RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Psychotherapy Capabilities: A Guide for Psychiatry Resident Doctors in Core Training

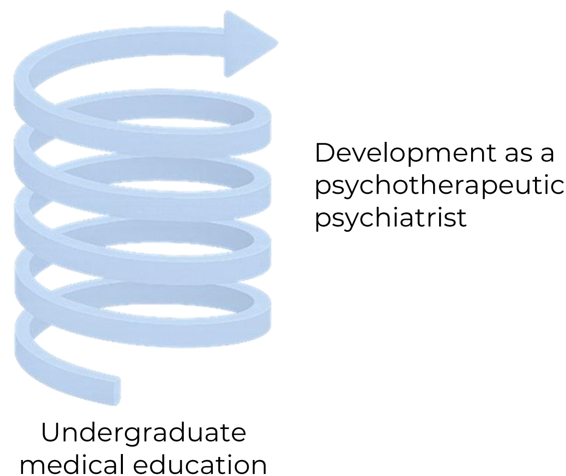

Figure 1 The spiral curriculum

The ability to think in psychotherapeutic terms about patients is a key feature of the delivery of all psychiatric care; developing psychotherapeutic capabilities is thus an essential component of core psychiatry training. The main aims are learning to think psychologically, learning to take a reflective and psychotherapeutic approach to all aspects of routine clinical practice in psychiatry and being able to respond to patients with greater understanding of emotional complexities. These serve the purpose of improving the clinical service offered to patients. Resident doctors need to learn about different psychotherapy methods to be able to integrate therapeutic approaches into clinical care, refer appropriately, deliver basic interventions and to work with a patient undergoing therapy. Psychotherapy training can also contribute to the development of other generalisable, and essential, skills in core psychiatry training, including self-reflection and advanced communication skills.

According to the GMC's curricular requirements, psychotherapy training is mandatory for all resident doctors in core psychiatry training, who will need to have achieved satisfactory psychotherapy capabilities in order to progress in the ARCP. The time taken for all minimum elements of training in psychotherapy is protected in resident doctors' workplans.

Psychotherapy capabilities are gained through:

- MRCPsych core course teaching,
- MRCPsych exam preparation,
- Participation in Balint group,
- Two experiences of offering therapy, one short case and one long case,
- Participation in supervision/study groups.

Expected Capabilities

The capabilities expected from psychotherapy training include:

Generic and specific therapeutic knowledge, skills and attitudes

Psychotherapeutic psychiatry capabilities

- To understand therapeutic approaches for specific, complex and transdiagnostic presentations.
- To understand key concepts, principles, techniques and evidence base of a range of psychological therapies and approaches, including:
  - Knowledge of key concepts and principles and practical experience of techniques of psychodynamic therapy (PDT) and cognitive behavioural therapy (CBT).
  - Introductory knowledge of adaptations of these schools of therapy and their indications e.g. dynamic interpersonal therapy (DIT), psychodynamic interpersonal therapy (PIT), mentalization-based therapy (MBT) and transference-focussed psychotherapy (TFP); third wave CBT - mindfulness, compassion focussed therapy (CFT), acceptance and commitment therapy (ACT); schema therapy and dialectical behaviour therapy (DBT); and integrative approaches such as cognitive analytic therapy (CAT).
  - Introductory knowledge of the broad range of therapies available within the NHS including family/systemic therapy, family work for psychosis, narrative and dialogical approaches - Open Dialogue and narrative therapy, group therapies and therapeutic communities.
- To understand approaches to formulation and case conceptualisation and to integrate psychological understanding in biopsychosocial formulation, management and safety planning.
- To be equipped to use advanced therapeutic communication skills and to demonstrate understanding of unconscious processes.
- To be equipped to offer commonly available psychotherapeutic approaches.
- To be equipped to provide psychoeducation, make recommendations, and referrals for specific therapies.
- To be equipped to apply psychotherapy KAS (knowledge, attitudes, skills) across psychiatric clinical work, team settings, and development of services.
- To combine psychotherapeutic approaches with psychopharmacology and understand the influence of relational factors on prescribing.
- To address diversity, socio-cultural factors, issues of power, ethical/legal considerations.
- To understand psychotherapeutic approaches to personal development, reflective practice and team and organizational dynamics.

Minimum Psychotherapy Requirements

In core training, resident doctors acquire psychotherapeutic and relational skills through a variety of clinical, academic and reflective experiences.

There are minimum psychotherapy requirements in core training but trainees are encouraged to do more than the minimum and to pursue opportunities for integrating psychotherapeutic and relational approaches within each rotation:

- **Knowledge base**. A minimum knowledge base is gained through taught courses for Papers A and B and the CASC and through supervision groups.
- **Reflective practice**. 30 sessions of weekly Balint group is the minimum requirement for participation in peer group reflective practice sessions covering complex elements of psychiatric practice.
- **Two experiences of providing therapy under supervision**. One case is a long case of 20-40 sessions providing experience of continuity of care and of using the therapeutic relationship as an agent of change. To provide an effective learning experience the case should be conducted face to face. The long case is usually a psychodynamic/relational case. The second should be a short case of 12 -20 sessions with a focus on skills-based approaches to target specific symptoms. The short case is usually a cognitive-behavioural case.
- It is recommended to start the long case early. Recommended minimum preparation would include approximately six to twelve months of core training and attendance at Balint group, participation in a supervision group prior to seeing a patient, understanding of key concepts, principles and practical techniques of the therapy.
- Short cases can be undertaken within some six-month CT rotations as well being taken from central waiting lists. It is recommended to explore such opportunities prior to rotation.
- The psychotherapy tutor or someone they designate assesses cases for therapy.
- Supervision is provided by the psychotherapy tutor or a supervisor designated by them. Supervisors are trained in, and practising, the modality they supervise.
- Psychotherapy tutors have advanced specialist training in Medical Psychotherapy and have a CCT in Medical Psychotherapy.
- The approach to practical psychotherapy experiences reflects the core principles of the curriculum allowing flexibility to respond to individual experience and circumstances.

