

**BEST PRACTICE GUIDE**  
**PSYCHOTHERAPY TRAINING IN HIGHER SPECIALIST PSYCHIATRY TRAINING ST (4-6)**

**RCPsych Specialty Advisory Committee Faculty of Medical Psychotherapy.**  
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## **Introduction**

This document has been produced by the Psychotherapy Specialty Advisory Committee (SAC) and in response to the *2016-17 UK Psychotherapy Training Survey* and after consultation with higher psychiatric trainees

*The 2016-17 UK Psychotherapy Training Survey* demonstrated a lack of clarity around psychotherapy training experiences that current higher specialty psychiatry trainees were undertaking and what might be expected as psychotherapy training experiences in higher specialist psychiatry training (ST4 – ST6).

This document aims to fill this gap and provide best practice guidance to trainers and trainees on psychotherapy training during higher specialist training.

Developing psychotherapeutic competencies is an essential component of psychiatric training enabling trainees to develop as psychotherapeutic psychiatrists who can apply a psychotherapeutic approach to psychiatry to all areas of their clinical practice.

A guiding principle for psychotherapy training in higher specialist training is that it should allow for a range of psychotherapy training experiences which serve the trainee's interests in keeping with their developing area of specialism and not be a replication of the core training experience; and thus provide valuable, relevant, and maturational psychotherapy training experiences.

## **Aims**

### ***Psychotherapy training in Higher Specialty Psychiatry training aims to:***

1. Develop the reflective capacity of trainees.
2. Foster a psychological understanding of the impact of mental distress and disorder on the individual and the wider system.
3. Deepen trainees understanding of the doctor-patient relationship, family dynamics, and systemic dynamics and defences.
4. Enhance communication skills and empathic attunement with patients, their families, carers, and colleagues.
5. Increase the knowledge and competence in employing psychotherapeutic interventions of varied modalities of psychotherapy.

6. Increase depth of psychological understanding for specialist trainees; which facilitates biopsychosocial formulation and their understanding of indications for referral to specialist psychotherapy and psychological therapy services.
7. Provide specific psychotherapy competencies relevant to the trainee's intended future area of practice as a consultant, building on their previous psychotherapeutic and psychiatric experience.

### **Background.**

#### **Curriculum requirements**

There is now a curriculum requirement for continued psychotherapy experience in advanced training across all psychiatric sub-specialties.

In general adult psychiatry (GAP), one SAPE (Structured Assessment of Psychotherapy Expertise) is now recommended in each training year according to the GAP specialty curriculum (p57).

#### **Medical Psychotherapy SAC Suggested Best Practice**

The Psychotherapy SAC *advocates the use of one work place based assessment (WPBA) of psychotherapy competency in each training year*, which in addition to the curriculum's SAPE requirements' could include other psychotherapy WPBAs in line with the recommendations of this document that a range of psychotherapy experiences may be appropriate during advanced training.

For example, in addition to the requirements for a SAPE, when undertaking some psychotherapy training experiences, other WPBAs may be more suitable for example for participation in Balint group the assessment tool would be the CBDGA. Undertaking CBDGAs would then inform the work involved in undertaking a SAPE as a summative assessment of psychotherapy expertise.

The specialty curricula of the other psychiatric specialities describe variations in psychotherapy competencies required and/or required cases, including the curriculum for Forensic Psychiatry, Old Age Psychiatry and the curriculum for the Psychiatry of Learning Disability.

#### **UK Psychotherapy Training Survey 2016-17**

Demonstrated that SAPE requirements are being interpreted widely amongst trainers and higher specialist trainees. Though **80% of trainer respondents** indicated higher trainees were being assessed using the SAPE, the survey indicated very few trainees were seeing a case or involved in a Balint or Case Based Discussion group.

## Psychotherapy Experiences and Assessment in Higher Speciality Training.

In core psychiatric training there is a requirement for trainees to have a training experience of taking patients into different lengths of psychotherapeutic treatment (long case 20 sessions or > and short case 12 sessions or >) and differing modalities of psychotherapy. The curricula do not specify this for higher training. Therefore whilst the following are not required by the various higher curricula, the Psychotherapy Specialty Advisory Committee consider them *essential aspects for psychotherapy experience in higher training*:

### ***Meaningful contact***

To provide a substantial experience in higher specialist training that can be assessed; the Psychotherapy SAC recommends a **minimum of 8 contacts to constitute a meaningful annual training experience** this could be through individual patient work when contacts would exceed this, or through Balint group attendances.

