ACTA MÉDICA PORTUGUESA
A Revista Científica da Ordem dos Médicos

The Perspective of Psychiatry and Child and Adolescent Psychiatry Residents About Psychotherapy Training in Portugal

Perspetivas dos Internos de Psiquiatria e Psiquiatria da Infância e da Adolescência sobre a Formação em Psicoterapia em Portugal

Rui M. SALGADO✉[1,2], Orlando VON DOELLINGER[1,2]
Acta Med Port 2025 Aug;38(8):469-479 ▪ https://doi.org/10.20344/amp.23076

ABSTRACT

Introduction: Psychotherapy is an effective treatment for various mental disorders. Most recommendations advocate training in psychotherapy for psychiatry and child and adolescent psychiatry residents. However, incorporating psychotherapy training into the curricula of psychiatric residency programs has proven difficult. In Portugal, competence in psychotherapy is not mandatory to become a psychiatrist or a child and adolescent psychiatrist. Our study aims to describe the perspectives of psychiatry and child and adolescent psychiatry residents on psychotherapy training in Portugal.

Methods: The authors developed a voluntary, anonymous, online self-reported questionnaire to be applied to psychiatry and child and adolescent psychiatry residents. Data was collected during 2023.

Results: The response rate was 29.9%. The main results were that most Portuguese psychiatry and child and adolescent psychiatry trainees stated that their institution did not provide psychotherapy training (95.2%) and were dissatisfied with the psychotherapy training provided by their residency centers (96.8%). All residents agreed that psychotherapy training involves a significant financial investment, and almost all (96.8%) believed it involved a substantial investment in terms of time in the long term. Likewise, most trainees (94.4%) considered psychotherapy training should be included within the residency work schedule. Crucially, psychiatry and child and adolescent psychiatry residents were interested in psychotherapy training (93.6%), and most regarded psychotherapy as a mandatory competence of the residency training program (85.7%). More than two-thirds (70.6%) of residents considered initiating or continuing psychotherapy training after residency. Regarding the modalities that should be included in the residency program, residents pointed out cognitive-behavioral therapy, family therapy, interpersonal psychotherapy, psychodynamic psychotherapy, and support psychotherapy. About 40% of respondents mentioned they were in personal psychotherapy during the residency.

Conclusion: Modifications in residency curricula should seriously be considered so that future psychiatrists can be qualified to provide effective psychotherapy treatment. The authors believe they provided relevant data pooled from future psychiatrists and child and adolescent psychiatrists which can be useful to help define training in a perceived essential competence.

Keywords: Adolescent Psychiatry/education; Child Psychiatry/education; Internship and Residency; Portugal; Psychiatry/education; Psychotherapy

RESUMO

Introdução: A psicoterapia é um tratamento eficaz para diversas perturbações mentais, sendo recomendada a sua inclusão na formação dos internos de psiquiatria e psiquiatria da infância e da adolescência. No entanto, a incorporação da formação em psicoterapia nos currículos dos programas de internato tem-se revelado difícil e, em Portugal, competência em psicoterapia não é obrigatória para ser psiquiatra. Este estudo pretende descrever as perspetivas dos internos de psiquiatria e psiquiatria da infância e adolescência sobre a formação em psicoterapia em Portugal.

Métodos: Os autores desenvolveram um questionário *online*, autoaplicável, voluntário e anónimo para ser preenchido por internos de psiquiatria e psiquiatria da infância e adolescência. Os dados foram colhidos em 2023.

Resultados: A taxa de resposta foi de 29,9%. A maioria dos internos portugueses de psiquiatria e psiquiatria da infância e da adolescência apontou que a sua instituição não oferece formação em psicoterapia (95,2%) e manifestou insatisfação com a formação em psicoterapia fornecida pelas suas instituições (96,8%). Todos os inquiridos concordaram que a formação em psicoterapia envolve um investimento monetário significativo, e quase todos (96,8%) acreditaram que envolve um investimento substancial em termos de tempo a longo prazo. Igualmente, a maioria dos inquiridos (94,4%) defendeu que a formação em psicoterapia deve ser incluída no horário de trabalho do internato. De ressalvar, os internos manifestaram interesse na formação em psicoterapia (93,6%), e a maioria considerou que a psicoterapia deve ser uma competência obrigatória do programa de formação do internato (85,7%). Mais de dois terços (70,6%) dos internos consideram iniciar ou continuar formação em psicoterapia após o internato. Relativamente às modalidades que deveriam ser incluídas no programa de internato, os internos destacaram terapia cognitivo-comportamental, terapia familiar, psicoterapia interpessoal, psicoterapia psicodinâmica e psicoterapia de suporte. Cerca de 40% dos inquiridos mencionaram que estavam em psicoterapia pessoal durante o internato.

Conclusão: É necessária uma reflexão séria sobre alterações curriculares para que os futuros psiquiatras possam ser qualificados a fornecer tratamento psicoterapêutico. Os autores acreditam que fornecem dados relevantes dos futuros psiquiatras que podem ser úteis para ajudar a definir a formação numa competência percecionada como essencial.

Palavras-chave: Internato e Residência; Portugal; Psicoterapia; Psiquiatria/educação; Psiquiatria do Adolescente/educação; Psiquiatria Infantil/educação

1. Department of Psychiatry and Mental Health. Unidade Local de Saúde Tâmega e Sousa. Penafiel. Portugal.
2. Department of Clinical Neurosciences and Mental Health. Faculty of Medicine. University of Oporto. Oporto. Portugal.
✉ **Autor correspondente:** Rui M. Salgado. ruimfsalgado@gmail.com
Recebido/*Received*: 03/03/2025 - **Aceite/*Accepted*:** 13/05/2025 - **Publicado *Online*/*Published Online*:** 25/06/2025 - **Publicado/*Published*:** 01/08/2025

KEY MESSAGES

- Psychotherapy is an effective treatment for various mental disorders, and its inclusion in psychiatry residency programs is recommended by international standards.
- The majority of Portuguese psychiatry trainees state that their institution does not provide psychotherapy training and that they are dissatisfied with the provided psychotherapy training.
- To the authors' knowledge, this is the first study aiming entirely to study Portuguese psychiatry and child and adolescent psychiatry residents' perspectives on psychotherapy training.
- We provide relevant data for evaluation by directors of residency programs about training in a perceived essential competence.

