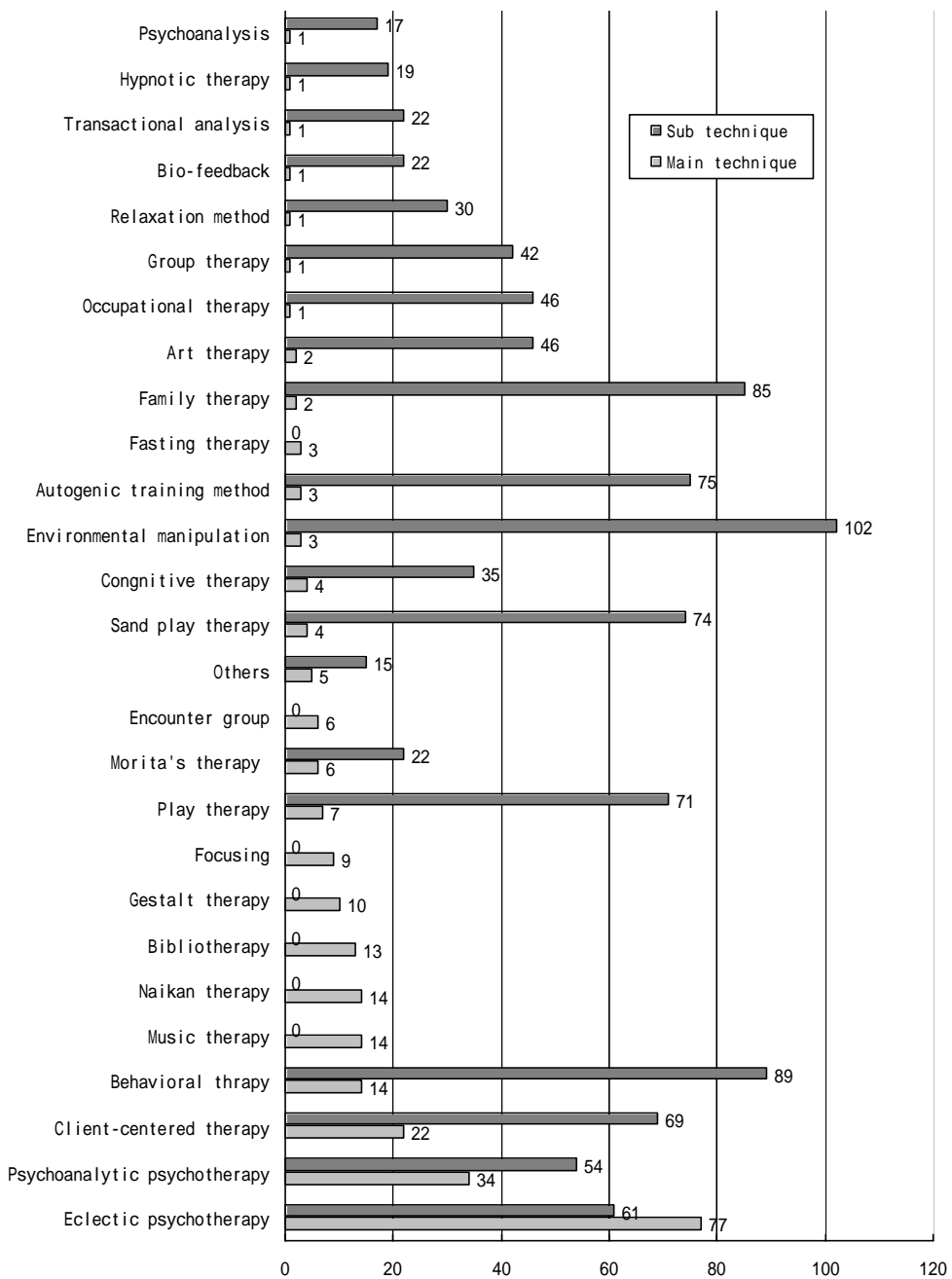


Fig. 1. Therapeutic techniques used (n=189)

