



The Royal
Australian &
New Zealand
College of
Psychiatrists



Certificate of Advanced Training in Psychotherapies

Advanced Training Psychotherapies Curriculum

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Preface

The Certificate of Advanced Training in the Psychotherapies requires completion of a core program of at least 40 hours (or equivalent, including self-directed learning) followed by 120 hours (or equivalent) in one of the following modalities:

- i. individual dynamic psychotherapies
- ii. structured and brief psychotherapies
- iii. group psychotherapies
- iv. family and couples psychotherapies.

The core program is intended to provide both a theoretical and practical base for understanding the rationale and skills, which inform clinical work in all the four modalities. It is expected that this should enable the trainee to maintain an attitude of respect and value for all these forms of psychotherapy. It is also expected that the core program will assist the trainee to make appropriate choices as to the therapy mode most likely to be of benefit to a particular patient, based not only on an accurate diagnosis of the presenting condition, but also on an appraisal of possible aetiological factors and developmental history.

(A) Philosophy of Psychotherapy Training

Principles of Learning

The learning environment needs to be set up according to the following principles.

1. An environment in which the student feels supported emotionally in the learning process.
2. Opportunities for practice, experience, reflection, training, research and evaluation.
3. An active partnership between trainee, teacher and supervisor, which gives constructive feedback.
4. Access to a learning process, which aims to explore and to integrate aspects of theory and clinical experience.
5. Clearly articulated course goals, and the pathway and opportunities to achieve those goals.
6. Adequate physical facilities, employment conditions and clinical caseload to enable this learning experience to occur.

(B) Educational Goals of Psychotherapy Training

Core Attitudes, Knowledge and Skills Objectives set out by the RANZCP.

Curriculum for Fellowship are assumed.

Attitude Objectives

- **PA1** Attitudes to patients
 - **PA2** Attitudes to patient care
 - **PA3** Attitudes to patient confidentiality
 - **PA4** Attitudes to patient consent
 - **PA5** Attitudes to the practice of psychotherapy
 - **PA6** Attitudes to research in psychotherapy
 - **PA7** Attitudes to the professional role of psychotherapists
 - **PA8** Attitudes to colleagues and other professionals
 - **PA9** Attitudes to the role of the psychiatrist in society
 - **PA10** Attitude to self-knowledge
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PA1 Attitudes to Patients

Trainees should develop an attitude of respect for the humanity and dignity of their psychotherapy patients.

PA1.1 Maintaining appropriate personal and professional boundaries between themselves and their patient.

PA1.2 Acknowledging the damage that can occur to themselves and their patient when personal and professional boundaries are violated.

PA1.3 Recognising the considerable pressure towards boundary violation in the practice of psychotherapy due to the particularly intense and intimate ongoing relationship that develops between the therapist and patient, which is fundamental to the psychotherapy process.

PA1.4 Awareness and respect for the pervasiveness of transference and countertransference experiences and enactments alongside the professional relationship between the therapist and patient, regardless of whether this is the focus of the psychotherapeutic intervention or not.

PA2 Attitudes to Patient Care

Trainees should develop an attitude whereby they seek the best possible care for their psychotherapy patients.

PA2.1 Recognising the particular difficulties related to professional and personal isolation in the practice of psychotherapy and how this can affect patient care. In particular recognizing the need for ongoing supervision from peers, and consultation with trusted more experienced colleagues if one is concerned about the potential for boundary violation.

PA2.2 Recognizing the time and space required for the personal acquisition of the skills and experience required for the practice of a best possible standard of psychotherapy.

PA3 Attitudes to Patient Confidentiality

Trainees should develop an attitude of respect for the confidentiality of their psychotherapy patients and information about them.

PA3.1 Being aware of the impact that a threat of breach of confidentiality can have on the quantity, quality and sensitivity of the information available to the therapist in a psychotherapy, and the limitations that this places upon the effect of the psychotherapy for the patient.

PA4 Attitudes to Patient Consent

Trainees should develop an attitude whereby they recognize the right of a psychotherapy patient for adequate information in order to give consent to any proposed procedure or treatment.