INTRODUCTION

Psychotherapy is an effective first-line or adjunctive treatment for various mental disorders in international guidelines.[1-3] Most European and North American recommendations advocate training in psychotherapy for psychiatry and child and adolescent psychiatry (CAP) residents.[4-6] However, incorporating psychotherapy training into the curricula of psychiatric residency programs has proven difficult, even in countries where psychotherapy training is required to become a psychiatrist, like Canada, Denmark, England, Ireland, and the United States of America (USA).[4,7-11]

A narrative review published by our team shows that psychiatry residents worldwide are interested in and value training in psychotherapy, some even considering that it should be a mandatory skill for psychiatrists.[12] Even so, most psychiatry residents feel dissatisfied with the training available in residency curricula, pointing out concerns related to the quality of resources, such as psychotherapy courses, case supervision, designated time within the residency period, and financial constraints.[12] To the authors' knowledge, no studies have investigated the perspective of CAP residents on psychotherapy training during the residency.

In Portugal, there are separate residency programs for psychiatry and CAP, even though trainees have placements in each other's medical specialty.[13,14] Both residencies last five years and encompass two main areas: clinical rotations and a didactic curriculum, which define compulsory placements suggested in specific years of the residency as well as a period of elective placements. The specific objectives of both residencies recommend that trainees should acquire competencies in the main modalities of psychotherapy, and this is one of the components evaluated as part of the final examination to become a specialist (first degree in the medical career).[13-16] However, this is an optional competence, and trainees can become specialists without having had any psychotherapy training during their residencies.

Using an online self-reported questionnaire, Pinto da Costa *et al* evaluated the perspective of Portuguese psychiatry residents on various components of the psychiatry residency, including some questions related to psychotherapy training.[17] The main finding of their 2013 study concerning psychotherapy training during residency was that most trainees supported the inclusion of psychotherapy training as a mandatory placement during residency.[17] Residents who were receiving or had received training in psychotherapy chose cognitive-behavioral therapy (CBT) (60.0%), psychodrama (28.0%), interpersonal (20.0%), family (16.0%), and psychodynamic (8.0%) therapies. Trainees in the last years of residency had psychotherapy training in higher percentages.[17] The psychotherapies elected to be included as mandatory were cognitive-behavioral (62.5%), family (42.5%), and psychodynamic (26.3%) therapies, with these last two having a higher percentage of interest in comparison to what residents chose for their training.[17] However, this study did not focus specifically on the perception of residents about psychotherapy training during residency, and further data are needed to fully understand the training needs for this specific component in Portugal. Further published studies conducted in other countries were designed to evaluate only specific aspects of the perceptions of psychiatry trainees regarding psychotherapy training, offering more insights into this area of investigation.[12]

Accordingly, our study aimed to describe the perspectives of psychiatry and CAP residents on psychotherapy training in Portugal.

METHODS

The authors developed a voluntary, online, anonymous self-reported questionnaire written in Portuguese to explore the perceptions of individual CAP and psychiatry trainees about psychotherapy training during residency. Our questionnaire was based on surveys used in international studies with a similar aim.[8,10,18-21]

In addition to sociodemographic questions, most of the questionnaire was comprised of 33 Likert-scaled items (rated from 1 "strongly disagree" or "nothing important" to 5 "strongly agree" or "extremely important"). These questions explored psychotherapy training aspects related to the residency center, residency in general, identity and personal perspectives, career plans, psychotherapy training

components, and the role of psychotherapy in psychiatric care. The survey also included two yes/no items about personal psychotherapy experience before and during residency and three multi-select multiple choice questions inquiring about which modalities of psychotherapy trainees were more interested in, which should be included in the residency program, and which were most valuable for their current and future clinical practice. For trainees who had personal psychotherapy at any time during residency (prior or ongoing), additional questions were included to clarify the modality used in personal psychotherapy, where psychotherapy was conducted (public system or private practice), frequency of sessions, duration in months, reasons why they engaged in personal psychotherapy, and the perception of personal psychotherapy improving competency as a psychiatrist. For candidates with no exposure to personal psychotherapy during their residency, we asked the reasons why they did not engage in personal psychotherapy, and if they planned to engage in the future. A copy of the full questionnaire is available upon request.

The Ethics Committee of the Faculty of Medicine of the University of Porto reviewed and approved the study and corresponding questionnaire (reference number 206/CE-FMUP/2023).

Individual invitations for CAP and psychiatry residents to participate in the survey were sent via e-mail by the two national associations of CAP and psychiatry trainees [Associação Portuguesa de Internos de Psiquiatria (APIP) and Associação Nacional de Internos de Psiquiatria da Infância e da Adolescência (ANIPIA)]. One follow-up e-mail and posts on social media were used to promote participation. The invitation detailed procedures for anonymity and assurance of confidentiality (no identifiers were used). Data were collected between October and December of 2023. The authors obtained the total number of Portuguese CAP and psychiatry trainees in this period by contacting the Central Administration of the Health System [Administração Central do Sistema de Saúde (ACSS)].

