

## Reclaiming Psychotherapy in Psychiatry

What Is A Psychiatrist?

What Do We Want A Psychiatrist To Be?



**Dean's Grand Round 13/3/25 4pm–5.30pm**

Dr Florian Alexander Ruths

Member of General Adult Faculty

# Trigger Warning

- Some elements of this presentation may trigger strong emotions!

# Recycling Warning

- You may have seen some slides and messages before!

# Florian Ruths

Consultant  
Psychiatrist since  
2000.

CBT therapist  
supervisor and  
trainer with BABCP  
since 2009.

Schema therapist  
and researcher  
since 2012.

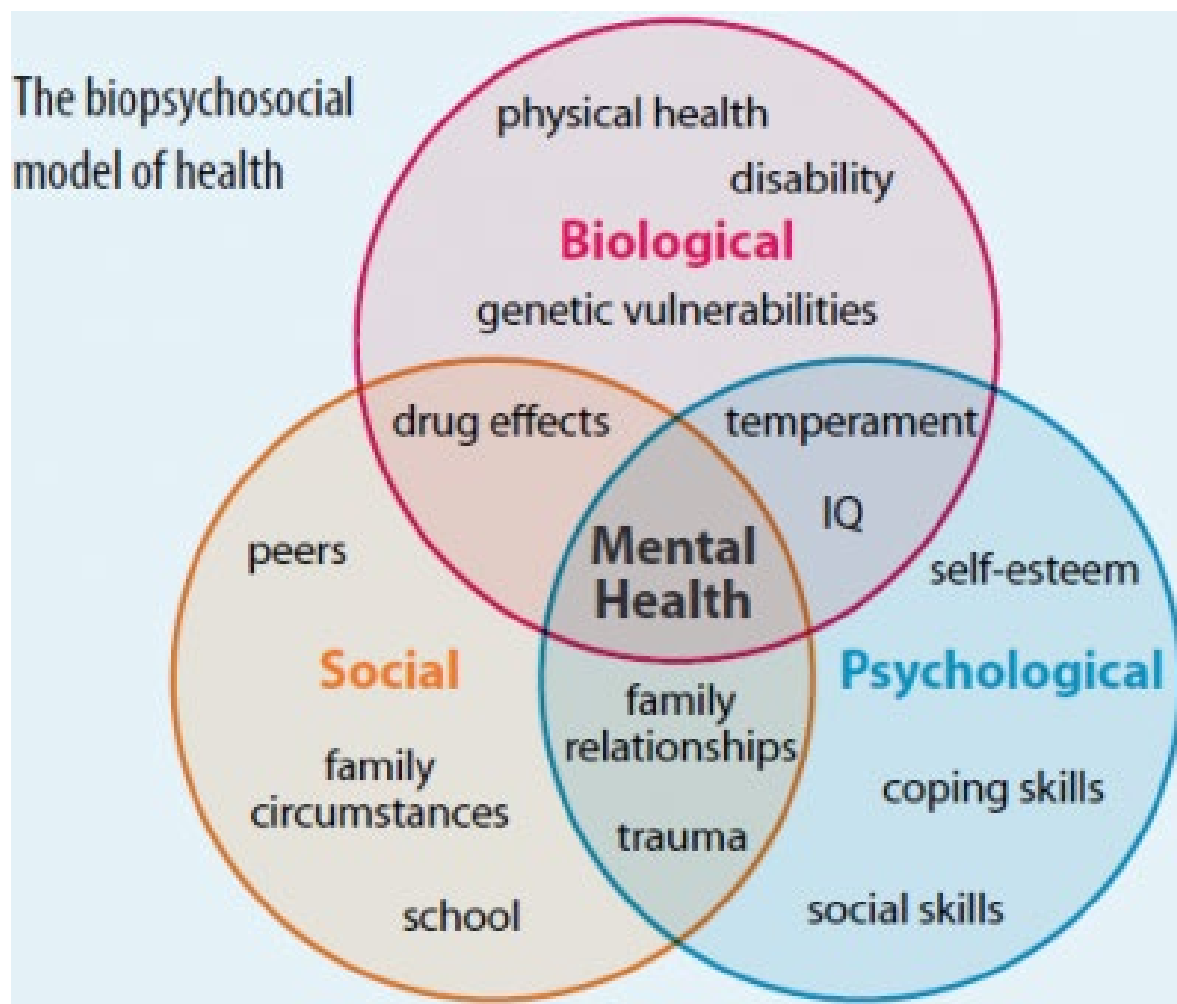
Accredited group  
Schema trainer  
2020.

Accredited Ind  
Schema trainer  
2021. Training  
Director 2024

Mindfulness  
Teacher for over 20  
years.

# Training in Psychiatry UK – The Theory

- Engel 1977



# A case Judy

- 32-year old BB married full time primary school teacher lives with husband in a 2-bedroom housing association flat, no children.
- Long history of recurrent moderate to severe depression and significant absences at work (about 2-3 months per year)
- Marriage strained, very low, anxious, tedium vitae no plan , off work , no going out.

