

## Assessing Distance Psychoanalytic Training

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### Assessing Distance Training: How Well Does It Produce Psychoanalytic Psychotherapists?<sup>1</sup>

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#### Abstract:

How effective is psychoanalytic/psychodynamic distance training over the Internet? To assess this, we surveyed graduates of the 2 year and 4 year programs of the China America Psychoanalytic Alliance (CAPA). The main results of the 90 graduates' surveys showed that 77% of their work involves a psychoanalytic formulation of their cases as compared to other theoretical orientations. The degree to which graduates used a psychoanalytic formulation of their cases was best predicted by the number of years in training and the more days a week in their own treatment. Graduates highly rated the effectiveness of their own psychoanalytic therapy over videoconferencing (VCON). Graduates' ratings of treatment with their patients over VCON positively correlated with years of psychoanalytic education, number of days a week in own treatment, years doing psychoanalytic treatment, and degree working with a psychoanalytic orientation. Graduates thought that therapist variables (skillfulness, warmth, empathy, and wisdom) were much more important in the effectiveness of their treatment than whether the treatment was in-person or with VCON, or the presence of cultural differences with their therapist. The graduates' ratings of how they are practicing psychoanalytic treatment were highly correlated with how their own therapists practiced psychoanalytic psychotherapy, as measured by the psychodynamic/interpersonal process items on the Comparative Psychotherapy Process Scale.

Keywords: Distance psychoanalytic training, online psychotherapy, tele-education

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<sup>1</sup> The authors thank Katie Colton and Elise Snyder for reviewing the study, and a special thanks to Graeme Taylor for his extensive help in editing the manuscript. For the purposes of this study, the terms "psychoanalytic" and "psychodynamic" are used interchangeably.

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Institutes for the training of psychoanalytic therapists are mostly limited to major metropolitan centers. This presents a problem for the training of psychodynamic psychotherapists and psychoanalysts. Distance learning over the Internet could potentially bring psychoanalytic education to many who would not otherwise have access.

Psychoanalytic training programs have three components: a personal analysis, a didactic curriculum, and intensive supervised psychoanalytic clinical work. The didactic education and supervision may be easier to provide online, as compared to conducting psychoanalysis over the Internet. Internet-based psychotherapy is a growing area since it can help many individuals who do not have easy access to psychotherapy services due to distance, lack of transportation, physical disability, time constraints, etc. Barak, Hen, Boniel-Nissim, and Shapira, (2008) performed a meta-analysis of the effectiveness of Internet-based psychotherapeutic interventions. They found 92 studies that involved a total of 9,764 clients who were treated through various Internet-based psychological interventions. The overall mean weighted effect size was found to be 0.53 (medium effect), which is similar to the average effect size of traditional, face-to-face therapy. A comparison between face-to-face and Internet intervention as reported in 14 of the studies revealed no differences in effectiveness. de Bitencourt, et al. (2016) reviewed 59 studies of online psychotherapy compared with face-to-face therapies and found similar effects.

However, psychoanalytic treatment over the Internet by videoconferencing (VCON) presents somewhat different problems than most other psychological treatments. There are the issues of how online treatment affects transference, countertransference, fantasies, resistances, etc. J.S. Scharff (2012) explored analysts' perceptions and experiences of using the telephone and the Internet. She focused on clinical concerns that arise including the frame, fantasies, resistance, transference, and countertransference. Scharff concluded that conducting analysis via the telephone or VCON is a viable, clinically effective alternative to traditional analysis where necessary. J.S. Scharff (2013, 2015) explored the advantages and possible problems with not only online psychotherapy and psychoanalysis, but also training. She argued that the continuity, availability of the frequency of analytic sessions for in-depth analytic work, and outreach to analysands in areas far from specialized psychoanalytic centers is an important consideration despite the problems. Still, Migone (2013) argued that online therapy is simply a different therapy, in the same way as two therapies, both offline (or both online), may be different from each other.