Statistical analysis of results was performed using the Statistical Package for Social Sciences® (SPSS®), version 29. Descriptive data analyses were executed. Likert scale results were recoded into two categories, based on looking for agreement or disagreement to the sentence of each item. Comparisons between categorical variables were made using the chi-square test (χ^2) or Fisher's exact test (FT), considering a significant level of $\alpha = 0.05$. Corrections for multiple analyses were not performed, given the exploratory aim of this study. Regarding residency center districts, we aggregated residents from centers in the two main Portuguese districts (Lisbon and Oporto) and trainees from centers in other districts. For training years, residents were separated into two pairs of two groups: first years (1st to 3rd years) and last years (4th and 5th years), and first year (1st year) and other years (2nd to 5th years), according with similar studies in the literature.

RESULTS

Questionnaires were completed by 126 of 422 eligible psychiatry and CAP residents with a response rate of 29.6% and 31.1%, respectively (total response rate of 29.9%). Table 1 provides sample characteristics. Most respondents (81.7%) were psychiatry trainees. Around two-thirds (69.0%) of the respondents were female, and the median age was 29 years (range 25 - 41). The proportion of residents who worked in residency centers located in the main districts of Portugal (Lisbon and Oporto) was similar

Table 1 – Sample sociodemographic characteristics

	Psychiatry trainees (n = 103)	**CAP trainees** (n = 23)	**All trainees** (n = 126)
Sex (n; %)			
Male	36; 35.0	3; 13.0	39; 31.0
Female	67; 65.0	20; 87.0	87; 69.0
Age (median; range)	29; 25 - 41	29; 26 - 41	29; 25 - 41
Year of Residency (n; %)			
1	21; 20.4	3; 13.0	24; 19.0
2	22; 21.4	8; 34.8	30; 23.8
3	22; 21.4	5; 21.7	27; 21.4
4	21; 20.4	6; 26.1	27; 21.4
5	17; 16.5	1; 4.3	18; 14.3
District of the residency center (n; %)			
Lisbon and Oporto	42; 40.8	18; 78.3	60; 47.6
Other districts	61; 59.2	5; 21.7	66; 52.4

CAP: child and adolescent psychiatry

to those working in centers elsewhere (47.6% and 52.4%, respectively).

The main findings are presented in Table 2. Most respondents (95.2%) stated that their institution did not provide psychotherapy training, and most (96.8%) were dissatisfied with the psychotherapy training provided by their

Table 2 – Main findings of psychiatry and child and adolescent psychiatry residents' perspectives on psychotherapy training (section 1 of 2)

	Psychiatry trainees (n = 103)	**CAP trainees** (n = 23)	**All trainees** (n = 126)
Residency center (n; %)			
Institution does not provide psychotherapy training.	99; 96.1	21; 91.3	120; 95.2
Dissatisfaction with the psychotherapy training provided by the residency center.	99; 96.1	23; 100	122; 96.8
Department has qualified professionals with competence in psychotherapy training.	29; 28.2	4; 17.4	33; 26.2
Department does not provide structured theoretical psychotherapy training.	87; 84.5	18; 78.3	105; 83.3
Department does not provide psychotherapy supervision.	91; 88.3*	16; 69.6*	107; 84.9
Residency (n; %)			
Psychotherapy should be a mandatory competence of the residency training program.	91; 88.3	17; 74.0	108; 85.7
Psychotherapy training should be included within the residency work schedule.	97; 94.2	22; 95.6	119; 94.4
Psychotherapy training should be consolidated in a placement during the residency.	85; 82.5	21; 91.3	106; 84.1
Thinking of seeking, or already sought, additional training in psychotherapy, outside the training institution.	101; 98.0	22; 95.6	123; 97.6
Training programs should formally evaluate trainees' competence in different psychotherapy modalities.	44; 42.7	6; 26.1	50; 39.7
Personal psychotherapy should be mandatory to trainees during the residency.	42; 40.8	9; 39.1	51; 40.8
Identity and personal perspectives (n; %)			
Interest in psychotherapy training.	96; 93.2	22; 95.6	118; 93.6
Psychotherapy is a necessary competence in psychiatry clinical practice.	86; 83.5	22; 95.6	108; 85.7
Psychotherapy is an integral part of professional identity.	65; 63.1	19; 82.6	84; 66.7
Pride of becoming a psychotherapist.	70; 68.0	19; 82.6	89; 70.6
Psychotherapy training was the main reason for choosing residency in psychiatry.	13; 10.3	3; 13.0	16; 12.7
Decreased interest in psychotherapy training during the residency.	14; 13.6	5; 21.7	19; 15.1
Psychotherapy training should be left only to other mental health professionals, like psychologists.	8; 7.8	5; 21.7	13; 10.3
Psychotherapy training involves a big investment in terms of time at a long term.	99; 96.1	23; 100	122; 96.8
Psychotherapy training involves a big monetary investment.	103; 100	23; 100	126; 100
Difficult access to institutions dedicated to psychotherapy training.	53; 51.4	10; 43.5	63; 50.0

Table 2 – Main findings of psychiatry and child and adolescent psychiatry residents' perspectives on psychotherapy training (section 2 of 2)

	Psychiatry trainees (n = 103)	CAP trainees (n = 23)	All trainees (n = 126)
Career plans (n; %)			
Interest in starting or continuing psychotherapy training after residency.	69; 67.0	20; 87.0	89; 70.6
Interest in incorporating psychotherapy knowledge, but psychopharmacology will be the base treatment in clinical care.	51; 49.5**	5; 21.7**	56; 44.4
The base treatment in clinical care will be based on psychotherapy, and less with psychopharmacology.	12; 11.6*	7; 30.4*	19; 15.1
Will to provide structured psychotherapy to patients.	37; 29.4	9; 39.1	46; 36.5
Psychotherapy is a lucrative way of life.	18; 17.5	3; 13.0	21; 16.7
Psychotherapy training components (n; %)			
Importance of theoretical training.	101; 98.0	22; 95.6	123; 97.6
Importance of personal psychotherapy.	59; 57.3	17; 74.0	76; 60.3
Importance of number of cases accompanied during the residency.	67; 65.0	19; 82.6	86; 68.2
Importance of supervision.	84; 81.6*	23; 100*	107; 84.9
Psychotherapy role in psychiatry care (n; %)			
Psychotherapy is important in the contemporaneous clinical practice.	84; 81.6	20; 87.0	104; 82.5
Psychotherapy is part of a model of care that values evidenced based healthcare.	93; 90.3	22; 95.6	115; 91.3
The combination of psychotherapy and psychopharmacology is the best treatment for some psychiatry disorders.	102; 99.0	23; 100	125; 99.2

CAP: child and adolescent psychiatry
*: $p < 0.05$
**: $p < 0.005$

residency centers. However, around one-quarter of the trainees (26.2%) believed their department had qualified professionals competent in psychotherapy training.

