THERAPIST´S PERSONAL STYLE OF PSYCHOLOGISTS IN INTELLECTUAL DISABILITY WORK

ESTILO PERSONAL DEL TERAPEUTA EN PSICÓLOGOS QUE TRABAJAN EN DISCAPACIDAD INTELECTUAL

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Abstract

The objective of this article is to describe the Therapist´s Personal Style (TPS) in clinical psychologists who work with patients with intellectual disabilities, and to analyse the effect of the theoretical approach and the years of professional experience. This research was conducted on a group of 104 psychotherapists from Argentina divided into two equal groups: 52 who work with people with intellectual disabilities and 52 who work with the general clinical population in private practice. As a result, significant differences were found in three dimensions of the TPS: Operative, Involvement, Expressive, which obtained higher scores in the first group of therapists. The theoretical approach did not show a differential effect on the therapist groups except for the Expressive function, and a significant difference was found in years of professional experience in intellectual disability therapists. These results are discussed with previous research and the importance of studying the profile of therapists is reflected upon.

Keywords: *psychotherapy, therapists, intellectual disability, theoretical approach*

Resumen

El objetivo de este artículo es describir el estilo personal del terapeuta (EPT) en psicólogos clínicos que trabajan con pacientes con discapacidad intelectual, y analizar el efecto del enfoque teórico y de los años de experiencia profesional. Se trabajó con 104 psicoterapeutas de Argentina divididos en dos grupos iguales: 52 que trabajan con personas con discapacidad intelectual y 52 que trabajan con población clínica general en consultorio privado. Como resultado se encontraron diferencias significativas en tres dimensiones del EPT: Operativa, Involucración, Expresiva, las cuales obtuvieron puntajes superiores en el primer grupo de terapeutas. Por otro lado, el enfoque teórico no mostró un efecto diferencial sobre los grupos de terapeutas excepto en la función Expresiva, y se encontró una diferencia significativa en los años de experiencia profesional en los terapeutas de discapacidad intelectual. Se discuten estos resultados con investigaciones previas y se reflexiona acerca de la importancia de estudiar el perfil de los terapeutas.

Palabras claves: *psicoterapia, terapeutas, discapacidad intelectual, enfoque teórico*

One of the dimensions that influences therapeutic efficacy is given by the factors of the therapist (Lambert, 2013), where between 5% and 9% of the variance in the results is explained by the figure of the therapist (Johns et al., 2019). However, it is complex to emphasize why some therapists achieve better results than others, since it has been seen that it does not depend on the type of patients seen, the effects of the therapeutic dyads or even the type of intervention they apply (Johns et al., 2019).

Apparently, therapists end up developing a certain mastery for the treatment of certain specific problems, which makes them more effective in similar clinical situations or for the care of patients with certain levels of symptom severity (Johns et al., 2019). For this reason, there is a debate about which characteristics end up being the ones that mostly determine the effectiveness of a therapist, basically they have been divided between those demographic or personal and those professional or product of personal training (Heinonen & Nissen-Lie, 2019). However, there are studies that show that the characteristics related to the success of a therapist depend rather on the interaction between personal and professional factors (Nissen-Lie et al., 2017), such as: empathy, verbal and non-verbal communication skills, ability to repair therapeutic alliance, warmth, secure attachment, and the ability to doubt their interventions (Heinonen & Nissen-Lie, 2019). Following this idea, many of these characteristics have been called interpersonal or relational skills, which can be trained or developed thanks to experiences in their private lives (Hill et al., 2017).

For this reason, it has also sought to study what therapists are like beyond the technical resources that they apply in their treatments. A recent study conducted with more than 10,000 psychotherapists from different countries found that therapists tend to act in a warm and close manner in interpersonal relationships, are perceived as tolerant, containing, receptive, intuitive, and optimistic (Orlinsky et al., 2019).

In this sense, the concept of therapeutic style has been proposed as a variable that integrates professional and personal aspects. It has recently been defined as "a habitual way of working" (p. 6), which is influenced by factors such as personality and training (Zhou et al., 2021). Although it is not the only definition of what the therapeutic style would be, it is a recent conceptualization based on both theoretical contributions and interviews with experts. In this way, it would be an intersection between personal and professional variables.