Main technique: Single selection of the most frequently used technique

Sub-techniques: Multiple selection of techniques ever used

To compare the data collected from the questionnaire, the subjects were divided into 4 groups according to their years of clinical experience; 1 to 5 years (36 therapists), 6 to 10 years (70), 11 to 15 years (53) and 16 years or longer (53). For data processing to make comparisons between the four varying experience groups, the chi-square test was used. For the differences in effects of the experience on different main techniques regarding how the therapists handle cases during therapy, we conducted the two-factor factorial analysis of variance of main technique \times length of experience, and the multiple comparisons method (Ryan method) as its sub-test for analysis of variance.

A Hitachi HITAC computer was used with SAS (statistic analysis system) Ver. 5 to analyze the data.

Results

1. Techniques

Figure 2 shows the number of techniques the therapists used in each experience category. The test results indicated the main effect of experience ($F(3,195)=3.54, p<.05$), and multiple comparisons revealed that the 1 to 5-year group uses a significantly lower number of techniques than other groups ($p<.05$). No differences were recognized among the other three groups with 6 years or more experience. When they start out, therapists slowly acquire various techniques

as a matter of course, increasing the number they use as their experience increases. It is thought that, by around the 6th year of their profession, they tend to have settled on their preferred techniques, and then the number of techniques employed stabilizes.

The main techniques according to each experience category are illustrated in Figure 3. An analysis of the main techniques categorized them into eclectic psychotherapy, behavioral therapy, psychoanalytic psychotherapy, and client-centered therapy, depending on the length of clinical experience, there were significant differences in the ratios of the psychotherapists who use specific main techniques ($\chi^2(12)=29.80, p<.01$). Figure 3 shows that many psychotherapists with less clinical experience use eclectic psychotherapy whereas many of those with more experience use other psychotherapies such as behavioral therapy, psychoanalytic psychotherapy and client-centered therapy.

The sub-techniques the psychotherapists used were compared between the clinical experience categories. Among those with varied experience, there were significant differences in hypnotic therapy, sand play therapy, play therapy and relaxation method ($p=0.015$ (Fisher's direct calculation), $\chi^2(3) = 15.67, p<.01, \chi^2(3)=7.56, p<.05, \chi^2(3)=9.45, p<.05$, respectively). A tendency to show differences in relation to experience was noted in the use of art therapy and group therapy ($\chi^2(3) = 6.73, p<.10, \chi^2(3)=6.28, p<.10$, respec-

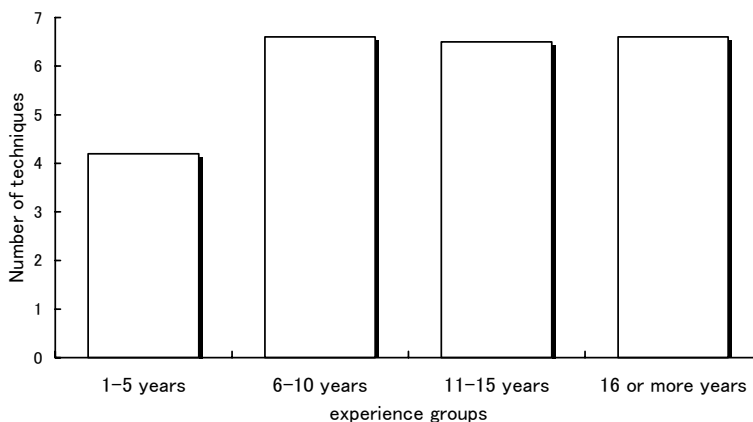


Fig. 2. Number of techniques used by individuals with various amounts of experience

tively). As individual techniques, those with more experience were more inclined to use them.

