

## RANZCP Fellowship Program

# Guide to psychotherapy training

# Table of contents

TABLE OF CONTENTS .....	2
<b>INTRODUCTION.....</b>	<b>3</b>
<b>STAGES 1 AND 2.....</b>	<b>3</b>
PSYCHOTHERAPY EPAS .....	5
PSYCHOTHERAPY WRITTEN CASE (40 SESSION CASE).....	5
<b>STAGE 3.....</b>	<b>8</b>
EPAS .....	8
<b>CERTIFICATE OF ADVANCED TRAINING .....</b>	<b>10</b>
FORMAL EDUCATION COURSE .....	10
EPAS IN THE CERTIFICATE PROGRAM .....	11
SUPERVISED CASES.....	11
<b>CONCLUSION .....</b>	<b>14</b>
<b>RECOMMENDED READINGS .....</b>	<b>15</b>
<b>FURTHER QUERIES.....</b>	<b>18</b>

## Introduction

This guide has been written to assist trainees in understanding the psychotherapy training requirements set out by the RANZCP in the Fellowship program. Under the RANZCP Fellowship Regulations 2012, trainees must achieve competent performance to a proficient level in psychotherapies by the end of their training.

Psychotherapy understanding and skills are core elements of psychiatric training and clinical practice as a psychiatrist. It is important that trainees orient themselves early to a psychological understanding of all their patients, not just those designated as psychotherapy training cases. This will assist trainees in being aware of the therapeutic components of any interview with a patient or their partner, family or carers, as well as being aware of the clinical conditions which may require further specialised psychotherapy. It will encourage trainees to learn how to reflect on their practice, to learn from the therapeutic relationship and to develop a sense of agency as a therapist as well as a psychiatrist. It will encourage lifelong habits of participation in supervision, peer groups, collegiate support offered by the College; the emphasis being on broader development as a psychiatrist in a challenging professional life. Learning about psychotherapeutic approaches will enable a more sophisticated understanding of the issues that patients face in their intimate relationships, as well as in the consideration of familial, cultural and developmental factors. It will make clinical work more rich, interesting and manageable.

RANZCP trainees are mostly employed in the public health system where there is an emphasis placed upon short-term, acute treatments in emergency, inpatient or ambulatory settings, or less intensive consultative management within community mental health teams with clients that are case managed. Nevertheless, trainees inevitably become aware that biological and social approaches alone don't suffice with these types of psychiatric cases. Trainees also become aware that this training bias requires additional or supplementary experiences to prepare them for treating patients in private practice as consultant psychiatrists. In the Fellowship program there are a series of psychotherapy training requirements across all stages:

### Stages 1 and 2

- three Psychotherapy EPAs (two of three must be completed by the end of Stage 2)
- Psychotherapy Written Case (must be completed by the end of Stage 3).

### Stage 3

- remaining Stage 2 Psychotherapy EPA (if not completed in Stage 1 or 2)
- three brief psychotherapy cases
- Psychotherapy Written Case (must be completed by the end of Stage 3).

This guide will summarise these training requirements as well as summarise broader training opportunities for trainees, including the Certificate of Advanced Training in the Psychotherapies. It is hoped that this guide will give a coherent sense of the development of psychotherapy skills and understanding that trainees will acquire and the opportunities trainees will have for further experience and learning both during and after their Fellowship training.

## Stages 1 and 2

In Stages 1 and 2, trainees are required to engage in patient encounters and psychotherapies treatments that introduce skills and understanding in psychodynamic principles, supportive and cognitive-behavioural psychotherapy and more intensive psychodynamic psychotherapy. Trainees are also grounded in different levels of theoretical knowledge through formal education courses as defined by the Stage 1 and Stage 2 syllabuses.

(AC, awareness of concepts; WK, working knowledge; IDK, in-depth knowledge.)

## **Stage 1 syllabus**

### **Treatments in psychiatry**

#### *Psychological*

- Basic principles of psychological interventions (including nonspecific factors) [IDK]
- Understanding the principles and application of:
  - Supportive psychotherapies [IDK]
  - Psychodynamics [WK]
  - Cognitive-behavioural therapy (CBT) [AC]

### **Basic psychology**

- Responses to trauma (including early-developmental trauma) [WK]
- Grief and loss [WK]
- Group theory and group dynamics [WK]
- Principles of adult learning [AC]
- Personal learning style [AC]
- Learning and related theories [AC]
- Basic principles of cognitive and behaviour therapy [AC]

## **Stage 2 syllabus – Psychotherapies**

### **Interviewing and assessment**

- Principles of assessment for all psychotherapy approaches [IDK]
- Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy [IDK]
- Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy [IDK]

### **Treatments in psychiatry**

#### *Psychological treatments*

Understanding the theories, indications and evidence base for the following modalities:

- Supportive therapies [IDK]
- Family therapy (major schools) [WK]
- Cognitive and behavioural therapies [WK]
- Interpersonal therapy (IPT) [WK]
- Psychodynamic therapies (major schools) [WK]
  - Historical perspective and context of different schools [WK]
- Group therapy (major schools) [AC]
- Couples therapy [AC]

Along with this, trainees will engage in a series of required activities.

## Psychotherapy EPAs

By the end of Stage 2, trainees must be entrusted with two (of three possible) Psychotherapy EPAs:

- Psychodynamically informed patient encounters and managing the therapeutic alliance.
- Supportive psychotherapy.
- Cognitive-behavioural therapy (CBT) for management of anxiety.

Trainees must attain the remaining (third) Psychotherapy EPA by the end of Stage 3. This EPA will be assessed at a proficient standard. Trainees are eligible to attain the Psychotherapy EPAs in Stage 1. The Psychotherapy EPAs may be attained in any area of practice rotation according to opportunity. The EPA handbook (which contains the Stage 2 Psychotherapy EPAs) can be found here:

[www.ranzcp.org/EPAHandbook](http://www.ranzcp.org/EPAHandbook)

This handbook describes the process of the clinical work and supervision that can lead to attainment of the EPAs. It is hoped that these activities will promote engagement in psychotherapy-related activities in training terms and supervision with appropriately interested and experienced supervisors, who can be general College supervisors who feel comfortable and prepared to assess and sign-off these EPAs or specifically accredited psychotherapy supervisors.

## Psychotherapy Written Case (40 session case)

In order to successfully complete the Psychotherapy Written Case, trainees must treat a person, under supervision with an accredited psychotherapy supervisor, using therapy informed by psychodynamic principles for at least 40 sessions (each session lasting approximately 1 hour). Typically, the psychotherapy should last for 6–12 months with at least one session weekly. The trainee must be the sole therapist/practitioner of psychological intervention for the case.

Trainees must participate in three compulsory formative psychotherapy case discussions with their psychotherapy supervisor during the therapy process. Trainees then have to submit a written case report of 8000–10,000 words. This write-up is assessed at the standard expected at the end of Stage 3 and can be submitted in Stage 2 or Stage 3. The following web page contains a description of the process of the case including patient selection and forms for consent, the case discussions and write-up.

[www.ranzcp.org/PWC](http://www.ranzcp.org/PWC)

### ***When should I start looking for a psychotherapy patient for the Psychotherapy Written Case?***

Trainees need to look out for suitable patients in 1st year, though some begin with their psychotherapy supervisor in the first 6 months of 2nd year. There are challenges in fitting this experience into your training time due to the challenges of 2nd year when you may be on rotations through different hospitals. You may need to discuss with your supervisor the opportunity to use telephone or video supervision if possible.

### ***How do I find a suitable patient for the Psychotherapy Written Case?***

It is best to meet with your psychotherapy supervisor first to discuss potential referrals and assessments. Discuss your intention to seek a long psychotherapy case with your local hospital coordinator. They will be able to advise you of means of accessing a patient and processes for documentation. It is also helpful to advise your peers and supervisor of your interest in recruiting a suitable case. Patients seen through primary mental health teams, consultation-liaison or parents seen through CAMHS rotations can be suitable.

### ***How can I find a psychotherapy supervisor?***

A psychotherapy supervisor is different to your principal clinical supervisor.

Discuss this with your hospital coordinator of training; they will be able to inform you of local processes and access to an appropriate psychotherapy supervisor. It is required that you arrange supervision before starting an assessment of a long case so that your supervisor can assist in assessing the strengths or weaknesses of the case.

Psychotherapy supervisors for the Psychotherapy Written Case are expected to:

1. be a practitioner in the field of long-term psychodynamic psychotherapy
2. have had at least 2 years supervision in this type of therapy
3. have demonstrated further professional development in psychodynamic psychotherapy. This may be achieved through self-guided learning as part of a professional development plan or through completion of a training program (e.g. the Certificate of Advanced Training in the Psychotherapies or equivalent).

### ***What are the lines of clinical responsibility for the Psychotherapy Written Case?***

As well as your psychotherapy supervisor the College requires there to be a consultant psychiatrist from the service where the patient is registered who accepts ultimate responsibility for the patient you are seeing for psychotherapy.

Registration and documentation of the case will also need to be discussed with your local hospital coordinator of training so that you are clear regarding the processes, your responsibilities and the lines of clinical responsibility for the patient. This is particularly important as your psychotherapy supervisor may never see your patient.

Further details are available in the Psychotherapy Written Case Policy and Procedure.

### ***How do I approach the case discussions that I do with my supervisor?***

There is a form and process outlined on the Psychotherapy Written Case web page. Given that there are three case discussions, one recommended approach is to progressively address the following issues and to encourage writing on these issues to contribute to the final case report:

1. assessment, formulation and treatment planning
2. progress and process issues
3. termination, reformulation and reflection on the case.

As such, trainees and supervisors can discuss an approach to producing a written piece to take into the formative case discussion which can then be adapted based upon the supervisor's feedback and kept to be incorporated into the write-up when this is produced.

### ***What about keeping notes on the psychotherapy patient?***

The service clinical file (paper or electronic) will contain the psychotherapy patient's history and detailed management plan including details of medications and risk assessments. You need to make regular entries into the psychotherapy patient's clinical file as you would do for any other patient. It is important to keep this file up to date as your patient's psychotherapy treatment progresses.

Many trainees also make separate notes of the sessions to take to their supervision. These are called training or process notes. With psychodynamically informed psychotherapy, these training notes will include the trainee's reflections on the therapeutic relationship and on the trainee's supervisory experience. These are not generally suitable to put in the patient's clinical file. It is important to be responsible for keeping any training notes you make de-identified, kept in a secure place and document in the clinical file where they can be accessed. Current regulations require medical records to be kept for 7 years. These training notes are useful in writing up the case report.

***Is it possible to continue seeing your long psychotherapy case during different rotations?***

Yes, it is usually possible to continue seeing the long psychotherapy case during different rotations. Most trainees continue seeing their patient at the service where they started with the patient and where the patient is registered. Check with your hospital director of training if you are unsure.

***Is it possible to continue on with the psychotherapy patient after the 40 weeks?***

Some hospital services will allow this to occur – again check with your hospital director of training.

***What about the case report write-up? When I am ready, is there a guide for writing up the psychological case history?***

Yes, check the Psychotherapy Written Case web page. There is also helpful information available at [www.psychotherapies.org.au](http://www.psychotherapies.org.au).

Trainees can fail the written case report because they have not followed the College recommended guidelines. You should also speak to your supervisor or other supervisors who know about writing up the long case. It is recommended that you review the first draft with a local service supervisor who is familiar with the Psychotherapy Written Case Policy and Procedure.

***When do I have to finish the Psychotherapy Written Case and where to next?***

By the end of stage 2 it is hoped trainees will now have a grounding in psychodynamic principles, supportive and cognitive–behavioural psychotherapy and more intensive psychodynamic psychotherapy, all of which can be consolidated in Stage 3. The written case does not need to be passed to enter Stage 3 or any of the Certificates of Advanced Training (however it is a requirement for the 40 sessions of therapy to be completed to enter the Certificate of Advanced Training in Psychotherapies). The case is assessed at the standard expected at the end of Stage 3 and the process of writing up the case and having it assessed can occur in Stage 3, where high-level skills and competencies can assist in the write-up. This process can occur in parallel with further experiences and opportunities for attaining psychotherapy skills in Stage 3, which will now be outlined.

## Stage 3

Trainees must provide psychotherapy to a minimum of three patients for at least six sessions each during Stage 3 training. These sessions must involve different patients than the person to whom the trainee has provided the 40+ sessions of psychotherapy related to the Psychotherapy Written Case summative assessment. Additionally, the therapy must be provided to patients other than those with whom the trainee has undertaken WBAs leading to the entrustment of any Stage 2 Psychotherapy EPAs. The requirement to undertake psychotherapy training with a number of different patients is intended to further enhance the trainee's development of psychotherapy skills.

The therapy sessions for these three patients should focus on an established psychotherapy treatment approach for an acceptable treatment indication, as well as involving all of the phases of therapy including: assessment and formulation, contracting and establishment of the treatment frame, review of progress and working towards termination. There should be awareness of transference and countertransference, plans to deal with barriers to treatment and outcome measurement.

Trainees must receive individual or group supervision for these psychotherapeutic sessions by a College-accredited supervisor. The psychotherapeutic sessions for each patient must be recorded on a Stage 3 Psychotherapy sessions form which must be signed by the supervisor and be submitted via [InTrain](#) to be recorded on the trainee's Training Record.

### EPAs

Each 6-month FTE rotation requires the achievement of two EPAs, as described by the Regulation on Rotations (17.2). This requirement must be achieved for trainees to be eligible to pass the end-of-rotation ITA Form and the corresponding rotation.