On the other hand, a line of research with greater empirical development is the concept of the Therapist's Personal Style (hereinafter, TPS). TPS is defined as:

> a set of singular conditions which lead a therapist to operate in a particular way in his/her work. This refers to the normal characteristics which each therapist imprints on his work as a result of his peculiar way of being, regardless of the work focus he uses and the specific requirements demanded by his intervention. (Fernández-Álvarez et al., 1998, p. 352)

Although in said definition, the TPS seems to be solely a product of the therapist's personality, the authors later add that the concept can be modified depending on professional factors, such as work conditions and training (Fernández-Álvarez et

al., 2003). It is a model that arises from five dimensions divided into technical, motivational, and emotional aspects, as well as aspects related to the structuring of the therapeutic setting. Based on this, the dimensions are: Attentional, Operative, Expressive, Involvement, Instructional. Parallel to the emergence of the theoretical concept, a self-report instrument was proposed to assess the TPS, called the Therapist's Personal Style Questionnaire (hereinafter, TPS-Q). The TPS-Q has shown consistency with its theoretical development, evaluating the functions described above and showing satisfactory psychometric properties (Castañeiras et al., 2008).

Based on the theoretical and empirical congruence between the TPS construct and its assessment measure, various lines of research have been developed, including the study of the TPS when working with specific patient populations. Thus, the profiles of therapists have been studied through the comparison of two or more groups: one devoted to the clinical care of people with certain pathologies or clinical circumstances and another group of therapists who work in adult clinics in general, with patients without a specific clinical condition. To date, the TPS of therapists dedicated to the care of severely disturbed patients (Rial et al., 2006), parents of children hospitalized in Neonatal Intensive Care Units (Vega, 2006), drug-dependent patients (Casari et al., 2019), children with autism spectrum disorder (Casari et al., 2017a), families in situations of child abuse (Casari et al., 2014), and cancer patients (Vera Cano, 2018) has been studied. The five functions of the TPS have shown to be able to discriminate the work environment and/or the clinical conditions of the patients with whom they work. That is, apparently the therapists who work with certain patients develop an idiosyncratic profile. A population on which specific studies have not yet been carried out are therapists who work with patients with intellectual disabilities (hereinafter, ID).

Peredo (2016) refers that "Intellectual disability is one of the problems with the highest incidence within the general or global difficulties of development and learning " (p.103, author´s translation). There is no consensus about the term that should be used to describe people with global learning problems. Agreement on terminology has been attempted, however, the terms mental retardation or intellectual disability are still in common use. Similarly, it should be mentioned that the concept of mental retardation is currently inappropriate, so we will speak of intellectual disability.

> The current notion of ID is framed within the general notion of disability that: it focuses its attention on the expression of the limitations of individual functioning within a social context and represents a substantial disadvantage for the individual. Disability has its origin in a disorder of the state of health that generates deficiencies in the functions of the body and its structures, limitations of the activity and restrictions in the participation within a context of environmental and personal factors (Schalock, 2009, pp. 22-23, author´s translation).
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> The issue of disability has been approached from various paradigms or models

that have dictated the way of providing care to people with this condition. Although various denominations are found in the literature for these conceptions, the three paradigms that encompass the most common positions towards the issue of disability can be mentioned: the traditional paradigm, the medical-biological paradigm, and the social paradigm. It is within the latter that the person with disabilities is conceived from a biopsychosocial approach and points towards a real and effective integration of this population in all spheres of life in society. This vision forces us to rethink the approaches, which, until recently, were well seen and promoted by professionals who were related to this population in the workplace. Psychology does not escape this influence and, therefore, needs revising some of its traditional practices in the light of the new paradigm, which proposes to transcend attention focused exclusively on the person, to fall upon the social context. This implies, for example, the emergence of new attitudes in the daily work of professionals in Psychology and, therefore, a new planning and orientation of care systems (Alfaro-Rojas, 2013).

One of the challenges faced by psychologists working in ID is the need for interdisciplinary work, especially with doctors who are the ones who usually determine the diagnosis of ID. However, therapists tend to mistrust diagnoses when made by clinicians, especially novice therapists (Wodrich et al., 2010). Therapists also tend to differ in relation to their conceptions about the origin of ID (Hogan, 2018).

