

# Mirror, Mirror, for us all? - Attitude towards personal therapy amongst Core Psychiatry Trainees

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## Background

Having personal therapy is a core component of psychiatric training in some countries. In the UK, it is mandatory for medical psychotherapy higher trainees but not for core trainees. Personal therapy uptake appears to be in decline. Yet anecdotally, therapy is felt by psychiatry trainees to be beneficial to the development of a psychiatrist.

## Aim

The aim of this project is to explore the attitudes towards personal therapy with regards to professional and personal development for a trainee psychiatrist.

## Method

An online survey was created comprising of 10 multiple choice questions with options to leave comments to encapsulate thoughts and qualitative experiences. This was disseminated to all current core psychiatry trainees in the North Central London Deanery via email.

## Results

23 respondents completed the questionnaire. In terms of demographics 2/3 were female and 1/3 male trainees mainly in their late 20s / early 30s and evenly presenting all 3 years of core training.

Of these, 4 had undergone personal therapy and only one out of 4 reported having negative effect of the therapy on their practice.

Respondents found personal therapy improved understanding and application of psychodynamic theories, and deepened understanding of therapeutic relationship.

Barriers to starting or continuing therapy were explored in all respondents and cost was most frequently reported, followed by time commitment.

The majority felt that personal therapy should be in the curriculum in some form.

Individual comments of respondents will be analysed and added to the poster.

While I can see the benefits of core trainees receiving personal therapy as part of their training it seems like it would just be too expensive to fund this given the cost of private therapists and the number of trainees. Given the limited availability of therapy on the NHS if this were offered to trainees it would mean less provision for patients who probably need it more. Group therapy would be tricky as it might be difficult for trainees to open up with work colleagues present and if they were in groups with patients this would potentially lead to issues with confidentiality/the risk of them having to look after patients they have been in therapy groups with. I do not think personal therapy is important enough for this to be merited, particularly given that most trainees do not become medical psychotherapists. However I'd be interested to hear more ideas on how this might work as if it were possible to provide personal therapy as part of the curriculum that would be brilliant.

I feel it should be widely available but I'm not sure it should be a compulsory part of the curriculum as a core trainee.

## Comments received

Individual therapy should be available to all core trainees, but not compulsory. It should also be subsidised or free and time given from training/teaching to attend sessions.

Given that we have to deliver psychotherapy, I feel that we should first receive personal therapy to understand the process before we attempt to deliver therapy.

I would rather prefer to have personal therapy as a voluntary part of the curriculum rather than mandatory but with a possibility to use study leave and budget for that.

## Conclusion and discussion

Less than a fifth of respondents have had personal therapy and the majority found the experience positive. There appears to be a strong support for personal therapy to be included within the curriculum both from those who have had therapy and those who haven't. The feeling within the cohort is there is much to be gained personally and professionally, albeit limited by cost and time commitments. The route into therapy for medical psychotherapy trainees is well guided via the curriculum, but should this support be extended to all psychiatry trainees? We look to the expanded ideas within the poster to stimulate further conversation about the implications of personal therapy for psychiatry trainees.