Most trainees (85.7%) regarded psychotherapy as a mandatory competence of the residency training program. The vast majority (94.4%) defended that psychotherapy training should be included within the residency work schedule, and most (84.1%) defended the consolidation of psychotherapy training as a placement during the residency.

Most trainees (93.6%) were interested in psychotherapy training. Only 15.1% of residents considered that their interest in psychotherapy training decreased during the residency. All respondents agreed that psychotherapy training involved a significant financial investment, and almost all (96.8%) believed it involved a substantial investment in terms of time in the long term. Decreased interest in psychotherapy training during the residency was associated with last years' residents (4th and 5th years; FT, $p = 0.021$) and some aspects of professional identity and residency: low interest in psychotherapy training in general (FT, $p < 0.001$), perception of psychotherapy as an unnecessary competence in psychiatry clinical practice (FT, $p < 0.001$), not viewing psychotherapy as an integral part of professional identity (χ^2, $p = 0.014$), low pride in becoming a psychotherapist (χ^2, $p < 0.001$), regarding psychotherapy an optional competence of the residency training program (FT, $p < 0.001$), perception of psychotherapy training not being included within the residency work schedule (FT, $p = 0.010$), and not seeking, nor thinking of pursuing, additional training in psychotherapy, outside the training institution (FT, $p = 0.003$). No significant differences were found between aspects related to career plans, personal psychotherapy, institutional factors, and view of psychotherapy's role in psychiatric care.

More than two-thirds (70.6%) of residents considered

initiating or continuing psychotherapy training after residency, and 36.5% mentioned they would be providing structured psychotherapy to patients. This rate was significantly increased in first-year trainees compared to trainees from other years (χ^2, $p = 0.046$).

Trainees rated the importance of training components as follows: theoretical training (97.6%), supervision (84.9%), number of cases accompanied during the residency (68.2%), and personal psychotherapy (60.3%). Half of the respondents mentioned they had easy access to institutions dedicated to psychotherapy training. While residents outside the two main Portuguese districts (Lisbon and Oporto) reported lower access to psychotherapy training centers, this difference did not reach statistical significance (χ^2, $p = 0.074$).

Figure 1 shows the frequency distribution of the expression of interest in different psychotherapy modalities in the study sample and in CAP and psychiatry residents. The psychotherapy modality sparking more interest among trainees was CBT (87.3%), followed by family therapy (58.7%), interpersonal psychotherapy (58.7%), and psychodynamic psychotherapy (38.9%). These modalities were also identified as most valuable for the residents' current and future clinical practice (Fig. 2) and selected for inclusion in residency programs (Fig. 3). Stratified analysis by specialty showed that interpersonal and support psychotherapies were the most relevant to be included in residency programs for psychiatry residents (χ^2, $p = 0.005$ and χ^2, $p = 0.040$; respectively) *versus* family therapy for CAP residents (χ^2, $p = 0.010$) (Fig. 3).

Personal psychotherapy

Less than half (40.5%) of the respondents had current or prior exposure to personal psychotherapy during the residency. CAP trainees engaged more in personal psychotherapy during residency than psychiatry trainees (χ^2, $p = 0.028$).

For most trainees who engaged in personal psychotherapy, sessions were performed weekly (60.8%) in private practice, outside the residency center (92.2%). The median duration of treatment was nine months (range 2 - 36 months), and the most frequent modalities were CBT (52.9%), psychodynamic (25.5%), and interpersonal (15.7%) psychotherapies. The majority (86.5%) agreed personal psychotherapy improved their competencies as psychiatrists.

The main reasons for initiating personal psychotherapy were suffering or psychiatric symptoms (78.4%), self-knowledge (62.7%), general objectives of psychotherapy training

