

The relationship between lifelong learning and professional development activities in a Portuguese sample

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Abstract

Objective: A dispositional commitment to lifelong learning (LL) is an important aspect of continuing professional development for practicing psychotherapists. Equally important is the dedication of psychotherapists to engaging in professional development activities to foster growth and maintain competence. However, there are limited available data on the range of practices and factors influencing psychotherapists' commitment to these activities. The primary objective of this study was to examine whether a higher commitment to LL would significantly predict greater participation in a range of different professional development activities.

Method: A sample of 166 Portuguese psychotherapists completed an online survey on professional development. The survey included two key measures: the Jefferson Scale of Psychotherapist Lifelong Learning and a list of professional development activities based on the Retrospective Analysis of Psychotherapists' Involvement in Deliberate Practice. Exploratory factorial analysis was conducted to determine an alternative and suitable grouping for the list of activities, and structural equation modelling was utilised to assess the relationship between the commitment to LL and engagement in these activities.

Findings: Results provided valuable insight into the diverse levels of participation among therapists across five categories of activities: (1) supervision and case discussion; (2) recording-related activities; (3) reading and focussed learning; (4) reflecting; and (5) workshops supporting ongoing professional competence. Findings indicated that a stronger commitment to LL significantly predicted increased dedication to reading, focussed learning activities and attendance to training workshops. The implications and limitations of the study are discussed concerning their practical application for professional psychologists, counsellors and psychotherapists.

KEYWORDS

continuing education, expertise, JSPLL, lifelong learning, professional development, RAPIDPractice, training

1 | INTRODUCTION

Ongoing professional development is a prominent feature within the literature of professional counselling and psychology owing, in part, to the growing concern with the maintenance of competence (Horn et al., 2019; Rønnestad et al., 2018), and the recognition of the key role of therapist-related variables in therapeutic outcomes (Wampold & Owen, 2021). The research on highly effective therapists includes efforts to identify common characteristics of such professionals and their ongoing efforts at expertise development (Castonguay & Hill, 2017; Chambers-Baltz et al., 2021; Miller et al., 2017) in hopes of learning about more effective ways to enhance training, education and possibly professional competence and therapeutic outcomes (Bugatti & Boswell, 2022; Mahon, 2022; Neimeyer, Minniti, & Taylor, 2019).

Lifelong learning (LL) is a core value within the profession, encompassing a set of beliefs and behaviours that sustain and promote professional development (Neimeyer & Taylor, 2019; Taylor & Neimeyer, 2015, 2017). Individual commitment to LL is considered a fundamental and ethical mandate to keep pace with the rapid generation of knowledge and maintain competence (Neimeyer et al., 2012; Neimeyer, Minniti, & Taylor, 2019; Neimeyer, Taylor, et al., 2019). However, previous research has demonstrated significant variability among therapists' dispositional commitment to LL and their actual levels of participation in formal continuing education (CE) (Neimeyer et al., 2012; Taylor & Neimeyer, 2015), a central aspect of Neimeyer, Minniti, and Taylor (2019), and Neimeyer, Taylor, et al. (2019). Notably, in the absence of CE mandates, nearly a quarter of psychologists have been characterised as 'CE laggards' or 'CE minimalists' (Neimeyer et al., 2012; Neimeyer, Taylor, et al., 2019). Mandates have been shown to increase CE participation and knowledge retention indicators (Neimeyer, Taylor, et al., 2019). Thus, while being a central and ethical value for the profession, mandates are required to ensure LL behaviours such as formal CE.

Formal CE is the most studied component of continuing education and is significantly related to competence. However, it is not the sole condition to ensure providers' competence (Rothke et al., 2020). Recent research has highlighted the importance of effective training strategies for therapists to improve the quality of psychotherapeutic outcomes (Bugatti & Boswell, 2022; Knox & Hill, 2021; Mahon, 2022). Despite its importance, little is known about the actual individual informal learning and training strategies therapists use to maintain their level of competence and the factors that influence their commitment to such activities. Identifying individual differences in training and learning strategies is crucial to help professionals meet their ethical mandates for continuing competence (Rabasco et al., 2023) and to inform training programmes to provide a tailored approach to the acquisition and translation of new knowledge to practice (Taylor et al., 2019).

1.1 | Post-graduate professional development

Research on training and learning in psychotherapy and counselling has primarily focussed on undergraduates, exploring the efficacy of

Implications for Practice and Policy

- This study documents the diverse range of learning activities practised by psychotherapists in Portugal for their ongoing professional development and explores their relationship with lifelong learning (LL).
- Identifying and distinguishing individual learning profiles can contribute to a positive professional development trajectory, by creating awareness of potential needs and opportunities, barriers and motivators, regardless of career stage.
- It can also be used to inform training programmes to tailor knowledge acquisition and maintenance, and by fostering important factors such as LL that naturally promote engagement in practice activities.
- An enhanced awareness of the existence and importance of individual learning profiles by practitioners, supervisors, trainers, and other influential agents of professional development can greatly benefit therapists by incorporating this individualisation into their training.

various training programmes and methodologies (Knox & Hill, 2021; Rønnestad et al., 2018). The literature suggests that training programmes are generally effective, facilitating in skill acquisition and maintenance, with participants reporting high levels of perceived competence (Knox & Hill, 2021). Active and experiential learning strategies have been found to be more effective than passive and didactic approaches (Di Bartolomeo et al., 2020; McLeod, 2021), and the importance of feedback-assisted training has been emphasised (Bugatti & Boswell, 2022; Murphy et al., 2019). However, while the practices and outcomes in training contexts have received considerable attention, less is known about the specific post-graduation learning activities that facilitate ongoing professional competence and the translation of new knowledge into clinical practice across the career span. Chow and colleagues (Chow et al., 2015), however, were able to document that the overall number of hours spent practising therapeutic skills alone was a significant predictor of client outcome. Thus, a deeper understanding of the post-training learning activities that support effective clinical practice, and the potential differences among these learning practices, is crucial in promoting and sustaining a positive professional development trajectory.

