

Psychotherapy Study

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Shaping the future of psychiatry

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EFPT

The European Federation of psychiatric trainees (EFPT) is an independent federation of psychiatric trainees associations. It represents the consensus of psychiatric trainees organizations across European countries and advocates for what training should look like, regardless of the country.

EFPT website ¹

¹ <http://efpt.eu>

Presentation

The psychotherapy study run from 2013 to 2015 to understand the actual opportunities and wishes for training in psychotherapy in Europe among psychiatrist trainees in 19 countries.

Presentations of the survey :Past

- “The EFPT Psychotherapy working Group and its Survey on Psychotherapy Training 2013-2015” was presented at the Royal College of Psychiatrists - faculty of Psychotherapy Annual Meeting 22-24 April 2015 by Alina Petricean (UK, Romania)
- “The EFPT Psychotherapy working group” was presented at the “Portuguese Psychiatric National Congress in 2013 by Rita Silva (Portugal)
- “Should all psychiatrists be skilled to practice psychotherapy ? Thomas GARGOT (France) and Ekin Sonmez (Turkey), European Psychiatric Association Congress, March 12th - March 15th 2016, slides

Projects

- Submission Project : “How psychiatrist trainees are trained in Psychotherapies in Europe ? A European trainee survey”, Thomas GARGOT (France), European Association of Behavioural and Cognitive Therapies conference (EABCT), August 31st - September 3rd 2016, deadline 31st march
- Submission Project : How psychiatrist trainees are trained in Psychotherapies in Europe ? A European trainee survey" in Italian, Diego Quattrone (Italy) Italian Federation of Psychotherapy Associations (FIAP)

About data

You can download our data and our analysis script on GitHub.² You can find ToDo list here.

² <https://github.com/r0bis/efptPWG>

Actual recommendations

EFPT Psychotherapy Working Group statement

"A working knowledge of psychotherapy is an integral part of being a psychiatrist and this must be reflected in training in psychiatry. All trainees must gain the knowledge, skills and attitudes to be competent in psychotherapy. Competence should be gained in at least one recognised form of psychotherapy (of the trainees choice) and basic knowledge should be gained in the other forms of psychotherapy to allow the trainee to evaluate suitability for referral to specialist psychotherapist. Training in psychotherapy must include supervision by qualified therapists. A personal psychotherapeutic experience is seen as a valuable component of training. It is crucial that trainees have access to relevant psychotherapy experience to cater to the needs of the appropriate patient group that the trainee is dealing with or is expected to deal with in the future.

Relevant training authorities should ensure that time, resources and funding are available to all trainees to meet the above mentioned psychotherapy training needs."

Discussed and voted by EFPT delegates in Lisbon 1996, Tampere 1999, Napoli 2001, Sinaia 2002, Paris 2003, Istanbul 2005, Gothenburg 2008, Cambridge 2009 and Zurich 2013. See all EFPT statements³.

³ <http://efpt.eu/statements/>

UEMS Psychiatry Board and Section Reports on Training

Since its establishment the Board has worked on a number of important aspects of psychiatric training in Europe. The work was normally carried out through working groups which published their recommendations in the form of reports. See all UEMS reports related to psychiatry training⁴.

⁴ <http://uemspsihchiatry.org/board/training-reports/>

European results

AGGREGATE EUROPEAN DATASET IS QUITE LARGE. Data are collected in different tables, but because they are of the same format we can easily bind them together and perform summarisation and analysis as needed. Further thoughts would be to see how countries differ along the main parameters. For that we have to look carefully at the data from Europe to formulate further questions of interest that can be answered by this data set.

For example it would be very interesting to know if the 27 trainees⁵ who have said that they do not see Psychotherapy as an important

⁵ Whole sample consisted of 571 trainees.

part their professional identity would still show interest in psychotherapy and would wish to undertake training in psychotherapy if it were provided for free.

Demographics

OVERALL DEMOGRAPHICS SEEM TO BE AS EXPECTED. There are more female trainees who took part in the survey and this correlates with the overall training trend. However the male trainees were definitely represented in the sample.

Respondents came from 17 different countries. We still have not collected data from some countries where response would be very interesting. That is from the UK and Austria. In the *UK* the training system is well centralised and if we could distribute the survey through the central address database we could ensure a large dataset. *Austria* to our knowledge is the only country where all psychiatrists must train in psychotherapy too.