Fishkin, Fishkin, Leli, Katz, and Snyder (2011) reported on the China American Psychoanalytic Alliance (CAPA), which provides treatment, education, and supervision to Chinese mental health professionals over the Internet. The lack of enough Chinese analysts and mentors has created a demand for psychoanalytic psychotherapy training and treatment. Fishkin and colleagues concluded that the Internet-based program has been a success and any issues of transference and countertransference can be discussed as part of the therapeutic process.

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D. E. Scharff (2015) reported that another distance-learning group, the International Psychotherapy Institute, has extensive experience in the use of videoconference and telephone technology in the teaching of psychoanalysis and psychoanalytic psychotherapy with individuals and groups across the United States and other countries. D. E. Scharff concluded that the use of this technology for tele-education has facilitated the spread of psychoanalytic ideas, recruitment of psychoanalytic and psychotherapeutic trainees, and ongoing training for members living at great distances from training institutes.

However, there have been no studies of psychoanalytic training comparing the effectiveness of teaching, supervising, and treating students on-line by VCON with in-person teaching, supervision and treatment. For this reason, Gordon, Wang and Tune (2015) surveyed the expert opinions of 176 teachers, supervisors and therapists in the CAPA who use VCON with Chinese students. The main findings were: (1) teaching, supervision, and treatment were all rated in the range of "slightly less effective" than in-person, with supervision rated significantly more effective than teaching and treatment over VCON; (2) symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy issues and countertransference, were all equally rated in the range of "slightly less effective" than in-person treatment; (3) the most important indications for treatment over VCON were the need for high quality treatment for underserved, remote, or house-bound patients, and when travel would make treatment impractical; (4) the most important contraindication for treatment over VCON was when the patient needs close observation. However, Gordon et al. (2015) did not explore the opinions of the recipients of the distance psychoanalytic program, namely, the graduates of CAPA. This would be the logical next step and was the rationale for the current research.

Attempts to study the effectiveness of distance psychoanalytic training are limited by methodological and ethical problems. For example, invading the ongoing treatment of patients in psychoanalytic treatment can change the dynamics of the therapeutic relationship. In addition, many patients may wish to give their therapists good grades or bad grades based on the nature of the transference. We can mitigate these problems by using CAPA graduates who received their psychoanalytic treatment during their training, and are now providing psychotherapy themselves. This is a unique population that allows us to compare the psychoanalytic treatment graduates received to the treatment they are providing their own patients, and to assess how psychoanalytically-oriented they have become in their own work since completion of their training and personal treatment.

## **METHOD**

### **Participants and Procedure**

Graduates of the 2 year and 4 year CAPA programs were invited in three separate mailings about a week apart to respond to a brief online survey (in Mandarin) that inquired about their experience in receiving psychoanalytic psychotherapy training and personal treatment over VCON. The survey stated, "This survey research on

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psychoanalytic psychotherapy is for CAPA graduates who have had their own psychoanalytic treatment while in CAPA. Your participation is voluntary and anonymous. There will be four kinds of prizes for participating, (a first prize of 500 RMB; 3 second prizes of 200 RMB; 5 third prizes of 100 RMB, and 14 4th prizes of 50 RMB). Winners for the prizes will be drawn randomly from the pool of the email addresses of respondents at the end of the data collection. Participation in the draw for prizes is voluntary. If you wish to participate in the draw, follow the instructions at the end of the survey.” We used an email list of 220 CAPA graduates with about 200 being valid email addresses.<sup>2</sup> Ninety-seven graduates responded (a 48.5% response rate); seven graduates were eliminated because they were not engaged in practicing therapy. This resulted in a sample of 90 participants for most of the questions. The participants were recruited for the on-line survey in 2016. The study was approved by the IRB of the Washington Center of Psychoanalysis.