# PPH

- Three previous moderate to severe episodes of depression and anxiety, had to take time off work each time for several weeks Two 6 months' courses of counselling at age 18 (uni) and age 25 (privately).
- Currently on Venlafaxine XL 75mg by GP for 3 years
- No psych assessment

PMH

- Nil major

FH

- Significant genetic risk
- 2 siblings with depression
- Parents divorced, both depression

PH

- Born in London, uneventful childhood, caring parents, but divorce after mother had affair, academically bright and ambitious

# Relationships

- Stable marriage for 7 years, husband supportive, but struggling to help with anxiety, at times frustrated with depressive features.

# Substance

- Alcohol 8 U week
- smoking 5 cigarettes a day

# Premorbid

- When well, confident, sociable, respected
- Regular church goer
- gym

# MSE

- Features of moderate depressive episode, not suicidal, initial insomnia, intermittent wakening

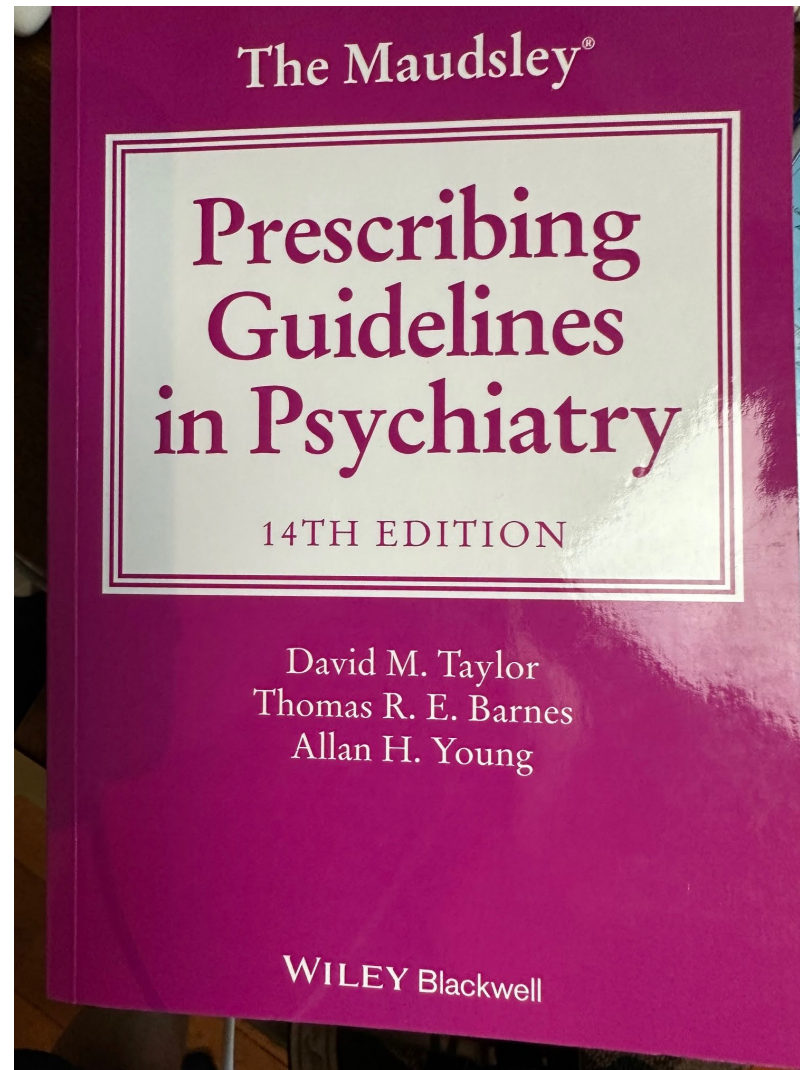
# Bio Psycho Social Formulation

- Biological: strong genetic risk, 3 previous episodes kindling effect, poor response to current treatment; moderate alcohol use, nicotine burden.
- Psychological: emotional neglect during divorce at early age, struggled to see father that she loved; strong ruminative thinking style with co morbid low self esteem, significant associated worry, poor sleep, marital tension due to carer burden low mood
- Social: significant work impairment, does struggle to take on more responsibility at work

