

What works for psychological interventions designed to increase wellbeing in psychological therapy trainees? A systematic review

Abstract

Purpose: This systematic review sought to identify what works for psychological interventions or teaching strategies designed to improve wellbeing in Psychological Therapy Trainees (PTTs).

Design: A Systematic Review was conducted in keeping with best-practice guidelines. The protocol for the review was registered prospectively on PROSPERO.

Findings: 70 studies were included in the review. The balance of evidence across quantitative, qualitative and mixed-methods studies cautiously suggests that interventions designed to improve PTT wellbeing may be of value. Novel findings regarding barriers and facilitators of successful intervention were identified. Particularly notable in this regard was the finding that providing trainees with a degree of choice or control over elements of the intervention appeared to be an important facilitator of success. Importantly however, the review identified a number of methodological weaknesses in the literature, undermining the certainty of findings. More high-quality research is needed in order to answer the questions of the review decisively.

Originality: This is the first review to systematically identify and synthesise findings on this important topic.

Practical implications: Evidence tentatively suggests that interventions to support trainee wellbeing are often received well by trainees and are frequently perceived by trainees as beneficial. Providing trainees with some degree of choice or control regarding how to engage with wellbeing interventions during training may be important.

Introduction

The wellbeing of the psychological therapist workforce has been identified as an area of concern (Simionato & Simpson, 2018), with increasing evidence to suggest the issue is even greater during training (Owen et al., 2021; Pakenham & Stafford-Brown, 2012). Poor wellbeing has been shown to impact negatively on a range of outcomes relevant to this population, including reduced clinical effectiveness (Delgadillo et al., 2018), poorer academic outcomes (Pascoe et al., 2020), greater intention to leave the workforce (Summers et al., 2021) and higher incidences of professional misconduct (Barnett et al., 2007). Poor wellbeing in this population can therefore be costly, meaning that the implementation of interventions designed to support trainee wellbeing may offer a cost-effective investment (Wagner et al., 2023).

Research regarding interventions designed to improve psychological therapy trainee (PTT) wellbeing has increased in recent years, but as yet no systematic attempt has been made to identify and synthesise findings on the topic. In complex intervention research, there is an increasing awareness of the need to understand the ways in which an intervention interacts with the context in which it is delivered, and the nature of the underlying programme theory (Skivington et al., 2021). This review therefore seeks to synthesise findings regarding what works for wellbeing interventions for PTTs in a way that will support future researchers in the design of effective interventions in this population; collating findings regarding effectiveness, and the factors associated with successful intervention. The review will synthesise findings regarding 'barriers' and 'facilitators' of successful intervention, an approach that remains a common and influential way of positively informing evidence-based policy and practice (Bach-Mortensen & Verboom, 2020). To support this, the review will also utilise the implementation outcome framework of Proctor and colleagues (Proctor et al., 2011) as a useful framework from which implementation success can be evaluated.

Objectives

The purpose of this systematic review is to establish what is known about psychological well-being interventions for PTTs. The specific questions are:

1. What are effective primary outcomes of psychological wellbeing interventions for psychological therapy trainees?
2. What are the perceived barriers and facilitators of successful psychological wellbeing interventions or teaching strategies designed to improve PTT wellbeing?

Method

A protocol for this review was registered prospectively on PROSPERO (CRD42022319638). The review protocol was informed by PRISMA and SWiM guidance (Campbell et al., 2020; Page et al., 2021).

Eligibility criteria

Eligibility criteria were: (a) written in English, (b) report original empirical findings on psychological interventions or teaching strategies for which improving wellbeing is one of the research aims or hypotheses, or for which at least one wellbeing related outcome measure is used, (c) delivered in a formal psychological therapy training program, (d) have psychological therapy trainee participants.

PTTs were defined as anyone enrolled in a formal training program leading to qualification as any type of psychological therapy practitioner. Trainees across multiple therapeutic modalities (e.g. CBT, counselling, clinical psychology) and academic levels (e.g. undergraduate, masters and doctoral-level) were included. Wellbeing outcomes were conceptualised broadly and from a psychological perspective, to include measures of wellbeing, stress, mental health, burnout, and psychological distress, as well as qualitative data on wellbeing. Qualitative, quantitative and mixed-methods

studies were eligible, and no constraints on study design were applied. Both published and unpublished work were eligible.