Of the 90 CAPA graduates who participated in the survey, 74% were female; the mean age was 40 ( $SD = 7.2$ ) years. The other descriptives for the sample are as follows: number of years in the CAPA program ( $M = 3.5$ ,  $SD = 1.4$ ); total number of years of psychoanalytic education ( $M = 6.4$ ,  $SD = 3.6$ ); number of years in personal psychoanalytic treatment ( $M = 4.8$ ,  $SD = 5.4$ ); number of days a week in treatment ( $M = 2.5$ ,  $SD = 1.0$ ); number of years doing psychoanalytic psychotherapy with patients ( $M = 5.5$ ,  $SD = 2.9$ ); percent of own therapy received over VCON ( $M = 77.6\%$ ,  $SD = 32$ ); percent of own work with patients done over VCON ( $M = 25\%$ ,  $SD = 21$ ). The difference in percentages is because most graduates received their personal therapy from overseas therapists, whereas graduates practicing in their own communities have less need for conducting therapy over the Internet.

### Measures

The ad hoc online survey questions were: age; gender; total number of years of CAPA education; total number of years for all your psychoanalytic education; total number of years of your own psychoanalytic treatment; average number of days a week in your own treatment; total number of years doing psychoanalytic psychotherapy with patients; what percentage of your work with patients involves a psychoanalytic formulation of the case as compared to other theoretical orientations?; what percentage of your own psychoanalytic treatment was over video conferencing?; if you received your treatment over video conferencing, over-all, how would you rate the effectiveness of your psychoanalytic therapy? (0 = lowest rating; 6 = highest rating); what percentage of your own work with patients is done over video conferencing?; if you do treatment over video conferencing, over-all, how would you rate the effectiveness of psychoanalytic therapy over video conferencing? (0 = lowest rating; 6 = highest rating); rate how much you think each variable was important to the effectiveness of your own personal psychotherapy (0 = lowest rating; 6 = highest rating): warmth of therapist, wisdom of therapist, empathy of therapist, skillfulness of therapist, cultural similarity of therapist, and the use of video conferencing.

We used the 10 psychodynamic/interpersonal process items from the Comparative Psychotherapy Process Scale (CPPS) (Hilsenroth, Blagys, Ackerman, Bonge, & Blais, 2005) in the survey. The CPPS also includes items about CBT interventions, which we

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<sup>2</sup> Thanks to John Fanning for emailing the requests and estimating the number of valid email addresses from the list.

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did not use since these items were not relevant to our hypotheses. The CPPS has excellent reliability and validity (Hilsenroth, et al. 2005) and is a standard assessment instrument in psychotherapy research. We asked the 10 psychodynamic/interpersonal process questions three times. The first set asked how much each intervention was used by their own therapist. The second set asked how much the graduates typically use these interventions with their own insightful patients. The third set of questions asked how helpful each intervention was for the graduate. The data from the responses from the third set of questions will be analysed in a future study. We set the survey to change the order of these 3 sets of 10 items from the CPPS. The questions are responded to on 7 point Likert scales ranging from “0 = not at all characteristic” to “6 = extremely characteristic.” The survey stated: Using the scale below, please rate how characteristic each statement is of your own therapist in CAPA.

1. Your therapist encouraged the exploration of feelings regarded by you as uncomfortable (e.g., anger, envy, excitement, sadness, or happiness).
2. Your therapist linked your current feelings or perceptions to experiences of the past.
3. Your therapist focused attention on similarities among your relationships repeated over time, settings, or people.
4. Your therapist focused discussion on the relationship between the therapist and you.
5. Your therapist encouraged you to experience and express feelings in the session.
6. Your therapist addressed your avoidance of important topics and shifts in mood.
7. Your therapist suggested alternative ways to understand experiences or events not previously recognized by you.
8. Your therapist identified recurrent patterns in your actions, feelings, and experiences.
9. Your therapist allowed you to initiate the discussion of significant issues, events, and experiences.
10. Your therapist encouraged discussion of your wishes, fantasies, dreams, or early childhood memories (positive or negative).”

The second set of the 10 CPPS items asked, “Please rate how much you typically use these interventions with insightful patients?” (0 = not at all, 6 = very often) (n. b.: These questions started with, “You” instead of “Your therapist.”)

### Statistical Analyses

We used descriptive statistics for the demographic data and for ratings of satisfaction, and percentages to measure how much of the graduates work involves a psychoanalytic formulation of their cases as compared to other theoretical orientations. Pearson product moment correlations were used to test the degree of relationship between the

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hypothesized variables. A stepwise regression was used to determine the strongest predictor of the use of a psychoanalytic orientation.

