

Models of practice and training in psychotherapy: cross-national perspectives from Italy and Canada

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ABSTRACT

Internationally, there is ongoing concern about accessibility to mental health care and training. The goal of this study was to explore commonalities and differences within models of clinical psychology and psychotherapy in Ontario, Canada, and Lombardia, Italy, respectively, to inform improvements to the accessibility of mental health care and training. Using key informant sampling, we recruited ten students and professionals in Italy and Canada who study or work in psychology for semi-structured interviews. We analyzed the interview content using an inductive approach for thematic analysis within countries and meta-theme analysis across countries. The findings indicated three cross-national meta-themes: the need to integrate evidence with practice, the limited accessibility of training for students and treatment for patients, and the importance of the quality of training programs. Despite some differences regarding the amount of scientific training, personal therapy for trainees, and the prominence of cultural diversity training, Canadian and Italian psychology professionals and students shared experiences of psychotherapy practice and clinical psychology training. The three cross-national meta-themes indicate which issues in training and practice may be relevant worldwide and where to focus resources. The findings can inform international collaborations regarding training model structures that may increase access to psychology training and may increase consensus on professional recognition standards to improve mobility for professionals. These changes could reduce barriers to mental healthcare services for patients.

Key words: psychology, psychotherapy, international, accessibility, thematic analysis, meta-theme analysis.

Models of practice and training in clinical psychology

Cross-national perspectives from Italy and Canada

The World Health Organization (WHO) has called for action to address mental health care accessibility worldwide (World Health Organization, 2022). Mental disorders are common, and they confer a high level of health and economic burdens on individuals and countries (Kessler *et al.*, 2009). Access to competent

and accessible mental health care services is vital, as almost one billion people in the world live with a mental disorder (World Health Organization, 2022). Despite this prevalence, many individuals with mental disorders do not receive intervention, and the WHO concluded that mental health systems globally fail to meet these needs (World Health Organization, 2022). The goal of the current study is to explore commonalities and differences within the training and treatment models of clinical psychology in Ontario, Canada, and psychotherapy in Lombardia, Italy, to inform improvements to accessibility to mental health care and training internationally.

Access to mental health care in Canada is a matter of great concern. Of the 5.3 million people in Canada who reported the need for mental health support within the previous year, 2.3 million had these needs only partially met or entirely unmet (Statistics Canada, 2018). Ontario devotes 7% of public healthcare dollars to mental health (Brien *et al.*, 2015), which is below the 9% suggested by the Mental Health Commission of Canada (2023). The Canadian public healthcare system does not include most mental healthcare, so Canadians rely on employee benefits or personal funding to pay for psychological services (Vasiliadis *et al.*, 2021). Furthermore, there is a lack of providers in the public system (Kurdyak *et al.*, 2020), most Ontarians seek out private services, and many licensed psychologists in Canada are in private practice (Mental Health Commission of Canada, 2017). According to a provincial survey in Ontario, the barriers to mental healthcare included the cost of psychological services, services not covered by the employer or provincial health plan, and the length of wait times to see a psychologist (Canadian Psychological Association and Council of Professional Associations of Psychologists, 2020).

In Italy, issues of accessibility are also present. For example, rates of patients with bipolar disorder receiving structured psychosocial treatments in Italy range from 0.7% for couple/family therapy to 6.1% for individual psychotherapy (Barbato *et al.*, 2016). Although Italy has a public healthcare system, only about 3% of healthcare funds are allocated toward mental health (Caporale, 2023). According to *Ordine degli Psicologi della Lombardia* (n.d.), only 5% of the 130,000 psychologists in Italy work in the public healthcare system. As a result, there are long wait times in the public system, leading Italians who can afford mental health care to seek it in the private sector (Caporale, 2023). Recently, the Italian government introduced a “psychological bonus” policy allocating €25 million for mental health support in which lower-income individuals will receive four to 12 psychological sessions (Benzi *et al.*, 2023). Utilization data are not yet available, and it is unclear whether the Italian government will continue this funding into the future.

Some have discussed the use of cross-national perspectives to improve quality and access to mental health care (Spinogatti *et al.*, 2015). Concurrently, the International Union of Psychological Science (n.d.) has created a universal declaration of ethical principles for psychologists to follow worldwide. There have been cross-national comparisons of clinical supervision (Falender *et al.*, 2021), training and practices in counseling psychology (Hutman *et al.*, 2016), and the legal regulations governing psychologists (Kim *et al.*, 2022). As part of the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD) (Messina *et al.*, 2019), Orlinsky *et al.* (2023) examined 90 psychotherapy training programs worldwide. They found variations across countries but also commonalities, including a view of psychotherapy as an interpersonal process, the use of experiential learning, and a focus on direct supervision of trainees. Orlinsky *et al.* (2023) also identified common challenges, such as

student funding, that affect access to training. Cross-national research like that done by SPRISTAD is important because it may facilitate international studies of training to inform psychotherapy practice and harmonize training so that credentialing across national borders is easier. Further, sharing training models, research agendas, and professional values may result in more flexible and reflective educational approaches and evidence-based practices that have the potential to improve training that will impact patient services.

Training may impact professional identity development. Professional identity is an individual’s sense of who they are and how they must act within professional settings, shaped by several factors, including training (Schubert *et al.*, 2023). Clinical psychologists report that training is critical to their professional identity formation (Schubert *et al.*, 2023). Professional identity development can have downstream effects on the quality and types of psychological services available to the public. Supervision experiences can influence psychologists’ preference for theoretical orientation (Buckman *et al.*, 2010), and satisfaction with clinical training is related to therapeutic confidence (an aspect of professional identity) and patient outcomes (McMahon & Hevey, 2017). Therefore, examining cross-cultural aspects of psychologists’ professional identity development may provide insights into variations in the services available and the nature of therapy provided.

In the current study, we aim to document psychology professionals’ and trainees’ perspectives on access to clinical psychology or psychotherapy training and care in Ontario, Canada, and Lombardia, Italy, respectively. We interview professionals and trainees about their experiences of mental health education and treatment and how these may be affected by local social, cultural, and economic factors. We combined the areas of training and professional practice in the interviews because they are interconnected domains. For example, limited access to training may reduce the number of professionals, which in turn may limit patient access to treatment (Dobson, 2016; Maffei *et al.*, 2015; Nicholson, 2022). Also, training experiences likely have an impact on the practice of psychology and psychologists’ professional identities. We use themes that emerge from the interview data to understand implications for the training and practice of clinical psychology or psychotherapy in Ontario, Canada, or Lombardia, Italy, respectively. We focused on Ontario and Lombardia because they are the most populated and economically advantaged regions in Canada and Italy, respectively, and therefore are most comparable. Each region has a large number of psychologists and psychotherapists relative to most other regions of their respective countries. We limited ourselves to one region per country to reduce the potential heterogeneity in responses and themes within each.