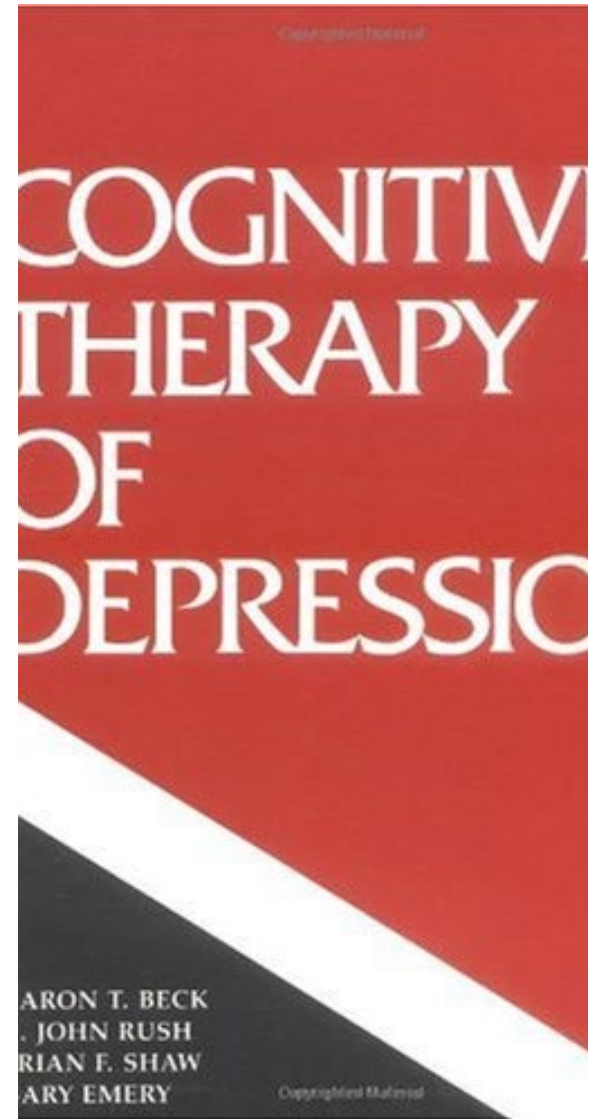
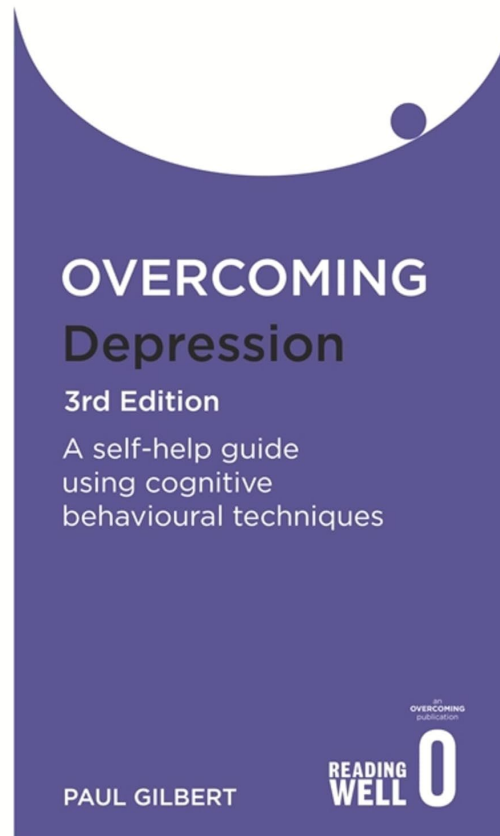
## Plan Phase 1

- Biological: increase Venlafaxine in steps to 225mg, Promethazine PRN; give recommendation about smoking cessation.
- Psychological: referral to psychology 15 sessions of CBT, read self help book, MI and self monitoring alcohol use, behavioural activation, sleep hygiene, session to session use of self rating measures PHQ GAD.
- Social: phased return to work when better; see jointly with husband, crisis plan