We used an exploratory factor analysis (EFA) and Varimax rotation for two factor structures. The theoretical justification for this method was to test our assumption that the therapist variables (warmth, wisdom, empathy, and skillfulness) formed a factor distinct from the parameters (if the treatment was in-person or with VCON, or the cultural differences with therapist). A Varimax rotation assumes a low correlation between the two proposed factors. Kim and Mueller (1978) suggest theoretical reasons for helping to determine number of factors and type of rotation in EFA. Varimax rotation and exploration using two factors made theoretical sense since we were exploring categorical distinctions between therapist variables and the parameters. If the EFA produced two factors - therapist variables and parameters - then we thought we could use paired t-tests to specifically test the comparisons related to our hypotheses, namely, that the therapist variables are more important to patient satisfaction with treatment than the issues of cultural similarity and use of VCON. All inferential tests are 2-tailed.

### Hypotheses

1. We hypothesized that CAPA graduates who are now practicing will use a psychoanalytic case formulation in the majority of their cases and that the number of years of CAPA education would correlate positively with the number of years of the graduates' own psychoanalytic treatment, and the number of years working psychoanalytically with patients.
2. We hypothesized that VCON treatment will be considered valuable (greater than 3.5 on the 0-6 scale) both as a patient receiving VCON treatment and as a therapist practicing VCON treatment; and that the effectiveness of VCON treatment would correlate significantly with how much the graduates use a psychoanalytic formulation in their work and how much they work with their own patients over VCON.
3. We hypothesized that the graduates would consider the therapist variables (warmth, empathy, wisdom, and skillfulness) as more important to the effectiveness of their own personal psychotherapy than the parameters of whether the treatment was in-person or with VCON, or cultural differences with the therapist.
4. We hypothesized that the CAPA graduates are practicing psychoanalytic treatment in a manner that is highly correlated with the psychoanalytic treatment they received during their training, as measured by the 10 psychodynamic/interpersonal process items from the CPPS.

### RESULTS

Hypothesis 1 was supported. CAPA graduates indicated that about 77% of their work involves a psychoanalytic formulation of their cases as compared to other theoretical orientations, ( $n = 81$ ,  $M = 76.5\%$ ,  $SD = 25$ .) The number of years of CAPA education correlated significantly with the number of years of own psychoanalytic treatment ( $r = .29$ ,  $p = .005$ ,  $n = 90$ ), and with the number of years working psychoanalytically with patients ( $r = .27$ ,  $p = .01$ ,  $n = 90$ ).

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The following variables were used in the stepwise regression analysis: total number of years in CAPA, total number of years of all psychoanalytic education, number of years of personal psychoanalytic therapy, average number of days a week in own treatment, and number of years practicing psychoanalytic therapy. A significant regression was found ( $F(5, 75) = 3.96, p < .003$ ), with an  $R^2$  of .21. The results suggest that the strongest predictor of the degree to which graduates reported using a psychoanalytic formulation was the total number of years in CAPA ( $B = 38.5, t = 4.0, p < .0001$ ). The next significant variable that offered a unique contribution to the prediction was the average number of days a week in the graduates' own treatment ( $B = 9.99, t = 3.78, p < .0001$ ).

Hypothesis 2 was supported. VCON treatment was considered valuable both as a student/patient and as a practicing therapist. The mean score on the rating of effectiveness of participants' own therapy over VCON was 4.73, ( $SD = .97, n = 84$ ). The effectiveness of treatment over VCON correlated significantly with the percentage of therapeutic work using a psychoanalytic formulation ( $r = .36, p < .001, n = 77$ ), and significantly with the percentage of therapy with patients done over VCON ( $r = .22, p < .047, n = 84$ ). The mean score of the participants' ratings of the effectiveness of psychoanalytic therapy with their own patients over VCON was 4.44, ( $SD = 1.05, n = 85$ ). Participants' ratings of the effectiveness of the psychoanalytic therapy they do using VCON correlated significantly with the number of years of psychoanalytic education ( $r = .24, p = .03, n = 85$ ); number of days a week of own treatment ( $r = .27, p = .01, n = 85$ ); years doing psychoanalytic treatment ( $r = .22, p = .04, n = 85$ ); degree of working with a psychoanalytic formulation ( $r = .46, p < .0001, n = 77$ ); and using VCON with their own patients ( $r = .40, p < .0001, n = 85$ ).