In turn, the role of the psychologist is also important in addressing ID due to the psychiatric comorbidities that are usually observed in people with ID (Stünkel-Grees et al. 2018). Psychotherapy is an effective alternative for addressing ID, where the goals are set on personal development, self-discovery, and the achievement of positive changes. Topics such as disability, dependency and grief are also addressed, without forgetting that a positive view of oneself should be promoted and focus on the patient's abilities. This implies that therapists must make certain adjustments to traditional formats of psychotherapy, that is, be flexible to adapt interventions based on the cognitive deficits of patients (Porcelan et al., 2019).

As for specific approaches, **those that have been proven effective** are supportive psychotherapy, cognitive behavioural therapy, and motivational interviewing (Porcelan et al., 2019). In the latter, the importance of certain qualities of therapists such as empathy, honesty and reliability are highlighted (Frielink & Embregts, 2013).

Evidence of efficacy has also been found for group narrative therapies with people with ID (McKenzie-Smith, 2020), where the role of the therapist has been highlighted as a key aspect of therapy (Westerhof et al., 2016).

More traditional approaches such as psychodynamic have also shown their evidence, although on a smaller scale than cognitive-behavioural therapies (Himmerich, 2020). The first emphasizes the need for a secure base as a condition for treatment, where therapists act in three phases: information gathering, formulation and recontextualization, communication of interpretations. As mentioned above, the therapist's need for flexibility in the therapeutic setting and working with short

sessions is once again discussed (Himmerich, 2020).

Many times, when therapists start working in ID, they feel that people are not suitable for psychotherapy because they are cognitively unfit (Capri, 2014), so it is again recommended that therapists be flexible in terms of their proposed approaches and goals. It is also a task that demands high personal resources and dealing with institutional contexts, which is why supervision, personal therapy and working on other tasks are suggested to mitigate the stress of the therapist himself. (McInnis, 2016).

In summary, the figure of the therapist seems to be key in the clinical approach of people with Intellectual Disability. The literature points out the need for a particular idiosyncrasy, highlighting the importance of flexibility to adapt the objectives and avoid falling into frustration, as well as not focusing on the deficits and promoting work that revalue the personal development of people. These qualities that are indicated as recommendable in therapists involve both personal and professional aspects. For this reason, the concept of the TPS is a theoretical basis in accordance with the study of these professionals since both personal factors (such as the personality of the therapists) and professional factors (theoretical orientation and years of experience) converge in the construct. In this sense and continuing with a tradition of previous research, knowledge of the TPS according to the work with certain clinical conditions, can allow us to know how professionals act, and eventually, the result to which their actions lead (Fernández-Álvarez et al., 2003). In this way, the training of future job applicants in this area would be favoured, promoting specific therapeutic styles.

Based on the aspects developed, the objectives of this study were: 1) To compare the Personal Style of the Therapist in two samples of psychotherapists: one dedicated to working with people with intellectual disabilities, and another sample dedicated to the care of the clinical population in general; 2) To analyse if the years of experience and the theoretical approach have a significant effect on the functions of the TPS within each group of psychotherapists.

Method

Participants

Participants were recruited through nonrandomized, unintentional, accessibility sampling. We worked with a sample composed of 104 psychotherapists from Mendoza, Argentina, divided into two groups: Disability Group (hereinafter DG) (n= 52) and Clinical Group (hereinafter CG) (n= 52). The first group is dedicated to clinical work with patients with intellectual disabilities. While the second subgroup corresponds to a sample of psychotherapists who work with the general clinical population. The distribution by age, sex and years of clinical experience can be seen in Table 1.

Table 1
Description of Demographic and Professional Variables in Each Group of Therapists (n = 104)

	Disability Group (n=52)	Clinical Group (n=52)
Age		
Min – Max	24 - 53	24 – 64
Average (SD)	34 (6,18)	33, 30 (9,49)
Gender		
Female %	98,1 %	88,5 %
Male %	1,9 %	11,5 %
Years of clinical experience		
Beginners (< 5)	51,9 %	67,3%
Intermediates(>5,< 15)	42,3%	21,2%
Experts (> 15)	5,8%	11,5%
Theoretical Approach		
Integrative therapy	26 %	30,8 %
CBT.	40 %	9,6 %
Psichodynamic	16 %	25 %
Sistemic therapy	12 %	19,2 %
Humanist	6 %	5,8 %
Postracionalist CBT	0 %	9, 6 %

Note: CBT: Cognitive Behavioural Therapy.