Review of training and practice

We note that there are language and education differences between Ontario, Canada, and Lombardia, Italy, regarding the titles of “psychologist”. A clinical psychologist in Ontario is a mental health professional with a doctoral degree in clinical psychology, often a PhD and sometimes a Psy.D., whose scope of practice includes psychotherapy and who is regulated by a provincial licensing body (e.g., the College of Psychologists of Ontario). The practice of psychotherapy is a regulated act in Ontario and can be practiced by several regulated health professionals, including psychologists, psychotherapists, and physicians. A regulated psychotherapist in Ontario often has a master’s degree in counseling, clinical psychology, or a related field and is licensed by the College of Registered Psychotherapists of Ontario. Our focus in this

study is on the highest level of training, which in Ontario is the doctoral-level clinical psychologist.

In Italy, the terms psychologist and psychotherapist are distinct. A psychologist has a master's degree in psychology and is licensed by a regional body (e.g., *Ordine degli Psicologi della Lombardia*). A psychotherapist in Italy is a health professional with a master's degree in clinical psychology or a degree in medicine who has completed an additional four years of specialized training at a psychotherapy school and is licensed by a regional body (e.g., *Ordine degli Psicologi della Lombardia*). We focused our research on psychotherapists in Lombardia because their status, types of competencies (e.g., diagnosis, evaluation, treatment), and amount of training more closely parallel those of doctoral-level clinical psychologists in Ontario.

Training of clinical psychologists in Ontario, Canada

Access to clinical psychology training programs is a central issue that affects how many clinical psychologists are available to provide care in Canada. There are about five or six graduate student admissions for every 100 applicants to clinical psychology programs in Canadian universities (Dobson, 2016). The most common doctoral degree in clinical psychology in Ontario is the PhD, which takes approximately five to nine years of post-undergraduate education (Queens University, n.d.; University of Ottawa, n.d.; Western University, n.d.). Trainees complete approximately 1000 hours of supervised clinical practice, an additional year of full-time pre-doctoral supervised clinical internship, and a research-based dissertation.

According to Statistics Canada (2022), the cost of a domestic student's training at the undergraduate level in Canada is \$6693 CAD per year; on average, an international student's tuition costs around \$36,100 CAD annually. Approximately 37.8% of Canadian graduate students in psychology have an accumulated educational debt of over \$20,000 CAD (Votta-Bleeker *et al.*, 2016).

Doctoral training in clinical psychology in Canadian universities includes evidence-based assessments and interventions (Canadian Psychological Association, 2023). The Canadian Psychological Association's accreditation of graduate programs is meant to standardize training across Canada. There is a strong emphasis on cognitive-behavioral approaches to therapy (Mikail & Nicholson, 2019). Students may also be trained to use humanistic, emotion-focused, interpersonal, and psychodynamic approaches (Canadian Psychological Association, 2023), although these approaches are relatively less emphasized (Mikail & Nicholson, 2019).

Many PhD programs in clinical psychology espouse the scientist-practitioner model of training (Gee *et al.*, 2022). The model emphasizes the integration of science and practice, both of which ideally inform each other (Jones & Mehr, 2007). The Canadian Psychological Association guidelines for accreditation of clinical training programs indicate that there should be an adequate balance between clinical and scientific training (Canadian Psychological Association, 2023). Most doctoral-level PhD clinical psychology students are trained as both researchers and clinicians, but the vast majority go on to focus solely on clinical work during their careers (Dobson, 2016).

Training of psychotherapists in Lombardia, Italy

Prior to training as a psychotherapist in Lombardia, Italy, an individual often first completes a nationally accredited curriculum

in psychology at a university for a minimum of five years of full-time study (three bachelor's and two master's degrees). Students must also complete a one-year practical internship during the master's degree (EuroPsy, 2021). Although basic research training is common (courses on statistics and research methods), the thesis at the master's level may or may not be empirical. Unlike Canada, where research training is an accreditation requirement (Canadian Psychological Association, 2023), the Italian Ministry of University and Research definition of psychology, or clinical psychology, focuses on clinical practice in a variety of settings and does not mention research competencies (Castelnuovo *et al.*, 2023).

To become a psychotherapist, a candidate must undertake additional specialized training at a psychotherapy school for at least four years. Psychotherapy schools can be housed in state universities or private institutions, although most psychotherapy schools in Italy are private and admit about 20 students per school per year (Maffei *et al.*, 2015). Tuition in private psychotherapy schools ranges from 3500 EUR per year to 15,000 EUR per year, and state universities have a fee of approximately 3000 EUR per year (Manfrida *et al.*, 2013). As a result, the economic status of students influences which training paths they have access to (Gemignani & Giliberto, 2005).

Maffei *et al.* (2015) describe the training approaches of most Italian psychotherapy education as broadly psychodynamic. Despite this, Maffei *et al.* (2015) report that only 64% of the schools in Italy shared a common definition of their theoretical approach with at least one other school, and 77 schools have adopted unique or idiosyncratic labels. With so many different definitions and approaches used in psychotherapy schools across Italy, some argue that there is effectively no standardization of training (Gemignani & Giliberto, 2005).

Experiential activities, supervision, and supervised practice play a secondary role in psychotherapy training in comparison to classes on theory (Maffei *et al.*, 2015). In Italy, 70.7% of psychotherapy schools require students to undergo personal psychotherapy, and 60.1% consider personal psychotherapy as a part of their teaching curriculum (Maffei *et al.*, 2015). By contrast, personal psychotherapy is not a required part of any Canadian university clinical psychology curriculum.

Clinical psychology and psychotherapy practice in Ontario, Canada, and Lombardia, Italy

A major issue in Canada pertains to barriers created by the costs of mental health care. The cost of psychological services is high, and private insurance plans only cover about two to eight therapy sessions (Dobson, 2016; Moroz *et al.*, 2020). Although psychology has been well-established in hospital settings for decades (Humbke *et al.*, 2004), its numbers remain small (Nicholson *et al.*, 2004) and even lower due to recent staffing cuts in public hospitals (Ontario Public Service Employees Union, 2014, 2022). Thus, while many Canadians have mental health concerns, there are not enough timely or affordable treatments available to them (Dobson, 2016; Moroz *et al.*, 2020). The Government of Ontario (2023) projects that there will continue to be a labor shortage of psychological professionals between 2022 and 2031. This shortage may cause an increase in the cost of therapy due to the high demand for services relative to the supply of professionals.