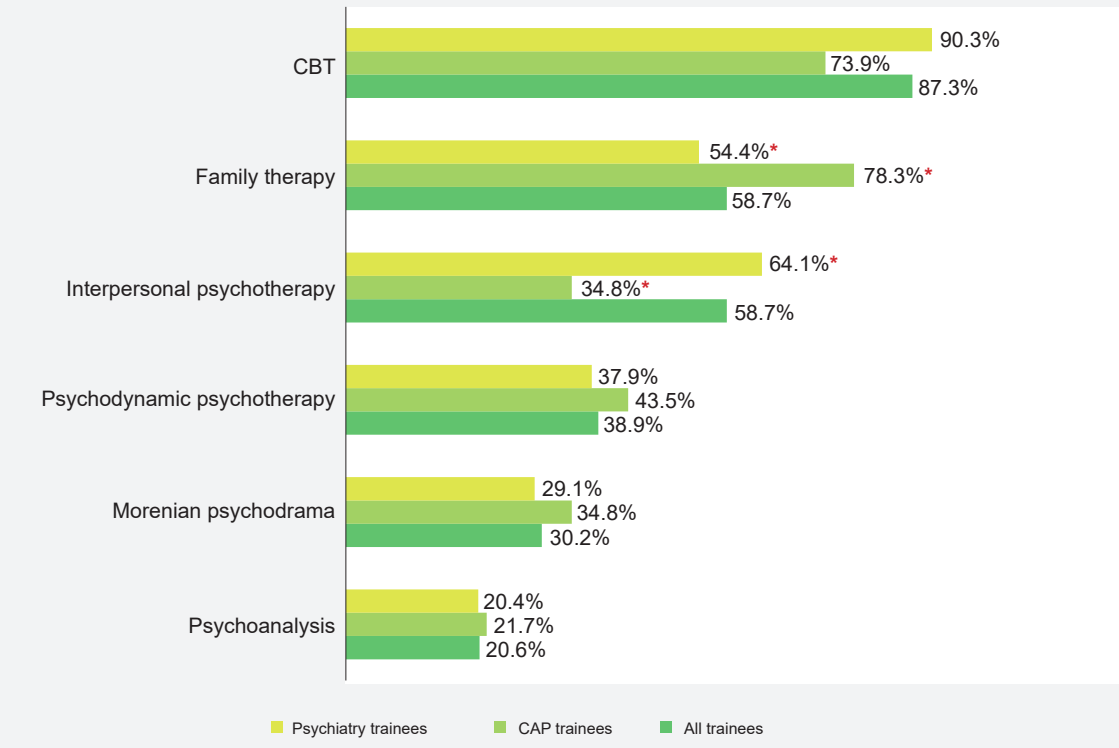

Figure 1 – Frequency distribution of residents' interest in psychotherapy modalities
CAP: child and adolescent psychiatry; CBT: cognitive-behavioral therapy
*: $p < 0.05$

(52.9%), and recommendation to undergo a process of personal psychotherapy by the residency director (17.6%).

Of the residents who were on personal psychotherapy, more than half (54.7%) planned to do so in the future. The main reasons found for residents not engaging in personal psychotherapy during residency are presented in Fig. 4.

Respondents who engaged in personal psychotherapy were more interested in psychotherapy training

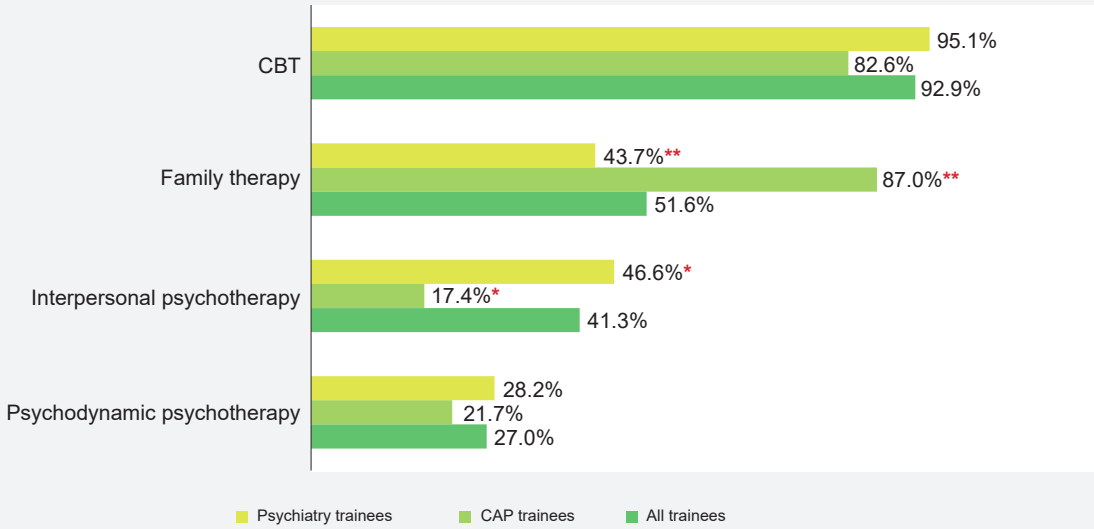

Figure 2 – Frequency distribution of psychotherapy modalities with more value to present and future clinical practice according to trainees
CAP: child and adolescent psychiatry; CBT: cognitive-behavioral therapy
*: $p < 0.05$
**: $p < 0.001$

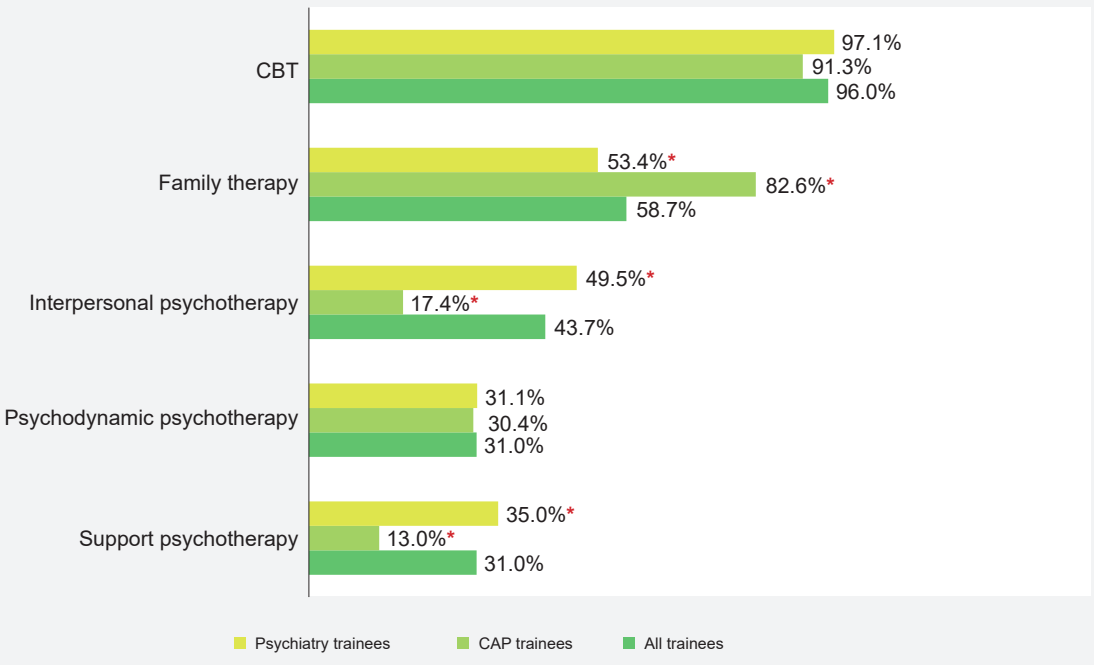

Figure 3 – Frequency distribution of psychotherapy modalities that should be included in the residency programs according to residents
CAP: child and adolescent psychiatry; CBT: cognitive-behavioral therapy
*: $p < 0.05$