Trainees training at less than full time must achieve a minimum of one EPA (with a minimum of 3 WBAs as an evidence base) per 6 calendar months. This will ensure that the competency requirements of the Fellowship Program remain linked with the training time accredited to a trainee's Training Record.

#### ***Psychotherapies EPAs available for generalist trainees***

The Stage 3 EPAs are available on the [EPA forms](#) page of the College website. Where relevant and appropriate, most Subcommittees for Advanced Training (SATs) have made a number of EPAs from their subspecialty area of practice available for Stage 3 generalist trainees in any rotation. These are labelled 'FELL'. These EPAs may be achieved while the trainee is undertaking a rotation in a different area of practice. These EPAs are referred to as 'Fellowship EPAs'. EPAs that can only be achieved in their particular subspecialty area of practice are referred to as 'area of practice EPAs', labelled 'AOP'. A generalist trainee is eligible to achieve any of the Stage 3 Fellowship EPAs made available by any area of practice (i.e. FELL EPAs) and this includes the following psychotherapies EPAs:

<b><i>EPA number</i></b>	<b><i>EPA title</i></b>	<b><i>EPA</i></b>	<b><i>COE</i></b>
ST3-PSY-FELL-EPA1	Foundational use of supervision and co-management approaches in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA2	Foundational assessment and treatment planning.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA3	Foundational management in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA4	Research skills in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>



It is hoped that the mandatory cases, and the opportunity to take on additional cases to work towards one or more of these elective psychotherapies EPAs, can form a part of the Stage 3 trainee's progression towards attainment of RANZCP Fellowship and a growing awareness of the role of psychotherapy in everyday psychiatric practice. During this period, Stage 3 trainees might like to consider any interest they might have in gaining further experiences in specific types of psychotherapy, where training cases, seminars or workshops and supervision can contribute to this. There are a wide range of contemporary, evidence-based models of psychotherapy and a wide range of supervisors and experts in Australia and New Zealand who are either College Fellows or have accreditation with the College. Trainees can discuss further opportunities with their supervisors, Directors of Training and other senior colleagues.

## Certificate of Advanced Training

Advanced Training in the Psychotherapies is a recognised subspecialty program within the RANZCP, which leads to attainment of the Certificate of Advanced Training in the Psychotherapies. There are three main components to this program:

- formal education course
- 8 psychotherapies EPAs (7 mandatory; can choose 1 from remaining 3 EPAs)
- 1 of 4 psychotherapy streams (individual dynamic, structured and brief, group, family and couples) with associated cases, supervision and other experiences.

### **Eligibility**

Psychiatry registrars who have completed the RANZCP requirements for Stages 1 and 2 of training as well as completing the 40 sessions of psychotherapy required for the Psychotherapy Written Case.

Psychiatrists who have completed the RANZCP training or overseas equivalent and who wish to pursue further subspecialty training.

### **Formal Education Course**

Each enrollee undertakes the equivalent of 2 years of weekly formal education, starting with a 6 month core program of seminars covering general or foundational issues as well as the theoretical basis and application of four main modalities in psychotherapy:

- individual dynamic psychotherapies (IDP)
- structured and brief psychotherapies (including CBT)
- group therapy
- family and couples therapy.

The aim is to familiarise enrollees with contemporary approaches, supervision and training options, and help enrollees develop a more sophisticated understanding of psychological and developmental processes in their psychotherapy and general psychiatry work, as well as covering research into psychotherapy, the connections with neuroscience, psychotherapy combined with other treatments and psychotherapeutic approaches applied to the wider world such as disasters, refugees, etc. Following the core program, trainees will then undertake 18 months of further seminars and supervised casework in their chosen modality of psychotherapy (one of the four outlined above).

Three regions run local seminar programs where the seminars are run in a group setting and they are clinically based so that sometimes participants are also encouraged to bring their clinical work for discussion. Other regions offer a distance education model using digital materials (seminar recordings, readings) that are reviewed and explored in locally run supervision groups. Different regional training programs are summarised on this website: [www.psychotherapies.org.au](http://www.psychotherapies.org.au).

Those enrolled in the Psychotherapy Advanced Training Certificate may now request recognition of prior learning of an accredited psychotherapy core formal education course. The course must have been completed within 1 calendar year of entering the Psychotherapy Certificate in order to be eligible for consideration.

## EPAs in the Certificate program

Enrolees who have been selected to a Certificate program must ensure they adhere to the requirements of that subspecialty program. For the Certificate of Advanced Training in the Psychotherapies, eight psychotherapies EPAs must be attained.

Seven psychotherapies EPAs are mandatory. This includes the four psychotherapies FELL EPAs and four AOP EPAs. Enrolees are to choose an additional EPA to attain from the remaining psychotherapies EPAs.

