EXECUTIVE SUMMARY

REQUIREMENTS FOR PSYCHOTHERAPY TRAINING AS PART OF BASIC SPECIALIST PSYCHIATRIC TRAINING

These guidelines outline the knowledge and skills objectives for psychotherapy training as part of basic specialist training. The objectives are achievable within a general psychiatric service, may be appraised through the educational contract between trainee and educational supervisor, and assessable through supervision, case formulation and training exercises.

There are five basic requirements:

• Development of interview skills
• Psychotherapeutic formulation of psychiatric disorder
• A minimum of 3 short-term cases (12-16 sessions), each using a different psychotherapeutic model
• One long-term individual case (12-18 months) – any model
• Some experience of either group psychotherapy or couple, family, and systemic therapy

Implementation requires:

• The appointment on rotational training schemes of a co-ordinator for psychotherapy training who will normally be a Consultant Psychotherapist
• Psychological treatment skills to be part of the educational contract
• Supervision normally provided under the auspices of a Consultant Psychotherapist with the assistance of specialist practitioners with whom formal arrangements will be needed.
• The use of log books
• Mandatory fulfilment of objectives in order to enter for the MRCPsych Part 2 examination
REQUIREMENTS FOR PSYCHOTHERAPY TRAINING AS PART OF BASIC SPECIALIST PSYCHIATRIC TRAINING

INTRODUCTION

These guidelines set out objectives for the training of psychiatrists in psychological therapies. They replace previous documents on psychotherapy training at basic specialist level and introduce the first part of new guidelines for all levels of psychiatric training, including SpR training and CPD. They form a joint statement from the Faculty of General Adult and Community Psychiatry and the Faculty of Psychotherapy. The term ‘psychotherapy’, unless qualified, is used generically to refer to all types of psychological therapy.

People using mental health services have a wide-range of problems and expect appropriate treatment to be delivered by adequately trained practitioners. There is increasing demand for psychological treatments either as complementary to physical and social interventions or as an alternative to them. Further there is increasing evidence that psychological treatments are effective for many mental health problems (NHS Psychotherapy Services in England: review of strategic policy). Consequently the public and professional colleagues expect that all psychiatrists, along with other mental health professionals, should have basic understanding of psychotherapy theory, be able to treat patients safely with specific psychological treatments, to use psychological understanding as part of an overall treatment plan, and to know when to refer for specialist treatment. Psychotherapies carried out incompetently or unethically can be harmful to patients. Failure to provide appropriate treatment and serious errors in therapy can be reduced by ensuring that psychiatrists are appropriately trained, qualified and supervised in psychotherapeutic methods, and that they demonstrate a commitment to evidence-based practice.

Supervision by practitioners who are skilled in psychotherapeutic techniques, usually by, and/or under the auspices of, a Consultant Psychotherapist is a fundamental aspect of training. The skills described below may be acquired through supervised clinical experience during basic psychiatric training. The development of basic skills is complementary to, and does not replace the need for some psychiatrists to be trained to specialist level in psychotherapeutic treatment.

Training should be incremental with each training post adding to previous experience. In keeping with this principle the guidelines are organised according to training progression and assume that psychotherapeutic skills need to be practised continually if they are to be maintained. The theoretical knowledge on which these skills should be based is outlined in the Curriculum for Psychotherapy for MRCPsych Exams (RCPsych 2001) (This document is obtainable from the College or can be downloaded from the College website). Adequate implementation will necessitate 1) training schemes identifying a Consultant, usually a Consultant Psychotherapist, who is aware of all the training opportunities on a rotational training scheme, to co-ordinate training in psychotherapy; 2) a programme of training for trainers and educational supervisors.
who will be responsible for monitoring trainees progress; 3) the continued use of log books; 4) fulfilment of requirements in order to enter for MRCPsych Part 2.

Senior House Officer - Post 1

AIMS

• To develop a knowledge of and expertise in psychological skills involved in interviewing individuals and families
• to recognise the relevance of past and present psychological and social stresses in the predisposition to, and the development and maintenance of psychiatric disorder
• to be able to use this knowledge and skill to agree a formulation, to form a treatment plan with the patient, and to gauge prognosis.

KNOWLEDGE OBJECTIVES

By the end of the first six months psychiatric trainees should be able to

• explain the clinical importance of both verbal and non-verbal communication from the point of view of the patient and the psychiatrist
• discuss the importance of the therapeutic alliance in the doctor/patient relationship
• explain the significance of the psychiatrist’s own feelings in any clinical situation
• explain the importance of motivating patients and their families, and of allaying anxiety in order to encourage co-operation with treatment plans
• explain the necessity of ensuring an interview setting in which neither the patient nor doctor is at risk.

SKILLS OBJECTIVES

By the end of their first 6 months psychiatric trainees should have had interview training and be able to:

• recognise the stress of the interview to the patient; establish a rapport; gain and clarify information; use open and closed questioning; use non-directive, non-judgemental style to allow affective expression; accept negative feelings; emphasise positive strengths; develop a supportive approach.
• interview and assess silent, paranoid, hostile, violent or suicidal patients
• monitor and modify their own communication style and emotional reactions to patients

• recognise situations when they need supervision and support

• conduct a brief family interview for the purpose of information giving and information gathering

Where does learning take place

1. Induction programme. An overview of psychological interventions and psychotherapeutic interviewing should be part of an induction programme.

2. The learning of general skills in the first post may be integrated within general psychiatry training and not necessarily be the responsibility of a specialist psychotherapist. For example eliciting information sensitively and open and closed questioning are usually learned through observation and practice in ward rounds and out-patient clinics, monitored by educational supervisors.

3. Workshop on basic skills should be provided, possibly as part of an MRCPsych (Part 1) course. Role play and training packages using audio and video tape may be useful, particularly of risk assessment and the evaluation of violent, personality disordered, or psychotic patients.

4. Case Discussion Groups. A protected educational time to discuss patients whom trainees find difficult may be organised. Trainees should discuss clinical situations which they find challenging such as being asked personal questions, being threatened, being made to feel incompetent i.e. a Balint-type group on a weekly or fortnightly basis, led by a Consultant Psychotherapist or senior member of a psychotherapy department, or appropriately trained Consultant Psychiatrist.

ASSESSMENT

1. Within the educational contract between the trainee and the educational supervisor

2. In interview skills workshops using assessed exercises.

3. In the clinical work setting, including outpatient and inpatient areas. This should be monitored within the educational contract between the trainee and the educational supervisor.
AIMS

• To develop a basic understanding of psychotherapy theory
• To be able to treat patients and their families safely with specific psychological treatments
• To be able to use psychological understanding as part of an overall treatment plan
• To recognise when referral for specialist treatment is necessary

KNOWLEDGE OBJECTIVES

These can be found in Outline of Curriculum in Psychotherapy for MRCPsych.

SKILLS OBJECTIVES

There are general skills common to all psychotherapies, specific skills particular to different models of psychotherapy, and specific skills associated with short term and long term psychotherapy.

General skills common to all psychotherapies

By the end of general psychiatric training trainees will be able to:

• Understand the importance of and be able to demonstrate their ability to develop and maintain a contract for psychotherapy
• Ensure that the structure of therapy is developed and maintained through constant monitoring of boundaries.
• Explain the aims and rationale of therapy and how if will be organised in a way that is understandable to the patient
• Understand the ways in which a therapeutic alliance can be developed and strengthened throughout therapy and demonstrate the ability to do so
• Show awareness of the importance of the relationship between patient and doctor and the contribution to this of such factors as warmth, rapport, empathy, optimism, and understanding of the patient’s problems.
• Demonstrate the ability to end the therapy sensitively and with recognition of the patient’s feelings about the ending.
Specific Skills and Core requirements

Specific skills should be developed through treatment of patients in short-term and long-term psychotherapy using different models of therapy.

From the 2\(^{nd}\) post onwards the trainee will develop specific skills through treatment of:

- a minimum of 3 short-term cases; one each from Groups 1-3.
- one long-term individual case – any model.
- at least one experience from Group 4

MODELS & MODALITIES OF THERAPY (including some indicative skills)

Group 1 – Transference-based therapies

a) Psychoanalytic therapy (PA)

Specific skills will include a) use of transference and countertransference, b) clarification, confrontation and interpretation, c) management of acting out, d) exploration of conflict, e) relating past experience to present conflict.

b) Psychodynamic/Interpersonal therapy (PI)

Specific skills will include a) identification of interpersonal difficulties, b) development of a shared understanding through the use of statements, a language of mutuality, metaphor, and shared hypotheses, c) identification and focus on difficult feelings, d) gaining insight through links with present and past and use of transference and countertransference, e) sequencing of interventions, and acknowledging positive changes

Group 2 - Cognitive therapies

a) Cognitive-behavioural therapy (CBT)

Specific skills will include a) the setting and following of an agenda, b) use of homework, c) identification of cognitive errors and core beliefs, d) exploration of underlying assumptions, e) searching for alternative explanations.

b) Behavioural therapy (BT)

Specific skills will include a) identifying abnormal behaviour patterns b) helping to plan and practice alternative behaviours, c) teaching of skills, d) using homework, e)
encouraging patient to self-monitor, f) helping the patient identify cues and consequences of behaviour

**Group 3 – Integrative therapies**

a) Interpersonal therapy (IPT)

Specific skills will include a) relating symptoms to an interpersonal context b) identification of a major problem area such as grief, interpersonal disputes, deficits, or role transition c) identification of nonreciprocal role expectations d) therapeutic use of the sick role e) explicit discussion of the importance of termination f) use of techniques such as encouragement of affect, clarification, communication analysis g) acting as patient advocate.

b) Cognitive-analytic therapy (CAT)

Specific skills will include a) composing a written reformulation b) identifying relationship problems as reciprocal role procedures, c) identifying patient ‘problem procedures’ and exits from these d) understanding transference and countertransference in terms of reciprocal roles e) use of self-monitoring of problem behaviours or problem procedures to further self-reflection f) address issues pertinent to the patient e.g. loss, separation, frustration, imperfection

c) Supportive therapy (ST)

Specific skills will include: a) understanding indications for ST i.e. for patients in whom there are dangers in more intensive therapy; b) helping patients to make the most of positive aspects of their personality; c) maintaining the boundary of therapy while providing a secure base; d) helping the patient to come to terms with their illness; e) working in alliance ruptures.

**Group 4 – Modalities and settings**

a) Group psychotherapy – out-patient, or in-patient, or day-patient setting

See later for indicative skills

b) Family therapy.

It is anticipated that mandatory training in Child and Adolescent Psychiatry will enable all trainees to gain some family therapy experience. Further experience in family work, especially with patients with severe and enduring mental illness, is expected at Specialist Registrar level (see Guidelines for Psychotherapy Training for Specialist Registrars – in preparation) although it is expected that some skills will be learned at the basic specialist stage. These will include: a) engagement and joining with a family; b) circular questioning; c) understanding structural features of families: boundaries, hierarchies, communication channels, subsystems; d) structural interventions: unbalancing, intensification, homework setting; e) dealing with
scapegoating; f) use of paradox and ‘prescribing the symptom’; g) family education; h) lowering expressed emotion; i) co-construction;

Skills Objectives of Short-term psychotherapy

Short-term psychotherapy is defined here as a psychotherapeutic treatment of 16 sessions or less.

Following treatment of patients in short term psychotherapy the trainee will be able to

- plan a time-limited treatment of 8-16 sessions
- formulate a focus of treatment
- show competence in different techniques of particular psychotherapeutic models
- use the time-limit therapeutically
- take an appropriate therapeutic style
- demonstrate an awareness throughout treatment of the importance of ending

Skills objectives of long-term psychotherapy

Long-term psychotherapy is defined here as psychotherapy, offered within any model, for 12-18 months duration.

It is recognised that long-term psychotherapy cases are difficult to organise within the constraints of general psychiatric training since trainees move hospitals. Nevertheless, some knowledge and skills can only be learned from treatment of patients over a longer period of time. Trainees should be able to demonstrate that they can:

- Describe the therapeutic relationship in the context of the long-term trajectory of mental health problems.
- Understand the inter-relationship between psychotherapeutic treatment and other components of a package of care for a patient.
- Recognise the intensity of the relationship that may occur between psychiatrist and patient.
- Recognise dependency and its advantageous and disadvantageous effects.
- Recognise and appropriately use countertransference feelings and thoughts.
- Pace the therapeutic work.
• Understand the importance of a longer-term ‘process’ in therapeutic work.

**Skills objectives in Group Psychotherapy**

Trainees should demonstrate that they can:

• Prepare patients for joining a group

• Describe the purpose and process of the group to its members

• Explain to group members the rationale for and importance of confidentiality and group boundaries

• Encourage participation during the group session

• Make both group and individual observations and interpretations

• Use a group to foster and manage a therapeutic milieu

**Where does learning take place?**

This will depend on the level of development of psychological treatment services (PTS) in the area where the trainee is working.

*Level 1 – a specialist PTS with Consultant Psychotherapist and other specialist staff.*

Specialist Psychotherapy Departments should be involved in the assessment of patients for treatment by trainees in both long-term and short-term psychotherapy. The development of specific skills related to different models of therapy will take place within these departments e.g. PA, PI, IPT, CBT, CAT.