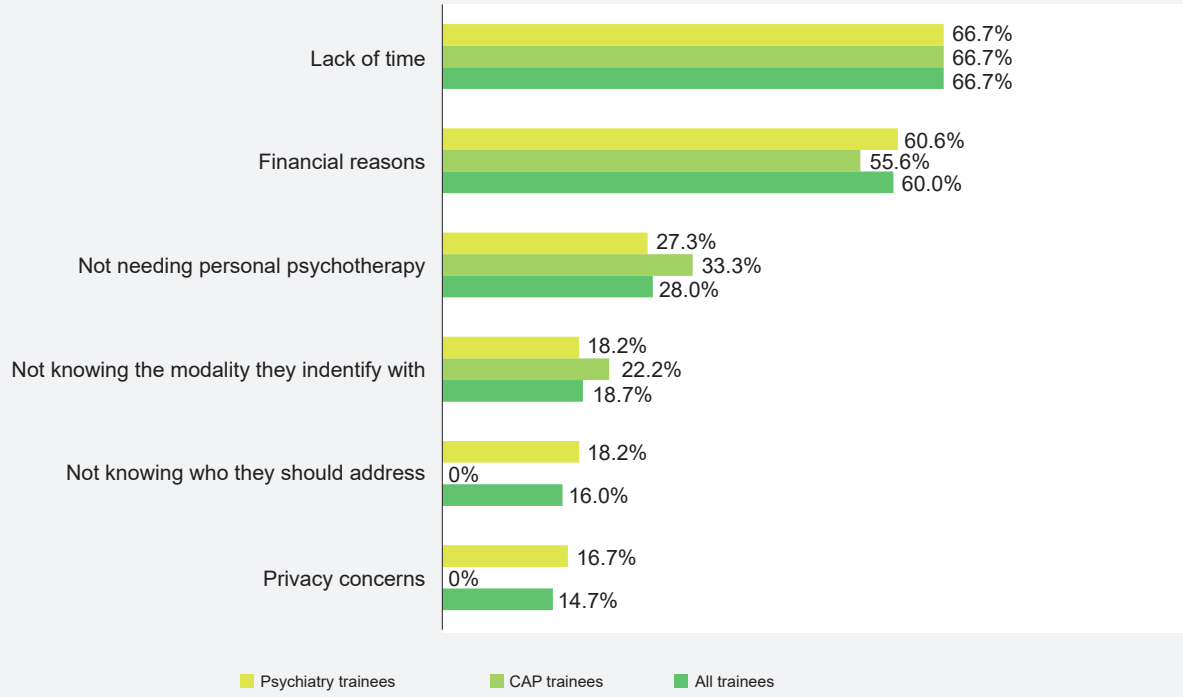

Figure 4 – Main reasons for not engaging in personal psychotherapy during residency
CAP: child and adolescent psychiatry

(FT, p = 0.021) and perceived psychotherapy as an integral part of their professional identity (χ^2, p = 0.007) when compared to those who did not engage in personal psychotherapy.

DISCUSSION

To the authors' knowledge, this is the first study assessing the perspective of Portuguese CAP residents on psychotherapy training and the first study specifically studying the perspectives of Portuguese psychiatry residents on psychotherapy training.

The main finding was that the majority (95.2%) of Portuguese CAP and psychiatry trainees stated that their institution did not provide psychotherapy training. In accordance with previous reports in the literature from similar studies in other countries, Portuguese trainees reported dissatisfaction with the psychotherapy training provided by their residency centers,[9,22-24] and pointed out concerns related to time and cost of psychotherapy training.[7,21,25-27] Also in agreement with other studies, we found that Portuguese residents were interested in psychotherapy training, regarded psychotherapy as a mandatory competence of the residency training program, and as an integral part of their professional identity.[7,8,10,17,19,24,26-28]

As reported in previous studies of Danish and Portuguese residents, we found that the vast majority of trainees considered that psychotherapy training should be included within the residency work schedule, and that consolidation of psychotherapy training should be a placement during the residency.[7,17] Moreover, around one-quarter of Portuguese psychiatry and CAP trainees believe their department had qualified professionals who were competent in psychotherapy training and could provide psychotherapy training. These suggestions could help institutions address trainees' concerns about the time and cost of psychotherapy training.

A substantial number of residents considered initiating or continuing psychotherapy training after residency, but only a minority mentioned they would be providing structured psychotherapy to their patients. This rate was higher in first-year trainees vs trainees from other years of residency, a finding also reported in the literature.[10,19] We hypothesize that reduced access to psychotherapy training and subsequent difficulty in becoming a licensed psychotherapist may explain the reduced willingness to provide psychotherapy as a psychiatrist. Our data also showed that some trainees tended to lose interest in psychotherapy training as they progressed in the residency. This could be attributed to professional identity and future career plans, dissatisfaction with the quality of the psychotherapy curricula, lack of support, and low self-perceived competency in psychotherapy.[10,18] In our study, we found that the perception of psychotherapy training not being included within the

residency work schedule also contributed to reduced interest in pursuing psychotherapy training. Incorporating high quality psychotherapy training in the residency might reduce this tendency. Only one study in the literature, concerning Canadian psychiatry trainees, found that the majority of psychiatry trainees (around 70%) were generally satisfied with their psychotherapy training.[10] In this study, the satisfaction with overall training experience and supervision and feeling competent to perform psychotherapy were significantly associated with the decision to practice psychotherapy after completion of residency.[10] This finding further suggests that maintaining residents' interest in psychotherapy requires improvements in the residency curricula.