PA4.1 Acknowledging the importance of the appropriate selection of the model of psychotherapy for each patient.

PA4.2 Recognizing the importance of a good 'fit' between the patient and the psychotherapist in the effective practice of psychotherapy, and the ability to be able to communicate this sensitively to the patient.

PA5 Attitudes to the Practice of Psychotherapy

The practice of psychotherapy is based on scientific principles and a long history of precedent and both need to be constantly updated as new knowledge accumulates from within the experiences of clinical practice and within the bodies of clinical, scientific and theoretical knowledge.

PA5.1 Maintaining openness to critically evaluate other bodies of knowledge engaged in the study of mind and brain in relation to human emotion, relationship and behaviour.

PA5.2 Maintaining openness to critically evaluate different theoretical models of psychotherapy.

PA5.3 Being aware of the importance of reflection and review at the interface between generally accepted bodies of knowledge and theory, and the actual observations and clinical interventions with patients.

PA6 Attitudes to Research in Psychiatry

The practice of psychiatry needs to be continually updated as new knowledge accumulates. Research to advance knowledge and skill in the practice of psychotherapy needs to be conducted according to established ethical and scientific principles.

PA6.1 Exploring and observing the ongoing impact and efficacy of a psychotherapy treatment for each particular patient.

PA6.2 Maintaining a critical interest in ongoing research into the specific benefits and limitations of each model of psychotherapy.

PA6.3 A critical awareness of research on the differences between quality of the psychotherapy given to the patient during a psychotherapy for purposes of research, compared to that possible in the usual clinical situation.

PA7 Attitudes to the Professional Role of Psychotherapists

Trainees share the responsibility of upholding the integrity of the medical psychotherapy profession and should develop an attitude whereby they recognize the privileges accorded them because of their calling and tradition.

PA7.1 Recognizing the place of individual supervision in the maintenance of personal and professional skills and well-being in the practice of psychotherapy and ensuring they receive such supervision.

PA7.2 Acknowledging the importance of peer review in maintaining personal and professional standards in the practice of psychotherapy and participating in a suitable peer review group.

PA8 Attitudes to Colleagues and Other Professionals

Trainees should develop an attitude of respect for their own psychiatric colleagues, other medical colleagues and other health professionals.

PA8.1 Consideration and respect for other professionals involved in the field of mind and brain in relation to human emotion, relationship and behaviour.

PA9 Attitudes to the Role of the Psychiatrist in Society

Trainees in their societal role should strive to improve the quality of psychiatric services.

PA9.1 Endeavouring to improve the quality of psychotherapy services.

PA10 Attitudes to Self-Knowledge

Trainees should have an attitude of respect for the need for personal self-knowledge in the practice of the psychotherapies, particularly respect for the part transference and countertransference, or interpersonal subjectivity, plays in the perception and judgment of oneself, one's patients, and one's pattern of relationship.

Advanced trainees in the psychotherapies will demonstrate this attitude by:

PA10.1 Awareness of the place for personal psychotherapy and other forms of experiential learning in the process of training in the psychotherapies.

Knowledge Objectives

- **PK1** Normal Development
 - **PK2** Basic Sciences
 - **PK3** Psychiatric Disorders
 - **PK4** Impact of Psychiatric Disorders
 - **PK5** Medicine in relation to Psychotherapy
 - **PK6** Mental Health Promotion
 - **PK7** Scientific method
 - **PK8** Services Issues
 - **PK9** Professional Responsibility
 - **PK10** Self Knowledge
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PK1 Normal Development

By the completion of training, trainees should have a detailed knowledge about normal biological, psychological and social development from infancy to old age, particularly where this knowledge informs the psychotherapies.

- PK1.1** Normal development from direct observational research, and from the perspective of the developmental theories in relation to that observational research.
- PK1.2** Theories of normal development of the mind.
- PK1.3** Theories of normal development of affect regulation and emotional experience.
- PK1.4** Theories of normal development of attachment and self-object relations, in couple, family, group and social situations.
- PK1.5** The influence of the observer's subjective view and theoretical perspective on the form and findings of observational research.