1.2 | Continuing education and professional development

Continuing professional development (CPD) implies ongoing engagement in a set of activities with the express goal of maintaining or enhancing professional competence over time (Neimeyer & Taylor, 2019; Taylor & Neimeyer, 2017). Typically, practitioners utilise peer supervision, consultation, personal therapy, self-study

and various forms of continuing education and related professional activities as vehicles for maintaining professional competence and enhancing professional skills (Chambers-Baltz et al., 2021; Miller et al., 2017; Rønnestad et al., 2018). Although it seems reasonable to expect that levels of clinical expertise and outcomes might naturally increase over time as a consequence of accumulating experience and ongoing learning, the evidence does not support this expectation; neither professional competence nor clinical outcomes appear to improve as a result of the number of years in practice (Goldberg et al., 2016; Miller et al., 2017). Even the expected relationship between continuing professional development activities and client outcomes has received inconsistent support (Miller et al., 2017; Noble & Rizq, 2019; Watkins, 2019), leading the field to question the efficacy of traditional methods and their effectiveness in improving clinical competence and therapeutic outcomes (Neimeyer, Minniti, & Taylor, 2019; Rousmaniere, 2016).

Part of the challenge may be what Neimeyer and Taylor (2019) have referred to as the 'loosely federated' set of continuing professional development activities themselves, which benefit from neither strong conceptual nor empirical warrants for inclusions as credible contributors to professional competence or expertise. Indeed, available evidence suggests wide variability in relation to the extent to which various continuing professional development activities (e.g. taking classes, presenting workshops and reading professional books) contribute to professional development or clinical outcomes (Neimeyer et al., 2012). The gap in empirical evidence regarding the effects of formal and informal continuing education on professional development hinders the understanding of which training elements best promote professional development, and how these elements correlate with therapeutic processes and outcomes (Rønnestad et al., 2018). Furthermore, a different aspect of this challenge might be the nonlinear trajectory of professional development. Throughout a professional career, there are different stages and trajectories to professional development, including potential exhaustion and disengagement from the field (Rønnestad et al., 2018), which may call for different approaches to the acquisition of new knowledge or the development of new or existing competencies. Recognising the factors that reinforce commitment to CPD, as well as acknowledging diverse individual approaches, can be important to guide practitioners on their professional journey.

1.3 | Lifelong learning sustaining CPD

Lifelong learning is defined as an ongoing, active, freely chosen search for knowledge (Hojat et al., 2009, 2012), which is necessary to counter naturally occurring knowledge obsolescence (Neimeyer et al., 2014), and help sustain and improve professional skills (Neimeyer et al., 2012; Neimeyer, Minniti, & Taylor, 2019; Neimeyer, Taylor, et al., 2019). Dispositional differences in a commitment to LL have been documented both within medicine and professional psychology, with higher commitments to LL being associated with

indicators of greater achievement, accomplishment and expertise, as well as to higher reported levels of participation in formal continuing education (Neimeyer et al., 2012; Neimeyer & Taylor, 2019). Related research has demonstrated that professional psychologists tend to gravitate towards those professional development activities that they perceive as best supporting their development and express a high degree of confidence in their ability to translate their new learning into actual clinical practice (Taylor et al., 2019). Although the ultimate clinical impact of these continuing education practices remains indeterminate, research on highly effective therapists consistently underscores the importance that they assign to continuous learning and updating their professional knowledge (Chambers-Baltz et al., 2021). Similarly, research within the field of education has identified several factors that predict higher levels of commitment to learning among students, such as a positive attitude towards learning, self-efficacy beliefs, peer cooperation, a sense of belonging and expectation management (Ginting, 2021; Qureshi et al., 2021). The same has not been documented, however, in post-graduate psychotherapy or counselling training and practice. While research has established a relationship between LL and engagement in formal CE (Neimeyer, Minniti, & Taylor, 2019; Neimeyer & Taylor, 2019; Neimeyer, Taylor, et al., 2019) within this field, the influence of LL on the time dedicated to informal learning and practising in a post-graduate context remains ambiguous.

1.4 | Purpose of the study

The purpose of this study was to investigate the relationship between a dispositional commitment to LL, and participation in a range of specific professional development activities. We predicted that higher levels of a commitment to LL would predict significantly higher levels of participation in a range of different learning activities. In addition, given the limited data available on the range of practices that psychotherapists engage in to support their professional growth and development (Taylor et al., 2019), exploratory analyses were conducted to provide more detailed information regarding the nature of participants' naturally occurring professional development activities, and their relationship to a commitment to LL. In short, this study seeks to determine whether a greater commitment to LL translates into higher participation in ongoing learning and to explore which activities are most strongly associated with dispositional commitments to LL.

2 | METHOD

2.1 | Participants

A sample of 166 psychotherapists engaged in the completion of an online survey. To obtain this sample, we first identified the accredited psychotherapy societies that are formally recognised in Portugal. All therapists in Portugal must have a background in psychology

or medicine. A doctorate is not required for professional practice in psychotherapy, but all psychotherapists have a 5-year course of training. Second, we identified the members of those societies and collected their available email addresses, resulting in a total of approximately 730 psychotherapists' emails. We then sent the survey to all those members and received a total of 230 responses, including 166 surveys that were deemed to have been completed surveys (i.e. at least 70% of the items completed), resulting in a 27.8% response rate, which is customary in survey research of this type (Daikeler et al., 2019).