2. Effects of experience and the main technique regarding the therapists' behavior and attitudes

To investigate the influence of the therapists' experience on their behavior and attitudes (contents of therapy) in clinical scenes, we conducted the following analyses using scores for the four factors presented in the First Report¹¹⁾ as the indexes. The four factors were extracted by factor analysis of collected data of questionnaire items designed to reflect the therapists' behavior and attitudes in their clinical practice. Factor I was labeled as "framework for dynamic understanding", because it represents an approach based on psychoanalytic theory. Factor II is related to therapy planning and therapy targets, and this factor was labeled as "activeness in therapy planning". Factor III was labeled as "directiveness in therapeutic management",

since this factor is interpreted as representing the therapists' level of directiveness in actual therapy sessions. Factor IV was labeled as "flexibility in the therapeutic relationship between therapist and patient", because it is interpreted as representing flexible behavior and attitudes of the therapists in accommodating therapeutic relationships to suit individual patients.

As the number of subjects who could be analyzed was not especially large, we limited the main techniques to the four types of eclectic psychotherapy, behavioral therapy, client-centered therapy, and psychoanalytic psychotherapy. We also divided the subjects into 2 groups according to their years of clinical experience, 10 years or less and 11 years or more, because the number of subjects was not so sufficiently large to conduct an analysis (Table 1). Namely, 122 psychotherapists were divided into eight groups. Auerbach and Johnson,¹²⁾ in discussing where to draw the line between "experienced" and "inexperienced" therapists, point out that al-

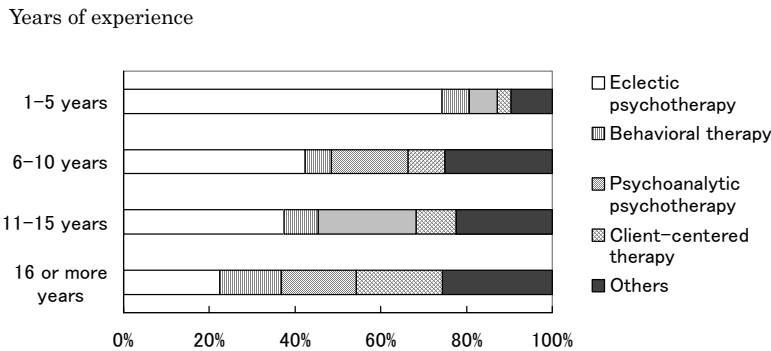


Fig. 3. Main techniques according to groups with varying amounts of experience

Table 1. Number of subjects for analysis of the relationship between four techniques and the amount of experience

	Eclectic psychotherapy	Behavioral therapy	Client-centered therapy	Psychoanalytic psychotherapy
10 years or less experience	42	4	14	5
11 years or more experience	22	8	16	11

though we are dealing with a continuous variable, we cannot be certain that there is a linear relationship between the experience and the skills we are measuring.

Chevron et al¹³⁾ suggested that if, for example, therapist empathy changes in a non-linear way with experience, then the points chosen for comparison will affect the findings. The finding regarding the relationship between the experience level and ratings of selected clinical skills is of particular interest in that there was a clear difference between the groups with a mean of 7 years of experience and the groups with means of 14 and 15 years of experience. They define highly experienced therapists as therapists with 10 years or more of experience.

The two-way factorial analysis of variance of main technique (4) × years of experience (2) was then carried out. Table 1 shows the number of subjects for each group. For each of the four factors, we examined whether the years of experience differed depending on the differences in main techniques. The results are shown in Figure 4.

For Factor I, “framework for dynamic understanding”, a significant main effects of main technique and experience were obtained ($F(3, 114)=21.55, p<.0001$; $F(1, 114)=9.40, p<.01$, respectively). Next, a sub-test was given separately to evaluate the main technique and experience. A significant effect was recognized for the main technique, but not for experience ($F(3, 118)=26.36, p<.0001$; $F(1, 120)=1.82$ n.p., respectively). The group which mainly uses psychoanalytic psychotherapy has higher factor scores than other groups ($p<.01$).