By contrast, Italy has over 40,000 qualified psychotherapists, the second-highest density of qualified psychotherapists in Europe (Maffei *et al.*, 2015). According to a 2011 census, there is approximately one psychologist for every 680 Italians and one psychotherapist for every 1,621 citizens (Maffei *et al.*, 2015). This

high ratio of psychological professionals to patients creates a competitive environment for employment (Caputo *et al.*, 2021). Psychotherapy graduates experience challenges in finding employment and face financial setbacks because of the high supply of working psychotherapists (Maffei *et al.*, 2015). There is no national legislation for the roles of psychological professionals in hospitals (Tomai *et al.*, 2017), and there is a widespread view that psychology has limited relevance in hospitals. As is the case in Canada, it is most common for Italian psychotherapists and psychologists to work in private practice.

Research questions

Based on the literature review, multiple issues regarding accessibility to mental health training and care remain to be studied with a cross-national lens. We aim to investigate differences and commonalities in the experiences of trainees and psychological professionals in Ontario and Lombardia regarding training and practice and the impact of these experiences on the accessibility of mental health training and care. We formulated the following research questions: i) what experiences and perceptions do psychological professionals and trainees in Lombardia, Italy, and Ontario, Canada, have of their training, professional identity, and psychotherapy/clinical psychology practices?; ii) are there any commonalities in perceptions and experiences between countries?; iii) are there any differences in perceptions and experiences between these two locations?; iv) are values regarding mental health education and treatment in Ontario and Lombardia related to differences in training and practice in clinical psychology/psychotherapy?; v) is there room to collaborate on aspects of training and practice in Ontario and Lombardia to inform international partnerships and to improve the mobility of professionals and accessibility to mental health training and care?

Methods

Participants

We recruited a sample of ten interviewees. Four were Canadians working or studying in clinical psychology in Ontario, and six were Italians working or studying in psychotherapy in the Lombardia region of Italy. The Canadian participants are fluent in English. Most Italian participants speak English as a second language, and some occasionally required translation from one of the bilingual researchers. The total sample was comprised of four women and six men, nine of whom identified as white and one identified as Arab/North African. The four Canadian participants consisted of a graduate student in clinical psychology, a mid-career director of a training clinic, a mid-career practicing clinical psychologist, and a late-career practicing psychologist involved in professional organizations and licensing. All Canadian interviewees obtained or were obtaining a PhD in clinical psychology from a Canadian university. The six Italian participants consisted of two students in a specialized psychotherapy school, a senior representative of a licensing organization, an early-career provincial representative within this organization, a mid-career practicing psychotherapist, and an associate professor in psychology at a university in Italy. The two students and the two members of the licensing body possess a master's degree in psychology. The professor and psychotherapist both have a doctorate degree. All Italian participants obtained or are pursuing specialized post-graduate training in psychotherapy.

The student research team, who were also the interviewers, was composed of 14 female undergraduate students and one non-binary undergraduate student, all attending a Canadian university. Of the 15 student researchers, 12 identified as white, one identified as South Asian, one identified as half white and half East Asian, and one identified as Lebanese. All the research students were completing a social science degree. The students took part in a field research course at the University of Ottawa, taught by the research supervisor. The research supervisor was a male professor of clinical psychology at a Canadian university who identified as white. The supervisor, who speaks fluent Italian and English, attended all interviews and consulted on the analyses and reports. The researchers acknowledge that they may be biased because they are educated in Canada. Therefore, the analyses may be influenced by cultural values, such as individualism, and by their training in a program that espouses the scientist-practitioner model.

Procedure

The researchers used key informant sampling to purposefully select interviewees with different roles in the field of psychology or psychotherapy who could offer various perspectives. We relied on local professional networks of psychologists to nominate appropriate individuals representing various roles. We approached individuals in Ontario and Lombardia involved in providing training, those working with professional licensing organizations, those who provide psychotherapy as part of their professional practices, and students at the highest level of training in each region. Everyone that we approached agreed to participate in a 1-hour to 90-minute interview. This broad sampling of roles allowed us to achieve a representative understanding of the phenomena (Johnson *et al.*, 2020). We chose to interview both trainees and professionals because we wanted to adequately sample the various aspects of the constructs related to access, training, and practice that might emerge from the qualitative analysis. This methodology is consistent with indicators of rigor in qualitative research (Johnson *et al.*, 2020).

The student researchers were divided into four interview teams that included two interviewers and one or two note-takers. Each team interviewed one Canadian participant and one or two Italian participants. Interviewers went through extensive training, including readings, didactics on interview techniques and qualitative research methods, role plays, and practice interviews with psychology student interviewees whose data were not part of this study.

The four teams conducted separate interviews with their respective Canadian participants. Afterward, the researchers traveled to Italy to interview the Italian participants at their schools or workplaces. Interviews and observing researcher team members took notes, and transcription software and audio recordings were used for the data analysis. Researchers ensured that their interview interpretations had verisimilitude by regularly presenting their summaries to the entire research group for review and feedback. Moreover, the team utilized these summaries to investigate key points and possible themes within each interview. We sent a copy of the report to the interviewees for their feedback to ensure the fidelity of the results.

The University of Ottawa Office of Ethics and Research Integrity approved this project. We asked participants for consent to participate in the study, including permission to audio record each interview. Participants received the interview protocol and a description of the study goals in advance to ensure that their consent was informed.

Materials

The researchers collected data using semi-structured interviews (see online Supplementary Material for an example interview guide). The research supervisor developed the initial questions to explore interviewees' experiences of various aspects of training and professional practice in clinical psychology and psychotherapy. Interviewers asked follow-up questions for clarification, to fill in information gaps, or if the response was unclear. We had a similar structure of questions across all interviews, which supported cross-national comparisons.

Data analysis

The qualitative data collection and analysis followed the Journal Article Reporting Standards – Qualitative to ensure the transferability, fidelity, and trustworthiness of the findings (Levitt *et al.*, 2018). We used thematic analysis procedures to code each interview independently and combined within-country interview codes into themes (Braun & Clarke, 2006). Then, we used meta-theme analysis for cross-national comparisons of codes (Wutich *et al.*, 2021). An inductive approach was used, as our research was not guided by a particular theory. We exercised caution to preserve the interviewee's original ideas by continuously reviewing data interpretations and coding processes using field notes and transcripts, and by checking with team members who attended interviews but who did not code the transcripts. We used multiple means of data collection for data triangulation for interpretations and themes (Johnson *et al.*, 2020). We pilot-tested the coding procedures with a separate sample of 15 graduate students in clinical psychology whom we interviewed in groups of five. This procedure provided an initial coding structure for the thematic analysis that we later modified as we coded interviews throughout the study. We created a coding manual that was available to all coders to guide the process and maintain consistency across coding teams.

