

ST2-PSY-EPA2 – Therapeutic alliance

Area of practice	Psychotherapy	EPA identification	ST2-PSY-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.4 (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	<i>Psychodynamically informed patient encounters and managing the therapeutic alliance.</i>		
Description Maximum 150 words	The trainee can create and manage a therapeutic alliance with patients including those who are challenging or resistant. The trainee will be able to recognise points of conflict and disjunction and take steps to repair these. These steps will be informed by a familiarity with the evidence base in managing the therapeutic alliance.		
Fellowship competencies	ME	5	HA
	COM	1	SCH 1,
	COL	1, 2	PROF 1, 2, 3
	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"> • Positive correlates of therapeutic alliance quality, for example: <ul style="list-style-type: none"> – client characteristics such as psychological mindedness, expectation for change and attachment quality – therapist characteristics and behaviours such as warmth, flexibility, honest, respectful, trustworthy, confident, interested and higher maternal care (good attachment). • Negative correlates of therapeutic alliance quality, for example: <ul style="list-style-type: none"> – client characteristics such as avoidance, interpersonal difficulties, depressive thoughts – therapist characteristics such as rigidity, highly critical attitudes, being distant, disconnected and indifferent. • Basic understanding of defence mechanisms including those used by distressed patients. • The impact of transference and countertransference on the clinical encounter. <p>Skills</p>		

	<ul style="list-style-type: none"> • Exploration. • Reflection. • Noting past success. • Accurate interpretation. • Facilitating the expression of affect. • Attending to the patient's experience. • The ability to engage patients under challenging circumstances. • The ability to work towards shared treatment goals using empathy and rapport. <p>Attitude</p> <ul style="list-style-type: none"> • Situational sensitivity – a permanent alertness/responsiveness for the feedback regarding the therapeutic alliance and progress and/or obstacles. • Therapeutic flexibility – openness to adapt the therapeutic approach following the feedback of the patient. • Alertness for therapeutic obstacles and risk for drop-out. • Open and questioning attitude towards their own (the trainee's) blind spots.
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 of three patients: <ul style="list-style-type: none"> – a patient seen in an emergency situation – a patient who is described as 'difficult' in an inpatient setting – a patient managed in the community by the trainee for at least 4 weeks. • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>ACKERMAN SJ & HILSENROTH MJ. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. <i>Clin Psychol Rev</i> 2003; 23: 1–33.</p> <p>DUNCAN B & MILLER S. <i>The outcome and session rating scales: the revised administration and scoring manual, including the child outcome rating scale</i>. Chicago: Institute for the study of therapeutic change, 2008.</p> <p>HERSOUG AG, HØGLEN P, HAVIK O et al. Therapist characteristics influencing the quality of alliance in long-term psychotherapy. <i>Clin Psychol Psychother</i> 2009; 16: 100–10.</p> <p>OKIISHI J, LAMBERT MJ, NIELSEN SL & OGLES BM. Waiting for supershrink: an empirical analysis of therapist effects. <i>Clin Psychol Psychother</i> 2003; 10: 361–73.</p>	

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