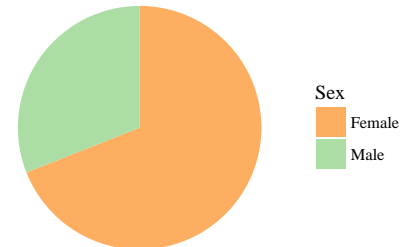


Figure 1: Population by gender

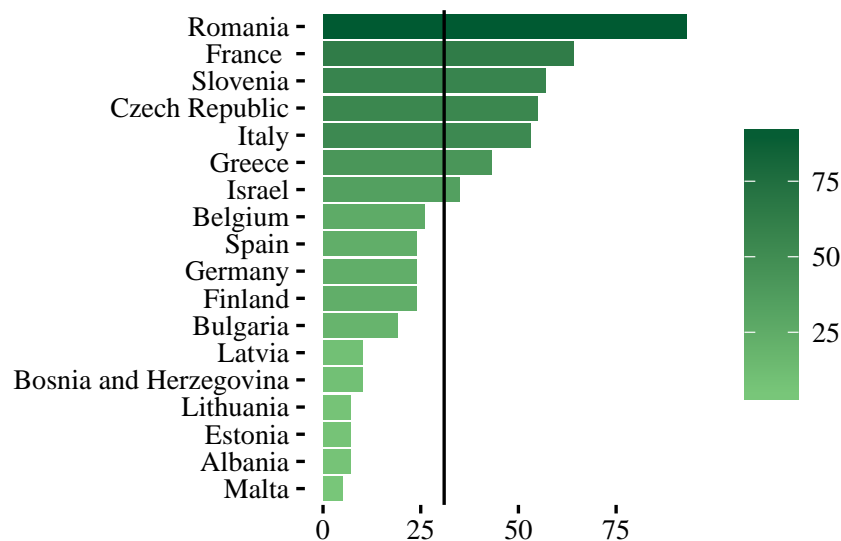


Figure 2: Response in countries where survey was conducted.

Number of answers: 563 from 18 countries Mean number of answers per country: 31 Top five response counts from: Romania, France, Slovenia, Czech Republic and Italy

We did not forget to check age distribution of our respondents.

BY AGE THE RESPONDENTS showed maximal response rate between ages 26 and 32. However this was expected as it reflects on general population of psychiatry trainees. Median age however was 31 and this shows the significant number of older trainees - a few well into their fifties who voiced their opinion regarding the psychotherapy issue. It would be interesting to establish correlations among older and younger trainee populations and perhaps do it on country by

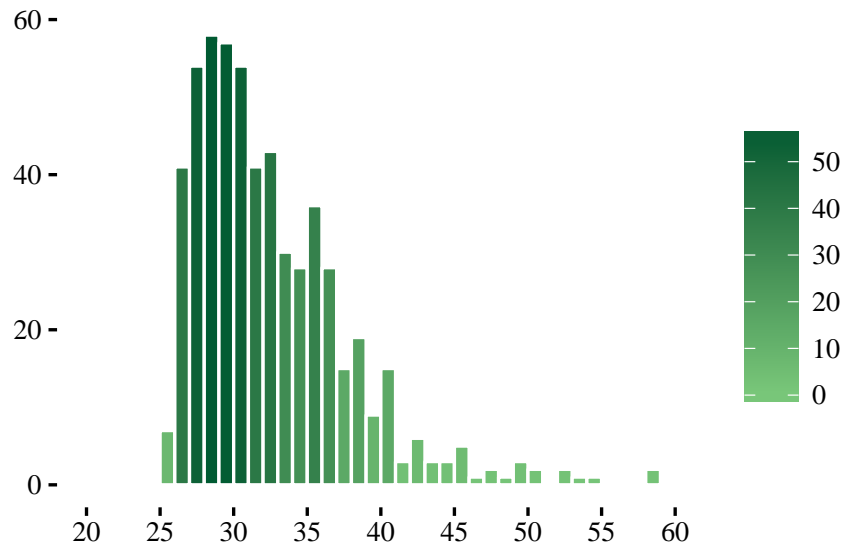


Figure 3: Age distribution

country basis too. We could try to find a cutoff point at which core opinions diverge. Or establish that there is no age difference.

YEAR IN TRAINING generally reflected the age distribution as well. We also collected data from among trainees who had spent more than eight years in training and from those who had recently finished their training.⁶ Recent in this case was defined as within the last 5 years.

⁶ RF in the diagram means *Recently Finished*.

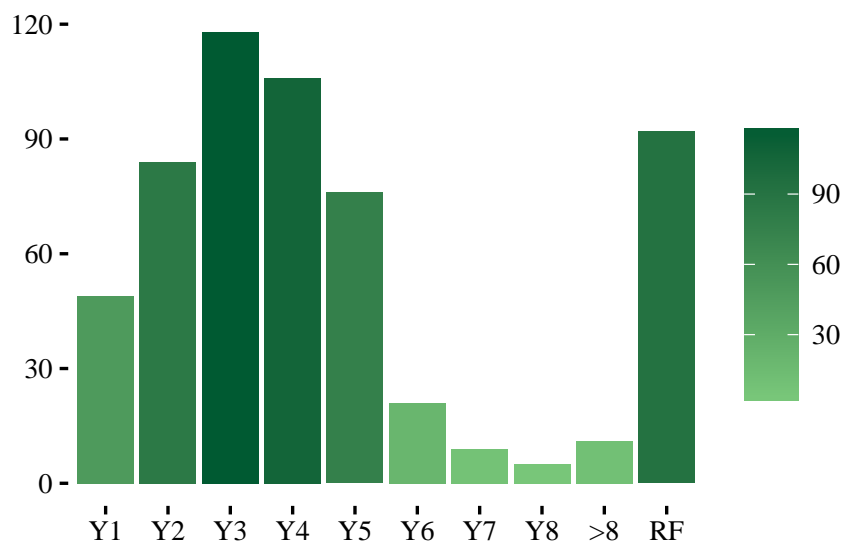


Figure 4: Population by Year in training

WAS THE TRAINEE IN THERAPY? A further interesting characteristic in our sample was to identify whether the trainees were receiving

personal therapy or not. As expected most of the respondents (59.02%) had no experience of being in personal therapy. Whether the 40 % who had had some experience in therapy were an unusually large proportion for the population of psychiatric trainees is not known yet.

WAS THE TRAINEE IN PSYCHOTHERAPY TRAINING? This question was somewhat multifaceted. We recognise that some trainees might have partial or full training in psychotherapy training within their training programme in psychiatry. However by experience we also knew that many trainees undertook training outside their training programme - most often paying for that out of their own pocket. We therefore asked to tell who were in psychotherapy training, whether their training had been completed previously. To account for unusual situations we also provided an opportunity to choose *Other* in response and to provide a textual summary of that.

AND AS WE CAN SEE this can be quite interesting. Lorem ipsum dolor sit amet, ut sem consequat, ipsum velit imperdiet velit eu. Porttitor dolor pharetra dolor tincidunt non et in porta cubilia ac sed dui lobortis. Fringilla, aenean consectetur ornare? Arcu tincidunt donec adipiscing amet et eu ante semper at tempus. Volutpat aliquam nunc cum imperdiet. Dapibus vitae id ex. Laoreet porttitor himenaeos pharetra ac. Enim, ac vel a dapibus nostra ad. Nibh tempor molestie congue, urna maecenas amet nisi duis.

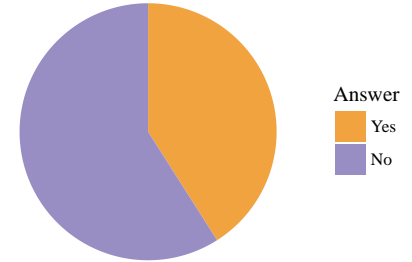
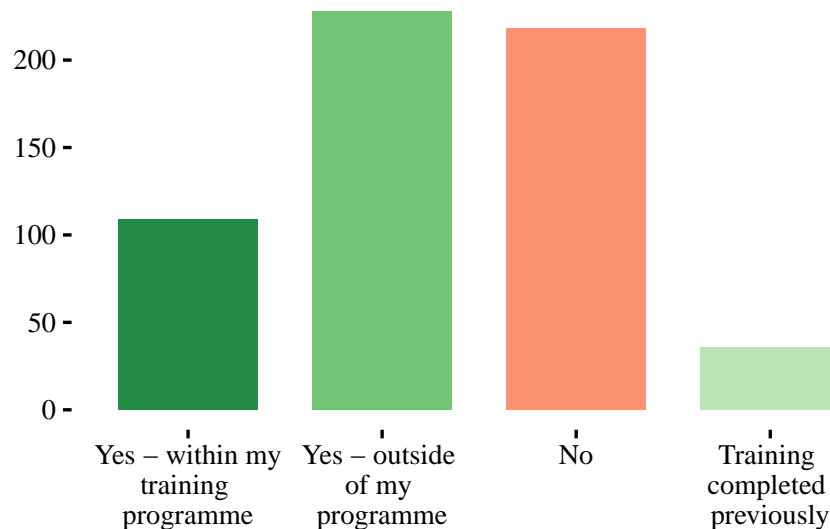