Half of the respondents mentioned they had easy access to institutions dedicated to psychotherapy training, and there were no significant differences regarding accessibility in the main Portuguese districts (Lisbon and Oporto) vs elsewhere. The rising number of online psychotherapy courses after the COVID-19 pandemic could explain this finding. Regarding psychotherapy training components, trainees valued theoretical training and supervision more than the number of cases accompanied during the residency and personal psychotherapy, and therefore, efforts to include or improve theoretical training and supervision could be made. We suggest that this training could be implemented with online national groups for accessibility and cost-effectiveness purposes.

Among all residents, CBT was elected as the preferred modality to be included in residency training, followed by family therapy, interpersonal psychotherapy, psychodynamic psychotherapy, and supportive psychotherapy. These findings are in agreement with the conclusions of Pinto da Costa *et al*.[17] Adjustments could be made to psychiatry and CAP residency programs as psychiatry trainees defended more the inclusion of interpersonal and support psychotherapies compared to CAP residents, who preferred the inclusion of family therapy.

Regarding personal psychotherapy, some respondents agreed that it should be mandatory for trainees during their residency. As reported in a 2003 study[23] developed in Australia and New Zealand, we found that personal psychotherapy was less valued than theoretical training, supervision, and a number of cases accompanied during the residency. Still, in other studies developed in the USA and Canada, trainees considered personal psychotherapy a valuable part of psychotherapy training.[20,27,29]

Almost half of the trainees were undergoing personal psychotherapy during residency, similar to what was found for Canadian psychiatry trainees,[29] and more than it was found in a study of residents from the USA.[30] Similarly to these studies, we found that most trainees' personal psychotherapy sessions took place weekly, were long-term, and were conducted mainly in private practices.[29,30] For both USA and Canada, most of the residents' personal psychotherapy had a psychodynamic basis,[29,30] in contrast with our finding of CBT being the most frequent personal psychotherapy modality in Portuguese trainees. The majority of trainees agreed that personal psychotherapy improved their skills as psychiatrists. The main reasons identified by Portuguese trainees for initiating personal psychotherapy were the existence of suffering or psychiatric symptoms, self-knowledge, and general objectives of psychotherapy training, in comparison with self-awareness, self-understanding, personal growth, and professional development, which were the most common reasons for USA and Canadian residents as well.[29,30] Of the residents not on personal psychotherapy, more than half planned to do it in the future. As found in other studies,[29,30] the main reasons for not engaging in personal psychotherapy were lack of time and financial factors and therefore, efforts must be made to promote it during residency. Trainees who engaged in personal psychotherapy were more interested in psychotherapy training and perceived psychotherapy more as an integral part of professional identity than respondents not in personal psychotherapy, as found by Lanouette *et al*.[19]

Regarding future studies, psychotherapy courses could be developed and applied to residents during the residency, and a questionnaire could be used to assess the perspectives of psychiatric residents on psychotherapy training after the course. Another hypothesis would be to analyze the perspectives of other mental health professionals, such as psychiatrists or residency program directors, about psychotherapy training. Finally, validating a questionnaire to be applied in various countries would help compare the same aspects and find ways to improve psychotherapy training, encompassing elements of what happens in countries where residents are more satisfied with their psychotherapy training.

There are some limitations to this study, mostly related to the methodology. An online self-reported questionnaire has inherent limitations, even though it was done for accessibility purposes. A selection bias may be present since participants may be more interested in psychotherapy than non-participants. Questions about the validity of the questionnaire can arise since there is no validated questionnaire in this field of investigation. Another limitation was the relatively small sample size, meaning that some findings of this questionnaire must be interpreted with caution. However, the overall response rate is comparable to similar studies developed in other countries and represents almost one-third of the study population.[18,24] A possible motive for the low response rate could be collecting data online rather than physically in each residency center. Other possible ways to increase participation in similar future studies could

be reducing the size of the questionnaire or sending the link of the questionnaire to the responsible of each residency center.

CONCLUSION

The incorporation of psychotherapy training into the psychiatry residency program is recognized to be challenging in various countries, and so is the case in Portugal. The authors found that Portuguese psychiatry and child and adolescent psychiatry trainees were dissatisfied with the psychotherapy training provided by their institution. Nevertheless, these residents are interested in psychotherapy training and regard psychotherapy as a mandatory competence. Further work is needed to clarify the aspects related to the lack of psychotherapy training in residencies, as perceived by trainees, and to test the best approaches for psychotherapy education in this context. Serious reflection about modifications in residency curricula must be made so future psychiatrists trained in Portugal can be qualified to provide the best care for their patients.

ACKNOWLEDGMENTS

The authors thank Jessica Kovach, John Ogrodniczuk, Owen McNeill, and Sidney Zisook for providing the questionnaire used in their team's study evaluating psychiatry residents' perspectives on psychotherapy training.

AUTHOR CONTRIBUTIONS

RMS: Study conception and design, data acquisition, analysis and interpretation, writing of the manuscript.