Regarding representativeness, considering that most of our sample was composed of psychologists (94.8%), demographic data were compared with the last published census by the Ordem dos Psicólogos Portugueses (Coelho et al., 2014), and this sample was found to be proportional to Portuguese clinical psychologists in terms of gender distribution (73.8% male; 26.2% female), education level (90.7% Masters; 9.3% Doctorate), age ($M=44.3$ years) and years of experience ($M=14.65$).

2.2 | Measures

2.2.1 | Dispositional differences in a commitment to lifelong learning

To measure dispositional differences in a commitment to LL, the Jefferson Scale of Psychotherapists Lifelong Learning (JSPLL) was used (Taylor & Neimeyer, 2015). It is composed of 19 items measured on a 4-point scale, rated from 1 (strongly disagree) to 4 (strongly agree), with higher scores indicating a greater commitment to LL. The items are grouped into four factors: (1) Professional Learning Beliefs and Motivations (Items 1–9), (2) Scholarly Activities (Items 10–13), (3) Attention to Learning Opportunities (Items 14–17) and (4) Technical Skills in Information Seeking (Items 18–19). Psychometric evidence supports the scale criterion-related validity, internal consistency reliability and test–retest reliability (Hojat et al., 2009; Neimeyer & Taylor, 2019).

The JSPLL was translated and adapted to the Portuguese population (Salgueira et al., 2009). We used the translated version, with minor changes, based on the original version for psychotherapists (Taylor & Neimeyer, 2015). These changes include the exclusion of factor number 2, 'Scholarly Activities', since most psychotherapists in Portugal do not engage in academic activities, and the original item 14, 'I routinely attend presentations offered in my field regardless of whether a certificate for attendance is offered' (Taylor & Neimeyer, 2015), since Portugal does not have a mandatory system of CE attendance or certification. Thus, the resulting version has 14 items, maintaining the scoring system and three of the four factors, while removing one item from the 'Attention to Learning Opportunities' factor. The reliability indices of the revised version were calculated within the structural equation modelling (SEM) analysis, showing good indicators, similar to those found with the original scale (Neimeyer & Taylor, 2019).

2.2.2 | Individual professional development learning practices

The individual professional development practices were evaluated through the list of activities contained in the Retrospective Analysis of Psychotherapists' Involvement in Deliberate Practice (RAPIDPractice; Chow et al., 2015). The questionnaire was developed to assess the amount of time spent by psychotherapists, outside clinical work, on activities aimed at performance improvement. It is a self-report measure of the amount of time (in minutes) dedicated to each activity in a typical working week, with no time limit stipulated. The original list of activities consisted of 25 different activities, conceptually categorised as (1) solitary activities (e.g. reviewing challenging cases alone), (2) non-solitary (i.e. group) activities (e.g. participating in group training) and (3) non-therapeutic activities (e.g. exercising) that target elements of self-care (Chow et al., 2015). These groupings reflect the recognised utilisation of professional self-study, peer training, education and self-care activities in the development and maintenance of professional competence.

Considering that the list of activities was primarily designed to be used in a controlled environment with a small sample, and there were no previous attempts at translating the list to Portuguese, this study made some adaptations to the list of activities to better fit a cross-sectional study with a larger sample. Experienced psychotherapists and proficient researchers on professional development ($n=13$) were consulted to minimise overlapping activities and to maximise the inclusion of activities that specifically were designed to enhance professional learning and skill-building. Both researchers and psychotherapists provided direct feedback on the translation made by the core group of authors. This feedback mainly indicated items that were hard to interpret or could induce ambiguous responses (see Appendix S1 for a detailed description of the translation of both the JSPLL and the list of activities). As a result, the non-therapeutic activity category was excluded, and six items were merged with others to avoid overlap in time dedication. The final translated scale has 15 items measuring the amount of time (in minutes) reported for each activity in a typical work week (Table 2).

Demographic, Academic and Professional Development Enquiry consisted of 23 questions regarding a professional's background, demographics and career path. It included five questions on demographic and foundational training information, years of professional practice and workload, engagement in supervision and personal therapy, advanced psychotherapy training in specific theoretical models and theoretical orientation.

2.3 | Procedure

Upon having both instruments translated, we identified the accredited associations through the Ordem dos Psicólogos Portugueses website, which is a legal regulator of psychotherapeutic associations in Portugal, contacting both the association and/or their respective

members directly, inviting them to participate in the study. Not all associations provided open access to their members' contacts or responded to the invitation email.

Data collection occurred via email invitation to all participants. It contained a brief description of the study, the researchers and institution names, estimated completion time and an informed consent procedure followed by a Qualtrics link. The link directed the participant to the questionnaire, which first presented the informed consent, followed by the full questionnaire. It was organised to obtain the demographic and professional information first, followed by the JSPLL and then the RAPIDPractice. There were no mandatory items, and participants could terminate their participation at any time, and toggle between questions freely. At the end of the survey, a message appeared, thanking them for their participation and confirming the submission of their responses.

2.4 | Data analysis

Data were analysed with SPSS-27 and R studio 4.2. Variables were tested for normality distribution, homogeneity of variance and required assumptions. The JSPLL is a scale with ordinal items, and the RAPIDPractice contains items with wide distribution variation due to the response format that does not restrict a maximum amount of time spent in each activity. Thus, nonparametric tests were used to find differences between groups and the relationship between variables, satisfying requirements associated with statistical assumptions. Additionally, considering that the original grouping of activities in the RAPIDPractice was mainly conceptual (Chow et al., 2015), exploratory factorial analysis was conducted to determine a suitable solution for the list of activities. Lastly, linear regressions between the two instruments could be statistically compromised due to measurement errors, data and error distribution. Thus, the relationship was analysed through SEM. Global adjustment quality of the model was analysed using the indices: χ^2 / df , CFI, TLI and RMSEA, $p[rmsea \leq .05]$ (Marôco, 2021). Local adjustment of the model considered factorial weights and the individual reliability of the items. Lastly, considering that the JSPLL is composed of 4-point ordinal items, SEM used a diagonally weighted least squares estimator, as it has been suggested to be more accurate in these conditions than other traditional estimators (Li, 2016). Significance levels were set at $p < .05$.