<b>EPA number</b>	<b>EPA title</b>	<b>EPA</b>	<b>COE</b>
ST3-PSY-FELL-EPA1 <i>Mandatory</i>	Foundational use of supervision and co-management approaches in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA2 <i>Mandatory</i>	Foundational assessment and treatment planning.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA3 <i>Mandatory</i>	Foundational management in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-FELL-EPA4 <i>Mandatory</i>	Research skills in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA5 <i>Mandatory</i>	Advanced use of supervision and co-management approaches in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA6 <i>Mandatory</i>	Advanced assessment and treatment planning.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA7 <i>Mandatory</i>	Advanced management in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA8	Introductory training in supervisory skills in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA9	Advanced presentation skills in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>
ST3-PSY-AOP-EPA10	Formal research in psychotherapy.	<a href="#">EPA</a>	<a href="#">COE</a>

Pre-Fellowship trainees must attain two EPAs per 6-month FTE rotation in order to progress towards Fellowship. The EPAs attained do not need to be the psychotherapies EPAs as trainees may not be undertaking case work at all times. Trainees may choose to attain any of the eligible Stage 3 EPAs for the purpose of achieving Fellowship.

## Supervised cases

### *Individual dynamic psychotherapies*

Trainee/Fellow-in-training to complete all of the following:

- 20 hours of infant or toddler observation with at least 10 hours of individual or group supervision.
- One case seen twice per week for 2 years.

- Exemptions to the twice-weekly case requirement will be considered in exceptional circumstances. SATPsy, with support from the DOAT, may approve a less intensive requirement with equivalent hours of case work and supervision in certain situations.
- Two cases seen once per week for 1 year. (Can be the same case over the 2 years.)
  - Brief vignettes are required at the conclusion of the three long cases addressing: the patient's presenting problem, formulation, psychotherapy treatment approach, outcome.
- Eight short cases.
  - Brief vignettes are required at the conclusion of the short cases addressing: formulation, therapeutic alliance, progress and termination.
  - Cases are required in at least two of the following modalities:
    - cognitive-behavioural therapy (CBT)
    - application of family/systems therapy
    - focal/short-term psychotherapy
    - group psychotherapy.
- 80 hours of direct case supervision, either individual or group (must involve discussion of the supervisee's case). For pre-Fellowship trainees, this psychotherapy supervision is in addition to the clinical supervision, 4 hours per week over 40 weeks for full-time trainees, required for Stage 3 of the Fellowship Program.

### ***Structured and brief psychotherapies***

Trainee/Fellow-in-training to complete all of the following:

- At least six patients with anxiety disorders; one case of each main anxiety disorder diagnosis to be treated.
- At least five patients with affective disorder.
- At least three other patients – may include a variety of primary diagnoses where CBT may be used to target a well-defined problem.
- The number of sessions shall be whatever is required to treat the patient effectively.
- A case formulation that outlines antecedents, maintaining factors and target problem(s) is required before commencing treatment and should be submitted at the conclusion of treatment, together with a brief review of the progress of therapy and any learning points.
- Outcome measures must be used at least pre- and post-treatment for all patients.
- Supervision is required at a minimum of every two sessions. (For pre-Fellowship trainees, this psychotherapy supervision is in addition to the clinical supervision, 4 hours per week over 40 weeks for full-time trainees, required for Stage 3 of the Fellowship Program).
  - At least two sessions are to be recorded (audio or video) and presented in supervision.

### ***Group psychotherapies***

Trainee/Fellow-in-training to complete all of the following:

- 20 hours of group observation. A group(s) must be observed in their workplace or in a natural setting, e.g. at childcare, in the community, for at least 30 minutes at a time totalling 20 hours with equivalent supervision.
- One individual case, seen once per week for 1 year (at least 40 sessions).
- One group case, seen once per week for 1 year (at least 40 sessions).
  - De-identified vignettes are required at the conclusion of both year-long cases addressing: the patient's presenting problem, formulation, psychotherapy treatment approach and outcome.
- Two groups, psychodynamic or structured, occurring weekly for 16 weeks. (Can be the same group for 32 weeks.)

- Brief vignettes are required at the conclusion of both groups addressing: formulation, therapeutic alliance, progress and termination.
- Individual supervision is required on a weekly basis during case work. For pre-Fellowship trainees, this psychotherapy supervision is in addition to the clinical supervision, 4 hours per week over 40 weeks for full-time trainees, required for Stage 3 of the Fellowship Program.