Measures

Ad Hoc Survey: it was used to collect demographic information, such as gender, age, years of clinical practice, theoretical approach.

Therapist`s Personal Style Questionnaire (TPS-Q, Fernández-Álvarez et al., 2003).

The TPS-Q is a self-administered instrument consisting of 36 items presented as statements to which each therapist must respond according to their degree of agreement on a Likert-type scale, ranging from 1 (totally disagree) to 7 (totally disagree). The 36 items are grouped into five functions, with two extremes:

- Attentional Function: related to the search for therapeutic information, where the polarities oscillate between broad or open attention (low scores) towards focused or narrow attention (high scores).
- Operative Function: it is linked to therapeutic interventions, but not to the techniques themselves, but rather to the type of approach that each therapist tends to implement. That is, if you work spontaneously without following a treatment plan (low scores) or if you prefer to do it in a more structured way according to established treatment guidelines (high scores).
- Expressive Function: It is the way in which the therapist works emotional communication with his patients, thus allowing a deeper exploration of emotional aspects, and tolerating these expressions during the session. The polarities oscillate here between working with emotional distance (low scores) or closer (high scores).

- Engagement Function: It implies how much the therapist is involved in his daily work, and how psychotherapy has an impact on her daily life. Polarities can range from low engagement (low scores) to high involvement (high scores).
- Instructional Function: it is the way in which the therapist establishes the therapeutic setting, understanding the rules of the therapeutic contract, such as schedules, fees, frequency of sessions, etc. In this way, therapists can be flexible in the way they set the frame (low scores) or rigid (high scores).

The first two functions correspond to the technical aspects of the psychotherapeutic role, while the Expressive and Involvement functions are related to motivational and emotional aspects. The Instructional function would be a different aspect, which integrates both characteristics (Castañeiras et al., 2008).

The original version of the TPS-Q was developed in Argentina and has satisfactory psychometric properties in terms of validity and reliability. Content validity was explored through judge's criteria (Fernández-Álvarez and García, 1998). In terms of construct validity, exploratory factor analyses have been carried out, finding an empirical structure consistent with the proposed theoretical model (Fernández-Álvarez et al., 2003); as well as confirmatory factor analyses, which show a good fit of the theoretical model for the original version of five factors (Castañeiras et al., 2008). Evidence of convergent validity has also been reported with the verbal activity of therapists, evaluated through the Guide for the Observation and Classification of Verbal Behaviour of Therapists (Fernández-Álvarez et al., 2017). On the other hand, the TPS-Q has satisfactory reliability indexes reported through Cronbach's Alpha, as well as test-retest temporal stability (Castañeiras et al., 2006, 2008, Fernández-Álvarez et al., 2003).

Procedure

The DG therapists were contacted through specific institutions dedicated to the treatment of people with intellectual disabilities, in the province of Mendoza, Argentina. An email was sent commenting on the objective of the research, and requesting that, if they agree, the questionnaire be disseminated among their staff of professionals. Previously, the TPS-Q plus the Ad Hoc survey were transcribed to an online form to be answered digitally. There, a description of the research was added at the beginning, plus an informed consent form.

On the other hand, CG therapists were recruited through specific pages of psychotherapists, inviting them to collaborate in a study on the Personal Style of the Therapist. Similarly, the information from the TPS-Q and the Ad Hoc survey was transcribed into an online form, attaching the purposes of the research plus the corresponding informed consent.

The data collection was carried out during the months of August and September of the year 2020.

Data Analysis

It was confirmed that the distribution of the TPS-Q variables, that is, the five functions that make up the instrument, present a normal distribution. For this, the asymmetry and kurtosis of both variables were analysed. According to George and Mallery (2007), the presence of values greater than ± 2.00 indicates a non-normal distribution. Here, values lower than ± 1.00 were found, which are considered excellent (George and Mallery, 2007).