All data have been made publicly available and can be accessed at the Open Science Framework.

3 | RESULTS

3.1 | Lifelong learning and professional development learning activities

The results of this study documented the nature and overall levels of LL and the utilisation of different learning activities, while also exploring their interconnectedness. The adapted version of

the JSPLL used in this study ranges from a low of 14 points to a maximum of 56 points, with higher scores indicating a stronger disposition towards LL. The median score among the current sample was 46 points (IQR=8), suggesting an overall medium-high disposition to LL, with all three factors also reporting high median scores: Professional Learning Beliefs and Motivations registered a median score of 26 (IQR=4); Attention to Learning Opportunities registered a median score of 15 (IQR=3); and Technical Skills in Information Seeking registered a median score of 5 (IQR=2). In line with this general positive tendency towards higher levels of LL, all items registered high medians ($Me \geq 3$) except for item 9 ('I read professional journals at least once every week'), which showed a smaller value ($Me = 2$, IQR=1).

This study explored the list of professional development activities using exploratory factor analysis. This approach was chosen due to the limited understanding of the relationship between learning activities and their impact on professional development, which could inform a theoretical grouping of these activities. The original categorisation into solitary and non-solitary activities (Chow et al., 2015) was conducted within the specific context of deliberate practice research, highlighting the importance of solitary training for expertise attainment (Miller et al., 2020). While we acknowledge the importance of various characteristics, including the solitary component, this study adopted an exploratory stance towards the list of activities. This approach allowed for a more detailed grouping, which could reveal common characteristics of the activities that might otherwise be overlooked. The analysis resulted in a 5-factor solution with a moderately good Kaiser-Meyer-Olkin index (0.733), explaining a cumulative variance of 62.70%. Factor 1 explained 24.80%, Factor 2 explained 12.20%, Factor 3 explained 10.75%, Factor 4 explained 8.15% and Factor 5 explained 6.80% of the variance. The factor's retention criteria were eigenvalues >1 , and items were attributed to the factor to which they reported a higher loading factor. The item distribution and corresponding factor loading are given in Table 1.

Concerning the measure of time engagement in professional development activities in a typical working week, a high degree of variability was expected and documented due to the subjective and personalised nature of individual practices. Table 2 displays the items rearranged in their assigned categories, with the mean time dedication to each activity.

Therapists dedicated the most significant portion of their time not only to reading and focussed learning but also to reflecting on their past sessions, preparing and anticipating upcoming ones. They also invested considerable time in case discussion and supervision, particularly with peers but also with mentors and supervisors, and attending workshops and training courses. However, it is important to note that there was high variability among participants regarding the time allocated to each activity, as evidenced by standard deviation values that equal or exceed the mean. This variability suggests an exceptionally diverse range of activities among therapists and a differential time commitment to each of these activities.

List of activities items	Factor loading				
	1	2	3	4	5
Factor 1: Supervision and case discussion					
9. Discussion of psychotherapy-related subjects or cases with contemporaries/peers	.494	-.186	.229	.442	.108
10. Case discussion/conceptualisation/formulation with mentor/clinical supervisor	.774	-.059	.219	.254	.072
11. General clinical supervision (without review of audio/visual recordings of sessions) of challenging cases	.802	.149	-.103	.142	-.001
12. General clinical supervision (with session transcriptions or literal registration of patient and therapist interventions)	.655	.466	-.232	-.042	.123
Factor 2: Recording activities					
7. Reviewing of therapy recordings alone	.129	.790	.162	-.044	.260
13. Reviewing of therapy recordings with peers	-.118	.569	-.029	.180	.411
15. Clinical supervision (with review of audio/visual recordings of sessions)	.132	.730	.106	.192	-.252
Factor 3: Reading and focussed learning					
3. Reading journals pertaining to psychotherapy and counselling	.040	.087	.711	-.284	.190
4. Focussed learning in one chosen model or psychotherapy techniques	-.065	.017	.705	-.255	.084
5. Reading case examples (e.g. narratives and transcripts)	.426	.048	.572	.280	.091
6. Viewing master therapist videos, with the aim of developing specific therapeutic skills as a therapist	-.077	.469	.569	.166	-.168
Factor 4: Reflecting activities					
2. Reflecting and writing explanatory notes of past sessions	.185	.017	-.018	.740	.122
1. Mentally running through challenging cases and planning future sessions	.126	.144	.155	.584	.486
13. Live supervision is provided during sessions (e.g. supervisor as co-therapist and one-way mirror/reflecting team)	.110	.162	.088	.506	-.075
Factor 5: Workshop attendance					
8. Attending training workshops for specific models of therapy	.146	-.029	.152	.043	.838

Note: $N=166$. The extraction method was principal components with a varimax rotation. Items with a higher loading factor are in bold.

3.2 | Lifelong learning relation with professional development activities

To examine the relationship of LL with professional development activities, this study used the z statistic. To conduct a SEM, a confirmatory factorial analysis is primarily required to evaluate the global adjustment of the JSPLL model measure of LL (Marôco, 2021). The JSPLL was not previously subjected to sensitive analysis and estimators that considered LL as a second-order latent variable, reflected

TABLE 1 Results from a factor analysis of the list of activities of professional development.

in the three first-order factors: (1) Professional Learning Beliefs and Motivations (Item 1–9); (2) Attention to Learning Opportunities (Item 10–12); and (3) Technical Skills in Information Seeking (Items 13–14) (Taylor & Neimeyer, 2015).