# Biological Psychiatry



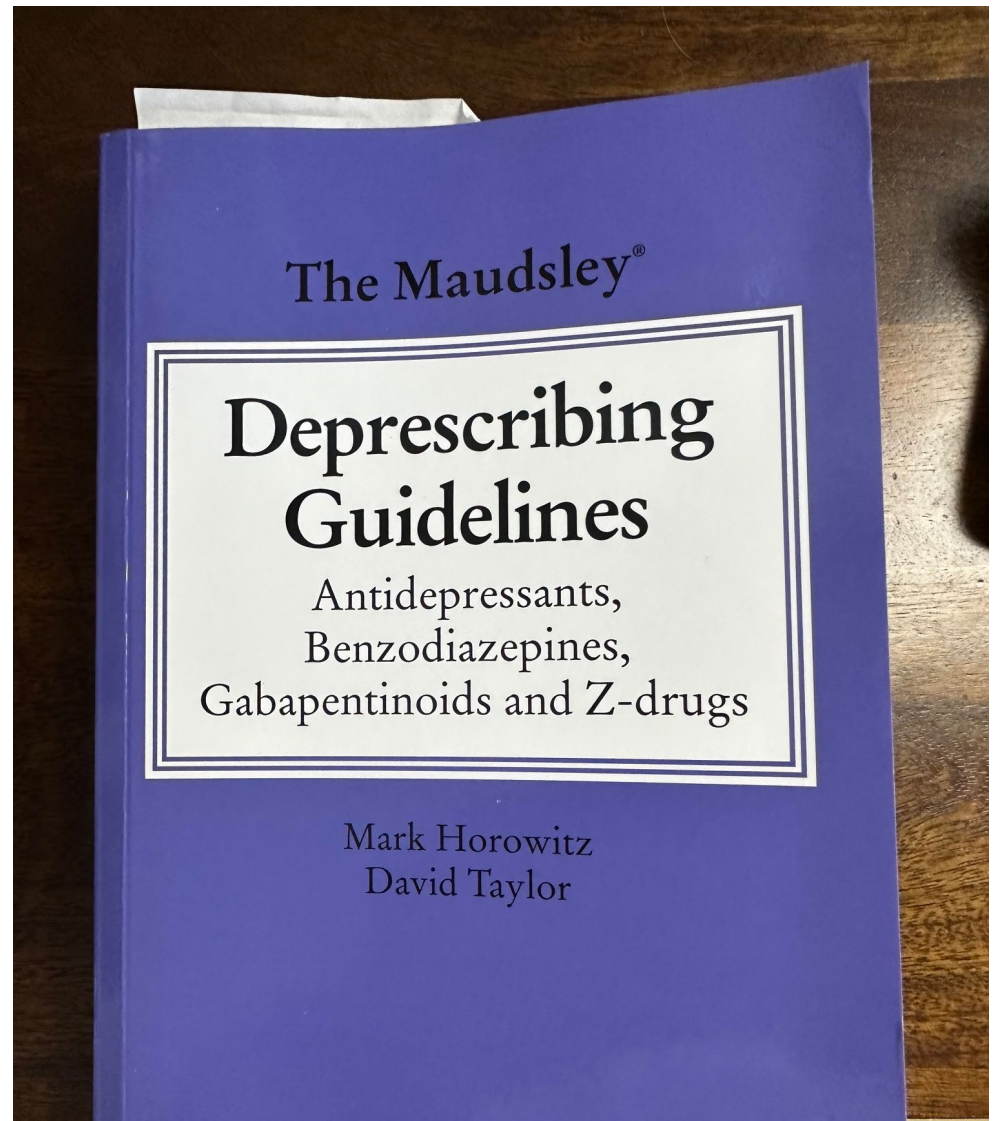
CBT



## Phase 2

- Biological: Stabilised, completing therapy, reading book, now wants to get pregnant and be off meds.
- Psychological: Referral for MBCT at private location/online
- 8 – week mindfulness course
- Social: meeting with husband to talk about planned pregnancy

Biological Psychiatry



# Phase 3 (over about 30 weeks)

Step 1 Venlafaxine XL 75mg for three weeks

Step 2 Venlafaxine XL 37.5mg for three weeks

Switch to venlafaxine liquid with 7.5mg per 1ml

Step 3 Venlafaxine liquid 18mg (1.2ml) twice daily for three weeks

Step 4 Venlafaxine liquid 10.8mg (0.72ml) twice daily for three weeks

Step 5 Venlafaxine liquid 6.9mg (0.46ml) twice daily for three weeks

Step 6 Venlafaxine liquid 4.5mg (0.3ml) twice daily for three weeks

Dilute the venlafaxine liquid with water in a proportion of mixing 0.5ml of the original solution with 4.5ml of water, which is diluting what you have and then you need to use this diluted solution as follows:

Step 7 New venlafaxine diluted solution 2.85mg (1.9ml) twice daily for three weeks

Step 8 New venlafaxine diluted solution 1.65mg (1.1ml) twice daily for three weeks

Step 9 New venlafaxine diluted solution 0.75mg (0.5ml) twice daily for three weeks

Step 10 Stop tapering

■ **Outlining the process of adjustment and monitoring.**

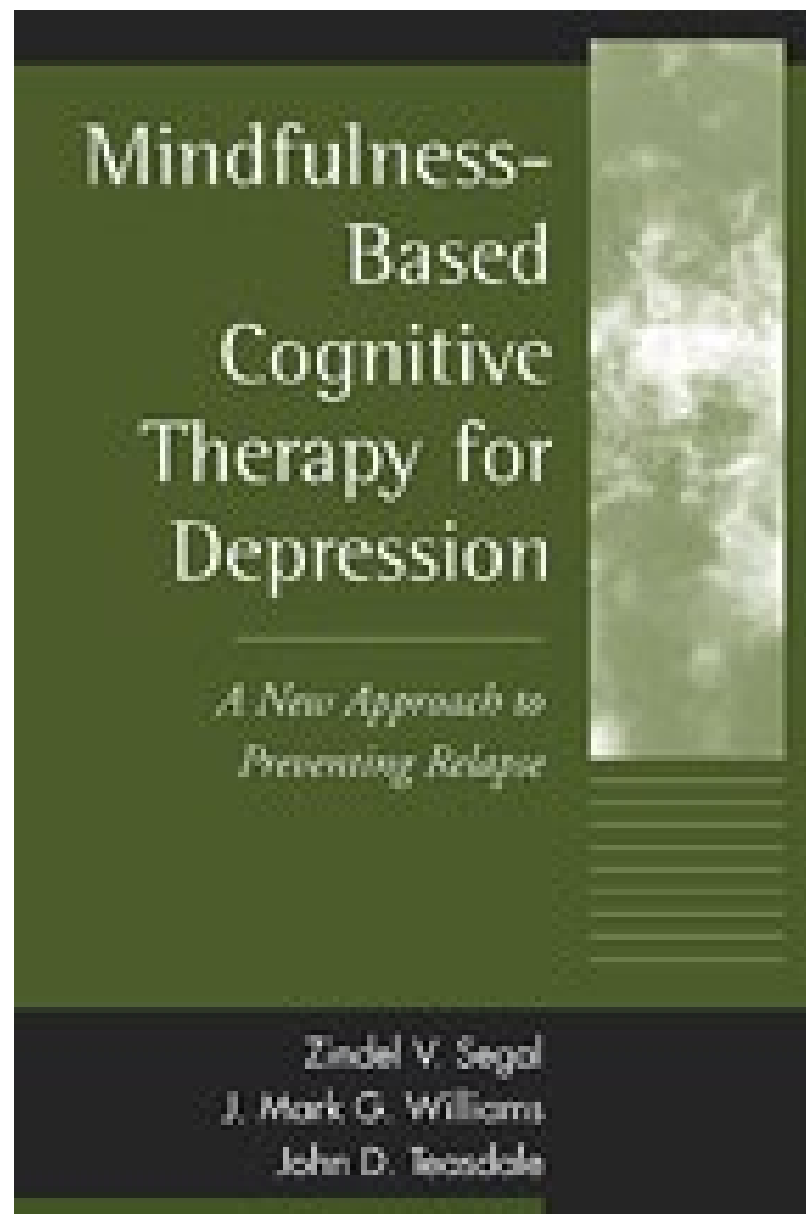
Some particular considerations for antidepressants are outlined.