Search strategy

A systematic search was carried out on 18/10/2023 on APA PsychINFO, CINAHL Complete, MEDLINE Complete, Academic Search Complete, SCOPUS, and the authors' Library Catalogue (EBSCO). MeSH terms, wildcards (the '*' symbol) and Boolean Operators (AND or OR) were used with the following keywords: wellbeing OR well-being OR stress OR burnout OR burn-out OR psychological distress AND psychology* OR counsel* OR therap* OR psychotherapy* AND trainee OR student OR training OR education. A full search strategy for PsychINFO is provided in Supplementary Material 1.

Study selection

The first author screened all texts at title/abstract ($n=9,312$) and full-text ($n=538$) stages. Members of the research team double-screened 25% of articles at both stages, with agreement exceeding 97% at both stages. Disagreements were resolved through discussion. A subset of included studies ($n=28$) contained data relevant to barriers and facilitators. The research team met frequently throughout this process, to discuss and promote consistency.

Data collection process

Data was extracted using a purpose-designed table in Microsoft Excel. The first author performed data extraction for all included studies. This process was repeated on 30% of studies by research team members. Data extraction was highly consistent across researchers, with only minor and infrequent discrepancies identified (e.g. phrasing used to describe details). Extracted data included

author and date; article type; Research questions or aims; Participant (n=); Participant characteristics; Attrition; Compulsory (Y/N); Design; Intervention; Duration; mode of delivery; outcomes measured; summary of key findings. A basic overview of characteristics for each study is presented in Table 1. Extended study characteristic details can be found in Supplementary Material 2.

INSERT FIGURE 1. PRISMA FLOW DIAGRAM HERE

Risk of bias

Risk of bias was assessed at study level using the Mixed-Methods Appraisal Tool (MMAT) (Hong et al., 2018), an efficient and reliable tool for appraising quantitative, qualitative and mixed-methods designs (Souto et al., 2015). All studies were assessed by the primary author, and a randomly selected 30% were double screened by three members of the research team. Consistency was high, with over 98% of all rating items agreed upon. Discrepancies were resolved through discussion. In keeping with MMAT guidelines, consideration of the quality issues identified through the Quality Appraisal are reported in the narrative presentation of results (Hong et al., 2018), meaning that findings regarding study quality informed the presentation of results, and are considered explicitly when drawing conclusions. Full details of the Quality Appraisal outcome for each study are available in Supplementary Material 3.

Synthesis Method

SWiM guidance has been drawn upon for the synthesis and presentation of results (Campbell et al., 2020). After being extracted into tables, data was grouped by intervention type (e.g. Mindfulness, ACT etc.) and analysed by comparing significance of quantitative outcomes, as heterogeneity of included studies precluded meta-analysis. Qualitative findings were carefully read and compared, with shared findings being combined, before a narrative synthesis was produced that captured both quantitative and qualitative findings. In keeping with SWiM guidance, the certainty of outcomes was considered and presented in a manner which accounted for heterogeneity in findings and study quality. Despite having been analysed by intervention, results are presented below as a whole to reflect the key finding that outcomes and perceived effects did not vary consistently between

intervention groups. Findings regarding barriers and facilitators were identified and synthesised in keeping with methodological recommendations for Systematic Reviews of barriers and facilitators (Bach-Mortensen & Verboom, 2020). All data relating to barriers and facilitators were extracted, before being categorised, coded and grouped as barriers or facilitators. Related codes were grouped systematically to facilitate clear and structured organisation of the data. In keeping with relevant guidance, themes were then created to capture salient perceived barriers and facilitators as experienced by PTTs, by considering both the frequency with which they were mentioned and the extent to which such barriers and facilitators were perceived by participants to impede or promote success or engagement. In the absence of established guidelines for testing the robustness of such groupings (Bach-Mortensen & Verboom, 2020), their rigour and usefulness were examined through discussion with the research team. To further contextualise the findings, and to support their organisation, Proctor et al.'s Implementation Framework (Proctor et al., 2011) has been drawn upon to provide a conceptual framework to underpin the presentation of results.

Results

A total of 70 studies were identified, from locations across the UK, USA, Australia, and continental Europe. Participants included trainees from a variety of therapy training programmes (e.g. clinical psychology, cognitive behavioural therapy, and counselling). Trainees spanned the working age-group, though most were aged in their mid-twenties to mid-thirties, and predominantly female. All data relating to barriers and facilitators in all included papers was from the perspective of intervention participants.