Initial results using the model proposed were not acceptable: $\chi^2/df = 2.750$, CFI = 0.773, TLI = 0.971, RMSEA = 0.088 $p[rmsea \leq .05]$. To ensure a more suitable fit, Item 9 (see Appendix S1 for a full description of JSPLL items) was eliminated since the modification indices suggested a saturation of the item in distinct factors,

TABLE 2 Time dedication per week (in minutes) per learning activity.

	N	Mean	SD
Supervision and case discussion			
1. Discussion of psychotherapy-related subjects or cases with contemporaries/peers	166	41.84	32.50
2. Case discussion/conceptualisation/formulation with mentor/clinical supervisor	166	40.39	32.52
3. General clinical supervision (without review of audio/visual recordings of sessions) of challenging cases	166	33.20	30.30
4. General clinical supervision (with session transcriptions or literal registration of patient and therapist interventions)	166	25.82	42.49
Recording activities			
5. Reviewing of therapy recordings alone	166	11.96	27.90
6. Reviewing of therapy recordings with peers	166	6.51	17.66
7. Clinical supervision (with review of audio/visual recordings of sessions)	166	6.33	18.26
Reading and focussed learning			
8. Reading journals pertaining to psychotherapy and counselling	166	53.22	41.86
9. Focussed learning in one chosen model or psychotherapy techniques	166	44.63	35.87
10. Reading case examples (e.g. narratives and transcripts)	166	11.96	27.90
11. Viewing master therapist videos, with the aim of developing specific therapeutic skills as a therapist	166	12.92	24.43
Reflecting			
12. Reflecting and writing explanatory notes of past sessions	166	55.12	40.22
13. Mentally running through challenging cases and planning future sessions	166	54.57	43.30
14. Live supervision is provided during sessions (e.g. supervisor as co-therapist and one-way mirror/reflecting team)	166	4.70	17.93
Workshop attendance			
15. Attending training workshops for specific models of therapy	166	125.81	296.59

which is problematic for a confirmatory factorial analysis. This issue has previously been reported in the original scale, with some items, including Item 9, having bifactorial loadings between factors 1 and 2 (Hojat et al., 2009). Additionally, one's Professional Learning Beliefs and Motivations (F1) had a strong influence on LL disposition ($\gamma_{F1} = 1.071$), resulting in restriction of F1 variance to a small amount (0.01), allowing the software to produce an R^2 without undermining the model quality. Following these adjustments, the model showed a significant increase in its global adjustment quality ($\chi^2/df = 1.661$; CFI=0.843; TLI=0.991; RMSEA=0.074 [$p_{rmsea} \leq .05$]). Furthermore, reliability analysis suggests that although the overall scale demonstrated good reliability ($\alpha = .846$), only Factor 1 ($\alpha = .822$) and Factor 3, Technical skills in Information Seeking ($\alpha = .801$) showed high reliability, with Factor 2, Attention to Learning Opportunities, registering moderate reliability

($\alpha = .600$). A visual representation of the LL model (left side) is illustrated in Figure 1.

To examine the relationship of LL with professional development activities, this study used the z statistic. Results indicated that a greater disposition towards LL was associated with time dedicated to reading activities ($\beta_{LL,Reading} = .307, SE = 19.858, z = 3.883, p > .01$), and attending workshops ($\beta_{LL,Workshops} = .217, SE = 77.672, z = 2.334, p > .05$), but not in reflecting activities ($\beta_{LL,Reflecting} = .175, SE = 19.787, z = 1.898, p = .058$), supervision and case discussion ($\beta_{LL,Supervision} = .137, SE = 25.529, z = 1.533, p = .125$) or recording activities ($\beta_{LL,Recordings} = .149, SE = 14.040, z = 1.491, p = .136$). Also, expected covariances between learning activities categories were reported. Figure 1 presents the standardised factorial weights and the reliability of each item in the model.