To corroborate the first objective, the t-test was performed for independent samples, setting a significance level of 0.05. Effect size was also analysed using Cohen's d, taking the following values as reference: small effect (0.25), medium effect (0.50), and large effect (0.80) (Cárdenas Castro and Arancibia Martini, 2014).

To meet the second objective, the subgroups were analysed separately. There, the effect of two specific variables on the functions of the TPS was explored through the Univariate Analysis of Variance (Anova): years of professional experience and theoretical approach. The effect size was estimated through the calculation of the squared Eta (η^2), where the effect sizes 0.10, 0.25, and 0.40 are considered small, medium, and large, respectively (Cárdenas Castro and Arancibia Martini, 2014).

Results

In the first place, it is mentioned to what extent both groups of therapists are homogeneous in their distribution in terms of demographic variables. As can be seen in Table 1, the average age was practically similar in both groups, the range being higher in the Clinical Group. However, no statistically significant differences were found in this variable using the t-test for independent samples: $t_{(102)} = .441$, $p = .660$. Regarding gender, a high prevalence of female therapists was observed in both partial samples, without observing the presence of significant associations between both groups using the Chi Square test: X^2 (1) = 3.829, $p = .050$. Years of experience were classified using the categories of previous work on the TPS (Castañeiras et al., 2006): beginners (up to 5 years of professional experience), intermediate (between 6 and 15 years of professional experience), and expert (more 15 years of professional experience). Following this classification, no significant association was observed between the variables using the Chi Square test: X^2 (2) = 5.699, $p = .058$. Finally, the theoretical approach was recorded as a professional variable, with most therapists adhering to CBT in the DG, and Integrative Therapy in the CG. Here, an independence of the variables was not reported, since a significant association was found between belonging to a certain subgroup (DG, CG) with the theoretical approach variable using the Chi Square test: X^2 (5) = 16.48, $p <. 01$.

First Objective Analysis

Based on the first objective, which proposed to compare the Personal Style of the Therapist in two samples of psychotherapists: one dedicated to working with people with intellectual disabilities, and another sample dedicated to the care of

the clinical population in general, a t-test was carried out to independent samples (see table 2). TPS functions were entered as test variables and the type of group the therapists belonged to as a grouping variable (DG, CG). As can be seen, three significant differences were found in the Expressive, Involvement and Operative functions. In all three cases, the highest scores were obtained by the group dedicated to the ID treatment, which means: a greater emotional closeness, a higher level of commitment to the task, and a preference for structured rather than spontaneous interventions. In the case of the Involvement function, the effect size was large (*d* > .80), while in the other functions the effect was small to moderate.

Table 2
Comparison of Means Between Therapists from the Disability Group (n = 52) and Therapists from the Clinical Group (n = 52)

TPS Functions	Disability Group	Clinical Grup	*t*	*p*	d
	M (SD)	M (DE)			
Attentional	19.26 (4.67)	18.28 (5.51)	.97	.33	.19
Expressive	41.23 (6.94)	37.53 (7.60)	2.58	.01*	.50
Instructional	28.40 (7.28)	31.11 (6.84)	-1.95	.05	.38
Engagement	29.03 (6.19)	24.34 (5.26)	4.16	< .001*	.81
Operative	24.05 (5.72)	21.29 (5.92)	2.42	.01*	.47

Note: values marked with asterisks indicate statistically significant differences.

Second objective analysis

To fulfil the second objective, which established to analyse if the years of experience and the theoretical approach have a significant effect on the TPS functions within each group of psychotherapists, the Anova test was applied within each group of therapists.

To corroborate the effect of the theoretical approach, a Univariate Analysis of Variance (ANOVA) was performed, separating each group of therapists (DG and CG). The five dimensions of the TPS-Q were introduced as dependent variables and theoretical orientation as a factor. Due to the univariate analysis, the interaction between the variables was not included. Although the analysis was conducted by separating the sample of therapists by groups (leaving an n of 52 cases per analysis), for educational purposes, the results are presented in a single table showing the analysis performed within each partial sample: DG and CG (see table 3).