Included studies were based on a wide-range of therapeutic approaches (including those based on Mindfulness (n=31), Wellness Plans (n=8), Compassion-based interventions (n=3), Stress-Management (n=4), Acceptance & Commitment Therapy (n=4), and a theoretically diverse mixed/other category (n=20)). Significant diversity was also identified in terms of intervention

duration and intensity, with interventions based on 10-minute mindfulness practices, through to interventions taking place over several months and involving extensive home-practice.

(Comprehensive information regarding the design, nature and findings of each included study is available in Supplementary Material 2).

A total of 44 studies reported quantitative data on wellbeing, with 27 (61%) reporting a significant improvement on at least one measure of wellbeing (see Table 1). Wellbeing was measured and conceptualised broadly, including measures of stress, burnout, satisfaction with life, psychological wellbeing, anxiety and depression. A majority of studies relied on 'negative' indicators of wellbeing (e.g. anxiety, stress or burnout) and few studies included measures of both positive and negative indicators of wellbeing. Every study reporting qualitative data relevant to wellbeing ($n=36$) indicated that a majority of participants reported positive gains in respect to wellbeing, with trainees frequently describing themselves as experiencing increases in positive emotion and purpose, and decreases in stress, anxiety or burnout. Whilst the strong trend across quantitative and qualitative data combined therefore was towards supporting the usefulness of interventions, the quality-appraisal process identified a number of methodological weaknesses in studies across all intervention types, suggesting a need for caution in interpreting these results. Quality issues were especially pronounced in studies employing quantitative methodologies, where incomplete outcome data, lack of clarity regarding whether training practices had been adhered to, and the presence of uncontrolled-for confounding factors were common. Similarly, few studies used any form of control group ($n=17$), raising questions about the extent to which the positive findings identified can be reliably attributed to the interventions undertaken. An important finding of this review therefore is that whilst the volume of studies in this field has expanded significantly, more high-quality and well-designed studies (including those using a control-group, reporting follow-up effects and measuring outcomes to capture both positive and negative features of wellbeing) are needed before definitive conclusions can be drawn about intervention effectiveness with this population.

INSERT TABLE 1 HERE. Study details and quantitative outcomes

Barriers and Facilitators

The extent to which participants engage with interventions is of paramount importance for their success. Therefore, assessing barriers and facilitators to intervention implementation is as important as evaluating results of the intervention itself. In keeping with relevant recommendations (Bach-Mortensen & Verboom, 2020), we note here an explicit definition of how barriers and facilitators were conceptualised in this review. ‘Facilitators’ were conceptualised as factors that were perceived to promote or enable success with, or engagement in, an intervention, under the conditions in which it was delivered. ‘Barriers’ were conceptualised as factors that were perceived to impede success with, or engagement in, an intervention, under the conditions in which it was delivered. In total, 28 of the 70 studies included in the review also included data regarding barriers and facilitators (for information regarding which studies included this data, see Table 1).

Facilitators

Facilitators identified across the review related to the Implementation Outcomes of ‘Acceptability’, ‘Appropriateness’ and ‘Feasibility’ (Proctor et al., 2011). Salient perceived facilitators of engagement and success were a group format (Bohecker et al., 2016; Chrisman et al., 2009; Guse, 2010; Lindo et al., 2015; Robins et al., 2019; Young et al., 2013), having some degree of choice over intervention content (Chlebak et al., 2013; Dorian & Killebrew, 2014; Hopkins & Proeve, 2013; Mumbauer-Pisano

& Kim, 2021; Schure et al., 2008), the experiential nature of interventions (McMahon, 2016; Moyer et al., 2017; Robins et al., 2019), and interventions being brief in nature (Chlebak et al., 2013; Moore, 2008). Five studies indicated that providing choice or autonomy over the techniques practiced was an important facilitator of engagement and success. In two of these studies, providing participants with choice over the techniques practised was reported to counter challenges associated with finding time to practice, or engaging successfully with mindfulness practice (Dorian & Killebrew, 2014; Hopkins & Proeve, 2013). Results in the further three studies (Chlebak et al., 2013; Mumbauer-Pisano & Kim, 2021; Schure et al., 2008) indicated that participants valued different aspects of a multi-component intervention differently, suggesting that offering choice engaged individuals with the intervention, where a more fixed – or single-strand – intervention may have failed. This represents a novel and important finding, with the potential to support educators in the successful design of wellbeing interventions across multiple different intervention types.