Workplace based assessments

1. CbDGA - Case based discussion (Balint) group assessment

- This is completed by the Case Based Discussion (Balint) Group conductor.
- Two CbDGAs are completed in CT1 based on presentations made at Balint Group.
- The CbDGA can be cross referenced against all HLOs in the curriculum.

	Working Towards Expected Standard Levels 1-3	Meets Expected Standard	Above Expected Standard	Unable To Comment
Demonstrates an understanding of the importance of time keeping and a predictable and regular setting and recognises the importance of boundaries for reflective practice group work				
Able to recognise and manage the different factors (gender, culture, age, disability etc) contributing to the practitioners' emotional responses to the patient				
Able to attend regularly and manage future predicted absences				
Self-aware enough to not to have to impose personal solutions or self-management strategies				
Able to listen to and connect with the patient adequately containing own anxiety				
Able to provide a narrative account of contact with the patient without adopting a purely biological approach				
Able to respond to others in a non-judgemental way				
Able to recognise the influence of unconscious process on the interaction with the patient				

Figure 2 CbDGA form: areas of capability

2. SAPE - Structured Assessment of Psychotherapy Expertise

- The psychotherapy case supervisor will assess the resident doctor using the SAPE.
- The SAPE is a formative assessment, which should be seen as a learning opportunity, allowing feedback on progress to modify and build on current performance and to address any areas of difficulty.
- For the short case one SAPE is required, carried out at the end of therapy. For the long case two SAPEs are required; one SAPE could be completed after the initial formulation or at the midpoint of therapy, with the second one carried out at the end of the case.

	Working Towards Expected Standard Levels 1-3	Meets Expected Standard	Above Expected Standard	Unable To Comment
Attitude towards patient				
Develop empathic and responsive relationship with patient				
Understand rationale of treatment				
Provide working formulation of patient's difficulties				
Establishing frame for treatment and noticing challenges to this				
Use of therapeutic techniques				
Monitor impact of therapy				
Management of the ending of treatment				
Use of supervision				
Documentation				

Figure 3 SAPE form: areas of capability

3. PACE - Psychotherapy Assessment of Clinical Expertise

- After finishing the case the resident doctor needs to complete a PACE.
- The PACE is completed with the Psychotherapy Tutor or someone they designate.
- The PACE can be cross referenced against all HLOs in the curriculum.
- The PACE requires the doctor to bring completed SAPE(s), along with a 500 word summary of the case and the learning from it. The doctor should be prepared to discuss this with the assessor. Guidance will be provided by the Psychotherapy Tutor.

  The report should reflect on generic and modality specific capabilities including formulation, the working alliance, therapeutic technique, monitoring the impact of therapy and managing the ending of treatment.

  It should reflect on the application of learning to other psychiatric settings, for example with questions such as:

- What kind of skills/knowledge have you gained as a result of this work and how are you going to use them in your other clinical work in different settings?
- What could someone see you doing that demonstrates that you have taken these ideas/skills/knowledge forward in your practice?
- What could someone see you doing that is different now to what you were doing/how you were practicing before seeing the patient for psychotherapy?

- The PACE is a summative assessment. The evidence from the PACE is used to inform ARCP panels with regards to meeting core curriculum psychotherapy capabilities and hence readiness to progress to the next stage of training.

	Working Towards Expected Standard *Levels 1-3*	Meets Expected Standard	Above Expected Standard	Unable To Comment
Attitude towards patients				
Develop empathic and responsive relationship with patient				
Understand rationale of treatment				
Provide working formulation of patient's difficulties				
Establishing frame for treatment and noticing challenges to this				
Use of therapeutic techniques				
Monitoring the impact of therapy				
Management of the ending of treatment				
Use of supervision				
Quality of written summary in conveying key points				
Application of psychotherapeutic experience to psychiatric practice				

Figure 4 PACE form: areas of capability

Additional Workplace Based Assessments

Two therapy experiences are the minimum requirement in core training. Resident doctors are encouraged to take on other opportunities where possible within their rotation e.g. joining the reflecting team in a family therapy clinic during a CAMHS or LD post, taking part in family work for psychosis or Open Dialogue during an Early Intervention post.

Summary of minimum WPBAs required

Evidence	CT1	CT1 - 3
2 CbDGA	X2	
SAPEs for long case		X2
SAPE for short case		X1
PACE for long case		X1
PACE for short case		X1

Continuing professional development

In higher specialist training (ST training) in all specialties, resident doctors build on their core capabilities and complete psychotherapy WPBAs.

Doctors who wish to develop their capabilities further can apply for a single or dual higher specialist training in Medical Psychotherapy. Medical Psychotherapy training is a multi-modality higher specialist training. A Portfolio Pathway to accreditation for specialist registration is also available to psychiatrists in all specialties who are able to demonstrate attainment of knowledge, skills and experience to CCT standards.

Higher training programmes exist for:

- Medical Psychotherapy (three years)
- General Adult Psychiatry and Medical Psychotherapy (recommended five years)
- Forensic Psychiatry and Medical Psychotherapy (recommended five years)
- CAMHS and Medical Psychotherapy (recommended five years)

The sequence of training varies across Deaneries.

All psychiatrists are psychologically skilled professionals and opportunities exist throughout one's career to deepen and expand these skills. The RCPsych curriculum underpins all branches of psychiatry and aims to develop clinicians who can integrate biological, psychological and social understandings to enable them to offer personalised, effective and collaborative care that responds to the needs of each unique patient.