Table 3

Comparison of the TPS According to Theoretical Approach in Therapists Who Work with Intellectual Disability and Therapists Who Do Not Work with Intellectual Disability (n= 104)

TPS Functions	Disability Group (n= 52)			Clinical Grup (n=52)		
	F	p	η²	F	p	η²
Attentional	4.129	0.006*	0.268	2.990	0.020*	0.245
Expressive	0.936	0.452	0.077	3.302	0.012*	0.264
Instructional	0.691	0.602	0.058	2.089	0.084	0.185
Engagement	0.815	0.522	0.068	1.372	0.252	0.130
Operative	3.591	0.013*	0.242	3.466	0.010*	0.274

Note: values marked with asterisks indicate statistically significant differences.

Through the post hoc Bonferroni test, it was possible to observe between which groups of therapists the significant differences occurred. In the Group of therapists working on Intellectual Disability, differences in Attentional and Operative functions were recorded between cognitive behavioural therapists and psychoanalytic therapists ($p < .01$), in both cases the former have higher values. While, in the Group of Clinical Therapists, new differences emerged within each function of the TPS: both in the Attentional function and in the Operative function, the differences were registered between psychoanalytic therapists with systemic therapists ($p < .05$) and with integrative therapists ($p < .05$). Here the highest scores were obtained by integrative and systemic therapists, while psychoanalytic therapists recorded the lowest values. On the other hand, within the CG, in the Expressive function, psychoanalytic therapists again differed significantly from their systemic peers ($p < .05$) and post-rationalist cognitive therapists ($p < .05$); lower values were obtained by psychoanalytic therapists.

Next, it was analysed whether the years of experience exerted a differential effect on the TPS factors, within each subgroup of therapists (see tables 4 and 5). As in the previous analysis, the five dimensions of the TPS-Q were entered as dependent variables and the years of professional experience as a factor. As a result, only a statistically significant difference was found in the DG, in the Expressive Function (See table 4). Although the scores tend to increase as the years of professional experience increase, the post hoc analysis (DSM) showed that the significant differences occurred between the first two groups of therapists ($p < .05$): beginners' therapists and intermediate therapists.

Table 4
Comparison of the Functions of the TPS According to the Years of Experience in the Group of Therapists Who Work in Intellectual Disability (n = 52)

TPS Functions	Years of clinical practice			F	p	η²
	Beginners (n= 27)	Intermediates (n= 22)	Experts (n= 3)			
	20 (4.40)	18.68 (5.11)	17 (3.60)	0.851	0.433	.034
Attentional	38.96 (6.29)	43.5 (7.33)	45 (1.73)	3.377	0.044*	0.12
Expressive	28.18 (6.20)	29.18 (8.68)	24.66 (5.50)	0.523	0.596	.021
Instructional	28.07 (6.39)	30 (6.27)	30.66 (2.51)	0.688	0.508	.027
Engagement	24.66 (4.94)	23.54 (6.82)	22.33 (4.04)	0.368	0.694	.015

Note: values marked with asterisks indicate statistically significant differences

Table 5
Comparison of the Functions of the TPS According to the Years of Experience in the Group of Cherapists Who Work in the Clinical Group (n= 52)

TPS Functions	Years of clinical practice			F	p	η²
	Beginners (n= 35)	Intermediates (n= 11)	Experts (n= 6)			
	19.14 (5.74)	17.27 (5.06)	15.16 (3.97)	1.603	0.212	.061
Attentional	36.25 (7.52)	39.09 (8.10)	42.13 (5.61)	1.885	0.163	.071
Expressive	30.50 (7.15)	34.63 (5.06)	28.16 (6.11)	2.258	0.115	.084
Instructional	24.45 (4.87)	23.81 (7.22)	24.66 (3.93)	0.072	0.931	.003
Engagement	21.71 (5.77)	21.81 (6.77)	17.83 (4.75)	1.164	0.321	.045

Discussion

Based on the first objective, significant differences were found in three functions of the TPS: Expressive, Involvement and Operative. In all three cases, the highest scores were obtained by the group dedicated to DI treatment. The results found here partially coincide with previous studies about the TPS on specific populations.

Significantly, the Expressive Function here turned out to be higher than in the CG. This function is related to the emotional expression and intensity that the therapist facilitates during therapeutic encounters, as well as their tolerance for emotional exchanges. It is considered that the polarities between which the possible values oscillate are represented by emotional distance (lower level) and emotional closeness (higher level) (Fernández-Álvarez et al., 2003).