OvD: Study conception and design, data interpretation, writing of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

1. National Institute for Health and Care Excellence. Depression in adults: treatment and management. NG222. 2022. [cited 2024 Aug 25]. Available from: https://www.nice.org.uk/guidance/ng222.
2. National Institute for Health and Care Excellence. Generalised anxiety disorder and panic disorder in adults. CG113. 2011. [cited 2024 Aug 25]. Available from: https://www.nice.org.uk/guidance/cg113.
3. National Institute for Health and Care Excellence. Obsessive-compulsive disorder and body dysmorphic disorder: treatment. CG31. 2005. [cited 2024 Aug 25]. Available from: https://www.nice.org.uk/guidance/cg31.
4. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in psychiatry. 2021. [cited 2024 Aug 25]. Available from: https://www.acgme.org/globalassets/pfassets/programrequirements/400_psychiatry_2021.pdf.
5. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in child and adolescent psychiatry. 2020. [cited 2024 Aug 25]. Available from: https://www.acgme.org/globalassets/PFAssets/Programrequirements/405_ChildAdolescentPsychiatry_2020.pdf.
6. Union Européenne des Médecins Spécialistes. Report of the Union Européenne des Médecins Spécialistes Section for psychiatry: psychotherapy. EUMS D 0436. 2004. [cited 2024 Aug 25]. Available from: https://www.uems.eu/__data/assets/pdf_file/0009/1332/424.pdf.
7. Schmidt LM, Foli-Andersen NJ. Psychotherapy and cognitive behavioral therapy supervision in Danish psychiatry: training the next generation of psychiatrists. Acad Psychiatry. 2017;41:4-9.
8. McNeill O, Ingram R. Current psychotherapy training for psychiatry trainees in Northern Ireland. Ir J Psychol Med. 2009;26:194-6.
9. McCrindle D, Wildgoose J, Tillett R. Survey of psychotherapy training for psychiatric trainees in South-West England. Psychiatr Bull. 2001;25:140-3.
10. Hadjipavlou G, Ogrodniczuk JS. A national survey of Canadian psychiatry residents' perceptions of psychotherapy training. Can J Psychiatry. 2007;52:710-7.
11. Duddu V, Brown PM. Psychotherapy training in the Northwest – a survey. Psychiatr Bull. 2004;28:104-5.
12. Salgado RM, von Doellinger O. Psychotherapy training in psychiatry residencies: a review of trainees' perspectives. Eur J Psychiatry. 2024;38:100263.
13. Portugal. Portaria n.º 44/99. Diário da República, I Série-B, n.º 17 (1999/01/21). p.376-81.
14. Portugal. Portaria n.º 340/2016. Diário da República, I Série, n.º 249 (2016/12/29). p.5130-3.
15. Colégio da Especialidade de Psiquiatria da Infância e da Adolescência. Grelha de avaliação final do Internato. Ordem dos Médicos. 2021. [cited 2024 Aug 25]. Available from: https://ordemdosmedicos.pt/grelha-de-avaliacao-final-do-internato-2/.
16. Colégio da Especialidade de Psiquiatria. Grelha de avaliação do exame final de formação especializada de Psiquiatria. Ordem dos Médicos. 2019. [cited 2024 Aug 25]. Available from: https://ordemdosmedicos.pt/wp-content/uploads/2023/02/Grelha-_-Psiquiatria-_-Mar_2023.pdf.
17. Pinto da Costa M, Guerra C, Malta R, Moura M, Carvalho S, Mendonca D. Psychiatry training towards a global future: trainees' perspective in Portugal. Acta Med Port. 2013;26:357-60.
18. Zisook S, McQuaid JR, Sciolla A, Lanouette N, Calabrese C, Dunn LB. Psychiatric residents' interest in psychotherapy and training stage: a multi-site survey. Am J Psychother. 2011;65:47-59.
19. Lanouette NM, Calabrese C, Sciolla AF, Bitner R, Mustata G, Haak J, et al. Do psychiatry residents identify as psychotherapists? A multisite survey. Ann Clin Psychiatry. 2011;23:30-9.
20. Kovach JG, Dubin WR, Combs CJ. Psychotherapy training: residents'

perceptions and experiences. Acad Psychiatry. 2015;39:567-74.
21. Calabrese C, Sciolla A, Zisook S, Bitner R, Tuttle J, Dunn LB. Psychiatric residents' views of quality of psychotherapy training and psychotherapy competencies: a multisite survey. Acad Psychiatry. 2010;34:13-20.
22. Gomez-Beneyto M, Montilla-Garcia JF, de Castro-Manglano P, Gay-Pamos E, Gonzalez-Torres MA, Gutierrez-Fraile M, et al. The opinion of psychiatric residents on the training they receive. Actas Esp Psiquiatr. 2011;39:174-9.
23. Foulkes P. Trainee perceptions of teaching of different psychotherapies. Australas Psychiatry. 2003;11:209-14.
24. Eissazade N, Shalbafan M, Eftekhar Ardebili M, Pinto da Costa M. Psychotherapy training in Iran: a survey of Iranian early career psychiatrists and psychiatric trainees. Asia Pac Psychiatry. 2021;13:e124-34.
25. Nawka A, Kuzman MR, Giacco D, Malik A. Mental health reforms in Europe: challenges of postgraduate psychiatric training in Europe: a trainee perspective. Psychiatr Serv. 2010;61:862-4.
26. Kuzman MR, Jovanovic N, Vidovic D, Margetic BA, Mayer N, Zelic SB, et al. Problems in the current psychiatry residency training program in Croatia: residents' perspective. Coll Antropol. 2009;33:217-23.
27. Katz DA, Kaplan M. Can psychiatry residents be attracted to analytic training? A survey of five residency programs. J Am Psychoanal Assoc. 2010;58:927-52.
28. Margariti MM, Kontaxakis VP, Kollias K, Paplos K, Christodoulou GN. Psychotherapy in postgraduate psychiatric training: attitudes of residents. Psychother Psychosom. 2001;70:112-4.
29. Hadjipavlou G, Halli P, Hernandez CA, Ogrodniczuk JS. Personal therapy in psychiatry residency training: a national survey of Canadian psychiatry residents. Acad Psychiatry. 2016;40:30-7.
30. Kovach JG, Dubin WR, Combs CJ. Use and characterization of personal psychotherapy by psychiatry residents. Acad Psychiatry. 2015;39:99-103.