### ***Qualitative approach***

Whilst less than 8 contacts of psychotherapy experience a year is unlikely to meaningfully develop psychotherapeutic competency, **in general a qualitative approach is advocated in higher training, in line with a spiral curriculum** [Johnston 2017] in which the trainee develops a deepening sophistication of their psychotherapeutic thinking and skills as they progress through specialist training.

### ***Experience relevant to future practice***

Consideration should be given to ensure that **the psychotherapy experiences gained are relevant to the trainee's future practice as a consultant**. For example trainees with an interest in personality disorders may consider developing skills in psychodynamic psychotherapy, cognitive analytic therapy, mentalization based therapy or dialectical behaviour therapy, whilst trainees intending to specialise in rehabilitation psychiatry may wish to gain experience in cognitive behaviour therapy of psychosis.

### ***Scope of experience***

**Different psychotherapy experiences should be planned during the three years of higher training**, which should include:

- **The trainee delivering at least one formal psychological therapy**. For example, the trainee could see a patient for therapy in ST4, run a ward group for patients in ST5 and facilitate a Balint group in ST6.
- **At least 2 different types of psychotherapy training experience** involving e.g. attending a Balint group in ST4 and delivering an 18 month therapy (such as MBT, DBT, psychodynamic therapy) in ST4-6.

### ***Palette of training options***

**A palette of training options *should be considered* as agreed by the Psychotherapy Tutor and the TPD, which could orientate the trainee in planning their psychotherapy training in conjunction, in discussion with their educational, psychiatric and clinical supervisors.**

### ***Local Psychotherapy Provision***

The range of possible experiences will be **dependent on local service provision, and the availability of suitable approved supervisors under the governance of the psychotherapy tutor, a consultant psychiatrist in Medical Psychotherapy.**

***SAC Guidance on Suitable ST psychotherapy training experiences include:***

#### **1. Shorter term experiences**

- Brief psychodynamic therapy, CBT, EMDR, Cognitive Analytic therapy, Interpersonal therapy, Dynamic interpersonal therapy, Psychosexual therapy.
- Motivational interviewing.
- One to one Guided Self-help or Counselling (e.g. in IAPT).
- Briefer group experiences: co-facilitating CBT-based psycho-education group; guided self-help group; Mindfulness group; Managing emotions group; Anger management group; Anxiety management group; Hearing voices group; Long-term conditions group; Bereavement group; Self-esteem group; Wellbeing group (e.g. in IAPT); MBTI (introduction) group.
- Other supportive psychotherapeutic or psycho-educational treatment (group or individual).
- Briefer family interventions e.g. psycho-education, interventions in psychosis, eating disorders etc .

#### **2. Longer term experiences**

- Psychoanalytic/Psychodynamic Psychotherapy, Schema therapy, CBT, Cognitive Analytic Therapy, Mentalization Based Therapy, Transference Focused Psychotherapy, Dialectical Behaviour Therapy.
- Co-facilitating a therapeutic group (e.g. psychoanalytic group/MBT /DBT group /skills-based group).
- Participating in family / couple therapy clinic as primary or co- therapist, or part of a reflecting team.

### **3. Balint / Case Based Discussion Groups**

- Participating in a Balint group.
- Facilitating a Balint style or Reflective practice group.

#### **Training Experience that cannot be accepted for assessment with a Psychotherapy WPBA.**

If the experience is not one of active participation involving patients, at least indirectly as with a Balint /reflective practice group, it could not be assessed by a psychotherapy WPBA and whilst it may be a valuable learning experience, it would not replace any of the formally required psychotherapy training.

*Examples would include –*

- Attending a theoretical psychotherapy course.
- Teaching psychotherapy
- Shadowing a psychotherapist.
- A single case discussion (assessed by a general CbD WPBA) would not be considered as psychotherapy experience.

