

More than Medication!

Trainee Perspectives on Integrating Psychological Treatment into their Routine Practice



Aims: To ascertain trainees' perceptions of integrating Cognitive Behavioural Therapy (CBT) techniques into their routine psychiatric appointments within a Community Child and Adolescent Mental Health Service (CAMHS).

Background: The Curriculum for Core and Higher Trainee Psychiatrists expects trainees to be able to deliver psychological treatment to patients. For most trainees gaining experience in these therapies is set apart from their routine work, further increasing the divide between the psychosocial and biological spheres in psychiatry.

Psychiatric trainees working within Barnet CAMHS are encouraged, and appropriately supervised, to enable them to integrate CBT techniques into their regular reviews. This can benefit patients waiting to start treatment with the psychology team, or augment the psychological input already received.

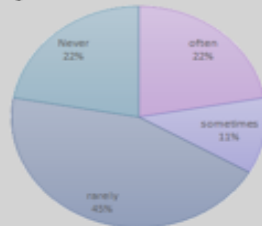


Methods: All trainees who have worked in the team within the last 3 years were asked to complete a survey regarding their experience of integrating CBT techniques into their clinical work.

Results: A total of 9 responses were received from the 10 trainees (3 Higher & 7 Core).

I utilised CBT techniques in my consultations

Prior to the placement:

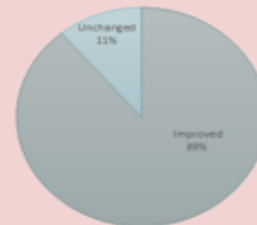


Following the placement:



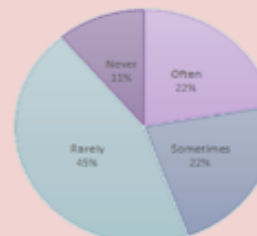
All respondents reported improved confidence utilising the CBT model. The majority of respondents perceived improved patient outcomes (89%) & relationships (78%).

I felt that my patients' outcomes were:



The majority (56%) reported that their was rarely or never insufficient time for additional aspects of psychiatric care.

Using CBT techniques left insufficient time for other aspects of psychiatric care



It was really helpful having something potentially curative and useful to "give" to patients in an assessment

I felt more positive about the care I was giving my patients. I was able to provide an intervention & work with them to reduce their symptoms.

I sometimes felt limited by appointment time and frequency.

I have been able to apply similar techniques with some patients seen in A&E and clinic settings.

At first I was sometimes so focussed on getting the CBT 'right' I wasn't able to really listen & build a strong rapport with my patients.

I feel able to support patients without the use of so much medication.

Conclusions: This small study suggests that Psychiatry Trainees and CAMHS patients benefit from the use of psychological techniques within psychiatric consultations.