In similar research on therapists working with specific patient populations, Expressive function has tended to be lower, that is, the therapists demonstrated greater emotional distance. This has occurred both in clinical psychologists who treat severely disturbed patients (Rial et al., 2006) and with those psychotherapists who are dedicated to the clinical care of cases of child abuse (Casari et al., 2014). Therefore, the results found here do not coincide with two of these investigations.

The results also reported the Engagement Function was also significantly

higher in comparison with the group of clinical psychologists. This function is related to the therapist's commitment to his patients and to his professional role in general, that is, how important psychotherapy is as an activity in his personal life. Although this would suggest that the Involvement function should be high, in certain situations of high emotional or work demand, therapists tend to take greater distance as a protective measure against professional burnout (Rial et al., 2006). In this way, the polarities of this function oscillate from a low to a high degree of involvement (Fernández-Álvarez et al., 2003).

The Engagement function has obtained different results in three studies that used similar methodologies, but with different populations. In the case of therapists for patients with addictions (Casari et al., 2019) and therapists for patients with autism spectrum disorder (ASD), the values tend to be high, denoting greater commitment in their professional role (Casari et al., 2017a). However, when therapists of severely disturbed patients were studied, the results were opposite: lower degree of involvement (Rial et al., 2006). So, the results of this study coincide with the most recent research (Casari et al., 2017a; Casari et al., 2019) that indicate a higher degree of commitment to the task.

Lastly, the Operative function also showed statistically significant differences in the comparison between therapists, where psychologists dedicated to dealing with patients with ID were more inclined towards guided interventions than spontaneous ones.

This function is related to the way therapists intervene, freely or intuitively, or following the steps of already structured treatments and interventions. Therefore, the polarities oscillate between spontaneity and subject to guidelines (Fernández-Álvarez et al., 2003).

Coinciding with the research by Rial et al. (2006) on therapists of severely disturbed patients, a greater development of the Operative function was also found here.

As a conclusion of the first objective, it can be said that the TPS functions that apparently differ or are specific to work in Intellectual Disability are: Expressive, Involvement and Operational. However, as has been stated in the tradition of TPS studies in clinical populations, having a certain profile does not mean that it is effective (Casari et al., 2018). According to the TPS theory, certain profiles may turn out to be more suitable for certain tasks (Fernández-Álvarez et al., 2003), coinciding with later research that affirmed that therapists end up developing a certain mastery for the treatment of certain specific problems, either in similar clinical situations or to work with patients who present certain levels of symptom severity (Johns et al., 2019).

Why could the profile of these therapists be characterized by greater development in the functions of Involvement, Expressive and Operative? Remember that, of the three functions, the one with the largest effect size was the first: Involvement.

ID work is a task that demands high personal resources and deal with insti-

tutional contexts (McInnis, 2016; Wodrich et al., 2010), as well as working with patients who usually present psychiatric comorbidities (Stünkel-Grees et al., 2018) and who cognitively do not have the same abstraction capacity as adults with normal cognitive development (Capri, 2014). Based on these aspects, it is recommended to be flexible in your approaches and set goals according to the possibilities of your patients with ID (Capri, 2014). It may happen that these aspects influence the further development of the Involvement function.

The Expressive function has been related to the Involvement function (Casari et al., 2017b) and has been included within the motivational and emotional aspects of the TPS (Fernández-Álvarez et al., 2003). For this reason, it is expected to a certain extent that the development of the Expressive function is associated with the greater development of the Involvement function, possibly the same factors of work in DI are those that can explain this result. The greater emotional communication observed in therapists may be due to the need for empathy for the use of interventions such as motivational interviewing (Frielink & Embregts, 2013). Although the Expressive function has been theoretically related to empathy (Fernández-Álvarez et al., 2003), its empirical link with cognitive aspects of empathy has recently been detected (Tabullo et al., 2021).

On the other hand, in psychotherapy with patients who have ID, aspects related to personal development, self-discovery and the achievement of positive changes are also worked on (Porcelan et al., 2019). These types of objectives would seem to be more associated with emotional exploration techniques than with behavioral techniques, so they could affect the Expressive function.

