

Psychotherapy Research: Evidence and its discontents

IMPROVING RESIDENT DOCTORS' UNDERSTANDING OF PSYCHODYNAMIC THEORY USING RECORDED WORKSHOPS

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INTRODUCTION

Completing a psychotherapy long case is a mandatory part of Core Psychiatry Training in the UK, with the skills learned being widely recognised as beneficial to general psychiatric practice. While supervision traditionally emphasises building a relationship with the patient as the central developmental task, there is growing appreciation that theoretical knowledge plays an important role in the delivery of psychodynamic psychotherapy, and that the two are complementary rather than competing.

The South London and Maudsley (SLaM) training scheme MRCPsych course includes only a few hours of relevant teaching, leaving many resident doctors feeling under-equipped to begin psychodynamic work. Previous surveys across several UK training schemes have identified that 72% of residents felt they lacked sufficient knowledge before starting their long case^[1], and a consistent desire for more teaching as a way of improving confidence^[2,3]. Another trust's pilot of an additional psychodynamic psychotherapy training workshop led to subjective improvements in knowledge of theory and clinical application^[4].

AIM

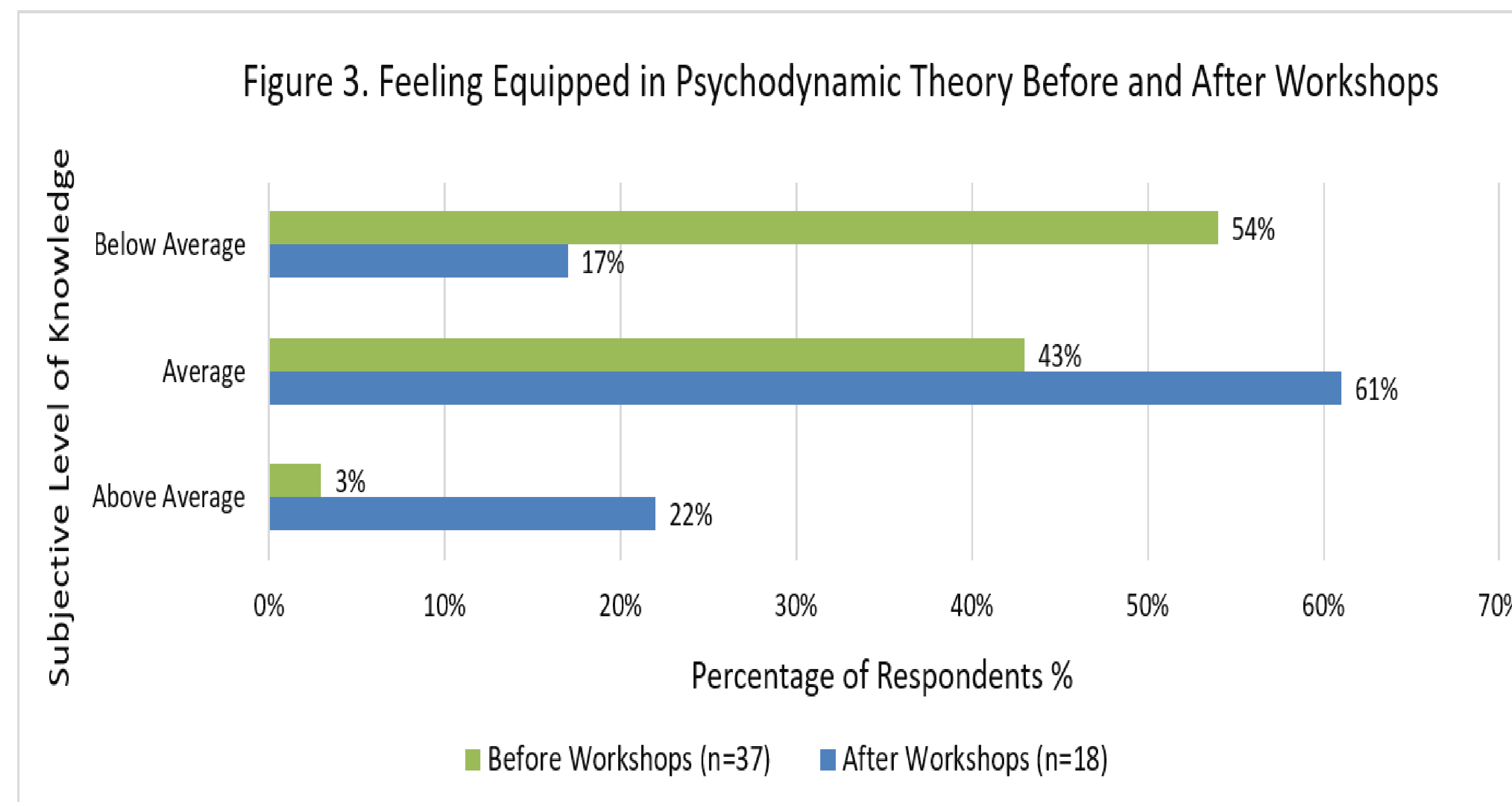
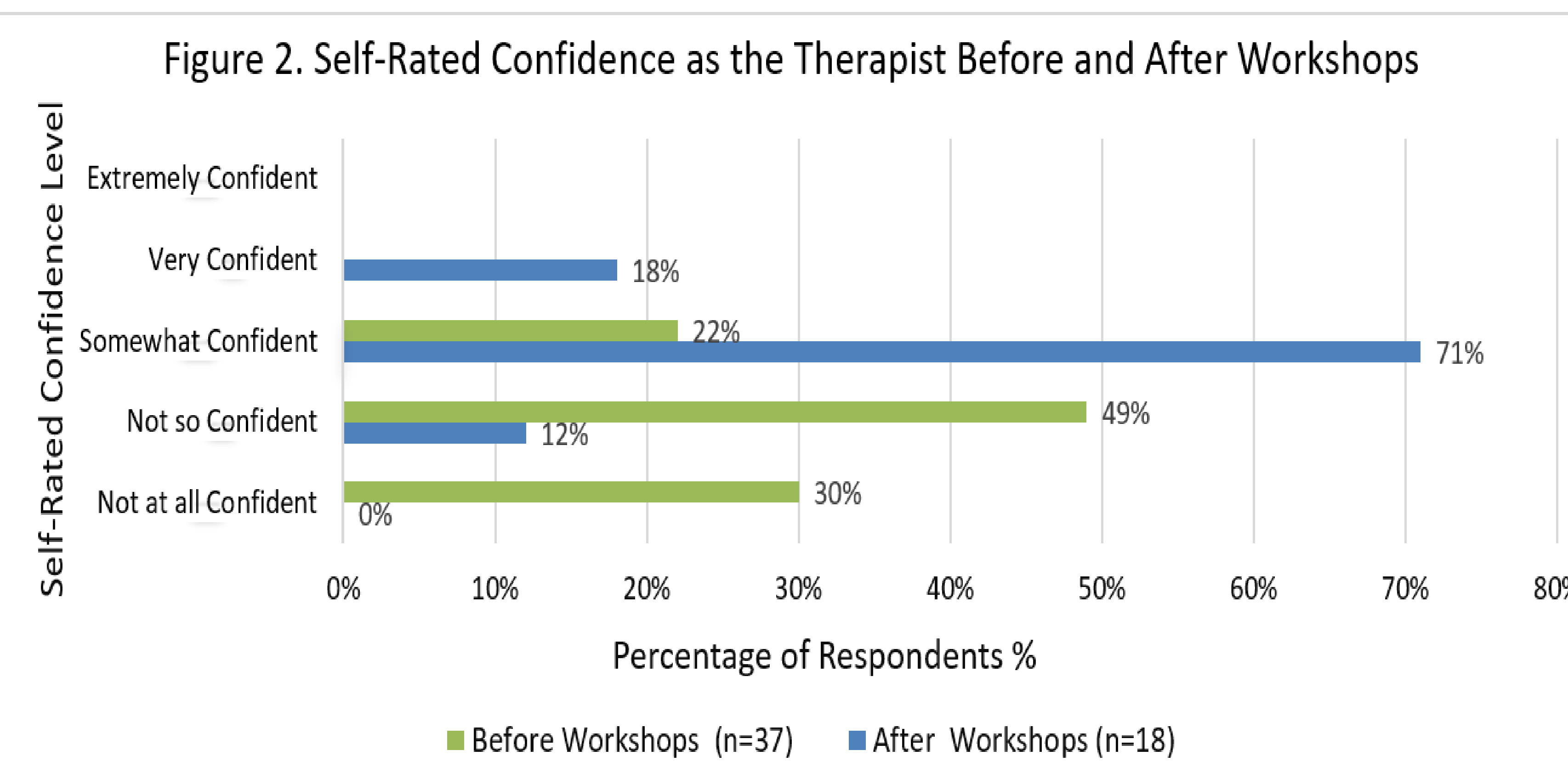
The initial aim of the QI was to identify a sustainable way of embedding theoretical teaching within supervision for resident doctors undertaking their psychotherapy long case. During the 2nd cycle, it became apparent that the aim could expand in providing asynchronous modes of psychodynamic learning to resident doctors undertaking their long case, which could also be transferable to other modalities.

METHODS

- **Four workshops** were delivered across two supervision groups (n=8): two face-to-face (Listening Stance and Formulation) and two recorded (Attachment Styles and Personality Organisation).
- **Following positive feedback**, two additional recorded workshops (Formulation and Empathy Attunement) were developed and made available to all resident doctors undertaking a psychotherapy long case within SLaM.
- **Anonymous electronic questionnaires** were completed before and after accessing the workshops.
- Questionnaires included **Likert-scale ratings** of confidence in undertaking the therapist role and perceived theoretical preparedness, alongside **free-text questions** exploring gaps in current training and psychodynamic topics relevant to general psychiatric practice.

RESULTS

- A total of 37 responses were received for the pre-intervention questionnaire and 18 responses to the post-intervention questionnaire.
 - Among post-intervention respondents, 6 had accessed all recorded workshops, 4 had accessed multiple workshops, and 8 had viewed one workshop.
- As shown in the graphs below, accessing the videos was associated with an improvement in both confidence in being the therapist and subjective assessment of theoretical knowledge.



RESULTS CONTINUED

Analysis of the **pre-intervention** questionnaire free-text responses:

- Many respondents highlighted the need for **more teaching on psychodynamic theory**; including dedicated workshops and support with background reading during supervision sessions.
- A lack of confidence in how to approach a long case session, e.g. "what to say during sessions, appropriate times and opportunities to interject", and a **desire for observational learning in the form of role-play**. The lack of structure, as compared to CBT cases, was described as "daunting".
- **Supervision sessions** were generally praised as providing "very good quality training", although it was acknowledged there can be **insufficient time** to address all queries due to the number of supervisees.
- **Areas of theory identified as being useful** for general psychiatric practice included: attachment theory, defence mechanisms, transference/countertransference, personality structure, object relations theory, formulation and shifting from an interviewing style to a listening stance.

Analysis of the **post-intervention** questionnaire free-text responses identified:

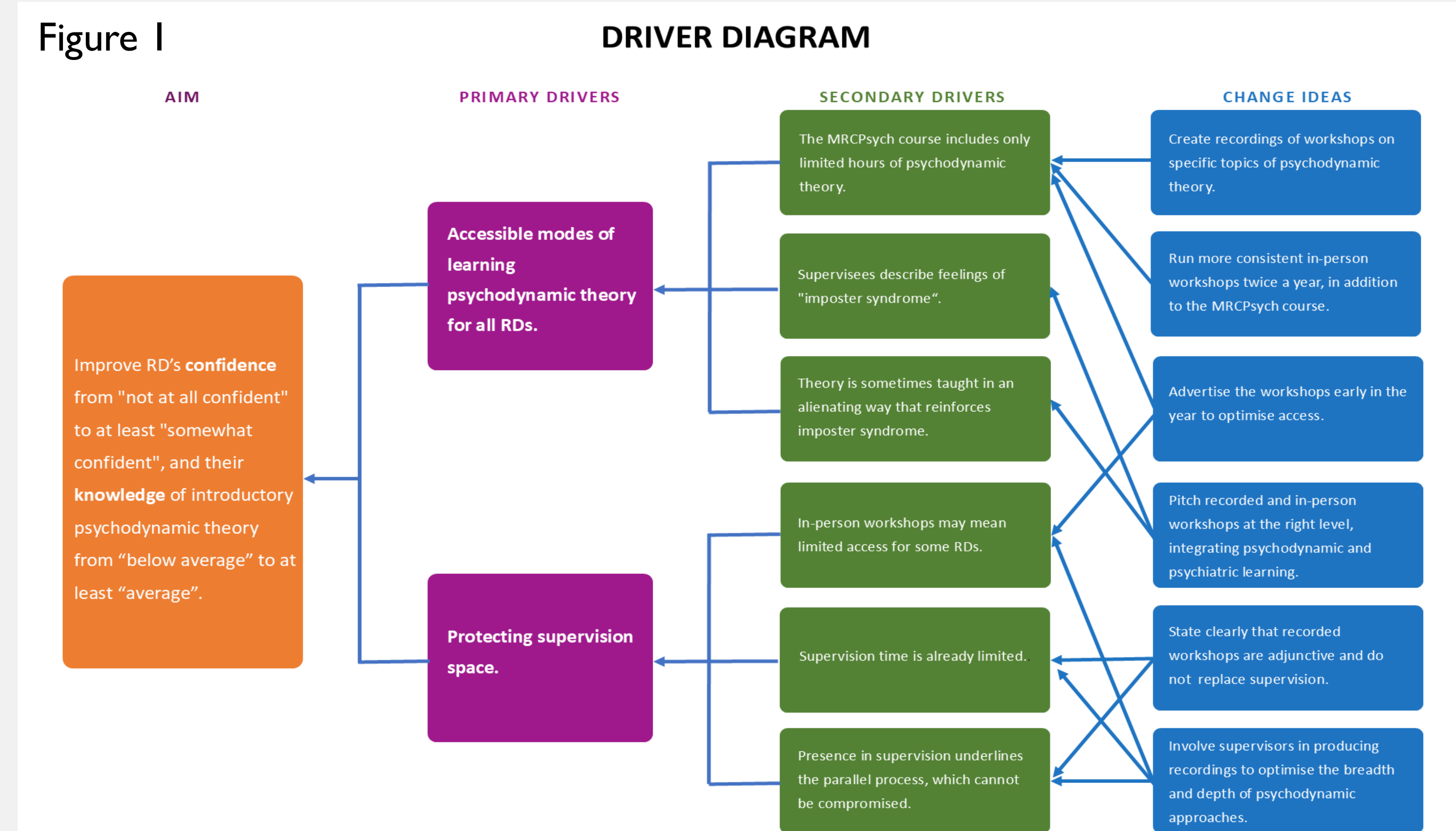
- It was felt that **theory was effectively presented alongside its practical application**, with the roleplay scenarios being praised, as well as the presenter being able to discuss their own experiences.
- The sessions were generally **pitched at the right level**, with a correct estimation of prior knowledge of residents; although some felt they already had an adequate understanding of attachment theory prior to the video.
- The **formulation workshop** was especially mentioned as being helpful, particularly in supporting completion of the SAPE/PACE.
- The sessions were **easy to access** in one's own time, although some respondents suggested improvement in the learner platform and audio-visual quality.
- **All respondents agreed it was worthwhile to continue** to build a bank of recorded workshops on psychodynamic theory.

DISCUSSION

- This pilot demonstrates the feasibility of developing recorded psychodynamic teaching resources to complement supervision for resident doctors. The four introductory topics addressed **themes that consistently arose in supervision sessions** and **represented core concepts** relevant to resident doctors starting their psychotherapy long case, with their relevance further supported by initial feedback from the wider resident doctor cohort.
- Future resources could expand to cover a broader range of psychodynamic concepts and theoretical perspectives, with contributions from supervisors representing different schools of thought and psychodynamic approaches. This would help **establish a shared theoretical foundation** prior to starting the psychodynamic case, while supporting the development of an **inclusive curriculum** and enabling **consensus to emerge regarding key introductory topics**.
- Developing recorded workshops is **resource-intensive**, requiring time, appropriate technology, creation of role-play scenarios, and coordinating participant availability. For supervisors for whom video production is not feasible, podcast or **audio recordings may provide practical and accessible alternatives**.
- Initial engagement in the project was encouraging, with 37 residents completing the pre-intervention questionnaire. There were fewer (18) responses to the post-intervention questionnaire; possibly reflecting **limited time and availability to watch the recorded workshops**. Future allocated time within the MRCPsych programme could enable participants to access the resources more easily.
- These materials are intended as an introduction, **not a substitute for experiential learning**. Core psychodynamic skills, such as adopting a listening stance and understanding countertransference, are developed through undertaking the psychotherapy long case and ongoing supervision. While **theory provides the foundation** for skills such as formulation, clinical expertise develops throughout a clinician's career.

CONCLUSIONS

Residents' own accounts indicate a clear appetite for structured theoretical input that is explicitly linked to clinical practice. Asynchronous instructional modules and flipped-classroom resources merit consideration as a sustainable component of psychodynamic supervision for resident doctors. Initial resident doctor engagement with and responses to the content created for this QIP has been remarkably positive and have provided useful direction for the development of further content.



DECLARATION OF INTEREST

The authors declare no conflicts of interest.

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