Regarding Factor II “activeness in therapy planning”, a significant main effect of main technique was obtained, and also a significant tendency of the main effect of experience was observed ($F(3, 114)=12.42, p<.0001$; $F(1, 114)=2.98, p<.10$ respectively). As a result of the sub-test, a significant main effect was recognized for both the main technique and experience ($F(3, 118)=12.98, p<.0001$; $F(1, 120)=6.58, p<.05$). For the main technique, the group using behavioral therapy had higher factor scores than the other three groups ($p<.01$). For experience, the more

experienced group had higher factor scores ($t(120)=2.57, p<.05$).

Factor III “directiveness in therapeutic management” showed a significant main effect of main technique and experience ($F(3, 114)=8.22, p<.001$; $F(1, 114)=5.02, p<.05$, respectively). In the sub-test, a significant main effect was observed with both main technique and experience ($F(3, 118)=14.62, p<.0001$; $F(1, 120)=14.10, p<.001$, respectively). For the main technique, the group using client-centered therapy had lower factor scores than the other three groups ($p<.05$ and $p<.01$ when compared with the eclectic psychotherapy group), and the group using eclectic psychotherapy scored higher than the groups using client-centered therapy or psychoanalytic psychotherapy ($p<.01$ and $p<.05$, respectively). Regarding experience, the more experienced group scored lower ($t(120)=3.76, p<.001$).

For Factor IV “flexibility in the therapeutic relationship between therapist and patient”, a significant main effect of main technique was recognized ($F(3, 114)=3.88, p<.05$) and also a significant tendency of interaction was observed between main technique and experience ($F(3, 114)=2.53, p<.06$). The sub-test for the main technique showed no significant main effect ($F(3, 118)=2.02, p>.10$). Regarding the interaction between the main technique and experience, we examined the effect of the main technique respectively for the more experienced group and the less experienced group. As a result, no significant difference among techniques was noted with the more experienced group, whereas the less experienced group showed significant differences depending on the techniques employed ($F(3, 53)=0.27, n.s.$; $F(3, 61)=4.59, p<.01$). It can be said that, among the less experienced groups, the group using behavioral therapy marks a higher factor score than the groups using eclectic psychotherapy or psychoanalytic psychotherapy ($p<.05$).

Discussion

To learn more about the influence of therapists’ experience on their behavior and attitudes (contents of therapy) in clinical scenes,

we conducted an analysis using the scores for the four factors presented in the First Report¹¹⁾ as the indexes.

For each of the four factors of therapists' behavior and attitudes (contents of therapy), Figure 4 shows the study results for whether there are differences between experience groups within each main-technique category.

The following are summarized results of the effects of experience on scores for each factor.

First, for the "framework for dynamic understanding" factor, the more experienced group is less inclined to depend on the framework for dynamic understanding, irrespective of the main technique varieties, as seen in Figure 4.

This result conflicts with the findings of Wallach and Strupp⁷⁾ as well as with those of Wogan and Norcross,⁸⁾ both of which indicated that experienced psychotherapists prefer psychoanalytic psychotherapy and actually