Barriers

Barriers identified across the review related to the Implementation Outcomes of ‘Acceptability’, ‘Appropriateness’ and ‘Feasibility’ (Proctor et al., 2011). Salient barriers related to the challenge of time constraints (Bell et al., 2017; Finlay-Jones et al., 2017; Gutierrez et al., 2019; Hopkins & Proeve, 2013; Kumari, 2011; Lau, 2012; Primavera, 2022), challenges with technical content (Bell et al., 2017; Dorian & Killebrew, 2014; Guse, 2010; Gutierrez et al., 2019; Pakenham, 2015; Stafford-Brown & Pakenham, 2012), concerns about potential negative effects of interventions (Boellinghaus et al., 2013; Kumari, 2011; Spindelw & Butler, 2016), insufficient choice and variety in techniques (Primavera, 2022), and feeling that interventions were not tailored specifically enough to psychology trainees, already familiar with key psychological concepts (Nelson et al., 2023). PTTs taking part in self-practice/self-reflection of CBT techniques, personal therapy, and mindfulness, described concerns about possible adverse effects such as uncovering previously unacknowledged difficulties

or aggravating negative emotional states (Boellinghaus et al., 2013; Kumari, 2011; Spendelow & Butler, 2016). These findings highlight that paradoxically, interventions designed to improve wellbeing have the potential to do the opposite. This important finding emphasises how facilitating and delivering interventions in a way that manages and contains unintended negative consequences of interventions is critical.

Discussion

In recent years, a growing evidence base has explored the effectiveness of interventions designed to improve healthcare professional wellbeing (e.g. Kletter et al., 2021; Lomas et al., 2018). With psychological-therapy workforces operating in stretched services and expanding to meet constantly rising need, the issue of trainee wellbeing is of ever-increasing importance. Wellbeing interventions with this population may help to mitigate against costs of staff turnover and attrition. In this context, understanding how to use initiatives to support the wellbeing of clinicians from the very beginning of their careers is critical. As employers and education providers seek better understanding regarding how to support the health and sustainability of the emerging workforce, the findings of this review offer a number of important messages. The findings of our review cautiously suggest that wellbeing interventions may be effective for PTTs, and the results indicate that trainees themselves frequently valued these interventions and experienced them as beneficial. Despite this, a central finding of this review relates to the quality of the literature in this field. Whilst the quality of included studies was generally acceptable, limitations and weaknesses were identified in many studies, an important point which precludes definitive answers to the central questions of this review. Despite the large number of papers identified, more high-quality studies, including those employing control groups, are needed to help better understand what works for wellbeing interventions with this population.

Studies across a wide-range of intervention types were identified, though studies based on Mindfulness were by far the most-widely researched ($n=31$). In general, neither study quality nor effectiveness varied consistently between intervention types. As such, there was insufficient evidence to indicate superiority of one intervention approach over others with this population, a finding which mirrors that of a recent, large systematic review of wellbeing interventions with clinical and non-clinical populations (van Agteren et al., 2021).

In this light, findings regarding perceived barriers and facilitators of success across intervention types are critical. By identifying a range of perceived barriers and facilitators that may apply across any intervention designed to support PTT wellbeing, the findings of this review make a significant contribution to the evidence-base; supporting educators and researchers in making evidence-informed decisions about supporting PTT wellbeing. Whilst a number of questions remain open regarding what intervention type performs best for example, educators in the field can use the findings regarding barriers and facilitators identified here to support the design of effective interventions across a range of different intervention-types. For intervention ‘appropriateness’ and ‘acceptability’ (Proctor et al., 2011) a group format, experiential nature of interventions, and some degree of choice or autonomy over aspects of the intervention were important. For many trainees, choice enhanced engagement, enabled participants to develop and pursue interests, and encouraged continued engagement in the face of perceived challenges. This important finding highlights the need for educators and researchers to find ways of providing trainees with elements of autonomy over central features of interventions; something which many interventions in the field currently do not routinely do. Notably, these findings resonate with the well-established body of literature on Self-Determination Theory (Deci & Ryan, 2008), in which the provision of choice and autonomy have consistently been shown to be associated with positive outcomes such as deeper understanding, greater persistence with tasks, and increased wellbeing (Deci & Ryan, 2008; Niemiec & Ryan, 2009).

Whilst the busy schedules of trainees have led some (e.g. Dye et al., 2020; Moore, 2008; Norris, 2016) to focus efforts on scaling back content and minimising the time-investment required to take part in an effort to increase intervention 'acceptability' (Proctor et al., 2011), the findings of this review indicate instead that a primary focus of researchers and educators in the field should be on designing interventions which have been tailored specifically to psychology trainees, which are perceived as beneficial, and which provide for some choice and autonomy over intervention content. These are important and novel findings which can provide direction to future research and practice in the area. Educators and researchers designing wellbeing initiatives across any intervention type are encouraged to think about how to design content that provides some degree of choice or autonomy to participants, that provides for group interaction and learning, that is heavily focussed on experiential practice of practical techniques, and relatedly, which has been designed specifically for this population (who may be familiar with key psychological principles already).