### ***Family and couples therapy***

Trainee/Fellow-in-training to complete all of the following:

- 12 cases with weekly individual supervision (80 hours). For pre-fellowship stage 3 trainees, this psychotherapy supervision is in addition to the clinical supervision (4 hours per week over 40 weeks for full-time trainees) required for Stage 3 of the Fellowship Program.
  - three cases of family therapy: child (at least five sessions each)
  - three cases of family therapy: adolescent (at least five sessions each)
  - three cases of family therapy: adult (at least five sessions each)
  - two cases of couples therapy (at least five sessions each)
  - one case of longer-term therapy (at least 20 sessions).
    - Brief vignettes are required at the conclusion of each case addressing: formulation, therapeutic alliance, progress, termination.
- 20 hours (of the 80 hours required) must be directed observed ('live') or co-therapist.

The College website also provides general information about the certificate:

[www.ranzcp.org/PsychotherapiesCertificate](http://www.ranzcp.org/PsychotherapiesCertificate)

Other practical information about advanced training and opportunities for supervision, seminars, conferences and so forth are also distributed in the [Faculty of Psychotherapy](#) newsletters and from this website: [www.psychotherapies.org.au](http://www.psychotherapies.org.au)

### ***Infant Observation***

Infant observation is a specific part of IDP training which uses naturalistic observation of an infant with its primary caregiver to help trainees develop skills that are part of the 'psychotherapeutic attitude' and an experiential basis for psychodynamically oriented clinical work. Usually, the trainee will meet with an expectant mother to discuss the rationale and protocol of the observation, eliciting informed consent.

The trainee visits the infant for an hour a week for at least 20 weeks, usually from just before birth. In the home, the trainee takes up a background stance of friendly and inquisitive attentiveness, taking in whatever is happening in the ordinary life of the baby. The trainee then prepares notes to bring to individual or group supervision, which can occur in at least 10 individual or group supervision sessions.

Through this unique experience, the trainee is able to observe a parent and baby, living through and resolving routine and difficult situations in their own ways. With the help of supervision, the observer learns to process the inclination for judgmental and blaming thoughts which arise when anxiety is stirred. Often, the observer's containing presence can have a positive effect on parents, enabling them to think for themselves about their babies and to respond to their baby from that empathic place.

Along with developing sensitivity and precision in observation, the supervision teaches how to think freshly and inductively from observation, including trying to understand how the developing infant is making sense of his or her world, as well as the interpersonal or attachment context in which the infant develops with its primary caregivers.

Adapted from [Columbia University: Center for Psychoanalytic Training and Research](#)

## ***Modalities of Psychotherapy***

The Subcommittee of Advanced Training in the Psychotherapies (SATPsy) acknowledges that there is interest and expertise in a range of psychotherapies that do not readily fit into the four psychotherapy training streams because they are hybrid models that involve a range of components (e.g. individual, dyadic, group and day-patient components) and may vary in intensity. SATPsy emphasises that the training requirements are flexible and recognises that interest in these modalities of psychotherapy (e.g. schema therapy, mentalisation-based therapy, mindfulness-based therapy) should be encouraged. As such, any requests to alter the requirements to fit particular training proposals or plans (such as change of modalities) can be taken by the individual's Director of Advanced Training to SATPsy for consideration and approval as required.

## **Conclusion**

It is hoped that this guidebook explains the core components of psychotherapy training in all three stages of the current RANZCP Fellowship Training, as well as the Certificate of Advanced Training.

More broadly though, it is hoped that trainees see where psychotherapy skills and competencies fit into their overall training, being an essential component of the treatment of the range of disorders that psychiatrists treat in the range of settings in which they work. Ultimately, trainees are encouraged to think about the psychotherapeutic elements of all patient encounters, as well as the foundational and advanced skills and competencies they seek to develop not only in their Fellowship training, but beyond in the context of career-long learning. Both the Faculty of Psychotherapy and the SATPsy will continue to promote the role of psychotherapy in the psychiatric profession and representatives of the Faculty and SATPsy are available to assist all trainees in advancing their psychotherapeutic skills and knowledge.

## Recommended Readings

### Psychodynamic theory and practice

#### Core readings

Bateman A, Brown D, Pedder J (2010) *Introduction to Psychotherapy: An outline of psychodynamic principles and practice*. 4th edn. London, UK: Routledge.

Beatson J, Rao S, Watson C (2010) *Borderline Personality Disorder: Towards Effective Treatment*. Melbourne, Australia: Spectrum.

Bloch S (2006) *An Introduction to the Psychotherapies*. 4th edn. Oxford, UK: Oxford University Press.

Cabaniss DL, Cherry S, Douglas CJ, Schwartz AR (2011) *Psychodynamic Psychotherapy: A Clinical Manual*. Chichester, UK: Wiley-Blackwell.