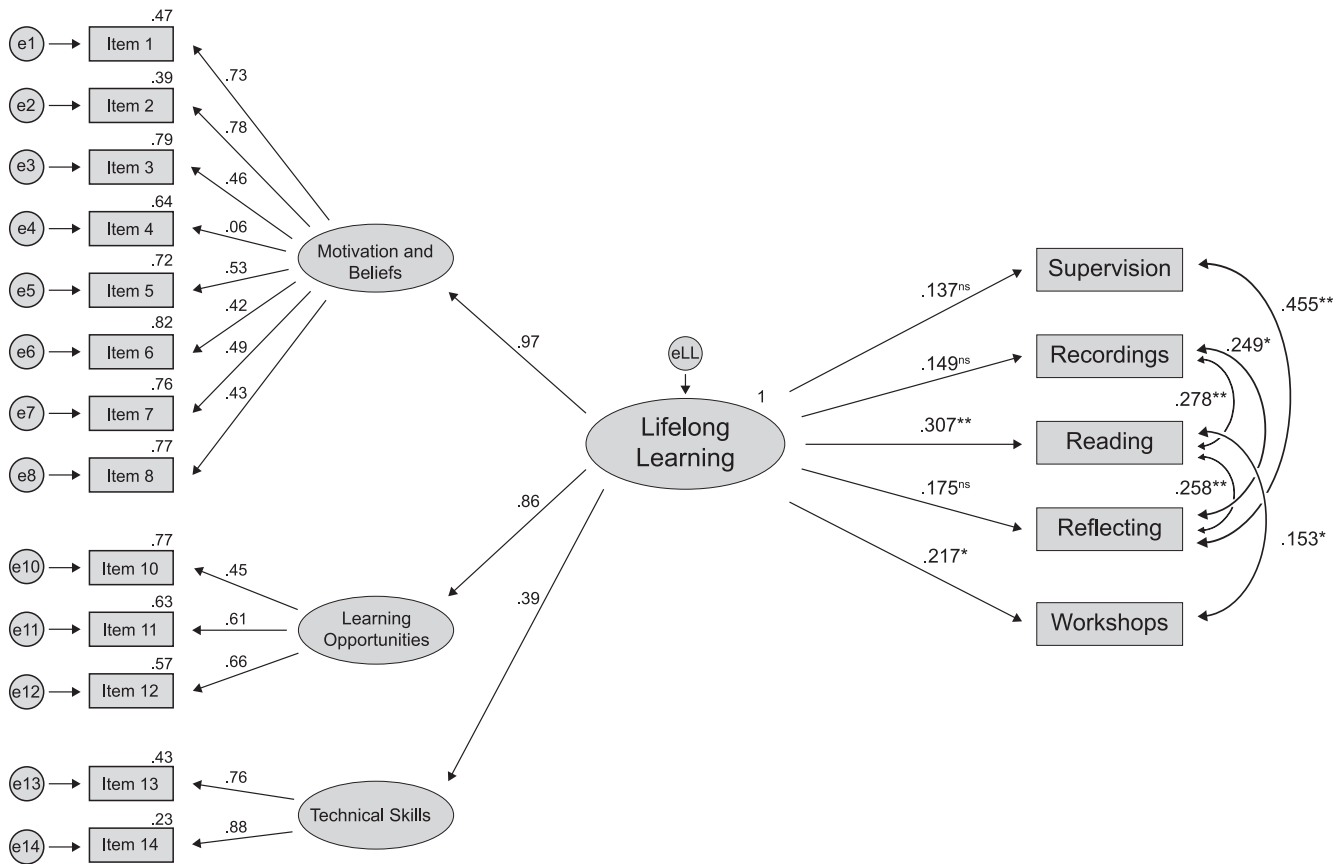


FIGURE 1 Lifelong learning disposition influence on professional development activities. All structural weights are significant for $p < .01$. Regression significance is as determined: ** $p < .01$; * $p < .05$; $^{ns}p > .05$.

3.3 | Personal and professional characteristics influence lifelong learning and practice dedication

Time spent engaging in these various categories was correlated differently with professional and personal variables. Time spent in supervision and case discussion was negatively correlated with years of experience ($r_s [166] = -.305, p < .01$), and with age ($r_s [166] = -.238, p < .01$), suggesting that more experienced and older therapists may spend less time in activities aimed at receiving feedback on their clinical practice. Similarly, reflecting activities were negatively correlated with years of experience ($r_s [166] = -.196, p < .05$).

4 | DISCUSSION

This study provided a naturalistic assessment of the variety of activities that psychotherapists undertake to support their ongoing professional development and the time that they customarily dedicate to each of them. Findings also noted the potential impact of a commitment to LL on various activities, with a stronger disposition towards LL related to higher levels of professional reading, focussed learning and attending training workshops. However, there was no significant relation between levels of LL and activities, such as supervision and case discussion, reflecting or recording-related activities.

4.1 | Popular learning activities, personal and professional influences

Previous research has provided provisional evidence suggesting that the amount of time invested into skill development outside clinical performance acts as a significant predictor of client outcomes (Chow et al., 2015). While the extent of time dedicated to skill development is an important factor in improving outcomes, it is equally important to consider the specific activities and training methodologies employed (Ericsson & Pool, 2016). In line with this, current findings suggest that professional development can be differentiated not only by whether the activities are conducted individually or in groups, as previous categorisations of the list (Chow et al., 2015), but also by their unique characteristics, purposes and properties. Although the 5-factor solution is based on exploratory analysis, it demonstrates theoretical coherence in its grouping (e.g. Factor 1 encompasses most supervision and case discussion activities; and Factor 3 activities involving recording). Future research may suggest groupings based on different characteristics, such as whether activities are inward- or outward-facing, reflecting on the professional performance or seeking a greater understating of the field. These potential new groupings could highlight the need for a deeper understanding of learning and training activities, their interactions and their relation to various factors. As noted, maximising the alignment of professional development

activities with their objectives is a key objective of evidence-based continuing education, and a critical feature in the ongoing quest to optimise professional practice and the outcomes it generates (Neimeyer, Taylor, et al., 2019; Rønnestad et al., 2018).

The results reveal a higher prevalence of traditional forms of learning, such as classical supervision, reading and attending workshops, compared with activities involving audio or video recording. The low engagement in audio and video recording-based activities is not surprising, as these activities tend to be underrepresented. It is important to recognise that significant variations in the acceptance and usage of these activities exist between countries, largely due to the differing availability of relevant indicators (McMahon & Ledden, 2019). This level of engagement may reflect usage barriers, personal prejudices, implicit biases and concerns about the impact of these practices on the psychotherapeutic process, such as therapeutic relations and breach of confidentiality (McMahon & Ledden, 2019; Pereira et al., 2024; Rousmaniere, 2016).