Thematic analysis

Coders within a team analyzed each transcript independently to generate codes. Independent coding of each transcript ensured that the process was coherent and that coding did not rely entirely on one individual's interpretations. Braun and Clarke's (2006) phases of thematic analysis informed the coding process. In the first phase, coders engaged in active reading of the transcript to become familiar with the content and to search for meanings and patterns embedded within the transcript. In the second phase, coders re-examined the transcript and made specific codes from transcript excerpts. In the third phase, coders categorized codes within a transcript into potential themes. Coders used tables as a visual representation to assist with sorting themes, codes, and data extracts. Two coders independently revised the codes and data extracts for accuracy, reorganized them, or removed them. In the fourth phase, two other members of a coding team merged the initial codes, removed inconsistent codes, and added or collapsed codes. Having two separate team members for this fourth phase helped ensure the codes were representative, ensuring a trustworthy coding process, and constructing a meaningful organization of codes and data extracts.

Each team sent their coded transcripts to an independent team of four (*i.e.*, the Results Team). The Results Team merged all the codes of the Canadian interviews and all the codes of the Italian

interviews into two separate documents relative to each country (Braun & Clarke, 2006; Wutich *et al.*, 2021). The Results Team combined intra-country interview codes, one by one, until they established a consensus on common themes within each country. They retained data extracts to ensure that a code was grounded within the data. During this process, the team renamed, collapsed, and added themes. They preserved extracts and codes that were noteworthy but infrequent for discussion purposes. The research supervisor reviewed the within-country codes and themes for fidelity. Once additional revision was unnecessary or themes were saturated, the Results Team began the cross-national meta-theme analysis.

Meta-theme analysis

To determine themes that were common cross-nationally, two members of the Results Team utilized thematic analysis procedures to create sub-meta-themes and meta-themes. A meta-theme is operationalized as a broad, overarching theme that embodies a significant portion of sub-themes across countries (Wutich *et al.*, 2021). Sub-meta-themes were subtopics of meta-themes. First, the team inductively extracted preliminary sub-meta-themes from codes that were common across Italian and Canadian interviews. Second, the meta-themes that emerged were based on the content of the sub-meta-themes, how consistently meta-themes appeared across the interviews of the two countries, and how much they related to the research questions.

To determine cross-national contrasts, two different members of the Results Team examined the codes within Italian interviews and Canadian interviews, made note of ideographic codes between countries, and created commentary to report on contrasting perspectives between countries. The Results Team presented the cross-national meta-themes to the entire group of researchers for review and feedback to ensure fidelity.

Results

Thematic analysis: Canadian interviews

We grouped the content of the Canadian interviews into seven themes. *Supplementary Table 1* shows the themes, the within-theme codes, descriptions of each code, and data extracts as illustrative quotations from the Canadian interviewees. The first theme, *Training in Canada*, reflects participants' perspectives on the current educational methods and content in clinical psychology and aspects of training they believe should be maintained. There was a widespread appreciation among Canadian interviewees regarding the substantial theoretical knowledge and skills provided during training in clinical psychology. Participants also emphasized the importance of quality supervisors to students' development and the benefit of practical experiences in diverse clinical settings. The second theme, *Changes to Training*, indicates those aspects of training that Canadian interviewees believed should be changed. Canadian participants believed that more clinical experiences needed to be integrated into training as current *curricula* may not offer sufficiently varied practical opportunities. Additionally, interviewees identified the need for standardization across programs and student evaluations in the application of the scientist-practitioner model of training. Interviewees also expressed concern about training being overly focused on diagnostic methods rather than a more humanistic approach to understanding and treating patients, and

that training tends to be narrowly focused on a few theoretical orientations (e.g., cognitive-behavioral therapy).

The third theme focuses on the *Scientist-Practitioner Model*, which is their impression of the impact of this model on integrating research and practice in Canadian training programs (Jones & Mehr, 2007). A widespread perspective among Canadian interviewees was that the model's emphasis on training in both research and practice is beneficial both to students and patients. Despite that, interviewees remained concerned that some clinical psychology students did not always develop the skills to translate research knowledge into clinical practice. The fourth and fifth themes of *Accessibility to Training* and *Accessibility to Treatment* reflect interviewees' perspectives on access to psychological care and education in Canada. The consensus was that training is too expensive, which creates a barrier for students with lower incomes, that there are too few graduate school positions, and that training is too lengthy, possibly causing fewer to graduate. Findings further illustrate that psychological treatment in Canada is difficult to access due to a lack of funding for public sector services and high costs of treatment in the private sector.

The sixth theme, *Professional Identity*, illustrates the factors that Canadian participants believe contribute to the development of their identity as professional clinical psychologists, such as the scientist-practitioner model's emphasis on the integration of research and practice. Canadian interviewees felt that clinical psychologists see themselves not only as competent healthcare professionals but also as researchers and scientists. Finally, the seventh theme, *Political and Cultural Context*, indicates Canadian participants' views on how politics and culture impact clinical psychology training and practice. Psychology training and the profession are gradually changing to become more culturally sensitive and to include diversity as an important consideration in training and practice. However, interviewees noted that Eurocentric points of view persist, and change has been slow to occur.

Ideographic codes in Canada

We identified codes that were distinct to certain interviews but not broadly shared among Canadian interviewees. These codes are important because they may illustrate diverse points of view. First, one interviewee reported the need for programs to provide a broader range of opportunities for clinical psychology students to gain the knowledge required for their careers as researchers and practitioners. Another participant noted that affordability and the limited length of treatment that one provides as a trainee may dictate which therapy approaches are taught to students (e.g., time-limited cognitive behavioral therapy). This may result in care being defined by economic constraints rather than tailored to patients' needs. Finally, an interviewee communicated that training experiences, supervisors' values and goals, and service to the community are fundamental to a clinical psychologist's identity.

Thematic analysis: Italian interviews

We grouped the content of the Italian interviews into eight themes. *Supplementary Table 2* shows the themes, the within-theme codes, descriptions of each code, and data extracts as illustrative quotations from the Italian interviewees. The first theme, *Training in Italy*, encompasses the facets of the Italian psychotherapy training programs that the interviewees deemed significant. The consensus among interviewees was that the role of supervisors was key in training, and personal psychotherapy

for trainees was crucial. The second theme of *Pros in the Training Model in Italy* reflects those positive experiences with psychotherapy training, including the variety of psychotherapy schools and the theoretical knowledge received during training. The third theme, *Cons in the Training Model in Italy*, concentrates on areas that the interviewees feel should change in the Italian model of training psychotherapists. Interviewees expressed a need for more practical experience, a desire that university professors have clinical experience, a need for training in business practices, more scientific training, greater training in evidence-based practices, and a desire for more standardization across psychotherapy school *curricula* in Italy.