Cabaniss DL, Cherry S, Douglas CJ, Graver RL, Schwartz AR (2013) *Psychodynamic Formulation*. Chichester, UK: Wiley-Blackwell.

Frankland A (2010): *The Little Psychotherapy Book: Object Relations in Practice* 1st edn. Oxford, UK: Oxford University Press.

Gabbard G (2010) *Long-Term Psychodynamic Psychotherapy: A Basic Text*. 2nd edn. Arlington, USA: American Psychiatric Publishing.

Gabbard G (2014) *Psychodynamic Psychiatry in Clinical Practice*. 5th edn. Arlington, USA: American Psychiatric Publishing.

McWilliams N (2004) *Psychoanalytic Psychotherapy: A Practitioner's Guide*. 1st edn. New York, USA: The Guilford Press.

Meares R (2012) *Borderline Personality Disorder and the Conversational Model: A Clinician's Manual*. New York, USA: WW Norton & Company.

#### Further readings

Caper, R (1988) *Immaterial Facts: Freud's Discovery of Psychic Reality and Klein's Development of His Work*. USA: Jason Aronson Inc.

Casement P (1985) *On Learning from the Patient*. New York, USA: The Guildford Press.

Coltart N (1993) *How to Survive as a Psychotherapist*. 1st edn. London, UK: Sheldon Press.

Malan D (2007) *Individual Psychotherapy and the Science of Psychodynamics*. 2nd edn. London, UK: Hodder Education.

Milton J, Polmear C, Fabricius J (2004) *A Short Introduction to Psychoanalysis*. London, UK: Sage Publications.

Mitchell SA, Black MJ (1995) *Freud and Beyond: A History of Modern Psychoanalytic Thought*. New York, USA: Basic Books.

Ogden T (2005) *The Art of Psychoanalysis: Dreaming Undreamt dreams and Interrupted Cries*. London, UK: Routledge.

## **CBT theory and practice**

Beck AT, Rush AJ, Shaw BF, Emery G (1979) *Cognitive Therapy of Depression*. New York, USA: Guilford Press.

Beck JS (1995) *Cognitive Therapy: Basics and Beyond*. New York, USA: Guilford Press.

Beck JS (2011) *Cognitive Behaviour Therapy: Basics and Beyond*. 2nd edn. New York, USA: Guilford Press.

Bennett-Levy J, Butler G, Fennell M, Hackman A, Mueller M, Westbrook D (2004) *Oxford Guide to Behavioural Experiments in Cognitive Therapy: Science and Practice Series*. New York, USA: Oxford University Press.

Bennett-Levy J (2010) *Oxford Guide to Low Intensity CBT Interventions*. New York, USA: Oxford University Press.

Bruch M, Bond FW (1999) *Beyond Diagnosis: Case Formulation Approach in CBT*. New Jersey, USA: John Wiley & Sons.

Grant A (2004) *Cognitive Behavioural Therapy in Mental Health Care*. 1st edn. London, UK: Sage Publications.

Grant A, Townend M, Mill J (2008) *Assessment and Case Formulation in Cognitive Behavioural Therapy*. London, UK: Sage Publications.

Hagen R, Turkington D (2011) *CBT for Psychosis: A Symptom-based Approach*. East Sussex, UK: Routledge Publishing.

Hawton K, Salkovskis P (1989) *Cognitive Behaviour Therapy for Psychiatric Problems: A Practical Guide*. New York, USA: Oxford University Press.

Morrison AP, Renton JC (2004) *Cognitive Therapy for Psychosis: a formulation based approach*. London, UK: Brunner Routledge.

Sanders D, Wills F (2013) *Cognitive Therapy: Foundations for Practice*. 3rd edn. London, UK: Sage Publications.

Simmons J, Griffiths R (2009) *CBT for Beginners*. London, UK: Sage Publications.

Tarrier N, Wells A, Haddock G (1998) *Treating Complex Cases: The Cognitive Behavioural Therapy Approach*. West Sussex, London: John Wiley & Sons.

Westbrook D, Kennerley H, Kirk J (2008) *An introduction to Cognitive Behaviour Therapy: Skills and Applications*. London, UK: Sage Publications.

Wright JH, Basco MR, Thase ME (2005) *Learning Cognitive Behaviour Therapy: An illustrated Guide*. Arlington, USA: American Psychiatric Association.

## **Family therapy**

Barker P, Chang J (1998) *Basic Family Therapy* Oxford, UK: Blackwell Science. [Chapters 5, 6, and 8]

Colapinto J (2000) Structural family therapy. In: Horne AH (ed) *Family counselling and therapy*. 3rd edn. Itasca, USA: Peacock.