Figure 5: Proportion of trainees in therapy

Figure 6: Whether respondents were in training

Other answers	
1	no
2	I have done some training in psychotherapy during my training programme in psychiatry
3	In our training programme in psychiatry we have the first 2 years initiative sessions in the different psychotherapy options.
4	During our training programme in psychiatry, the first 2 years we get initiation sessions on the different types of psychotherapy
5	I will undertake training in psychotherapy, probably next year on my own initiative
6	training interrupted and finished
7	completed training in the past, on my own initiative
8	I have completed a three-year training in psychotherapy within my training programme in psychiatry, but I am not a qualified psychotherapist.
9	I have applied for training
10	I will be undertaking training
11	I will next year
12	mindfulness-based stress reduction programme
13	Around 50 hours overall discussing cases from the psychodynamic point of view
14	I undertook training in the past
15	Psychoanalysis
16	starting next year
17	nothing
18	We have some training in psychodynamic therapy, CBT, group and family training but we are not trained to be able to work as psychotherapists
19	I've started training in Cbt on my own initiative but had to stop from personal reasons
20	i have undertaken training in psychotherapy on my own initiative, but I have since interrupted
21	I had one year of psychodynamic training in uk. I've returned to Romania and I am not undertaking any training here.
22	i am undertaking training in psychotherapy after completed specialisation of psychiatry
23	I COMPLETED THE INTRO COURSE IN GROUP PSYCHOTHERAPY
24	just magistral classes, no assessments of work with patients

Table 1: Other responses to the question whether trainees have trained in psychotherapy

This was an overview of the 24 answers provided in the other option.

What psychotherapy modality have you trained in?

This was an optional question presented to only those 547 respondents who had answered positively to the previous question i.e. those who had trained in any modality of psychotherapy. We wanted to get a qualitative overview as to what therapies they had trained in. Since this number is quite large we can only present you with a sample summary of these 329 answers, but to give a feel for what they were like we have included the first 4 rows of these answers.

Experience in modality	
1	psychoanalysis
2	Cognitive Behavioural Therapy
3	We received a introduction course in client centered en systemic therapy yet.
4	Family and Marital Therapy

Table 2: What modality have trainees had experience with

Summary of psychotherapeutic methods that trainees had experience in

We summarised data along the following categories after reading them manually. Lorem ipsum dolor sit amet, eleifend cras in ac, vestibulum et ac urna. Turpis vitae dui iaculis odio lacus elementum, adipiscing odio pellentesque lorem, commodo et tristique. Aliquet netus in sit pretium vel feugiat primis, gravida. Mauris at ultricies sed, urna eleifend penatibus dis magnis neque sit etiam. Vel consectetur, sed quis hendrerit, dis class egestas. Tellus imperdiet non vitae sed, ante, nunc eleifend ipsum netus. Diam, proin, suspendisse per risus, curabitur senectus tempus, ornare nisl. Nunc nibh ut dui vulputate, urna eu sapien sollicitudin in nam volutpat neque in. Per porta sociosqu magna tristique in leo a arcu. Nec aptent mollis, torquent sociosqu diam habitant. Netus mattis magna, turpis ut lacinia., In aptent vitae feugiat et praesent pharetra. Ullamcorper in arcu aliquam in aptent morbi penatibus mi habitant euismod. Quam nostra parturient netus in euismod lacus. Vulputate sed interdum sem conubia, in nec sit eu? Tempor non. Aliquam tempor, sodales at nulla vestibulum leo ac sollicitudin ut turpis metus. Id nam lacus volutpat ultrices venenatis rhoncus feugiat. Eros aliquam ipsum vestibulum. Egestas at litora commodo varius sit interdum.