The fourth theme, *Scientist-Practitioner Model*, highlighted how the Italian interviewees felt about this model and its possible application to the Italian training context. The consensus among Italian interviewees was that the model could be useful in providing students with a stronger foundation in both research competence and practical training, but there was no consensus among interviewees that training programs in Italy would adopt the scientist-practitioner model. The fifth theme, *Accessibility of Training*, illustrates the obstacles and challenges identified by Italian interviewees in being able to access psychotherapy training in Italy. The results indicated that even though sufficient places are available in psychotherapy schools, the length and cost of education limit the accessibility of psychotherapy training for some students and that attaining an internship can also be challenging for some. The sixth theme of *Accessibility of Treatment* illustrates that Italian interviewees felt that psychotherapy in the private sector is unaffordable for many Italians and that public sector therapy is difficult to access.

The seventh theme of *Professional Identity* describes Italian interviewees' feelings about how their practical experience and training approach significantly impacted their identity as psychotherapists. Lastly, the eighth theme of *Political, Economic, and Cultural Context* describes how the interviewees feel that the economic, cultural, and political climate of Italy affects the practice of psychotherapy and the perceptions of psychotherapy among the Italian population. Interviewees noted that only recently was the psychotherapy profession recognized by insurers and the public as legitimate and by the government as a health profession, that there is a stigma associated with seeking psychotherapy, and that the competitive environment among practitioners for patients affects the ability of professionals to make a living.

Ideographic codes in Italy

We noted several codes that were unique to certain Italian interviewees but not shared among most interviewees. One participant stated that when a psychotherapy school integrates research and clinical practice, it contributes to their identity as scientists. The same participant noted that psychotherapy students often do not feel fully prepared for their roles as psychotherapists, despite several years of training. Another interviewee highlighted that in Italy, the education system emphasizes classical pedagogy (classical literature, Latin, and philosophy). Although this was seen as very positive in providing students with a broader humanistic worldview, the interviewee felt that it may detract from more practical elements of psychotherapy training.

Meta-theme analysis

Tables 1-3 present three meta-themes (Wutich *et al.*, 2021) that emerged consistently across Canadian and Italian interviews.

Each Table indicates a specific meta-theme with its sub-meta-themes, and descriptions in the Canadian and Italian contexts. Each Table also includes meta-theme exemplars for each country that contain the primary evidence to further illustrate the meta-theme with quotations from the interviews.

The first meta-theme was *Integrating Evidence-Based Practices* (Table 1) composed of two sub-meta-themes. *Practical Experience* is a sub-meta-theme illustrating the emphasis placed on practical clinical learning by all interviewees across both countries. There was cross-national consensus that practical clinical experi-

ence is a crucial aspect of training and success as professionals and that it is essential to provide students with more practical opportunities. The *Research Competence* sub-meta-theme indicates that most participants in both countries noted that a strong understanding of research is integral to their success as practitioners.

The second meta-theme was *Inaccessibility of Training and Treatment* (Table 2), composed of three sub-meta-themes. The *Lack of Funding for Public Sector Treatment* sub-meta-theme illustrates how limited funding provided to the public sector reduces accessibility to psychological care for low-income groups. The

Table 1. Cross-national meta-theme: integrating evidence-based practices.

	Ontario, Canada	Lombardia, Italy
	Sub-meta-themes	
Practical experience	It is important for graduate programs to increase the amount of practical experience that students receive during training to be adequately prepared to work with patients. Clinical experience is crucial to the application of the concepts and theories.	Students do not acquire enough practical clinical experience as part of their training. Students often seek out further practical experiences in private sectors, outside of their formal training. Sufficient practical experience is essential to one's success as a clinical practitioner.
Research competence	A strong theoretical base and the ability to understand and produce research are integral to one's value as a clinical practitioner.	An emphasis on theory during training, along with the integration of research into practice produces strong, proactive clinical practitioners.
	Meta-theme exemplars	
Exemplar quotes	"I want them [students] to leave having had a research experience that helps them understand the importance of doing evidence-based research or evidence-based practice and knowing how to consult and read the literature so that they're continually up to date on the best practices for providing services to clients"	"I think that it would be better to do both - the profession in private practice and do research at the same time because that keeps you up to date"

Table 2. Cross-cultural meta-theme: inaccessibility of training and treatment.

	Ontario, Canada	Lombardia, Italy
	Sub-meta-themes	
Lack of funding for public sector treatment	The public sector is only able to offer a limited number of sessions to a small number of patients. Wait times for treatment are extensive. Pressure on the public health system has further contributed to ongoing cuts to psychological services.	Public clinics have long wait lists and offer limited services due to little government funding. Therapists are paid less and lack resources, demotivating professionals to work in the public sector. Ongoing pressure on the public health care system diverts resources and strains the quality of care.
Unaffordability of private sector treatment	Treatment in the private sector is very expensive and is only an option for those with insurance or those who can afford it. Growth in private practices may be due in part to funding cuts in public sectors.	Psychological treatment in the private sector is not financially accessible despite high supply of psychotherapists. Private psychotherapy is reserved for middle to high income populations and can be considered a luxury.
Length and cost of training	Education is very expensive, which is a barrier for students coming from low-income backgrounds. The extensive length of training limits the number of graduates, and thus the number of practicing clinicians.	Psychology and psychotherapy education is costly and takes many years to complete. Such expenses make training inaccessible to low-income students even if spots are available.
	Meta-theme exemplars	
Exemplar quotes	"Many patients need more than say 16 or 26 sessions, but that's all... like there has to be limits. In private practice, of course, there's no [limits] – a patient, is only limited by how much they can afford. So, I see people who can afford therapy in my private practice."	"Even with the competition, we face an availability problem because... 80% of the population cannot afford [a] psychotherapist... since the costs are too high."
	"So, I think, you know, part of it is either reducing the length of the program or the length of the training that's required, or providing adequate resources for the students to go into a clinical program."	"The problem of the private universities which have super high fees. [...] There is a big difference between private and public sector here, and public and private schools of psychotherapy."

Unaffordability of Private Sector Treatment sub-meta-theme reflects the consensus that high prices in the private sector make psychological treatment inaccessible to those with lower socioeconomic status. Further, financial cuts to public sector care in both countries disincentivize practitioners from entering this sector, thus contributing to lower accessibility of services. The *Length and Cost of Training* sub-meta-theme describes participants' collective view that the high costs and length of education are barriers to accessing training for some.

