



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

Fellows undertaking the Certificate of Advanced Training in the Psychotherapies, please list the WBAs completed for this EPA and submit this COE form directly to the College: training@ranzcp.org

ST3-PSY-FELL-EPA3 – Management in psychotherapy (COE form)			
Area of practice	Psychotherapies	EPA identification	ST3-PSY-FELL-EPA3
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 10/04/15)
Title	Foundational management in psychotherapy.		
Description	<p>The trainee should be able to identify and demonstrate the management of significant process issues or problems in a prescribed number of psychotherapy patients. Examples would include:</p> <ul style="list-style-type: none"> • monitoring the progress of the patient in psychotherapy, assessing progress in terms of original formulation, contract and treatment goals and the processes related to the specific modality of psychotherapy adopted • revising the formulation, contract or treatment frame where necessary in response to developments in the psychotherapeutic treatment. Issues here could be of such significance as to likely lead to failure to progress or a significantly less positive outcome, eg. poorly engaging patient, significant deterioration of symptoms or challenging behaviours including threatened suicide during therapy; they could arise from characteristic patterns of behaviour of the patient, from a breakdown of the patient–therapist interaction or may be of iatrogenic origin. Interventions should demonstrate a reasoned approach towards resolution of the problems • managing termination issues appropriately in terms of treatment planning. <p>Process issues and problems may require guidance from the supervisor but should be demonstrably identified and corrected by the trainee’s active use of therapeutic manoeuvres not simply by passively adopting the supervisor’s instructions.</p>		
List WBAs completed	CbD	Mini-CEX	OCA PP DOPS

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) Signature Date

DIRECTOR OF (ADVANCED) TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print)

Director of (Advanced) Training RANZCP ID: Signature Date