Historically, therapists exhibited higher levels of anxiety and concerns regarding recording compared with clients (Briggie et al., 2016). However, recent findings do not reflect these differences, with psychotherapists, counsellors and supervisors increasingly supporting and recognising the benefits of incorporating recordings into their solitary and supervised professional development activities (Brown et al., 2013; Doorn et al., 2022; Pereira et al., 2024). This apparent positive trend in the acceptance of audio and video recording-related activities underscores the importance of understanding and distinguishing therapists' learning practices and differentiating among these activities to identify the factors that may increase engagement, especially as the recent literature suggests that different activities have varying levels of impact on performance development. Clearly, objective feedback through routine outcome monitoring or audio/video recording significantly contributes to higher levels of performance development (Mahon, 2022; Murphy et al., 2019; Rousmaniere, 2016). Despite their demonstrated benefits, these activities remain the least represented group.

Data also suggest possible generational changes in professional development activities. Age and experience were found to have different relationships with engagement in these activities. Specifically, younger and less-experienced therapists engaged in higher levels of professional development activities related to supervision, case discussion and reflection. This may suggest that case reflection and review provide a more common basis for learning earlier in the career cycle but are replaced or augmented by more outward-facing activities, such as CE workshops or further reading, as the need to solidify skills is replaced by the need to expand them. Additionally, Rønnestad et al. (2018) identify early career phases in which professional identity is formed, specifically in the 'Advanced Student' phase in which supervised practice is posited to be the primary context for learning and development. However, since this was a cross-sectional study, it is possible that the relationships between these variables reflect a generational (i.e. a cohort effect) rather than a developmental change, which occurs over the course of a therapist's career, a distinction that may merit future research attention.

4.2 | Implications of lifelong learning impact on professional development activities

Both LL and professional development activities depend on self-initiated activities and sustained motivation for learning. Therefore, it was expected that a positive relationship would be registered between the two instruments. The findings revealed that a greater disposition towards LL was associated with greater participation in particular types of professional development activities, rather than the total amount of time spent on all of them. Highlighting the importance of contextualising dedication to professional development activities beyond time spent, it is crucial to consider the specific types of activity, as they have been shown to differ conceptually and practically and are influenced by different factors. As the findings of this study suggest, one's commitment to LL can positively influence their dedication to reading and focussed learning activities. However, there seems to be no significant association with supervision, case discussion or recording-related activities.

Interestingly, the activities that exhibited a stronger relationship with a higher commitment to LL are typically outward-facing learning activities designed to expand one's knowledge and understanding in desired areas. These activities include attending workshops, reading psychotherapy journals and books, and focussed learning in psychotherapy models. By contrast, more inward-focusing activities, such as supervision, case discussion, recording-related activities, reflecting and note-taking, did not show a significant association with a higher commitment to LL. Additionally, considering the initial groupings of solitary and non-solitary activities (Chow et al., 2015), it was noted that Factor 3, 'Reading and Focused Learning', which positively relates to LL, consists of solitary activities. Reading activities, which are also mainly solitary, showed a significance indicator slightly above the established significance level ($p = .058$). This reinforces the idea that different activity characteristics may interact with a disposition for LL and potentially to other factors.

Another consideration is that supervision and case discussion can be seen as mandatory according to the Portuguese code of ethics (Rodrigues, 2021). Because of this, higher engagement in these activities might occur regardless of one's commitment to LL. Additionally, engagement with this set of activities appears to wane over the course of the career, perhaps in developmentally appropriate ways, as the need to achieve competence cedes to the need to maintain it or to explore specialty areas of interest. It is noteworthy that a commitment to LL itself did not diminish across age or experience, but instead remained relatively stable across the career span, as measured in this cross-sectional study.

4.3 | Study limitations

While the study benefits from sensitive and advanced statistical work that was not previously conducted with these instruments, the nature of the sample, response format and the study design

constitute potential limitations when considering the benefits and implications for both researchers and practitioners.

This study's cross-sectional and self-report nature may indicate potential bias in sample collection, affecting responses. An indicator of selection bias is that 27.8% of psychotherapists answered at least 70% of the survey, which was an inclusion criterion. Although we aimed to include practitioners outside an academic context by inviting associations of psychotherapy training with no academic affiliation, the final sample may still consist of participants motivated towards educational activities, explaining the high LL scores. Supporting this hypothesis is the excluded factor of 'scholarly' activities from the JSPLL (Taylor & Neimeyer, 2015). Conversely, the low engagement with recording activities aligns with large, more varied samples (McMahon & Ledden, 2019), which, as discussed, is a valued theme in academia. While the existence of this bias is hard to control, longitudinal research might better be able to address the causal relationship between dispositional commitments to LL and specific professional development activities. Thus, both practitioners and researchers should consider these results in line with the described limitations.

Additionally, social desirability anchoring and recall biases might have impacted the estimation of time dedication reported in the current study (Rezaei, 2021). Time dedicated to professional development activities in the current study (nearly 9 h per week, on average), is similar to that reported in other studies (Chow et al., 2015; Janse et al., 2022), and potential overestimation of this time dedication warrants attention. This overestimation can potentially be attributed to social desirability effects, or to anchoring and recall biases (Rezaei, 2021), given that the instructions and response format mirror those used in the RAPIDPractice study (Chow et al., 2015). Anchoring bias refers to a cognitive bias in which individuals rely on the initial piece of information presented to them when making subsequent judgements or estimations in the decision-making process (Rezaei, 2021). It might be challenging to identify precisely a 'typical work week' due to professional development activities such as peer supervision or workshops, or even reading, occurring irregularly or seasonally. The provided anchor in the instructions may have led participants to estimate their time dedication based on all activities they engaged in in recent years, regardless of their actual frequency in a working week. Thus, the anchor used might have inflated both the variety and frequency of practiced activities. In addition, requesting a time estimation in hours and minutes can also present difficulties in accurately recalling the frequency of engagement. And further, participants may have experienced some learning activities concurrently, such as when they are reflecting on their own cases while reading about therapy techniques, or watching videos of master therapists, and thereby count some activities twice. Thus, while the current study may provide an approximation of the range of activities utilised by professional psychologists, and the time spent participating in each of them, future modifications to the instructions and/or response format might enhance accuracy in assessing weekly practice routines.