Hypothesis 3 was supported. The therapist variables (warmth, wisdom, empathy, and skillfulness) were rated as much more important in the effectiveness of their own treatment than the parameters of whether the treatment was in-person or with VCON, or cultural differences with the therapist ( $n = 90$ ).

Warmth of therapist	$M = 6.0, SD = 1.2$
Wisdom of therapist	$M = 5.9, SD = 1.1$
Empathy of therapist	$M = 6.4, SD = .85$
Skillfulness of therapist	$M = 5.4, SD = .96$
Cultural similarity of therapist	$M = 4.1, SD = 1.4$
The use of video conferencing	$M = 3.9, SD = 1.5$

The factor loadings for the effective treatment variables are displayed in Table 1. Whereas the therapist variables (warmth, wisdom, empathy, and skillfulness) loaded highly on factor 1, the parameters (cultural similarity to therapist and use of VCON) loaded highly on factor 2. There was no significant difference between cultural similarity to therapist and the use of VCON ( $t = 1.4, df = 89, p = .16$ ).

Table 1 here

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Based on this distinction, we used paired t-tests to specifically test the comparisons related to our hypotheses, namely, that the therapist variables are more important to patient satisfaction with treatment than the issues of cultural similarity and use of VCON. The results, which are displayed in Table 2, support the hypothesis that the qualities of the therapist are far more important to patient satisfaction than are cultural similarity issues or if the treatment was over VCON. All comparisons were statistically significant ( $p < .0001$ ).

Table 2 here

Hypothesis 4 was supported. The graduates' ratings of the personal therapy they received during their training, as measured by the CPPS psychodynamic/interpersonal items, correlated strongly with how they are practicing psychoanalytic treatment with their own patients as measured by the CPPS items ( $n = 90$ ): encouraging the exploration of uncomfortable feelings ( $r = .50, p < .0001$ ), linking current feelings or perceptions to experiences of the past ( $r = .43, p < .0001$ ), focusing attention on similarities with relationships repeated over time, settings, or people ( $r = .51, p < .0001$ ), focusing discussion on the relationship with the therapist ( $r = .42, p < .001$ ), encouraging the experience and expression of feelings in the session ( $r = .34, p < .001$ ), dealing with the avoidance of important topics and shifts in mood ( $r = .55, p < .0001$ ), suggesting alternative ways to understand experiences or events not previously recognized ( $r = .69, p < .0001$ ), identifying recurrent patterns in actions, feelings, and experiences ( $r = .56, p < .0001$ ), feeling free to initiate the discussion of significant issues, events, and experiences ( $r = .61, p < .0001$ ), encouraging discussion of wishes, fantasies, dreams, or early childhood memories (positive or negative) ( $r = .77, p < .0001$ ). The average correlation is  $r = .54$  ( $SD = 12.7$ ). Overall, these results suggest that the graduates are practicing psychoanalytic treatment in ways that are very similar to how they experienced their own psychoanalytic therapists.

## DISCUSSION

This study assessed the opinions of CAPA graduates about the effectiveness of their distance psychoanalytic training. The population was unique in that the respondents had not only been students and patients, but were now practicing therapists. We were therefore able to explore what the graduates thought about the personal therapy they had received and the therapy they currently provide, and how much their training and personal therapy contributes to their work. Although the participants in the study had graduated from a single, distance-training organization, the variables used in the study are universal to psychoanalytic/psychodynamic training. The findings, therefore, can most likely be generalized to any group that receives training via the Internet. That is, a long distance personal intensive analysis of several days a week, and several years of training via the Internet, appear to be highly effective in producing psychotherapists with a psychoanalytic orientation.

The response rate of 48.5% of the graduates who were invited to participate in the study can be considered an excellent internal (within a group) response rate.

