

ST3-POA-AOP-EPA9 – Behavioural or psychological treatment

Area of practice	Psychiatry of old age	EPA identification	ST3-POA-AOP-EPA9	
Stage of training	Stage 3 – Advanced	Version	v0.6 (EC-approved 10/04/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
Title	Psychological treatments in older people.			
Description Maximum 150 words	<p>The trainee demonstrates an ability to complete a complex assessment and formulation relating to the patient presentation and develop a comprehensive management plan which includes a psychological treatment modality. The choice of the psychological treatment should be appropriate to the patient’s needs, be tailored to their individual circumstances and delivered in a competent fashion. The trainee should demonstrate an ability to assess the efficacy of the treatment and modify the management strategies and treatment modalities on an ongoing basis as appropriate.</p>			
Fellowship competencies	ME	1, 2, 3, 4, 5, 7	HA	1, 2
	COM	1	SCH	2
	COL	1, 2, 3	PROF	1, 2, 3, 4
	MAN	4		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Displays an appropriate level of knowledge of the evidence base for the various psychotherapeutic modalities (eg. behavioural modification, cognitive–behavioural therapy [CBT], interpersonal psychotherapy [IPT], psychodynamic), including the evidence relating specifically to the elderly. • Displays an appropriate level of knowledge regarding the application of psychotherapy either as monotherapy or combined with other treatment modalities, including medication, and the evidence base for such an approach. • Understands that psychotherapeutic techniques may need to be modified to address the needs of older people. <p>Skills</p> <ul style="list-style-type: none"> • Performs a comprehensive psychiatric assessment to assist in the identification of an appropriate psychotherapeutic intervention for the patient, including: 			

	<ul style="list-style-type: none"> - diagnosis and differential diagnosis - cognitive status (with particular focus on the potential impact of cognitive status on the choice and application of the psychotherapeutic modality and its influence on goal-setting and expectations of therapy) - premorbid psychiatric, cognitive and functional status - potential confounding factors (cultural, language, religious, etc.) - collateral information - biopsychosocial formulation relevant to the subsequent development of a specific psychotherapeutic treatment plan for the patient. <ul style="list-style-type: none"> • Ability to choose an appropriate psychological treatment modality as part of a detailed management plan using evidence-based guidelines. • Ability to modify psychotherapeutic techniques specific to the needs of the older person. • Clarifies expectations of referral source. • Effective and empathic interpersonal skills employed in educating the patient, optimising patient engagement and compliance with treatment. Explains therapeutic management plan, including structure of sessions, likely timeframe of therapy and patient role in the therapy process (eg. homework in CBT). • Detailed planning of psychological therapy sessions, integrating patient-specific information, including the setting of clear targets for therapy regarding outcomes and appropriate timeframes for achieving this. Ability to re-evaluate goals and progress during the therapy period (graded exposure in CBT). • Recognises and appropriately manages psychodynamic factors in therapy (eg. transference/countertransference). • Manages time effectively during treatment sessions. • Appropriate use of standardised symptom measures and instruments to assess progress and outcomes of therapy. • Displays an ability to appropriately manage service resources in the choice and provision of psychotherapy. • Considers the use of other resources in the management plan that may augment treatment efficacy and outcomes (eg. medication, allied health, psychologist). • Demonstrates understanding of issues frequently relating to psychological illness in the elderly (eg. loss, bereavement, isolation, sense of redundancy, medical illness and morbidity, polypharmacy, cognitive impairment). • Demonstrates competence in communication and coordination of care with other providers. <p>Attitude</p> <ul style="list-style-type: none"> • Treats establishment of an appropriate therapeutic alliance as a key priority. • Avoidance of therapeutic nihilism.
Assessment procedure	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

Additional assessment considerations (if needed)	<ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS).
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References

LIDLAW K, THOMPSON LW, GALLAGHER-THOMPSON D & DICK-SISKIN L. *Cognitive behaviour therapy with older people*. Chichester: John Wiley & Sons, 2003.

MCCLINTOCK GREENBERG T. *Psychodynamic perspectives on aging and illness*. New York: Springer, 2009.

SHEAR MK, WANG Y, SKRITSKAYA N et al. Treatment of complicated grief in elderly persons: a randomized clinical trial. *JAMA Psychiatry* 2014; 71: 1287–95.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar