**CT1-3 Psychotherapy Training**

**Guide for Trainees**

**Why Psychotherapy Training for Psychiatric Trainees?**

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Fig 1: ‘Maslow’s hierarchy of needs’as applied to CT1-3 psychotherapy training

The ability to think in psychotherapeutic terms about patients is a key feature of the delivery of all psychiatric care; developing psychotherapeutic competencies is thus an essential component of core psychiatry training. The main aims are: learning to think psychologically, learning to take a reflective and psychotherapeutic approach to all aspects of routine clinical practice in psychiatry and being able to respond to patients with greater understanding of emotional complexities. These serve the purpose of improving the clinical service offered to patients.Trainees need to learn about different psychotherapy methods to be able to refer appropriately, deliver basic interventions and to work with a patient undergoing therapy. Psychotherapy training can also contribute to the development of other generalisable, and essential, skills in core psychiatry training, including self-reflection and advanced communication skills.

According to the GMC’s curricular requirements, psychotherapy training is mandatory for all CT1-3s, who will need to have achieved satisfactory psychotherapy competenciesin order to progress in the ARCP process (Fig1).

**Expected Competencies**

The competencies expected from psychotherapy training, as summarised in the core curriculum, are:

* General
	+ Account for clinical phenomena in psychological terms
	+ Deploy advanced communications skills
	+ Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
* Specific
	+ Refer patients appropriately for formal psychotherapies
	+ Jointly manage patients receiving psychotherapy
	+ Deliver basic psychotherapeutic treatments and strategies where appropriate

Trainees should also understand which factors are important to assess for when referring a patient for psychotherapy and should have achieved enough understanding of expectations of therapies and therapists’ scope and limitations, so when jointly managing patients receiving psychotherapies, if difficulties with the therapy arise, they can understand what is reasonable and belonging to the natural struggle of therapy and what is not.

There have been recent changes to the core curriculum. There is a new intended learning outcome (ILO 19) to develop reflective practice including self reflection as an essential element of safe and effective psychiatric clinical practice, for which the psychotherapy training would be very relevant.

More guidance on expected psychotherapeutic competencies can be found in the core curriculum which can be accessed on the RCPsych website [here](http://rcpsych.ac.uk/traininpsychiatry/corespecialtytraining/curricula.aspx).

**Components of CT1-3 psychotherapy training**

|  |  |
| --- | --- |
| CT1 | Case Based Discussion (Balint) Group |
| CT1-3 | MRCPsych psychotherapy teaching First therapy case Second therapy case of a different length and modality |

1. **Case Based Discussion (Balint) Group**

In all regions trainees should attend the case based discussion (or Balint) group for a minimum of a year in CT1; trainees are encouraged in many areas continue to attend in CT2/3 beyond minimum requirements dependent on local resources.

Usually this will be a weekly group meeting for minimum of an hour, though in some regions other agreed equivalent are possible e.g. a 2 hour CBD/Balint Group meeting on a fortnightly basis.

The purpose of the Case Based Discussion (Balint) Group is discussion of routine clinical work from a psychotherapeutic perspective particularly focussing on emotional aspects of assessment and management of psychiatric patients. Trainees are encouraged to share their feelings and thoughts openly in their presentation and discussion of cases. The thinking, listening and formulation skills developed through the group are essential to the psychotherapy training and also closely aligned to the overall aim of developing self reflective and psychotherapeutic clinical practice. It also helps prepare you for later seeing therapy patients.

1. **Individual Therapy Cases**

The short therapy case is 12-20 sessions and the long therapy case is over 20 sessions. The modality of therapy is not specified and both cases need to be completed by the end of CT3. The two cases need to be in two different modalities, for example a trainee might take on a short case in a cognitively derived therapy and then might take on a long case in a psychodynamic psychotherapy.

The therapy cases need to be supervised by a supervisor trained in and practicing in that modality, with the oversight of the psychotherapy tutor.

Any difficulty anticipated in meeting the requirement needs should be raised at the earliest opportunity. There should be a psychotherapy tutor who can be contacted in case of difficulty.

This is a description of the minimum core training requirements, but trainees may gain additional valuable psychotherapy experience. Though not a requirement, some trainees go on to have a personal therapy (which can enhance insight and emotional understanding about responses to patients) or embark on a psychological therapy training programme at some point in their training.

**MRCPsych**

For the MRCPsych exam, trainees are advised also to look at the psychotherapy component of the exam syllabus and prepare accordingly:
[http://www.rcpsych.ac.uk/pdf/Syllabic%20Curriculum%20MRCPsych%20December%202013.pdf](http://www.rcpsych.ac.uk/pdf/syllabic%2520curriculum%2520mrcpsych%2520december%25202013.pdf)

**Reading**

To maximise usefulness of the locally provided psychotherapy teaching and in preparation for seeing therapy cases, reading can be undertaken of basic psychotherapy texts as well as potential further reading on specific therapeutic modalities. Please see the recommended reading list on the Faculty website training section.

**Workplace Based Assessments**

There are two different WPBAs required for psychotherapy cases (SAPE and PACE) and one for the Case Based Discussion Group (CBDGA). These are described below.

1. **CBDGA (Case Based Group Discussion Assessment)**
* This is completed by the Case Based Discussion Group conductor.
* 2 CBDGAs are needed in CT1
* 8 areas of competence are listed in the CBDGA (Fig 2) and a score of 4 out of 6 is the pass mark for the end of the CT1 year.

Fig 2: CBDGA form: areas of competence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unacceptable | Much work to be done | Borderline | Satisfactory | Accomplished | Unable to comment |
| Able to attend regularly and manage future predicted absences |  |  |  |  |  |  |
| Demonstrates an understanding of the importance of time keeping and of having a predictable and regular setting (frame) for therapeutic work |  |  |  |  |  |  |
| Able to listen to and connect with the patient adequately containing own anxiety. |  |  |  |  |  |  |
| Able to provide a narrative account of contact with the patient without adopting a purely biological or medical model. |  |  |  |  |  |  |
| Able to respond to others in a non-judgemental way |  |  |  |  |  |  |
| Self aware enough that (s)he does not have to impose personal solutions or self management strategies |  |  |  |  |  |  |
| Able to recognise and manage the different factors (gender, culture, age, disability etc) contributing to the practitioner’s emotional responses to the patient |  |  |  |  |  |  |
| Able to recognise the influence of unconscious process on the interaction with the patient. |  |  |  |  |  |  |

1. **SAPE (Structured assessment of psychotherapy expertise)**

The psychotherapy case supervisor will assess the trainee using the SAPE. The SAPE is a formative assessment, which should be seen as a learning opportunity**,** allowing feedback on progress to modify and build on current performance and to identify any areas of difficulty.

For the short case one SAPE is required, carried out at the end of therapy. For the long case 2 SAPEs are required; one SAPE could be completed after the formulation has been derived early or at the midpoint in therapy, with the second one carried out at the end of the case. There is a form for the SAPE on the Royal College’s Portfolio Online website (Fig 3).

Fig 3: SAPE form: areas of competence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unacceptable | Much work to be done | Borderline | Satisfactory | Accomplished | Unable to comment |
| Attitude towards patient |  |  |  |  |  |  |
| Understand rationale of treatment |  |  |  |  |  |  |
| Provide working formulation of patient's difficulties |  |  |  |  |  |  |
| Develop empathic and responsive relationship with patient |  |  |  |  |  |  |
| Establishing frame for treatment |  |  |  |  |  |  |
| Use of therapeutic techniques |  |  |  |  |  |  |
| Monitor impact of therapy |  |  |  |  |  |  |
| Ending treatment |  |  |  |  |  |  |
| Use of supervision |  |  |  |  |  |  |
| Documentation |  |  |  |  |  |  |

1. **PACE (Psychotherapy assessment of clinical expertise)**

After finishing the case the trainee needs to organiseto complete a PACE. The PACE is usually completed by the psychotherapy tutor. This requires the trainee to bring completed SAPE(s) and a 500 word summary of the case (which has been agreed with the clinical supervisor) and be prepared to discuss the case with the assessor.

The PACE is a summative assessment. This evidence from the PACE is used to inform ARCP panels with regards to meeting of the core curriculum psychotherapy competencies and hence readiness to progress to the next stage of training.

There is a specially designed form for the Psychotherapy ACE (PACE) on the royal college’s Portfolio Online website (Fig 4); this is different to the generic psychiatry ACE form.

Fig 4: PACE form: areas of competence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unacceptable | Much work to be done | Borderline | Satisfactory | Accomplished | Unable to comment |
| Attitude towards patient and development of an empathic relationship |  |  |  |  |  |  |
| Understand of the rationale of treatment and ability to provide a working formulation |  |  |  |  |  |  |
| Establishing frame for treatment and noticing challenges to this |  |  |  |  |  |  |
| Use of therapeutic techniques and monitoring the impact of these |  |  |  |  |  |  |
| Management of the ending of treatment |  |  |  |  |  |  |
| Use of supervision |  |  |  |  |  |  |
| Quality of written summary in conveying key points |  |  |  |  |  |  |

**Summary of WPBAs required**

|  |  |  |
| --- | --- | --- |
| **Evidence** |  **CT1** | **CT2 / CT3****(unless completed in CT1)** |
| 2 CBDGAs | ✓✓ |  |
| SAPE for short case  |  | ✓ |
| SAPEs for long case  |  | ✓✓ |
| PACE for short case |  | ✓ |
| PACE for long case |  | ✓ |

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