The final meta-theme across Canadian and Italian interviews was *Quality of Programs* (Table 3), comprised of three sub-meta-themes. The first sub-meta-theme, *Supervisors*, describes the significant impact that supervisors have on clinical psychology and psychotherapy students and their education. The next sub-meta-theme, *Standardization*, refers to Canadian and Italian participants' desire for more standardized *curricula*, evaluation processes, and teaching methods. The third sub-meta-theme, *Narrow Training Focus*, indicates concerns about the inflexibility of training programs in both Canada and Italy and the need for more broad-minded models.

The contrast between Ontario, Canada and Lombardia, Italy

We found that specific codes were prevalent in the interviews of one country but absent or briefly mentioned in the other country's interviews. First, Italian interviewees in Lombardia highlighted the importance for psychotherapy students to undergo personal psychotherapy. As mentioned, Canadian clinical psychology programs do not require personal therapy as part of training. Second, the Italian participants noted a lack of scientific training in psychotherapy schools, which was not a concern for Canadian

interviewees, likely due to the prevalence of the scientist-practitioner model in PhD programs. Third, some participants in Italy mentioned that it can be difficult to find internships because of the overabundance of students compared to the available internships. Canadian interviewees did not raise this issue, likely because of the recent parity between the number of internship positions and the number of applicants (Association of Psychology Postdoctoral and Internship Centers, 2022). Fourth, interviewees were concerned that psychotherapy is not generally acknowledged as a legitimate profession in Italy, which did not emerge as an issue among Canadian interviewees.

Some codes from Italian interviews were directly in contrast to those from Canadian interviews. For example, Italian interviewees spoke about competition between psychological professionals for patients due to the high number of psychotherapists. On the other hand, Canadian interviewees complained that there are too few clinical psychologists to keep up with the demand from patients in Ontario. Finally, whereas cultural diversity was a code that emerged in all Canadian interviews, this code did not emerge in any Italian interview.

Discussion

This study undertook a comparative analysis of the models of training and practice in clinical psychology and psychotherapy in Ontario, Canada, and Lombardia, Italy, respectively, with the goal of informing solutions to issues of accessibility to mental health training and care. Themes were gleaned from interviews of trainees, training faculty, professionals, and members of licensing bodies in clinical psychology and psychotherapy in Ontario and Lombardia. Below, we address the five main research questions

Table 3. Cross-cultural meta-theme: quality of programs.

	Ontario, Canada	Lombardia, Italy
	Sub-meta-themes	
Supervisors	Supervisors have a great impact on the quality of training, the approach that is taken to education, the career path that students pursue, and the overall level of preparedness as professionals.	Supervisors impact training and effectiveness of psychotherapists. There are a limited number of supervisors which creates a deficit in training. Different supervisors will teach different approaches creating limits in areas of understanding.
Standardization	Training needs to be more standardized. The way in which students are evaluated, the supervisors they receive, and the nature of their education varies across training programs.	There is a lack of standardization in training. Different psychotherapy schools will use different teaching methods and approaches, producing a lack of consistency across schools in terms of student knowledge, understanding, and experience.
Narrow training focus	Psychological education is taught within a rigid set of regulations. Programs across universities do not vary. Students learn specific and limited techniques and approaches and are not exposed to a diverse array of theories and perspectives.	Psychotherapy schools across Italy vary in approach, but students in any one school typically only learn one orientation of psychotherapy and psychopathology. University students do not feel prepared to treat patients without seeking out further training in private psychotherapy schools.

Meta-theme exemplars

Exemplar quotes	<p>“I think if there was something that I would want to change is to see a much more varied approach to the training and preparation of clinical psychologists in various methods and ideologies of psychotherapy.”</p> <p>“I would say that my experiences with various supervisors, both clinical supervisors and my research supervisor... were also incredibly informative and helping me identify the kind of supervisor and researcher that I want to be, and values that are important to me when I'm interacting with the students that I supervise”</p>	<p>“In my personal experience, I would have been lost as a clinical psychologist working with, at least, the more complex patients. So, I feel lucky to have an integrative supervisor.”</p> <p>“One of the weaknesses in the training is that some of the psychotherapy schools ... not all of them are focused ... on research-based assessments and interventions and that sort of thing. [...] I haven't seen systemic relational theories or cognitive theories. I mean it's sometimes among the courses you can enroll in. ... there's not an equal representation of psychotherapy theories”</p>
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posed by this study and suggest recommendations for international collaborations to improve access to training and mental health care (Table 4). The findings may inform the potential for international collaborations regarding training, practice, and licensing to facilitate the mobility of psychological professionals. In turn, this may address issues of accessibility to mental health care and training across countries.

What are the experiences of Ontario's clinical psychologists and Lombardia's psychotherapists?

All Canadian interviewees appreciated their strong training in theoretical knowledge and supervisors who influenced the quality of clinical psychology training. The scientist-practitioner model shaped Canadian interviewees' professional identities as clinical psychologists by providing a level of scientific competence. Interviewees emphasized that training with a scientific mindset differentiates clinical psychologists from other healthcare practitioners and informs their practice. The recent focus on cultural diversity and racism in Canada has shaped the training and practice of clinical psychologists. Nevertheless, there are gaps in training regarding sufficient practical experience and a narrow focus on diagnostic and treatment models.

Italian psychotherapy professionals and trainees indicated their appreciation for the high quality of practical and theoretical training and for the requirement of many psychotherapy schools that students receive personal therapy. However, interviewees also noted the need for more practical experience within their university program to gain a sense of competence as psychotherapists. Italian interviewees reported a need for more training in the business aspect of private practice, a desire for more instruction on

understanding and consuming research, a need for greater standardization within psychotherapy schools' *curricula*, and better access to internships.

What were the commonalities between Ontario's clinical psychologists and Lombardia's psychotherapists?

From the analysis of meta-themes (Tables 1-3), it was apparent that interviewees from both countries believed that practical experience provided a strong base to begin a career post-training. However, interviewees in both countries indicated a desire for more and varied practical experiences. The length and cost of training in both countries hinder access to training programs for some students. Standardization of training within both countries might allow for a more positive training experience, more consistency across schools, and flexibility within schools.

Trainees and professionals in both countries valued and emphasized the importance of research experience and engaging in evidence-based practices. Nonetheless, the scientist-practitioner model, while prevalent in Canadian PhD clinical psychology programs, is not a model explicitly guiding psychotherapy training in Italy. All interviewees felt that extensive knowledge of producing and consuming research builds the confidence of practitioners to do their work. However, trainees and professionals in Canada and Italy expressed a need for more explicit instruction on how to integrate research to inform clinical practice. Another important theme between countries was the lack of diversity in theoretical perspectives. This homogeneity created perceptions of narrow *curricula* that led trainees and professionals to seek out further training after graduating.