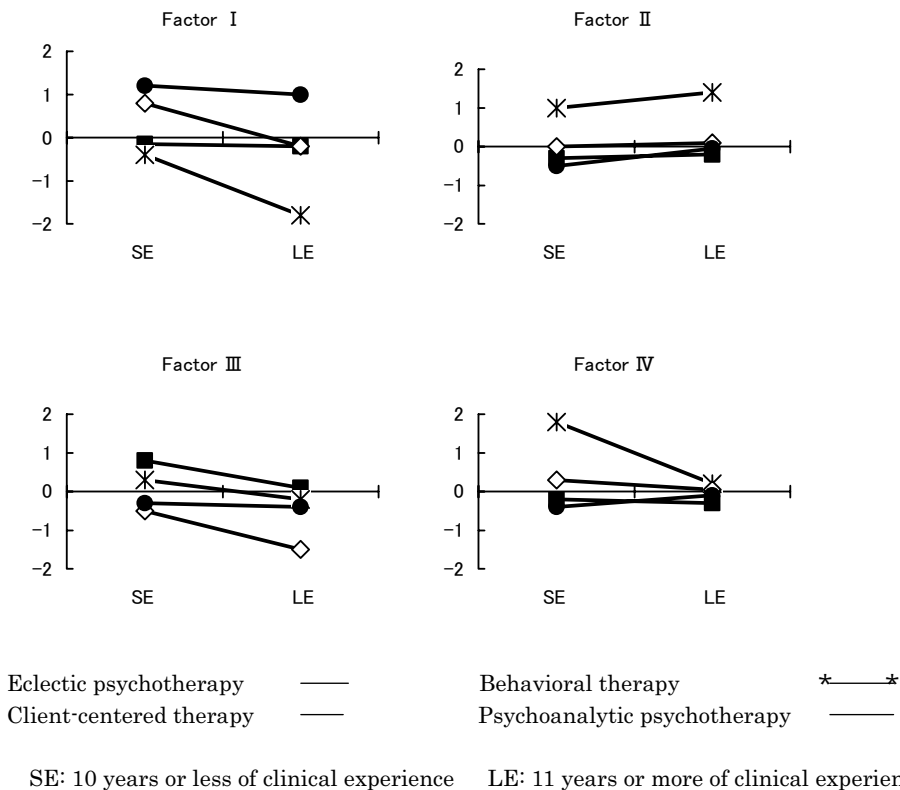


Fig. 4. Differences in the scores for each factor according to experience (based on the main technique)

Factor I :The group which mainly uses psychoanalytic psychotherapy has higher factor scores than other groups (Ryan method, $P < .01$)

Factor II :For the main technique, the group using behavioral therapy had higher factor scores than the other three groups ($P < .01$). For experience, the more experienced group had higher factor scores ($t(120) = 2.57, P < .05$).

Factor III :Regarding experience, the more experienced group scored lower ($t(120) = 3.76, p < .001$).

Factor IV :Among the less experienced groups, the group using behavioral therapy showed a higher factor score than the groups using eclectic psychotherapy or psychoanalytic psychotherapy ($F(3,61) = 4.59, p < .01$).

use it in therapy practice. Our result correlate with the results of McNair and Lorr,¹⁴⁾ which claimed that there is no relationship between experience and psychoanalytic therapy. With the results of Wallach and Strupp,⁷⁾ a simple comparison would be difficult because their research has very different factor contents from our study and their subjects' experience is rather limited, with a mean of 8.3 years. As to research by Wogan and Norcross⁷⁾ and by McNair and Lorr¹⁴⁾, the factor contents are almost identical with ours and the subjects' mean years of experience are rather long, with 10.1 and 11.7 years respectively. As a result, the incongruity with Wogan's and Wallach's research results may be due to the fact that psychotherapy based on psychoanalysis is not yet as well established in Japan as it is in the U.S. We believe that a further detailed study on this topic is thus called for.

Regarding the "activeness in therapy planning" factor, it can be said that the more experienced group is more positive toward therapy planning irrespective of the main technique used.

This result coincides with that of McNair and Lorr, but conflicts with Wogan and Norcross⁷⁾ results which claim, "The greater the therapist's experience, the lower the scores are for the planning and structuring factor." Since the factor by McNair and Lorr¹⁴⁾ includes more items on the setting of definite therapy goals, and the factor by Wogan and Norcross⁷⁾ is about the structuralization of therapy, it may be that the difference of the results is greatly attributable to the difference in the factor contents.

For the "directiveness in therapeutic management" factor, it has been demonstrated that the less experienced group is strongly directive while the more experienced group is non-directive and receptive.