PK2 Basic Sciences

By the completion of training, trainees should be knowledgeable about aspects of those biomedical, social and psychological sciences that underpin the practice of psychiatry, and in particular, the clinical psychotherapies.

- PK2.1** The major theories underpinning the psychotherapies.
- PK2.2** The relationship between the basic sciences and the development of the major theories of the psychotherapies.
- PK2.3** The relationship between the advances in knowledge from the basic sciences as they interact with the developing theories of the psychotherapies.
- PK2.4** The relationship between the more objective and experimental observations from formal basic science research designs and the somewhat more subjective clinical observations from the single case study in the consulting room with patients, as related to the theories of the psychotherapies.

PK3 Psychiatric Disorders

By the completion of training, trainees should be knowledgeable about the epidemiology, aetiology, psychopathology, clinical features (including complications), and the natural history of psychiatric disorders and psychological reactions in both individual and those relating to that individual, including concepts of impairment, disability and handicap. A sound knowledge of the assessment and care of these conditions is also expected.

PK3.1 At least one modality of psychotherapy listed below, and sufficient knowledge of the other three modalities to be able to match the therapy to the patient's needs and/or diagnosis.

- i. individual dynamic psychotherapies
- ii. structured and brief psychotherapies
- iii. group psychotherapies
- iv. family and couples psychotherapies.

PK3.2 The theoretical and conceptual underpinnings of the one modality of psychotherapy chosen, and an overview of the other three.

PK3.3 The assessment process appropriate to each of the models, including an appreciation that much of the sensitive historical and emotional information will not be offered or be accessible at the initial assessment, since disclosing information in the psychotherapies is an evolving and ongoing process related to trust.

PK3.4 The formulation process relevant to the selected modality of psychotherapy, and an overview of the process in the other three.

PK3.5 The treatment process expected in the selected modality of psychotherapy and an overview of the process in the other three.

PK3.6 Progress and outcome measures, in terms of quality and quantity, in the selected modality of psychotherapy and an overview in the other three.

PK3.7 The complexities related to co-morbidity and the impact that this has upon assessment and management of the process and outcome of psychotherapy

PK3.8 The complexities related to concurrent therapies, such as psychotherapy and pharmacotherapy; or individual psychotherapy (Structured or Dynamic Psychotherapy) and group, family or couples therapy.

PK3.9 The relationship between the phenomenological and behavioral descriptions of psychiatric disorders as found in the DSM and ICD classifications, and the more etiological or theoretical descriptions found in Structured, Interpersonal, Psychodynamic, Group, Family and Couples models of the development of psychiatric, emotional or personality disorders.

PK4 Impact of Psychiatric Disorders

By the completion of training trainees should be knowledgeable about the impact of psychiatric disorders on patients, their families, carers and significant others.

PK4.1 The effect of change in the patient treated effectively by a psychotherapy intervention, both on the patient themselves and on the significant others in their environment.

PK5 Medicine in Relation to Psychiatry

By the completion of training, trainees should be knowledgeable about general medical and surgical conditions. Higher levels of knowledge, tempered by maturity and experience, are expected in those areas of general medicine, which particularly relate to psychiatric practice.

- PK5.1** The frequency with which psychological or social disorders present as physical symptoms or medical conditions, as somatisations, conversions or dissociations.
- PK5.2** The process for differentiating the underlying causes of such somatisations, conversions, or dissociations, both at the time of assessment and during the course of psychotherapeutic treatment.
- PK5.3** The psychological aspects of acute and chronic medical conditions and their psychotherapeutic management.

PK6 Mental Health Promotion

By the completion of training, trainees should be knowledgeable about the principles and process of mental health promotion and psychiatric disorder prevention.