Regarding the Operative function, it has also shown its association with the Expressive function in empirical studies (Casari et al., 2017b), even though theoretically it belongs to the technical aspects of the TPS (Fernández-Álvarez et al., 2003). It can be inferred that the fact of having evidence-based therapies available to work with patients with ID (Porcelan et al., 2019) may make professionals lean towards prescribed treatments instead of acting more spontaneously. Unlike what can happen in the general clinic, where patients with a wide heterogeneity of symptoms or in search of personal development are seen (Fernández-Álvarez and Opazo, 2004). The aforementioned factors may also be influencing, such as psychiatric comorbidity and institutional work, which direct professionals to work in a more structured manner (McInnis, 2016; Stünkel-Grees et al. 2018; Wodrich et al., 2010).

Next, the effect of two variables on TPS within each subgroup was analysed: theoretical approach and years of professional experience.

Here it was found that in the theoretical approach differences were observed in the Attentional and Operative functions in both groups of therapists (DG, CG). However, the Expressive function only showed significant differences within the CG.

The theoretical approach is one of the most studied variables within TPS research and most of the functions, including Attentional, Operative and Expressive, have shown significant differences according to the theoretical approaches of

professionals (Casari et al., 2018).

So far, it could be thought that, if the same TPS functions show significant differences in the two work groups, it would be a variable that is not specific or sensitive to change according to the type of patients with which the professional works. Or, put another way, the theoretical approach produces differences in the TPS beyond the clinical work group.

However, in the post hoc analysis it was observed that the differences occur between different subgroups of therapists within each partial sample: Cognitive-Behavioural therapists with Psychoanalytic therapists in the group of therapists who care for people with ID; Psychoanalytic psychologists with systemic psychologists and integrative psychologists in the CG. It is recalled that, in this case, a homogeneous distribution was not observed between the different theoretical approaches with the groups of therapists, so this result may be biased due to the heterogeneous representation of therapists within each partial sample.

Within ID psychotherapy, both cognitive behavioural and psychodynamic approaches have been proposed (Himmerich, 2020; Porcelan et al., 2019; Shepherd, & Beail, 2017). These results would show that the profile of the TPS would not only be influenced by working with specific populations, but also by adhering to certain theoretical frameworks of approach. Although unlike the previous result, here the size of the effect was between small and moderate for the different functions of the TPS, which would suggest a greater influence of the work group over the theoretical orientations of the professionals.

Finally, the analysis of the years of experience showed a statistically significant difference in the Expressive Function in the DG, where a rising trend is observed as the years of professional experience increase, coinciding with previous studies (Casari et al., 2019; Castañeiras et al., 2006). In contrast to the analysis of the theoretical approach, here a homogeneous distribution of the years of professional experience was observed in the two groups of therapists compared.

The previously mentioned characteristics that could be related to the Expressive function, such as empathy, work on personal development and self-discovery (Frielink, & Embregts, 2013; Porcelan et al., 2019) apparently tend to increase over time. This data is striking, because it is not a statistically significant correlation that is also replicated in the CG, which would suggest that it is an idiosyncratic characteristic of the profile of these therapists. However, the size of the effect is small, which would suggest that it is not a significantly relevant interaction.

In summary, the results found here have the following implications:

- First, it is a disciplinary contribution; the TPS tends to adapt to the work context. This means that work in ID cannot be an extension of basic training in psychotherapy, specific therapeutic skills are needed.
- Second, by being able to isolate a prototypical TPS profile, professional training programs can be developed based on therapeutic competencies associated with TPS functions. For example, knowing that the Expressive

function predominates in this group of therapists and that it is associated with empathy (Tabullo et al., 2021), a therapeutic skills program to work with intellectual disabilities should include training in empathy. As well as knowledge of evidence-based interventions (because of its link with the Operational function).

- Lastly, and with respect to the Engagement function, which is associated with therapeutic commitment, it does not mean that it should always be elevated as a guarantee of therapeutic efficacy. In fact, it may happen that the greatest commitment manifests itself as a way of dealing with a therapeutic activity that exceeds the professionals' own resources, leading to negative consequences in the medium and long term, such as professional desertion or burnout (Casari et al., 2019). In this sense, an application of these results could be derived in wellness programs for professionals, where containment and supervision spaces are provided.

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