### **Before commencing dose reductions**

- Patients should be informed about the risks and benefits of reducing or stopping antidepressants. The major risks are withdrawal and relapse. The risk of relapse might be mitigated by slowly tapering the medication, and by alternative means for managing an underlying mental health condition (for example mindfulness-based cognitive therapy and group CBT are both recommended for relapse prevention in depression by NICE).<sup>1</sup> For some patients a past stressor will have resolved such that relapse is less of a concern.
- The adverse effects of being on an antidepressant need to be weighed against the aversive consequences of stopping an antidepressant too quickly. If the adverse effects of an antidepressant are life-threatening or severe, then this will need to take prece-



MBCT



## Phase 3

- Psychological : detailed relapse prevention plan
- Monitoring of meditation practice
- Reiteration of relapse signs and triggers
- Monitoring of Relapse signs
- Biological: advising about alcohol use; monitoring nicotine replacement

## Phase 3

- Engagement with husband over relapse prevention
- Psychoeducation around pre-conception prenatal advice
- dc

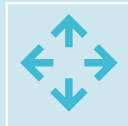
# Relational Aspects



The Psychiatrist does motivational interviewing from her own experience of psychological approaches.



Three years ago, she started her own meditation and yoga practice in line with NICE guidance for the well being in the workplace, and to prevent burnout.



She also owns a collection of reputable self help books that she has skimmed.



She had in depth training on the evidence base, the NICE guidance and the strengths and weaknesses of a range of psychological therapies.

Nice Guidance NG

212

3/2022 : Well-Being  
in The Workplace

## 1.6 Individual- level approaches

*"1.6.4 Offer all employees (or help them to access) mindfulness, yoga or meditation on an ongoing basis. This can be delivered in a group or online, or using a combination of both. "*

## 1.7 Approaches for employees who have or are at risk of poor mental health

*“Recommendation 1.7.4:*

*For employees who want further support, offer (or provide access to):*

- *cognitive behavioural therapy sessions or*
- *mindfulness training or*
- *stress management training.*
- *If employees choose not to have an intervention now, tell them that the offer will still be available in the future if they reconsider. ”*

## What are a psychiatrist's special skills?

The College websites says:

- All psychiatrists will learn how to:
- assess a person's state of mind
- use the “biopsychosocial” model of understanding. This emphasises the importance of a person's past experiences, family, culture, surroundings and work as well as any medical features.
- diagnose a mental illness
- use a range of psychological treatments
- use a range of medications
- help a person recover.

# URKUNDE

über das Recht zum Führen  
einer Arztbezeichnung

**Herr Dr. med. Florian Alexander Tassilo Ruths**  
geb. am 06.02.1965 in Darmstadt

hat nach der Richtlinie 2005/36/EG und des Rates vom 07. September 2005, aufgrund  
des Certificate of Completion of Specialist Training "General Adult Psychiatry an old age  
Psychiatry", ausgestellt durch The Medical Royal Colleges am 28.02.2004 die  
Anerkennung

**Facharzt für Psychiatrie und Psychotherapie**  
**(Psychiater und Psychotherapeut)**

erhalten.

Hannover, 27.03.2019  
2019/000581

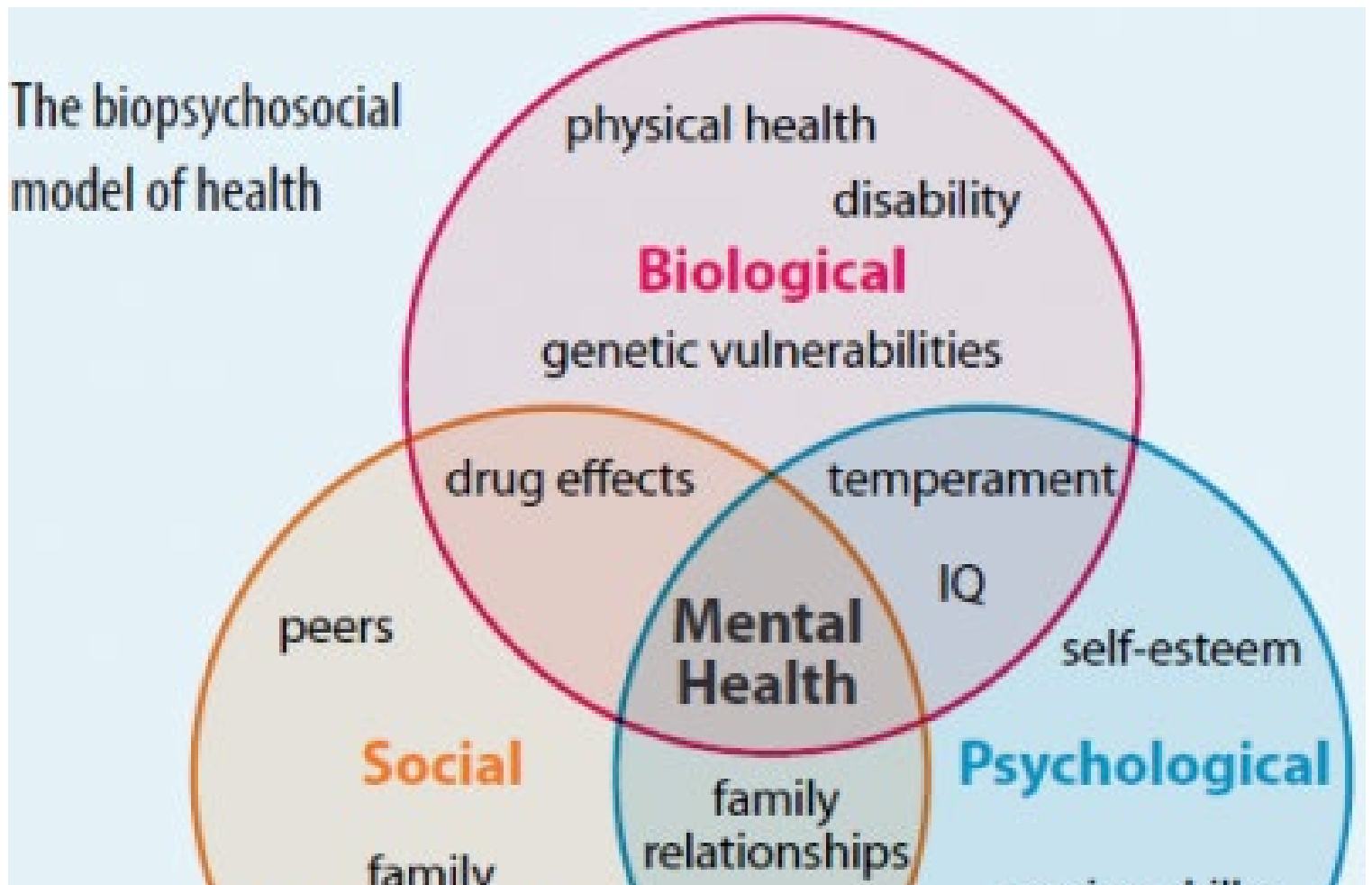
ÄRZTEKAMMER NIEDERSACHSEN  
Die Präsidentin



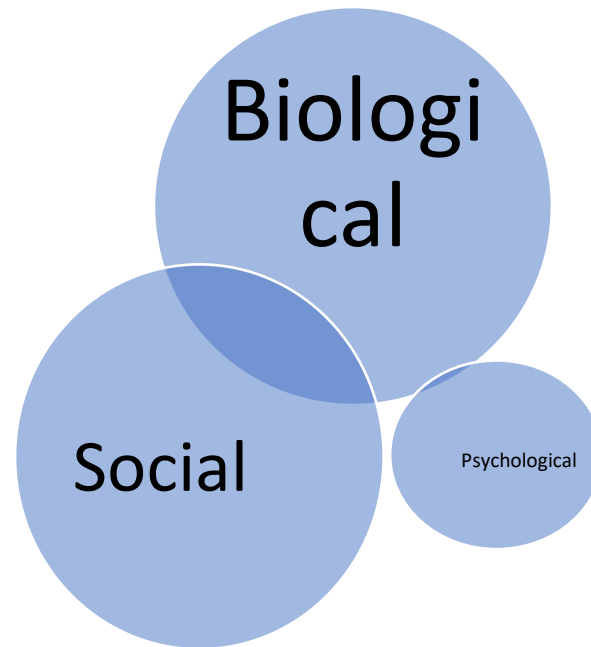
A handwritten signature in black ink, which appears to read "Martina Wenker", is located in the lower right quadrant of the page.

