

Structured psychotherapy requirements

Structured psychotherapy requirements for trainees and Fellows completing a 'Certificate of Advanced Training in Adult Psychiatry'.

'Structured therapies' are those where there are defined (sometimes manualised) therapy techniques employed and a specific timeframe for the therapy, in general a brief course of up to about 20 sessions.

Most of these therapies have a growing evidence base for efficacy in high prevalence disorders, but SATAP is prepared to allow inclusion of relatively new therapies of this type such as adherence therapy, cognitive analytic therapy or solution-focused (problem-solving) therapy.

Note that in every instance, the therapy is to be pre-planned, structured carefully with clear goals and timeframe and a verbal contract for therapy arranged with the patient. There must be supervision, either individually or in a small group, on at least a monthly basis.

Suitable therapies in this category include:

- acceptance and commitment therapy
- adherence therapy (as a structured therapy, e.g. as described in the manual by Richard Gray)
- behavioural therapy
- cognitive analytic therapy (CAT)
- cognitive-behavioural therapy (CBT)
- cognitive therapy
- couples or marital therapy
- dialectical behavioural therapy (DBT; if structured and time limited, not the longer-term psychodynamic therapy some patients eventually receive)
- grief therapy (if structured and time limited)
- interpersonal and social rhythm therapy (for bipolar mood disorder)
- interpersonal therapy (IPT; as a structured therapy, e.g. as described in the manual by Klerman and Weissman)
- mindfulness-based cognitive therapy
- motivational enhancement therapy (as a structured therapy, e.g. as described in the manual by William Miller)
- motivational interviewing (if structured as a formal therapy)
- solution-focused therapy (problem-solving therapy).

Notes:

- If the therapy is delivered in a group format, the trainee must be a principal therapist in the group and only one person from the group can be considered as one of the four required patients.
- Unstructured and longer-term psychological interventions are not acceptable for this training requirement (e.g. psychodynamic or psychoanalytic therapy, supportive psychotherapy, psychoeducation, unstructured motivational interviewing or counselling and unstructured family therapy).
- A few other formally structured psychotherapies may be acceptable and will be considered by the SATAP on a case-by-case basis.

Learning goals to guide trainees undertaking this requirement

Attitudes

- Respect for the patient's rights, e.g. autonomy, consent, privacy, confidentiality, boundaries, etc.
- Willingness to actively and openly participate in supervision.

Knowledge

- The theory underpinning the modality of the psychotherapy employed.
- The evidence base for the modality of psychotherapy utilised.

Skills

Assessment of suitability of the patient for that modality of psychotherapy, including (but not restricted to):

- Psychiatric evaluation, with a focus on psychological assessment.
- Psychological formulation of the patient's problem(s) according to the therapy paradigm being considered.
- Considerations of the indications for, and relative contraindications against, psychotherapy in that patient.
- Making an appropriate selection of the psychotherapy modality to be used.

Initiation of therapy, including (but not restricted to):

- Establishing a therapeutic contract – explaining the therapy to the patient and gaining their consent for treatment (including consent for supervision).
- Engagement of the patient and formation of a working alliance.
- Orientation to the model.
- Setting the structure of therapy, e.g. frequency of sessions, venue, duration.
- Setting goals for therapy.
- Planning how the sessions will be conducted according to the school of therapy being offered.
- Choosing appropriate measures to monitor patient progress.

Delivery of therapy, including (but not restricted to):

- Making an appropriate range of formal psychological interventions at appropriate times as appropriate for the chosen modality and faithful to the model.
- Monitoring effectiveness of interventions and adapting therapy in line with progress of therapy.
- Assessing and managing resistance to therapy according to the principles of the specific therapy.

Conclusion of therapy, including (but not restricted to):

- Setting a termination date and managing any anxiety in the patient about termination as it approaches.
- Evaluating (with the patient) whether or not the therapy has been successful and has achieved its goals. This should also involve formal assessments (such as personalised symptom measures or established measures such as the Beck Depression Inventory in cognitive therapy for depression).
- Understanding and discussing in supervision where therapy may have failed to achieve its goals and why this might be the case.
- Arranging for ongoing psychiatric care of the patient, as appropriate.