MacKinnon LK, James K (1987) The Milan Systemic Approach – Theory and Practice *Australian and New Zealand Journal of Family Therapy* 8(2): 89–98.



Rhodes P, Wallis A (2011) *A Practical Guide to Family Therapy: Structured guidelines and key skills*. Victoria, Australia: IP communications.

### **Group therapy**

Bloch SJ, Reibstein J (1980) Perceptions by Patients and Therapists of Therapeutic Factors in Group Psychotherapy. *The British Journal of Psychiatry* 137: 274–278.

Kutter P (1982) *Basic Aspects of Psychoanalytic Group Therapy*. New York, USA: Routledge.

Yalom ID, Leszcz M (2005) *Theory and Practice of Group Psychotherapy*. New York, USA: Basic Books.

### **General references and other modalities**

Beitman BD, Thase ME, Riba M, Safer DL (2003) *Integrating Psychotherapy and Pharmacotherapy: Dissolving the Mind–Brain Barrier*. New York, USA: Norton & Company Inc.

Brazelton MD, Berry T, Cramer BG (1991) *The Earliest Relationship: Parents, Infants, and the Drama of Early Attachment*. London, UK: Karnac Books.

Cameron P, Ennis J, Deadman J (1998) *Standards and Guidelines for the Psychotherapies*. 1st edn. Ontario, Canada: University of Toronto Press.

Fonagy P, Gergely G, Jurist E, Target M (2005) *Affect Regulation, Mentalization and the Development of the Self*. New York, USA: Other Press.

Gabbard E, Beck J, Holmes J (2005) *Oxford Textbook of Psychotherapy*. London, UK: Oxford University Press.

Jackson H (1994) *Using Self Psychology in Psychotherapy*. Maryland, USA: Rowman and Littlefield Publishers Inc.

Kazdin AE (2008) Evidence-Based treatment and practice: new opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist* 63(3): 146–159.

Kerr IB. (2005) Cognitive Analytic Therapy. *Psychiatry* 4(5): 28–33.

Pinsker H (1997) *A Primer of Supportive Psychotherapy*. New York, USA: Routledge.

Roth A, Fonagy P *What works for whom?: A Critical Review of Psychotherapy Research*. New York, USA: The Guilford Press.

Vaillant G (2002) *Ageing Well: Surprising Guideposts to a Happier Life from the landmark Harvard study of adult development*. Victoria, Australia: Scribe Publications.

Van der Hart O, Nijenhuis ER, Steele K (2006) *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*. New York, USA: WW Norton & Co Inc.

Winston A, Rosenthal R, Pinsker H (2011) *Learning Supportive Psychotherapy: An Illustrated Guide*. Arlington, USA: American Psychiatric Publishing.

### **Other reading lists**

[Psychodynamic psychotherapy reading list](#) [PDF; 140 KB], prepared by members of the American Psychoanalytic Association.

[Makers of Modern Psychotherapy](#) book series, edited by Laurence Spurling.

**British Psychoanalytic Council reading lists:**  
[Evidence base for psychoanalytic psychotherapy](#)

[Research and evidence](#)

**Supervision Resources:**  
[Psychiatric psychotherapy supervision](#)

## Further queries

Generally, your supervisors and directors of training will be able to field questions about your training in psychotherapy. For more specific information about training opportunities, and advanced training in particular, Directors of Advanced Training (DOATs) are available and can be contacted through the College.

These DOATs will also be able to give you information about other centres and supervisors in your region or elsewhere in Australia, New Zealand or internationally, that can offer training and teaching in a range of contemporary models of psychotherapy that are useful for psychiatrists to practice.

Revision record                      Project Officer, Education and Training

<b>Date</b>	<b>Version</b>	<b>Description</b>
03/08/16	v1.0	First version of <i>Guide to psychotherapy training</i> published on website. Approved EC 22/07/16.
21/10/18	v1.1	Amendment to Stage 3 inclusion of InTrain, Certificate of Advanced Training entry requirements and additional core reading. Approved SATPsy
08/07/19	v1.2	Addition to the Eligibility of Advanced Certificates; Those enrolled in the Psychotherapy Advanced Training Certificate may now request recognition of prior learning of an accredited psychotherapy core formal education course. The course must have been completed within 1 calendar year of entering the Psychotherapy Certificate in order to be eligible for consideration. Additional amendments includes the addition of handing in the psychotherapy sessions forms online via InTrain and it is a requirement to complete 40 sessions of Psychotherapy in order to be eligible to enter the Advanced Certificate of Psychotherapies.