Your preferences - the second group of questions

IS PSYCHOTHERAPY TRAINING IMPORTANT FOR YOUR PROFESSIONAL IDENTITY AS A PSYCHIATRIST? was the key question in the mind of several creators of this survey. We expected quite clear preference one way or the other, but we wanted to also give an opportunity to not have to choose. We expected that there might be quite a large group of people who would answer I don't know. However we were somewhat surprised by the results:

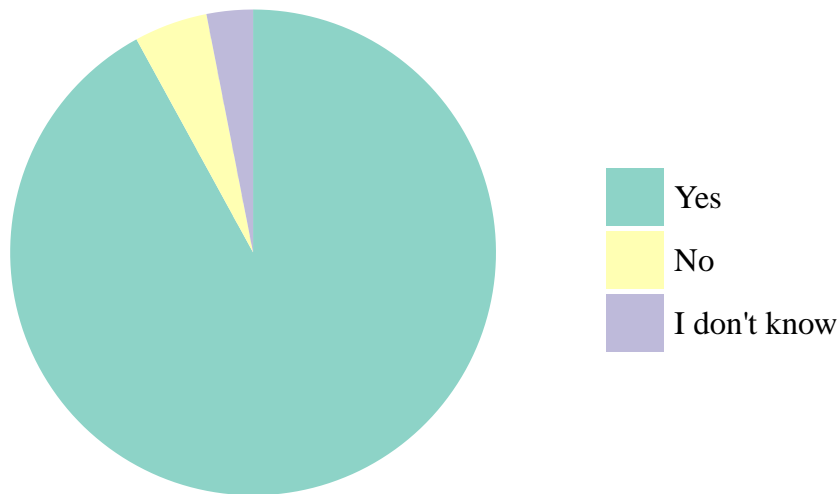


Figure 7: Importance of psychotherapy for professional identity

DO YOU WANT TO PRACTISE PSYCHOTHERAPY? This was a very interesting question to us - we wanted to find out if trainees would want to practise any form of psychological therapy after they qualify as psychiatrists. The actual question appeared in survey as a Yes/No questions: **Do you want to practice psychotherapy after you finish your training in psychiatry?** We thought that there should be a significant mirroring of answers in the previous question. It appears that a very significant proportion - 89.67% of psychiatry trainees would want to practice psychological therapies after they become psychiatrists.

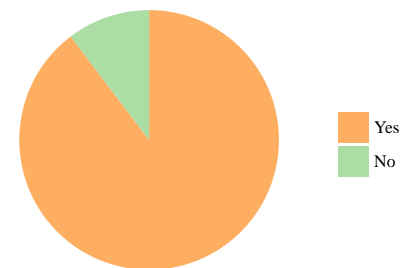


Figure 8: Trainees who want to practise psychotherapy after they qualify as psychiatrists

WHAT KINDS OF THERAPIES they were interested in most was our next question. Lorem ipsum dolor sit amet, fermentum tincidunt vehicula arcu, sit, metus nunc eu vivamus lobortis. Sed ipsum in purus efficitur gravida aliquam, lorem. Quis vehicula rutrum, massa quam, hac eget. Magna luctus magna mauris pellentesque ut platea. Neque habitasse non sit. Ipsum suspendisse, lacus ac, odio eu eleifend in sapien at sem purus. Potenti donec sed tempus habitasse hac hendrerit. In pulvinar, magna donec dui volutpat massa. Quis mauris in proin vel ridiculus eu. Nulla at tempus dolor in netus dui

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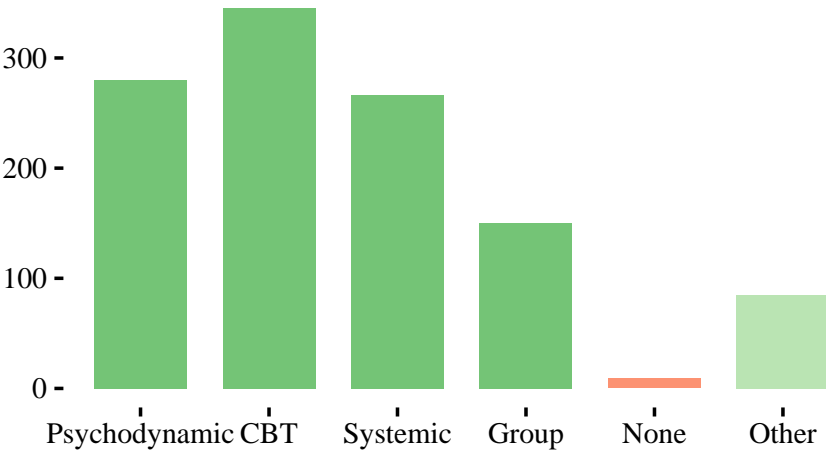