4.4 | Future directions

Professional development and LL are crucial topics of investment for both researchers and practitioners. Assessment of practice behaviour in those activities would further enhance confidence in the interpretation of the relationship between the variables. Provisional work has explored the relationship between self-report measures of LL, professional competence and objective measures of professional accomplishment and achievements (Neimeyer et al., 2012; Neimeyer & Taylor, 2019), and these objective assessments provide provisional evidence in favour of the predictive ability of the self-report assessments. However, the relationship between these self-reports and objective assessments still does not extend adequately to the prediction of actual clinical outcomes. As a case in point, research has demonstrated higher levels of LL and professional competence among board-certified professional psychologists (Neimeyer & Taylor, 2019), but these differences have not yet been related to differential clinical outcomes. As such, future work needs to address the translation of LL or professional competence to the actual outcomes associated with clinical practice and to explore the generalisability of these effects to multicultural contexts beyond the Portuguese sample utilised in the current study. Developing methods with an increased capacity to capture actual performance, training and learning activities would likely enhance the understanding of continuing education and professional development and their relation to various factors beyond LL. These may include intrapersonal factors, such as personality characteristics, and interpersonal factors, such as the impact of supervision or tutoring habits on current learning/training routines.

Regarding the capture of actual training and learning activities, the RAPIDPractice is a complex instrument design in the context of deliberate practice research, from which the list of activities used in the current study was developed (Chow et al., 2015). However, this list can be understood as providing the best available, yet still quite provisional, omnibus assessment of the learning activities utilised as well as the time dedicated to those activities. As discussed, time estimation, due to its susceptibility to biases, can present a barrier to finding stronger and more coherent relationships between time dedication and important indicators, such as competence or clinical outcome (Janse et al., 2022). Methods such as weekly journaling or otherwise recording the participation in learning activities would likely enhance the fidelity of those assessments to actual occurrences. This would enable, in turn, more precise exploratory analyses, such as cluster analysis, and facilitate a more comprehensive understanding of professional development engagement. That said, this list itself might still be reductive compared with the diversity of activities used to enhance professional development by therapists, which might reflect more categories of learning activities than those it was designed to reflect (i.e. solitary, non-solitary), or those reflected by the study findings, as previously discussed. Despite the presence of some relatively uncommon professional development activities on the list, such as recording-related activities, it is worth

noting that several authors argue for the consideration of a still-broader range of practices. For instance, incorporating measurement feedback systems into professional development activities (Miller et al., 2017), or including behaviour rehearsal exercises (Mahon, 2022), have been nominated as important considerations. Moreover, while video and audio recording fall within the broader category of recording-related activities, these two components allow for qualitatively different experiences (Pereira et al., 2024; Rousmaniere, 2016). Thus, to differentiate between patterns of learning activities, it may be beneficial to individually consider qualitatively distinct experiences rather than consolidating them into a single item. Future research should acknowledge that the pursuit of performance and professional development, although driven by a shared goal of enhancing performance and therapeutic outcomes, exhibits qualitative distinctions even within the same practice activities. Consequently, it is crucial to better understand what therapists can gain and learn from each activity and how such experiences diverge.

4.5 | Conclusion

This study demonstrates the potential for unique learning profiles characterised by preferred types of learning and training activities, which distinguish professionals and can potentially impact their practice and professional development. These profiles can be influenced by a combination of personal attributes, such as a natural inclination for reflection, and professional development experiences, such as the specific training and supervision requirements shaping the type of activities that therapists engage in (e.g. the requirement of video recordings for supervision). Consequently, therapists' preferences and practices of therapists may change over time. Given that professional development does not follow a linear trajectory, understanding and comparing changes in learning and practice habits can be as important as benchmarking against peers at similar career stages (Rønnestad et al., 2018). In particular, since the total time dedicated to practice is identified as a less accurate predictor of expertise development (Ericsson & Pool, 2016), in the case of outward-facing learning activities, it can indicate variability in LL commitment and potentially signal professional development exhaustion and disengagement trajectories (Rønnestad et al., 2018).

The study identified five clusters encompassing learning activities such as supervision, reflecting, reading, recording and workshops. These clusters' relationships with professional and personal characteristics highlight the importance of considering the qualitative nature of learning and practicing activities. Additional characteristics of these activities include, for instance, whether they are conducted individually or in groups, involve technological assistance or are formally structured as training programmes (e.g. workshops). Nevertheless, a prevalence of traditional practice forms, such as reading, classic supervision and reflection, was observed, identifying a need for therapists to recognise the diverse array of

professional activities. Such awareness can shed light on therapists' personal constraints and motivations concerning specific activities, as well as potential implications for workplace policies. This type of introspection may also promote more contemporary practice methods, such as analysis of master therapists through video recording sessions, the use of routine outcome monitoring or engagement in innovative training methodologies, such as deliberate practice. Each of these can be beneficial considering the availability of evidence supporting a more diverse range of practice activities (Mahon, 2022; Murphy et al., 2019). Lastly, LL is a central aspect of both graduate and post-graduate training and education, with programmes needing to emphasise its components, particularly considering its implications for future commitment to practice activities. These programmes should also promote awareness of the diversity of training activities and platforms available to facilitate engagement in various learning endeavours.

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CONFLICT OF INTEREST STATEMENT

There were no conflicts of interest reported by any of the authors.

DATA AVAILABILITY STATEMENT

The data pertinent to this study have been made publicly accessible and are available at the Open Science Framework, as indicated in the manuscript.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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