- PK6.1** The unconscious in the individual, couple, family, group, social, political, economic and environmental processes that underlie intergenerational transmission of disorder, and undermine mental health and wellbeing.
- PK6.2** The psychotherapeutic aspects of the psychiatrist-patient relationship and their relevance to mental health promotion and psychiatric disorder prevention.
- PK6.3** How to use this information in mental health promotion and psychiatric disorder prevention, in particular the principle of early intervention.

PK7 Scientific Method

By the completion of training, trainees should be knowledgeable about the principles of scientific method in their practice and the use of this knowledge to evaluate developments in psychiatric research.

- PK7.1** The history and philosophy of the development of the theoretical basis of the psychotherapies and how to compare different theoretical concepts.
- PK7.2** How scientific method is intrinsic to the actual treatment process in the practice of psychotherapy.
- PK7.3** The scientific and research methodologies most appropriate to the different modalities of psychotherapy.

PK8 Services Issues

By the completion of training, trainees should be knowledgeable about the organization and delivery of mental health care including the ethical, economic, geographical and political constraints within which it operates.

- PK8.1** How these service issues affect the practice of psychotherapy.

PK9 Professional Responsibility

By the completion of training, trainees should be knowledgeable about the principles of medical ethics, the development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability.

PK9.1 Maintaining up to date knowledge in the bodies of theory, and in the other scientific bodies of knowledge, related to the psychotherapies.

PK9.2 The particular aspects of professional and personal responsibility that relate to the long-term and intense patient and therapist relationships that are part of the treatment process of longer term psychotherapy.

PK10 Self Knowledge

By the completion of training, advanced trainees in the psychotherapies should have sufficient self-knowledge to provide and maintain a safe therapeutic space for the practice of psychotherapy with their patients.

In particular advanced trainees should have understanding of:

PK10.1 Their own particular personality organization with its patterns of relationships and defences, and the significance of this for ensuring the best standards of psychotherapeutic care and avoiding inappropriate personal intrusions and boundary violations.

PK10.2 The importance of maintaining their own mental health and well-being to ensure the best possible standards of psychotherapy treatment for their patients.

PK10.3 The importance of belonging to a peer review group for continued appraisal of knowledge and skills.

PK10.4 The importance in the practice of psychotherapy of ongoing supervision with experienced colleagues.

PK10.5 The importance of a personal experience of psychotherapy, or other relevant forms of experiential learning, to ensure the best and safest possible standards of practice in the psychotherapies.

Skills Objectives

- **PS1** Assessment of psychiatric disorders for psychotherapy
 - **PS2** Care and treatment of psychiatric disorders
 - **PS3** Communication skills
 - **PS4** Interpersonal skills
 - **PS5** Medicine in relation to psychiatry and psychotherapy
 - **PS6** Mental health related skills in psychotherapy
 - **PS7** Scientific method
 - **PS8** Health promotion
 - **PS9** Professional responsibility
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PS1 Assessment of Psychiatric Disorders for Psychotherapy

By the completion of training, trainees should possess the skills necessary for performing a comprehensive psychiatric assessment in patients of all ages.

- PS1.1** The assessment process appropriate for the psychotherapeutic and other mental health needs of each individual patient.
- PS1.2** The formulation process appropriate for the psychotherapeutic and other mental health needs of each particular patient.
- PS1.3** Assessing and making a provisional formulation in patients who at the time of the initial assessment may have very limited access to their historical and emotional information due to either the traumatic nature of that experience or anxiety about their condition.

PS2 Care and Treatment of Psychiatric Disorders

By the completion of training, trainees should possess the skills to care for psychiatric disorders in patients from early childhood to old age.

- PS2.1** The techniques and practice of one of the following modalities of psychotherapy and sufficient awareness of the others to appropriately refer the patient:
- i. individual dynamic psychotherapies
 - ii. structured and brief psychotherapies
 - iii. group psychotherapies
 - iv. family and couples psychotherapies.

PS3 Communication Skills

By the completion of training, trainees should demonstrate a finely developed ability to communicate clearly, considerately and sensitively with patients, their significant others, other health professionals and members of the general public, in a wide variety of settings.