Dr. med. Martina Wenker

# In Practice



# Psychotherapy Awareness, Practice and Training in General Psychiatry Today



# NICE GUIDANCE for psychological interventions (first line treatment)

CBT based:

Depression

PTSD

GAD

OCD

Health anxiety

Social Anxiety

Specific Phobias

Eating Disorders

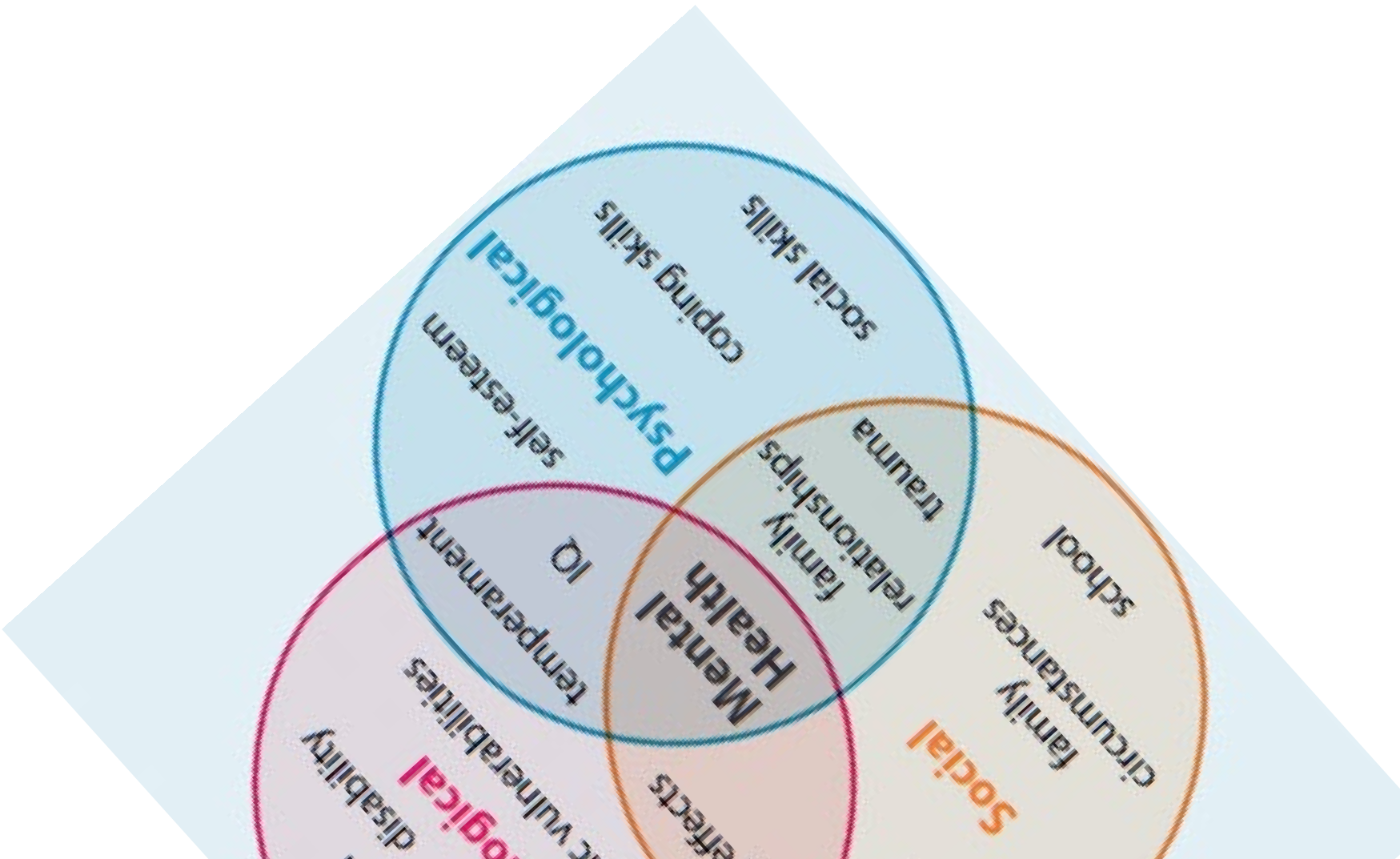
Others: Personality  
Disorders

Psychodyna  
mic

Personality  
disorders

A Venn diagram consisting of two overlapping circles. The larger circle on the left is light blue and contains a list of conditions under the heading 'CBT based:'. The smaller circle on the right is a darker shade of blue and contains the text 'Psychodynamic' and 'Personality disorders'. The two circles overlap in the center, and the text 'Personality disorders' is positioned within this overlapping area.

