

ST2-PSY-EPA3 – Supportive psychotherapy

Area of practice	Psychotherapy	EPA identification	ST2-PSY-EPA3
Stage of training	Stage 2 – Proficient	Version	v0.3 (BOE-approved 08/11/12)
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.			
Title	Supportive psychotherapy.		
Description Maximum 150 words	The trainee is able to see a patient in a dyadic treatment and use direct measures to ameliorate symptoms and maintain, restore or improve self-esteem, ego functions and adaptive skills. They can develop and implement a psychotherapeutic treatment plan within a comprehensive treatment plan, when required. This includes determining which form of therapy would be suitable for the patient’s needs and awareness of the resources available. The trainee is able to adapt their treatment to the needs of the patient and, where appropriate, incorporate other techniques (eg. techniques borrowed or modified from cognitive–behavioural therapy [CBT], analytic approaches or others) within the underlying supportive approach. The trainee understands the term therapeutic alliance and how to bolster this.		
Fellowship competencies	ME	1, 3, 4, 5	HA
	COM	1	SCH
	COL	1, 2	PROF 1, 2
	MAN		
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"> • The principle objectives of supportive psychotherapy – to maintain or improve the patient’s self esteem, ameliorate or prevent recurrence of symptoms, improve psychological or ego functioning and enhance adaptive capacities. • Understands that the practice of supportive psychotherapy is used in many therapeutic encounters. • The paramount importance of the patient–therapist relationship. • Indications and contraindications for supportive psychotherapy including grief, bereavement. <p>Skills</p>		

	<ul style="list-style-type: none"> • Establishes and maintains a positive therapeutic alliance and interacts with the patient in an empathic, respectful, direct, responsive and non-threatening manner. • Establishes realistic and appropriate treatment goals. • Uses supportive therapy interventions (clarification, confrontation, interpretation, advice, reassurance, encouragement, praise, rationalisation, reframing) in an appropriate and timely manner. • Respects and strengthens adaptive defences, distinguishes between adaptive and maladaptive defences and works to minimise anxiety in an appropriate and timely way. • Provides education about the patient’s psychiatric condition and medication and if necessary about community systems of care and ancillary treatments. • Focuses on the patient’s present day life while not ignoring the past; consistently works at improving self-esteem, promoting adaptation and ego functions and ameliorating symptoms. <p>Attitude</p> <ul style="list-style-type: none"> • Respectful, open, non-judgemental and collaborative; able to tolerate ambiguity plus display confidence in the efficacy of supportive psychotherapy. • Understands that appropriate boundaries (confidentiality, professional attitude) must be established and maintained. • Sensitive to sociocultural, socioeconomic and educational issues that arise in the therapeutic relationship.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>WINSTON A, ROSENTHAL RN & PINSKER H. <i>Learning supportive psychotherapy: an illustrated guide</i>. Arlington: American Psychiatric Publishing, 2012.</p> <p>BROWN N & MALIK A. Case-based discussion. In: Bhugra D, Malik A & Brown N, eds. <i>Workplace-based assessments in psychiatry</i>. London: RCPsych Publications, 2007.</p>	

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