- PS3.1** Communicating with patients about their assessment, formulation and recommendation for psychotherapy treatment in a sensitive, clear and empathic manner.

PS3.2 Communicating with patients about the anticipated process of a psychotherapy, including the possible benefits and limitations of undertaking such a therapy.

PS3.3 Communicating their observations during the psychotherapy process about the patient's emotional and mental states, personality organization and patterns of relationship, in a manner that is understandable and useful to the patient, and that is appropriate to the particular form of psychotherapy recommended.

PS4 Interpersonal Skills

By the completion of training, trainees should demonstrate highly developed interpersonal skills.

PS4.1 The forms of conscious and intuitive listening and emotional attunement to their patients that is appropriate to the modality of psychotherapy selected for training.

PS4.2 Recognizing and working with the particular complexities of personal and relationship disturbance treated by the modality of psychotherapy selected for training.

PS4.3 The ability to contain, think about, and interpret disturbed emotional states, mental states and patterns of relationship, rather than reacting to them or acting them out, for the purpose of helping the patient.

PS5 Medicine in Relation to Psychiatry and Psychotherapy

By the completion of training, trainees should be able to competently assess patients for the presence of medical illnesses. Higher levels of skill, tempered by maturity and experience, are expected in those areas of general medicine which particularly relate to psychiatric practice,

PS5.1 Demonstrate competence in managing the complexities associated with patient care when somatisation, conversion or dissociation disorders exist alone, or in conjunction with other medical or psychiatric conditions.

PS5.2 Integrate their skill and competence in psychotherapy with their pre-existing competencies, to enhance care in patients who are receiving psychotherapy concurrently with other medical or psychiatric care.

PS5.3 Demonstrate competence in deciding when it is appropriate for the one psychotherapy practitioner to operate within two or more separate models of treatment with the one patient, and when it is more appropriate to separate the different models of therapy between practitioners.

PS5.4 Define clear boundaries of responsibility and communication between practitioners when working conjointly in the care of a patient.

PS5.5 Be sensitive to a patient's need for trust and confidentiality when communicating information to another practitioner involved in the patient's ongoing care.

PS6 Mental Health Service Related Skills

By the completion of training trainees should have skills relevant to effective delivery of mental health services in hospital, community and integrated settings, both public and private. Such skills encompass both those specific to the discipline of psychiatry as well as those required for effective team performance.

PS6.1 Make use of these skills to develop and maintain a suitable environment for the practice of quality psychotherapy for both patient and psychotherapist.

PS7 Scientific Method

By the completion of training, trainees should have the skills necessary to undertake a research or evaluation study and to critically appraise published research relevant to psychiatry.

PS7.1 Skills and competence in the ongoing observation and evaluation of the process and outcome in their clinical psychotherapy work with patients.

PS8 Health Promotion

By the completion of training, trainees should be able to apply specific knowledge of the principles and processes of health promotion and illness prevention.

PS8.1 Identify unconscious or underlying dynamics in the individual, couple, family, and group, in the face of the social, political, economic and environmental processes that confront them and demonstrate skill and competence in making use of this awareness, in the interests of health promotion and illness prevention.

PS9 Professional Responsibility

By the completion of training, advanced trainees in the psychotherapies should have the ability to ensure that they practice in a respectful, ethical, and professional manner at all times with their patients, supervisees and colleagues, and already have in place arrangements for the ongoing development and maintenance of their psychotherapeutic skills and competence.

In particular advanced trainees in the psychotherapies should be able to demonstrate the ability to make use of:

PS9.1 Individual supervision for ongoing improvement of their interpersonal skills, interpersonal sensitivity, and psychotherapeutic techniques.

PS9.2 A peer review group, in which they can develop sufficient trust to be able to discuss technical problems and difficulties that arise in the process of their work, as well as those that inevitably arise due to the intensely personal relationships that develop in the practice of psychotherapy.

PS9.3 A personal training psychotherapy, experiential learning situations, or consultation with trusted more experienced colleagues, as part of psychotherapy training and when a particular need arises, in the service of maintaining the best and safest possible standards of care for their patients.