#### **Protected time for ST Psychotherapy Training**

*Trainees should not be required to use special interest sessions to gain mandatory psychotherapy training experience, as they may have other interests and areas of development to pursue.*

*The psychotherapy training is considered to be part of general training and so time should be available during the trainees' clinical placements to acquire psychotherapy experience.*

*This may be integrated into the post and involve a qualitative shift in how the higher trainee works with the team, for example running a ward group for patients (with supervision) or seeing a patient from the team's caseload for therapy. This would not necessarily require time away from the clinical placement, and would contribute to the team. In the example of setting up a ward group for patients this would add a new component to the service, and may be viewed as part of a quality improvement initiative.*

#### **Role of Psychotherapy Tutor, Training Programme Director and Supervisors.**

The core and specialist curricula outline the role of the medical Psychotherapy Tutor in taking the 'lead on ensuring this learning and development continues for higher trainees in line with curriculum requirements' (GAP specialist curriculum p14).

**All Psychiatry specialty curricula emphasise the role of the TPD in taking ‘responsibility with the Psychotherapy Tutor** for the provision of appropriate psychotherapy training experiences for trainees’.

The curricula state that this would include:

- Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee’s competencies in a psychotherapeutic approach to routine clinical practice.
- Advising and supporting trainees in their learning by reviewing progress in psychotherapy
- Ensuring that there are appropriate opportunities for supervised case work in psychotherapy

#### **Best Practice.**

**The Psychotherapy Tutor, TPD, Educational, Psychiatric and Clinical Supervisors together with the Trainees themselves will all need to be involved in ensuring that trainees develop relevant psychotherapeutic skills during higher training.**

- *The higher trainee should be proactive in gaining suitable experience and should take a lead in this to a greater extent than would usually be possible in core training*

The particular roles and liaison arrangements between these stakeholders will vary according to local schemes.

- *Trainees should arrange to meet with the Psychotherapy Tutor collectively or individually at the start of their ST training to ensure that they are aware of the curricula requirements, and the training opportunities available locally, alongside the educational governance arrangements (e.g. supervision and WPBAs).*
- *The Psychotherapy tutor will ask trainees to plan and discuss with them before embarking on any psychotherapy training experiences.*

**Educational Supervisors** are well placed to help trainees form and review an educational plan for their psychotherapy training and to meet with their trainees individually at the start of their placements to review this.

**The Psychiatric supervisor** (who may also be the clinical supervisor) would be involved by:

- Having knowledge of existing opportunities for psychotherapy experience
- Thinking with the trainee about how psychotherapy training experience could be developed within their current placement,
- Ensuring the trainee has sufficient time during their placement to gain psychotherapy experience

- Reflecting with the trainee on how their psychotherapy training helps to develop their understanding of the dynamic aspects of therapeutic relationships.
- Reflecting with the trainee on how psychotherapy training experience can contribute to the development of leadership skills.

At a higher level, **the responsibility for educational governance** would be held by the **Training Programme Director in liaison with the Psychotherapy Tutor.**

**The Psychotherapy Tutor would offer:**

- An Overview of psychotherapy training, advice and quality management.
- They would have a particular role in providing support for psychological therapy case supervisors to supervise and assess the trainees.
- Aid in the participation of medical and non-medical psychotherapy supervisors in the ARCP process.
- Ensure curriculum standards of training in the School of Psychiatry through the ARCP process.
- A direct clinical training role in assessing and overseeing a waiting list of potential therapy cases and in supervising therapies within their own clinical service.

**The Psychotherapy Tutor extended role and job planning.**

This higher training role would require additional job planned time for psychotherapy tutors, which will be dependent on the number of higher trainees under their educational governance.

***Specialty Training Guidelines Working group Medical Psychotherapy SAC Jan 2018.***

*Dr Masud Awal*

*Dr Babara Wood*

*Dr Catherine Smith*

*Dr Jo O'Reilly, Medical Psychotherapy SAC Vice Chair.*

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*Dr Anna Croxford, Dual MP-GA Specialty trainee.*

*Dr William Burbridge-James, Medical Psychotherapy SAC Chair.*

Reference

Johnston, J. 2017; RCPsych Occasional Paper 102. 'Learning From The Cradle To The Grave: The Psychotherapeutic Development Of Doctors From Beginning To End Of A Career In Medicine And Psychiatry'.