# What Happened Next in Psychiatry ...



# Best Evidence for Complex Mental Disorders

- The combination of manualized Psychotherapy and optimized pharmacological treatment yields the best outcome for the most complex disorders.
- High level evidence for across disorders, age groups, and patient groups.
- Cutting edge new treatments combine psychotherapy with pharmacotherapy (e.g. psychedelics/TMS).
- Clinical reality shows that complex trauma and depression are treated with both a range of psychotherapies and pharmacotherapies.

# Sleeping Beauty:

Last 30 years: Amazing New Therapies with Excellent Evidence Base

- Dialectal Behavioural Therapy
- Acceptance and Commitment Therapy
- Compassion Focused Psychotherapy
- Motivational Interviewing
- Behavioural Activation
- CBT insomnia
- Schema Therapy

# Last 30 years: Amazing New Therapies with Excellent Evidence Base – Groups

- Mindfulness Based Approaches
- Tree of Life
- Open Dialogue
- Service User Network
- AA/NA model
- Couple Therapy models
- SCM for personality disorders
- Mentalisation Based Therapy

# Last 30 years: Amazing New Therapies with Excellent Evidence Base - Adolescents

- Non violent resistance
- Mindfulness

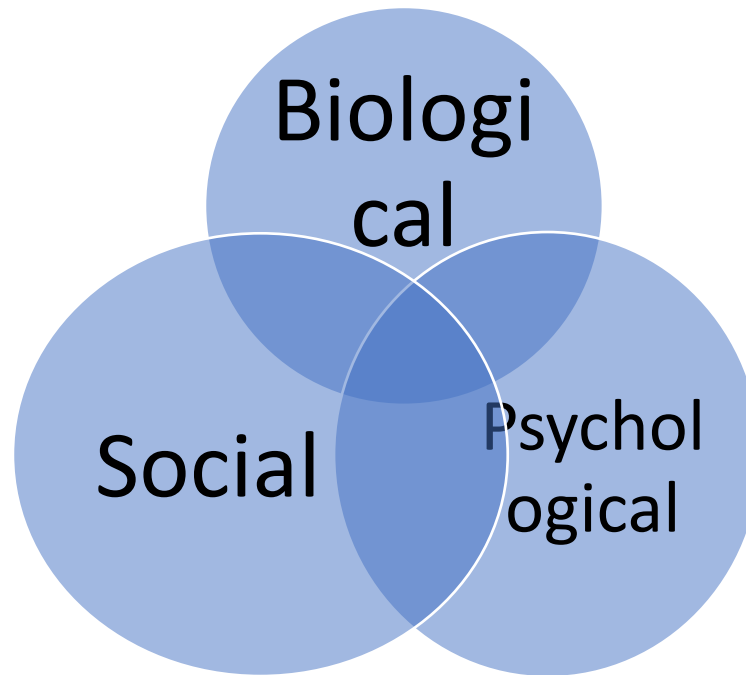
# National: New Strategy Re-invigorating Psychiatric Psychotherapy to Ensure Future of Psychiatry?

- 'General psychiatrists and all trainees seeing patients and receiving qualified supervision & training
- All sessions, supervision and training counted towards accreditation portfolio
- Achieving formal accreditation/certification through college course in relational therapies
- Leading to endorsement or credentials awarded from the college
- BABCP (British Association of Behavioural and Cognitive Psychotherapies)
- ISST (international Society for Schema Therapy)
- BAMBA (British Association of Mindfulness Based Approaches)
- AFT (Association of Family Therapy)
- Completing training and being a psychiatric CBT/systemic trainer.
- Train future trainees in all modalities and ensure dual/diverse approach.

# Psychiatric Psychotherapy Representation through Faculty Involvement?

- Adult Faculty
- CAMH Faculty
- Old Age Faculty
- Forensic Faculty
- Child and Adolescent Psychiatry

# Psychotherapy Awareness, Practice and Training in General Psychiatry in Future?



# What Do We Want a Psychiatrist To Do?

- Do as commissioners say? Prescribe, risk manage and section!
- Do as other professionals say? Prescribe, risk manage and section!
- Do as our NHS trusts say? Expensive resources prescribe, risk manage and section!

# What are a psychiatrist's special skills?

The College websites says :

- All psychiatrists will learn how to:
- assess a person's state of mind
- use the “biopsychosocial” model of understanding. This emphasises the importance of a person's past experiences, family, culture, surroundings and work as well as any medical features.
- diagnose a mental illness
- use a range of psychological treatments
- use a range of medications
- help a person recover.

# The Vision

- Do as we wish? Prescribe, risk manage, talk to patients, relate to patients and their families, deliver evidence-based interventions for specific complex disorders and know what therapy works for which condition ?
- 1 clinical session of Relational practice in all 10 WTE job description as a given?
- Develop self and develop professionally?
- Apart from knowing medication options, know psychotherapy options well and understand their strengths and weaknesses?
- Making the connection the centre of our work? (with AI in mind?)

# Contact

- Thank you for your attention and reflection
- Florian Ruths: [Florian.ruths@slam.nhs.uk](mailto:Florian.ruths@slam.nhs.uk)

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