Table 4. Summary of key recommendations.

Specific to Canada
Implement some Italian training processes in Canada. Increase training program acceptance rates, reduce program requirements (<i>e.g.</i> , implementing companion dissertation), and increase the amount of PsyD programs. <ul style="list-style-type: none"> - This might increase the number of clinical psychologists in Canada, lower the cost of training, and perhaps lower the cost of treatment. - Differing perspectives, from cross-national companion dissertation collaborations, can also enrich the research that is produced.
Canadian accreditation bodies and clinical psychology programs might consider recommending personal therapy for all Canadian clinical psychology graduate students
Specific to Italy
Italian programs or the Ministry of University and Research should consider standards for training psychotherapists to become good consumers of research to inform their practice. <ul style="list-style-type: none"> - This may help psychotherapy trainees and new professionals to feel more confident in their work and use of evidence-based practices.
Psychotherapy schools in Italy should develop systems to help find internship positions for their students. This may require each school to coordinate internships with private practices, hospitals, and with private clinics.
Italian programs should provide courses on cultural diversity, racism, and discrimination
International collaborations
Re-evaluate the structures of training to provide adequate (Italy) or more varied (Canada) support for supervised practical experience.
Develop dual degree initiatives, summer schools, and/or structured student and faculty exchanges between Canadian and Italian clinical psychology university programs and psychotherapy schools. Facilitate students from Canada and Italy to take courses at universities in the other country that would be recognized by the home university. Develop processes for international companion dissertations. <ul style="list-style-type: none"> - This may allow for a freer exchange of teaching faculty, students, training models, and theoretical orientations.
Create an international core competency model [aligned with Mikail and Nicholson's (2019) recommendation] applicable across multiple countries. <ul style="list-style-type: none"> - This will facilitate the mobility of psychologists across countries.
Coordinate practicum experiences and cross-national recognition of graduate degrees in psychology. Coordinated processes are currently outlined and espoused by EuroPsy (2021) for European Union countries. <ul style="list-style-type: none"> - International coordination can allow for greater mobility of professionals and trainees across national boundaries and perhaps address problems with access to mental health treatment, employment, and training.

Access to training and financial burden were other common themes across countries. The financial burden of training not only affects trainees but also their accessibility to psychological services. In Canada, the bottleneck created by a few graduate school positions and the length and cost of training result in an insufficient number of clinical psychologists to meet public needs (Dobson, 2016). Additionally, both countries provide limited funding for treating patients within the public sector, making psychological services less accessible to patients with lower incomes and from historically underserved populations. Implementing some Italian training processes in Canada, such as increasing training program acceptance rates and reducing program requirements, may improve the supply of clinical psychologists in Canada and lower the cost of training and treatment. One Canadian interviewee suggested that while research training was important, the research dissertation may not be necessary for those clinical psychologists who intend to engage in clinical practice and not produce research during their careers. However, the dissertation is part of the scientist-practitioner model (Belar & Perry, 1992), so the removal of the dissertation would not be possible for a school looking to preserve the model within its training philosophy. Robinson and Tagher (2017) proposed a companion dissertation model in which two graduate students collaborate to complete a dissertation project that would achieve the research training objective but reduce the length of graduate programs. The authors also suggested that students from different countries in similar psychology training programs could write a dissertation together, allowing for international perspectives to further enrich research.

The topic of supervision came up in both the Canadian and Italian interviews. Given that supervision is an important factor in a psychology student's training and the formation of their identity, both regions may benefit from looking into the structures of training to be able to provide adequate support for supervised practical experience. In Italy, for example, students sometimes must delay their graduation until they achieve the requisite number of internship hours. This obstacle implies a need for psychotherapy schools in Italy to develop systems to help students find internship positions by coordinating with private practices and hospitals to provide adequate and timely internships.

What were the differences between Ontario's clinical psychologists and Lombardia's psychotherapists?

Regarding training, Canadian interviewees agreed that their scientific training had a positive impact on their identity as clinical psychologists. Italian interviewees said their training focused largely on theory at the university level and exclusively on clinical work at specialized psychotherapy schools. This narrow focus left Italian university graduates with limited career choices, as noted by Maffei *et al.* (2015). Because Italian interviewees were very interested in a greater emphasis on the scientific approach within psychotherapy training, there may be motivation to incorporate more clinical research training in psychotherapy schools.

Consistent with previous research, the Italian interviewees viewed personal therapy as crucial to their psychotherapy training (Maffei *et al.*, 2015). Canadian clinical psychology training programs do not require personal psychotherapy for their trainees. Given the importance of this component among Italian interviewees and the perceived need for personal therapy among practicing psychologists (Norcross *et al.*, 2023), Canadian accrediting

bodies and clinical training programs should consider recommending personal therapy for students in graduate clinical psychology programs to improve the training experience, personal resilience, and professional identity.

In Canada, interviewees reported that there are few clinical psychologists compared to the needs of the population, which is consistent with published data (College of Psychologists of Ontario, 2022). Some have suggested that universities increase both PhD and Psy.D. admissions (Mikail & Nicholson, 2019). Developing additional programs with fewer research requirements may work to create more clinical psychologists within Canada to address the growing population's needs. A few Psy.D. programs exist within Canada, but such programs are not yet available in Ontario (Nicholson, 2022). The findings of our study may energize efforts towards implementing more Psy.D. programs in Canada, and specifically, Ontario. Inversely, in Italy, there is competition among psychotherapists for patients (Maffei *et al.*, 2015). Although the high number of psychotherapists in Italy may result in reduced costs for patients, many Italian interviewees noted that private psychotherapy remained too expensive for many. Another unique aspect from the Italian perspective is that the Italian government had not classified psychotherapy as a health profession until recently (Castelnuovo *et al.*, 2023). Whereas in Canada, psychologists have been viewed as health professionals for decades (Nicholson *et al.*, 2004). The slow acceptance of psychotherapy as a health profession in Italy may reduce access to publicly funded services and affect the public's perception of the profession.

Finally, cultural diversity was on the minds of all Canadian interviewees, but this topic was not evident in any Italian interview. Issues such as the impact of residential school programs on the Indigenous population, immigration, and social justice are now prominent in Canadian public discourse. The Canadian Psychological Association published a response to the Truth and Reconciliation Commission Report (Task Force, 2018) and a position on racism and discrimination (Canadian Psychological Association, 2020), and graduate programs in psychology in Canada offer courses on multiculturalism (Canadian Psychological Association, 2023). Italy, in turn, is a major point of entry for asylum seekers into Europe whose mental health needs are well documented (Crepet *et al.*, 2017; Spinogatti *et al.*, 2015). The *Ordine degli Psicologi della Lombardia* (2021) recently hosted a webinar on racism and discrimination in Italy, but a review of *curricula* from a psychotherapy school and a university graduate program in Lombardia did not reveal any courses on diversity. Cultural diversity in the training and practice of psychotherapists in Italy are topics worthy of more attention.

