

### INTRODUCTION

Psychotherapy competency is still an integral part of the psychiatry training curriculum in many countries, including the UK.<sup>1,2,3,4</sup> Within this context, the importance of personal psychotherapy has been contested,<sup>5,6</sup> but the rationale supporting its use during training includes professional development, educational benefits and improvement of personal resilience.<sup>7</sup>

In the UK training programme, core trainees are expected to participate in a reflective group and undertake psychotherapy cases with appropriate supervision.<sup>4</sup> However, only Medical Psychotherapy higher trainees are funded to complete personal psychotherapy.<sup>8</sup>

There is some evidence that personal psychotherapy contributes to a positive effect on therapists' empathy, warmth and genuineness, though not necessarily improving patient outcomes.<sup>9</sup> Furthermore, a survey of UK psychiatric trainees showed that personal psychotherapy had some relevance to training from a pastoral and educational perspective.<sup>9</sup>

The aim of this project, funded by the Royal College of Psychiatrists Medical Psychotherapy Faculty, is to complete a pilot of brief personal psychotherapy for core psychiatry trainees, and assess the feasibility and potential benefits of such an intervention. Our hypothesis is that following the intervention trainees might have a better sense of psychodynamic principles and practice and feel more confident about undertaking their "long case", and that the experience supports their development in other roles and areas of clinical practice.

### OBJECTIVES

If psychiatry trainees are offered a brief period of personal psychotherapy, how does this influence their training experience and practice?

1. Does personal therapy help to develop a trainee's understanding of psychodynamic concepts?
2. Does it help them prepare for their long psychodynamic psychotherapy case?
3. Does it support them in other areas of their clinical practice?

We collected quantitative and qualitative data to explore the potential benefits and possible challenges of incorporating personal psychotherapy into psychiatry training.

### METHOD

All psychiatry core trainees within the Trust were invited to participate in this pilot study. Our criteria excluded trainees who were due to start, were undertaking or had completed their "long case" or those who had previous experience of individual psychotherapy either as a client or therapist (other than the psychiatry training "short case").

Interested trainees (n=7) were randomised to an intervention or control group. Trainees in the intervention group (n=5) were offered six sessions of adapted psychodynamic psychotherapy with a medical psychotherapist. The first and last sessions were delivered in person, with intervening sessions online. The intervention was broadly psychodynamic, with the therapist also introducing educational aspects in the final two sessions (e.g. underlining examples of transference and countertransference).

Using online questionnaires, completed pre- and post-therapeutic intervention, trainees rated 1. their understanding of psychodynamic concepts, 2. their preparedness to complete a long psychodynamic case, and 3. other psychodynamically-relevant areas of their clinical practice; as well as a mentalisation questionnaire.

The post-intervention questionnaire collected additional qualitative information with regard to the participants' experience of the therapy, and its influence on their psychodynamic understanding and clinical abilities.

In addition to small project funding, the therapy was partially funded by the trainees and by the local medical education department

### RESULTS

#### Baseline information

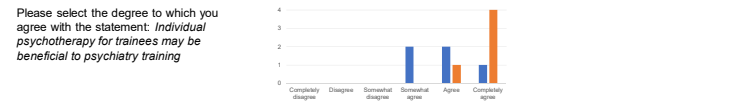
At the start of the project the intervention group included three CT1 to a two CT2 trainees. Prior psychotherapeutic experience included Core Trainee CBT training (n=4), Supervised CBT Short Case (n=5), attendance of Balint group (n=5), and attendance of a psychodynamic psychotherapy training day (n=1). Trainees attended 29/30 psychotherapy planned sessions (10 in-person, 19 by video-link).

#### Key for all charts – number of responses to each option (n=5)

■ Q1 - prior to intervention ■ Q2 - post-intervention

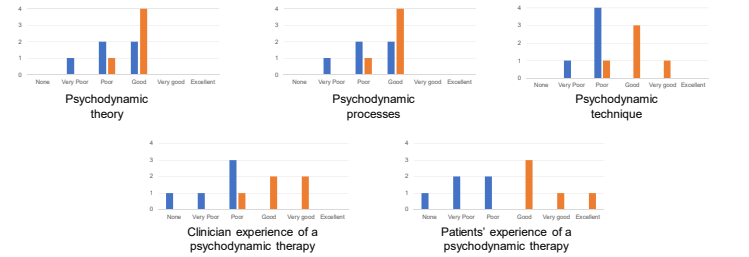
#### Beliefs regarding individual psychotherapy for trainees (Likert scale)

Please select the degree to which you agree with the statement: *Individual psychotherapy for trainees may be beneficial to psychiatry training*



#### Self-rated understanding or experience of psychodynamic concepts

Please select the option which best describes your current understanding of each of the following:



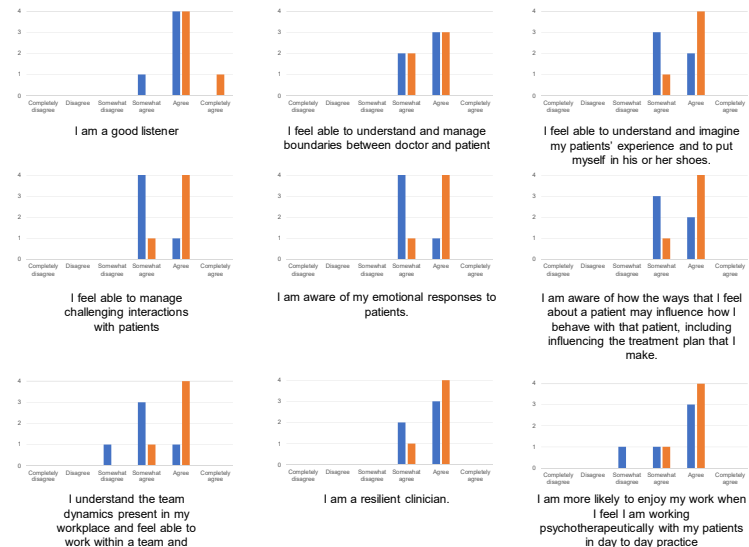
#### Self-rated sense of preparedness to undertake a long psychodynamic case

Please select the degree to which you agree with the statement: *I feel prepared to undertake a psychotherapy long case as a therapist*



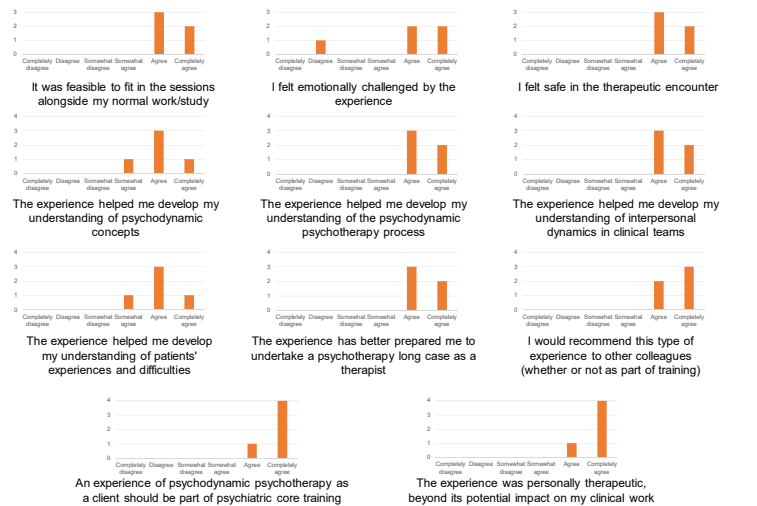
#### Self-rated clinical competencies and characteristics

Please select the degree to which you agree with the statements below at this stage in your training



### RESULTS (cont)

#### Feedback on the experience - number of responses to each option (n=5)



#### QUALITATIVE FEEDBACK

##### Effect of the experience of therapy on clinical roles

- **"Will be able to analyse my psychodynamic interactions around my work settings and with my patient better"**
- **"It has made me more aware of dynamics that occur with my patients, and how they may impact on the therapeutic relationship."**
- **"Allowed me to experience therapy and to see how a therapist works, which has given more understanding/confidence for when I need to complete my long case. Prior to this I did not have much (any) confidence in what I would have to do when I start my long case. As a doctor, it has helped me identify which patients I might be more able to empathise with, and which I may find more difficult to work with. By acknowledging that, I hope I am less likely to do this unconsciously and so be able to challenge my own biases. It has also helped me recognise my limitations in empathy, based on how my experiences are likely to differ from that of my patients. It has also helped me understand that single events can just be one-offs, and do not have to have significant meanings. Prior to this, if a client had missed a session, I would have potentially tried to read more into it, but this experience has helped me identify that sometimes mistakes happen - it is repeated patterns that are more likely to show things."**
- **"The experience helped me acknowledge the practical link between what has happened in the past and how this could be affecting interactions in the present. This was useful in seeing how parental relationships can for example have an impact on supervisor relationships."**
- **"I feel my therapist became a role model in terms of how I approach my current CBT patient (I know the theoretical underpinning are different), and it made me feel more comfortable and confident in my sessions, being able to be on the receiving end of therapy. As a doctor, I'm now more aware of the impact of my words on patient. Talking through some of my difficulties had made me understand some of the psychodynamic concepts, and able to understand some of my patients better."**

##### Personal insights or personal understanding developed in therapy

- **"I think it would have been useful to have an overview of psychodynamic concepts prior to starting the sessions, in order to be more aware of them during the sessions. The face-to-face sessions felt more personal than the online sessions, but I think the online sessions retained most of the therapeutic aspects."**
- **"A really great experience that I would have loved to continue. Would recommend to anyone who is able to participate! I feel I improved in all the objectives. Online was practically more easy... and so extra time did not need to be taken out of the working day. Face-to-face sessions felt like there was the potential for things to become more uncomfortable, as there wasn't the extra barrier of a screen or possibility."**
- **"It was helpful that the clinician doing the therapy was outside the trust having retired. The short time frame meant that issues may be identified but not necessarily resolved, but it did increase understanding and point at areas where greater reflection could be directed... the face to face sessions were preferable but with a mask less than ideal, whereas the online version had the complication of limited body language nuance and the distraction of your own image being visible"**
- **"Generally it was a very valuable experience, and it was not what I expected. The sessions felt very human, reflective rather than academic (I used to assume we'll be talking to patients about complicated psychodynamic concepts). I feel it was definitely personally therapeutic, and has enhanced my work in CBT (and will apply what I've learnt to my long psychotherapy case in the future also). I have understood some aspects of the knowledge- e.g. Attachment theory better since the session. I feel the face-to-face session were somehow more comfortable and appropriate."**

##### Feedback on the experience of therapy

- **"Very Satisfied. It met the objectives of the project. Face to face felt better"**
- **"I think it would have been useful to have an overview of psychodynamic concepts prior to starting the sessions, in order to be more aware of them during the sessions. The face-to-face sessions felt more personal than the online sessions, but I think the online sessions retained most of the therapeutic aspects."**
- **"A really great experience that I would have loved to continue. Would recommend to anyone who is able to participate! I feel I improved in all the objectives. Online was practically more easy... and so extra time did not need to be taken out of the working day. Face-to-face sessions felt like there was the potential for things to become more uncomfortable, as there wasn't the extra barrier of a screen or possibility."**
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- **"Generally it was a very valuable experience, and it was not what I expected. The sessions felt very human, reflective rather than academic (I used to assume we'll be talking to patients about complicated psychodynamic concepts). I feel it was definitely personally therapeutic, and has enhanced my work in CBT (and will apply what I've learnt to my long psychotherapy case in the future also). I have understood some aspects of the knowledge- e.g. Attachment theory better since the session. I feel the face-to-face session were somehow more comfortable and appropriate."**

### DISCUSSION

Trainees showed commitment to the therapeutic intervention, having attended almost all of the sessions (29/30). Feedback from trainees suggests that they found the intervention feasible as part of training, and emotionally challenging yet safe. Overall, as a cohort, more trainees self-assessed as having a good, very good or excellent understanding of psychodynamic concepts and experience following the intervention than prior to it. The results also indicate a shift amongst our cohort towards a greater sense of preparedness to undertake a psychodynamic long case as therapist. In the follow-up questionnaire, trainees agreed or completely agreed with statements that the intervention contributed to these developments in understanding and preparedness.

In terms of general clinical competencies, there appears to be a shift between pre- and post-intervention in terms of overall self-assessed abilities in general clinical practice, including generally higher ratings of agreement with being a good listener, being able to understand and manage patient's experience, ability to manage challenging interactions, awareness of emotional responses to patients and of how those responses might influence practice, and understanding of team dynamics. There appeared to be less of a shift overall in self-rated understanding of boundaries and of resilience as a clinician. There is also evidence that our cohort increased their enjoyment of work when working psychotherapeutically, following the intervention.

Overall, our participants either agreed (1/5) or completely agreed (4/5) that they would recommend this type of experience to other colleagues, that an experience of psychodynamic psychotherapy as a client should be a part of psychiatric core training, and that the experience was personally therapeutic. Qualitative feedback supported the possibility that the intervention improved understanding of psychodynamic principles in clinical practice, improved their preparedness to be a therapist, and was personally meaningful.

### CONCLUSIONS

The results of this pilot suggest that offering a short course of part-funded psychotherapy to trainees could be very beneficial to psychiatry training. Trainees developed their understanding of psychodynamic concepts, they felt more prepared for their long case as a therapist, and it helped them develop relevant clinical skills, such as listening and ability to empathise. They also found it personally meaningful, and all the trainees agreed that they would recommend the experience to other trainees and that such an experience should be part of psychiatry core training.

Overall, participants rated the experience as feasible and emotionally challenging, whilst safe, and the feedback indicated that many of the proposed objectives can be addressed with just 6 sessions.

Whilst our cohort at baseline may have been more sympathetic to psychodynamic ideas than psychiatry trainees in general, these results are very positive.

Moving forward, debarneys responsible for psychiatric training may explore this model further, both as an opportunity to improve training and to increase attractiveness to prospective candidates.

### ACKNOWLEDGMENTS

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