Figure 9: Therapies that trainees show greatest interest in

Other_therapies	
1	EMDR, treatment of dissociative disorders
2	integrated psychotherapy
3	emdr, hypnotherapy
4	Mindfulness therapy
5	Existential Psychotherapy
6	problen solvig psychotherapy

Table 3: Other therapies trainees are interested in

THIS SHOWS THAT PSYCHIATRISTS SEEM TO BE MOST INTERESTED IN CBT. Lorem ipsum dolor sit amet, est non non, ut. Mattis elit porta sed, velit ultricies ligula sed in mauris. Purus, ut, in consequat. In eros lacinia, mauris eros morbi mauris quam leo felis fusce. Erat donec fames vitae sed odio. Nam, eros efficitur tempus finibus curae mattis in et venenatis libero ullamcorper. Fusce et non ut ac urna in posuere. Mauris curae imperdiet conubia faucibus class vitae lectus, vel tincidunt..

What experience is mandatory?

There will be a description of various experiences that are a mandatory part of training in psychiatry. That is those mandatory experiences that are relevant to psychotherapy component of the training.

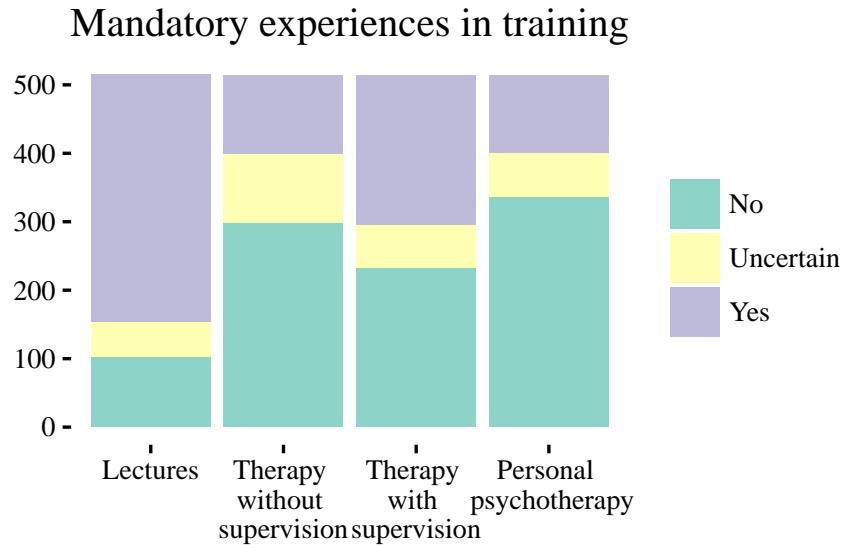


Figure 10: Mandatory experience in psychotherapy training for psychiatrists

EXPERIENCES THAT WERE MANDATORY part of training programme in psychiatry were as seen in the graph above. Explanation of data labels on the graph:

1. Lectures in psychotherapy
2. Conducting therapy with patients without supervision
3. Conducting therapy with patients with supervision
4. Personal psychotherapy of the trainee

Satisfaction with psychotherapy training provided

perhaps we should use likert package to plot likert type items. And insert a new page after this - or indeed before this

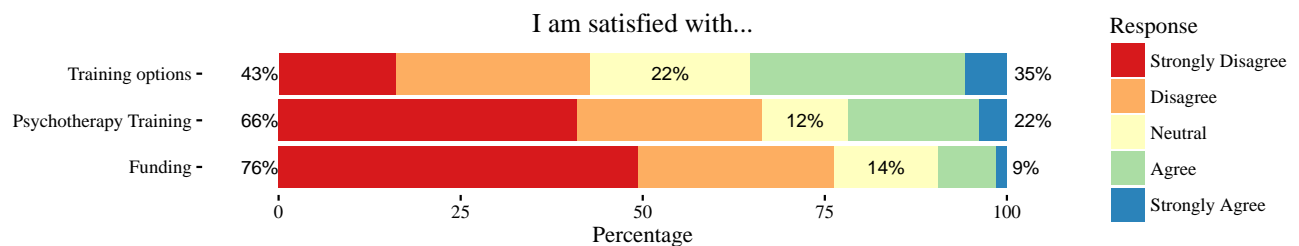


Figure 11: Trainee satisfaction with their psychotherapy training in psychiatry

UEMS Recommendations

There is something interesting about UEMS recommendations. People may say they do not know about UEMS, but when asked

about the recommendations - they often do.