Notably, some participants had concerns about potentially negative consequences of interventions (Boellinghaus et al., 2013; Kumari, 2011; Spindel & Butler, 2016). This concern negatively affected intervention 'acceptability' (Proctor et al., 2011). Negative effects of therapeutic interventions remain a poorly understood phenomenon, though some evidence suggests that patients who receive little information in advance about the nature of treatment, and who do not routinely discuss progress with their therapists appear particularly at risk for negative consequences (McQuaid et al., 2021). Researchers are advised to ensure that in addressing PTT wellbeing, participants are provided with sufficient information about the intervention content and purpose, and also provided with frequent opportunity to reflect on progress. Such steps may also help address concerns raised about the technically demanding nature of some interventions. Given the high number of mindfulness-based studies being conducted with this population, particular consideration should perhaps also be given to minimising potential risks associated with mindfulness-based practices (e.g. by providing adequate psychoeducation regarding how specific

practices work, and ensuring facilitators are suitably trained to be able to recognise appropriate levels of discomfort in participants, and support them with how to draw maximum benefit from the practices) (Baer et al., 2019).

In light of growing evidence to suggest that mental-health and mental-illness represent two distinct continua, rather than opposing poles of one continuum (Iasiello et al., 2020), calls have been made recently for researchers to assess for mental health and wellbeing outcome change broadly, including both positive and negative indicators in their assessment (Iasiello et al., 2020; Summers et al., 2020). Recent evidence has also supported the partial independence of both positive and negative aspects of wellbeing, as well as workplace and general wellbeing, in psychological therapy professionals specifically (Summers et al., 2020, 2021). As noted above, in this current review, more studies relied on 'negative' indicators of wellbeing (e.g. stress, anxiety, depression or burnout) than 'positive' indicators (such as satisfaction with life, or positive emotion), with few studies reporting data on both positive and negative wellbeing outcomes. Similarly, few studies included a specific measure of workplace wellbeing. This suggests that the full impact of interventions on PTT wellbeing may not have been well captured. Future researchers should address this by including measures for both 'positive' and 'negative' indicators of wellbeing, as well as workplace wellbeing specifically.

Limitations

Only 25% of papers were double-screened. However, agreement ratings were high, and the research-team met frequently to discuss each stage. Only English-language studies were included, meaning relevant findings produced elsewhere may not have been included. Despite best efforts, a small number of studies identified at title/abstract stage could not be accessed, meaning potentially relevant work was excluded. Whilst efforts were made to search-out and include unpublished data, there is nonetheless a risk that publication bias will have influenced results, potentially leading to an over-estimation of the value of wellbeing interventions. Finally, whilst no studies indicated this to be

the case, the requirement in some forms of therapeutic training to undergo personal therapy may potentially have meant that some trainees were also concurrently engaged in personal therapy at the time of the intervention.

Conclusion

The findings of our review tentatively indicate that wellbeing interventions for PTTs may be effective and are often valued by trainees, though the mixed quality of included studies means further high-quality research is needed. In the context of the challenged financial position in which many university and public sector employers are currently placed, such research appears critical for building on the important findings generated here, and further supporting educators in making evidence-informed decisions regarding how and when to invest in timely and effective wellbeing interventions. Key barriers identified in the review included time constraints, concerns about potentially negative consequences of interventions, and challenges engaging with content that was viewed as either too technically demanding, or too familiar. The provision of choice within interventions designed for PTTs may be important for overcoming such challenges. Trainees who have a degree of autonomy may better find the time to engage in interventions, stay with interventions in the face of challenges, and develop a lasting motivation to implement the exercises. Future researchers are encouraged to measure wellbeing broadly, including measurements of positive and negative indicators of wellbeing, and to consider differential impact of interventions on general and workplace wellbeing. Qualitative and mixed-methods research may be important in helping to capture these nuances. Given the important identification of concerns about negative effects in some studies, findings suggest that reporting negative effects should become routine practice, to support more comprehensive understanding regarding the impact of wellbeing interventions. Finally, future researchers in the area should routinely use control groups and report

follow-up data, to help better understand the effectiveness of interventions, and the durability of effects.

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