What are the values related to mental health education and treatment?

Italy and Canada's differing values in terms of education may impact the way that psychology is practiced and how students are trained. The emphasis on the scientist-practitioner model in Ontario's clinical psychology programs contrasts with the psychotherapy schools in Lombardia, which focus almost exclusively on clinical practice. All Italian interviewees desired more substantial scientific training for psychotherapists, but they disagreed on whether implementing a model like the scientist-practitioner one could be achieved. Italian psychotherapy schools or the Ministry of University and Research in Italy might consider developing standards for training psychotherapists to become good consumers of research to inform their clinical practice.

Italian interviewees suggested that the stigma around mental health, accessing the services of a psychological professional, and funding for psychological services is changing for the better, but stigma may continue to have an impact on accessing treatment. Italian interviewees reported that, historically, psychological professionals were associated with “insane asylums” and prisons. A survey found that 75% of Italians believed depression sufferers should not discuss their depression, and three in five of the participants felt strongly that discussing their mental health problem with a doctor would be embarrassing (Munizza *et al.*, 2013). In Canada, stigma also remains an issue (Moroz *et al.*, 2020). According to the Mental Health Commission of Canada (n.d.), 60% of people experiencing mental health challenges will not pursue help because they are afraid of being labeled. The Mental Health Commission of Canada (2023) released the *Mental Health Strategy for Canada*, an initiative created to help reduce the stigma around mental health. Sandhu *et al.* (2019) and Napoli *et al.* (2023) found that higher education about mental health may be a protective factor against stigmatizing attitudes among health professionals in Canada and Italy, respectively.

Is there room for collaboration to promote accessibility?

One of the key goals of this study was to assess if collaboration on aspects of training and practice in Italy and Canada was possible to enhance access to mental health education and treatment. Collaborating on graduate training in Canada and Italy might include university training programs developing joint-degree initiatives, structured student and faculty exchange programs, or cross-national companion dissertations (Robinson & Tagher, 2017). In Italy, there are at least a half dozen graduate programs in psychology offered in English to international students (*e.g.*, <https://ls-pc.unibg.it/en>). Joint efforts between Canadian and Italian university programs would provide Canadian students with access to diverse treatment models available in Italian psychotherapy schools, which would benefit those who feel that graduate clinical psychology programs in Canada are too narrowly focused. Concurrently, Italian students would benefit from increased training in research and exposure to the Scientist-Practitioner Model to improve their capacity to consume research and engage in evidence-based practice (Jones & Mehr, 2007).

The coordination of practicum experiences and international recognition of graduate degrees in psychology, as espoused by EuroPsy (2021) for European Union countries, might promote greater mobility of professionals and trainees across national boundaries and provide greater and more varied employment opportunities. Canada promotes the mobility of professionals by evaluating the competencies of incoming professionals and expediting their licensing and registration (Hall & Lunt, 2005). To facilitate cross-national collaboration, a core competency model, similar to the recommendation of Mikail and Nicholson (2019), but adapted for international use, could increase the mental health workforce and access to care for patients. Cuellar and Haas-Wilson (2009) argued that when mental healthcare workers face increased competition, they will lower their fees to access more patients.

Limitations

A few factors may limit the trustworthiness of our study findings. The interviewers and coders were undergraduate students with little research experience (Anderson, 2010). Regardless,

every research team member underwent extensive training through lectures, role-plays, and readings about qualitative research. Likewise, a bias may come from having exclusively Canadian investigators. However, our group shared the results with all interviewees for feedback to ensure the fidelity of the findings. For future studies, the research team should be composed of those with different experience levels and from representative populations. In addition, diverse perspectives may have been limited by the limited number of people of color among the interviewees. Thus, the findings may have low transferability in this domain. In the future, researchers could sample participants with more diverse identities.

Selection bias may have affected the findings. Nonetheless, selected interviewees represented a broad array of different psychological professionals, trainees, theoretical orientations, and experience levels. Key informant sampling was meant to increase the representativeness of professional and trainee experiences and the representation of roles across countries. Including both professionals and trainees broadened our perspectives, and the content of student interviews complemented those of professionals, aiding in approaching thematic saturation. Further, many interviewees were licensed in Ontario, Canada, or Lombardia, Italy, which may limit transferability within each country and limit cross-country comparisons. We did so to contain the heterogeneity in themes that might have occurred by sampling across culturally diverse regions within each country. In any case, the reader should consider these findings to be exploratory until researchers gather within-country perspectives from participants in different provinces of Canada and regions of Italy. We understand that we may not have achieved thematic saturation with a small sample within each country, although the themes that emerged were quite consistent across interviewees within each country. Cross-national meta-theme analyses based on all interviews may be more trustworthy. These exploratory findings provide a basis for future researchers to examine meta-themes and the meta-theme methodology in research on international perspectives of psychological training and practice. Wutich *et al.* (2021) mention that language barriers may be a limitation in cross-cultural studies. We had a bilingual member on our team to reduce this possibility, and all Italian interviewees were bilingual. Finally, the study procedures ensured constant collaboration and accountability among individuals within and between coding teams and with the senior researcher. The study used triangulation of data and frequent fidelity checks to increase the trustworthiness of the findings.

Conclusions

An important research question in our study was related to international collaborations. Table 4 provides a list of the key recommendations from this study. One of the main recommendations is for Canadian and Italian clinical psychology university programs to develop dual degree programs, summer schools, or structured faculty and student exchanges. This may allow for a freer exchange of students, personnel, and ideas for research and teaching. We also recommended creating an international core competency model for psychotherapy and clinical psychology. The recommendations of this study inform ways of structuring training models in both countries, developing creative exchanges among students and faculty, and harmonizing training and practice to fill education and service gaps within each country. More broadly, the recommendations may provide a model for international collaborations to increase the mobility of mental health professionals.

The profession of psychology might contribute to improved accessibility to mental health services internationally by encouraging collaborative models of training and practice. Reducing barriers to training and increasing the supply of psychological professionals can allow for better access to services for those with mental health needs.

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Online supplementary material:

Supplementary Table 1. Themes, codes, and data extracts from Canadian interviews.

Supplementary Table 2. Themes, codes, and data extracts from Italian interviews.

Supplementary Table 3. Interview protocol example (Canada): interview of a practicing psychologist.