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Mertler's (2003) review of internal response rates of web-based surveys with professionals ranged from 11 – 33%. Mertler found that the main reason given by non-responders was that they did not want to take the time to respond to the survey. We suspect that was the main reason for the non-responders in our study. Ninety responders answered 92% of the questions, but some of our results were based on n's of 85 – 77, which is probably explained by the relevancy of the questions for some of the responders.

Our survey of the graduates of the 2 year and 4 year CAPA programs indicated a high degree of support for distance training over the Internet. The results showed that 77% of their work involves a psychoanalytic formulation of their cases as compared to other theoretical orientations. The number of years of CAPA distance education correlated significantly with the number of years of personal psychoanalytic treatment, and also with the number of years working psychoanalytically with patients.

The more graduates use a psychoanalytic formulation of their cases was best predicted by a greater number of years in distance education and the more days a week in personal therapy. This supports the idea that practitioners are more likely to become psychoanalytic in their clinical practice when they receive a longer period of training, as well as intensive psychoanalytic therapy themselves. The several-days-a-week analytic therapy likely gave the students more opportunity to explore their unconscious minds, and gain a greater appreciation for a psychoanalytic orientation. Graduates highly rated the effectiveness of their own psychoanalytic therapy over VCON. Graduates' ratings of treatment with their patients over VCON correlated positively with the amount of psychoanalytic education, experience doing psychoanalytic treatment, number of days a week in own treatment, and degree of working with a psychoanalytic orientation. This suggests that working with VCON treatment might require a high level of training and an understanding of the special issues that arise.

Many psychoanalysts are concerned that psychoanalytic treatment cannot translate well over the Internet and that cultural differences might significantly diminish the effectiveness of the treatment. However, the Chinese graduates thought that the therapist variables (warmth, wisdom, empathy, and skillfulness) were more important in the effectiveness of their treatment than whether the treatment was in-person or with VCON, or the cultural differences with their therapist.

The graduates' ratings of how they are currently practicing psychoanalytic psychotherapy were highly correlated with how their own therapists practiced psychoanalytic treatment, as measured by the CPPS items. The larger magnitude correlations were in the areas of exploring unconscious mental life, while the smaller magnitude correlations were in the areas that required emotional expression in the sessions. This may be a cultural issue in that many Chinese people may feel less comfortable expressing emotion than those in the Western countries (Dere et al., 2013; Zhu et al., 2007). This would be an interesting topic for further research.

Limitations of the study are that the data were collected with self-report questionnaires, and the findings reflect the subjective opinions of the graduates. In addition, most of the analyses are correlational, so that no inferences can be drawn concerning cause and effect. Nonetheless, the findings demonstrate that distance

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psychoanalytic/psychodynamic training is perceived by graduates as highly effective, and can produce therapists who use psychoanalytic formulations and techniques in their work with patients.

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Table 1: Factor Loadings of the Effective Treatment Variables

Variables	Component	
	1	2
Warmth	.71	-.04
Wisdom	.58	.24
Empathy	.86	.06
Skillfulness	.57	-.08
Cultural similarity	.15	.79
Use of VCON	-.10	.80

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Table 2: Paired T-Tests of Effective Treatment Variables

		Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
Pair 1	cultural similarity of therapist - warmth of therapist	-1.89	1.79	.19	-10.01	89	.000
Pair 2	cultural similarity of therapist - wisdom of therapist	-1.79	1.60	.17	-10.58	89	.000
Pair 3	cultural similarity of therapist - empathy of therapist	-2.23	1.50	.16	-14.13	89	.000
Pair 4	cultural similarity of therapist - skillfulness of therapist	-1.28	1.64	.17	-7.38	89	.000
Pair 5	the use of video conferencing - warmth of therapist	-2.14	1.98	.21	-10.30	89	.000
Pair 6	the use of video conferencing - wisdom of therapist	-2.04	1.82	.19	-10.63	89	.000
Pair 7	the use of video conferencing - empathy of therapist	-2.49	1.73	.18	-13.64	89	.000
Pair 8	the use of video conferencing - skillfulness of therapist	-1.53	1.81	.19	-8.05	89	.000