Wogan and Norcross found a negative correlation between the direct guidance factor and experience, and their finding agrees with the results of our study. The results of multiple comparisons elucidated that therapists with 11 years or more experience had lower factor scores than those with 10 or fewer years of experience. Matarazzo et al.¹⁵⁾ re-

ported the experimental research results regarding the study of psychotherapy. He used medical students as subjects, to whom intensive training in psychotherapy was provided (8 weeks of individual psychotherapy, for which the supervisors provided guidance twice a week). As a result, a significant change was observed in the subjects' behavior during psychotherapy before and after the training. After the training, the subjects demonstrated a longer latency period before they started to talk, spoke less and less of a tendency to interrupt the patient. Parsons and Parker¹⁶⁾ compared the verbal behavior between psychiatrists and medical students, and found that the psychiatrists gave fewer verbal instructions than the medical students. These results led us to the conclusion that nondirective and receptive behavior in psychotherapy is an attitude which can be acquired through training at a comparatively early stage in the study of psychotherapy.

With the "flexibility in the therapeutic relationship between therapist and patient" factor, an interaction between main technique and experience is indicated. Figure 4 shows that the flexibility level differences among different techniques are greater for therapists with 10 years or less of experience, while all technique groups with 11 years or more of experience show factor scores close to 0, thus indicating that the difference among techniques is smaller.

What Fiedler^{17,2)} found as a characteristic of ideal therapeutic relationships is that, regardless of the techniques they each use, experienced psychotherapists generally adopt to identical behavior and attitudes. This was recognized in Factor IV "flexibility in the therapeutic relationship between therapist and patient." For psychotherapists who mainly use psychoanalytic psychotherapy, which originally demands a relatively rigid application of the therapeutic relationship framework, flexibility is low during the early years of practice and slightly increases with experience. In contrast, for psychotherapists whose main technique is behavioral therapy, in which strict application is less rigidly enforced, flexibility is high at first and then decreases after the therapists have built up

more experience. As a result, it can be said that both psychoanalytic psychotherapists and behavioral therapists eventually end up showing a similar level of flexibility.

There were no results in any of the four factors that indicated differences among techniques increasing with experience. In addition, with Factors I to III, whose results did not agree with those of Fiedler, a direction of change common to all 4 techniques was observed, although the degree of change varied. With few exceptions, studies of psychotherapists' level of experience indicate that experienced therapists tended to establish better relationships with clients (Pope et al.¹⁷). Sakinofsky¹⁸ shows that experienced therapists tend to be more active and to confront more. However, our findings suggest that psychotherapists, even though they may use different techniques, do not show any particularly different behavior or attitudes from one another as they build up their experience. Rather, it can be said that, although their main techniques may differ, their behavior and attitudes tend to change in a common direction.

This study focused on the influence of therapists' experience on their techniques and on their behavior and attitudes. However, this was a cross-sectional examination based on the answers to questionnaire about the present status of psychotherapy in Japan. All data subjected for analysis was obtained from the subjects' self assessments. Chevron et al. found that information gleaned from interviews with the therapists, letters of recommendation, and curriculum vitae, were not necessarily accurate or useful indicators of how a therapist actually functioned in the therapy sessions. In the future, we would like to conduct an experimental examination regarding the psychotherapists' behavior and attitudes in providing psychotherapy. Moreover, the influence of culture and the times is unavoidable in this sort of research. After conducting repeated surveys, results commonly obtained that are irrespective of the changing times will also need to be examined.

Conclusions

To understand the present state of psychotherapy in Japan, we conducted a questionnaire-type survey on a total of 500 psychiatrists and clinical psychologists who are presently engaged in psychotherapy. This Second Report focused its attention on the therapists' years of experience and techniques, as well as on their behavior and attitudes in psychotherapy. The elucidated results are as follows:

1. A comparison of psychotherapists with 10 years or less of experience and those with 11 years or less of experience showed that the more experienced group was more active in therapy planning.

2. Regarding flexibility in the therapeutic relationship between the therapist and patient, great differences were observed among the different techniques for the therapists with 10 years or less of experience. On the contrary, the differences were smaller among the therapists with 11 or more years of experience. From this, it was indicated that, although the techniques they use may be different, experienced psychotherapists tend to have the same behavior and attitudes concerning flexibility in the therapeutic relationship.

Lastly, we briefly discussed the directions for future research.

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