Acquisition of basic skills in group psychotherapy may be obtained from working in supervised groups either within the specialist department or within the general psychiatric service e.g. anxiety management groups, in-patient groups, self-esteem groups, arts-based groups.

Other skills may be learned during specialist posts or within the Specialist Psychotherapy Department e.g. family therapy during posts in Child and Adolescent psychiatry, family and couple work within general adult psychiatry.

*Level 2 – a Consultant Psychotherapist working with some other specialist practitioners but lacking specialist skills available for all training requirements*
A few patients for long-term psychotherapy will be assessed by a specialist practitioner for treatment by trainees. Supervision will be from the Consultant Psychotherapist.

Some models of short-term therapy at specialist level may be available. Patients assessed for specific psychotherapeutic treatment with appropriate specialist supervision will be available to some trainees. Trainees may also offer a specific short-term psychotherapy to selected patients from general psychiatric out-patients or from other service settings. It is expected that, at minimum, facilities will be available for experience in PA and CBT/BT. Supervision should be arranged, under the auspices of the Consultant psychotherapist, from appropriately trained Consultant Psychiatrists, Psychologists, or other Mental Health Professionals. This will allow the development of psychotherapeutic skills within the general psychiatric setting.

In addition it is possible to develop skills related to long-term psychotherapy by offering supportive psychotherapy over a period of 12-18 months supervised by a Consultant Psychiatrist or Consultant Psychotherapist.

Acquisition of basic skills in group psychotherapy may be obtained from working in supervised groups either within the specialist department or within the general psychiatric service, or within Primary Care e.g. anxiety management groups, self-esteem groups, in-patient groups, day hospital groups, arts-based therapies.

Other skills may be learned during specialist posts e.g. family and couple therapy during posts in Child and Adolescent psychiatry.

*Level 3 – No specialist facilities available, no Consultant Psychotherapist and limited psychological treatment services.*

At this level of service it is difficult to ensure that patients are assessed appropriately for psychological treatment. In particular, expertise in psychological treatments may be so inadequate that trainees will be allocated patients who are unsuitable for training needs. Trainees and patients need to be protected from adverse therapeutic experience and the role of Tutors and educational supervisors is vital in ensuring an adequate quality of supervision.

Development of skills relevant to short-term work should be through treatment of a suitable patient from general psychiatric out-patients e.g. a depressed or anxious patient treated for a fixed number of sessions and supervised by the Consultant Psychiatrist or other mental health professional.

Skills appropriate to long-term psychotherapy should be through supportive psychotherapy of a patient in general psychiatric out-patients with supervision from the Consultant Psychiatrist.

Acquisition of basic skills in group psychotherapy may be obtained from working in groups within the general psychiatric service e.g. anxiety management groups, self-esteem groups, arts-based therapies, in-patient groups, day patient groups. Supervision should be from Consultant Psychiatrists, Psychologists trained in group work, or other Mental Health Professionals.
Other skills may be learned during specialist posts e.g. family therapy during posts in Child and Adolescent psychiatry, family and couple work within general adult psychiatry.

FOR CONTINUING RECOGNITION FOR TRAINING IT IS EXPECTED THAT ANY SERVICE WITH TRAINEES WORKING AT LEVEL 3 WILL HAVE MOVED TO LEVEL 2 WITHIN 3 YEARS, AND ALL SERVICES WILL HAVE MOVED TO LEVEL 1 BY 5 YEARS. THIS WILL USUALLY MEAN THE APPOINTMENT OF A CONSULTANT PSYCHOTHERAPIST (See: National shortage of Consultant Psychiatrists in Psychotherapy: a Way Forward – RCPsych Psychotherapy Faculty Document, October 2000)

HOW TO ASSESS

Case formulation: Trainees should write a case formulation in keeping with the model of therapy. This should be written early in treatment, modified during treatment, and finalised at the end of treatment. The formulation needs to be discussed with the supervisor to clarify the skills to be learned from the particular case.

Supervisors report: Supervisors should provide a report to the trainee’s educational supervisor and Programme Director on each psychotherapeutic experience.

Audio and/or video taped sessions: supervisor and supervisee may watch and/or listen to tapes to ensure identified skills are learned and appropriately implemented.

Sponsoring Tutors will need to ensure that training requirements have been met before signing up the trainee for the MRCPsych Part 2 examination.

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