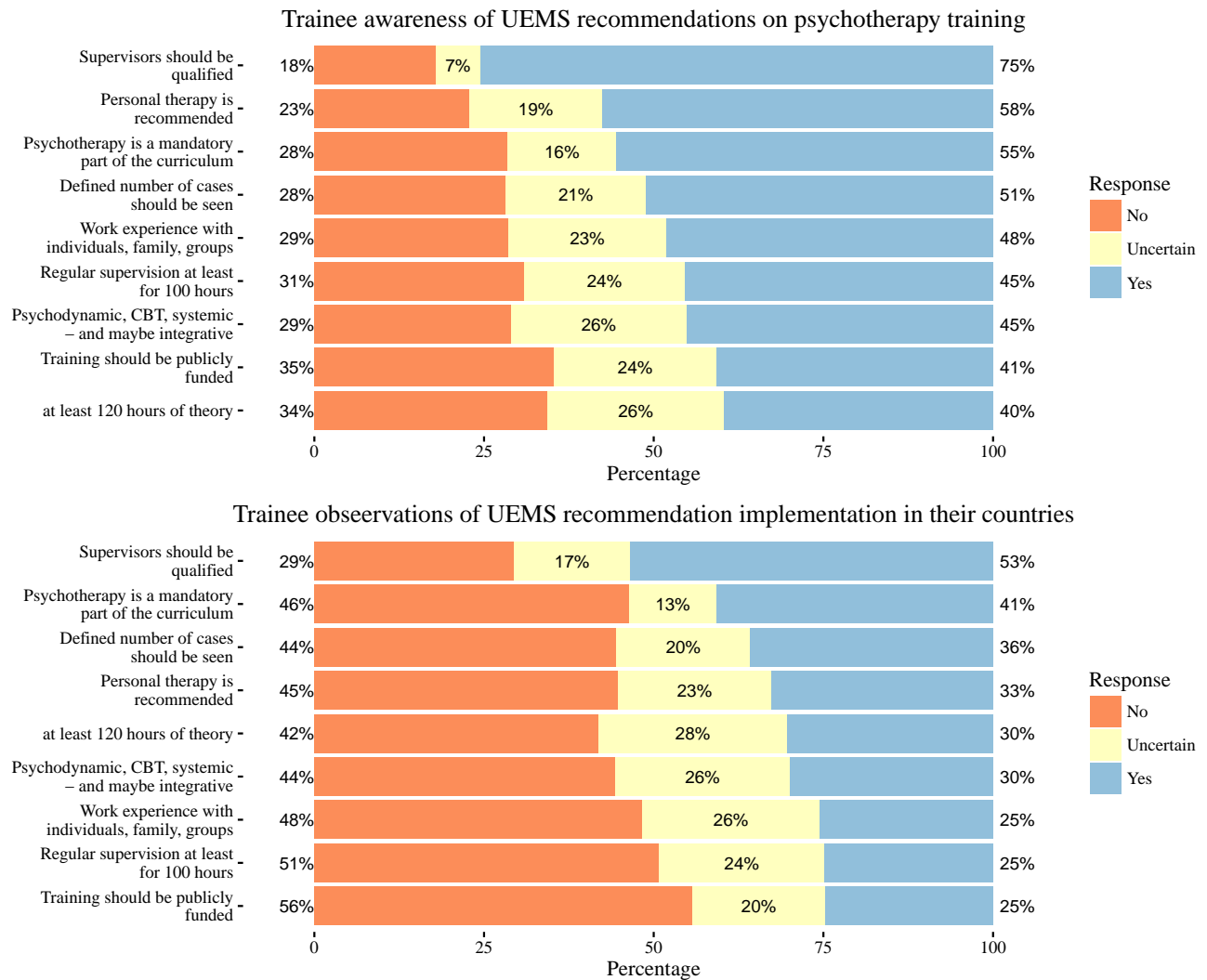


Figure 12: UEMS Recs

OUR QUESTIONS were as follows - and answers we got wer the same.

As we can see the trainee observation of how UEMS recommendations were implemented in their training schemes in their countries were different. Indeed it usually is the case that implementation is not quite on par with awareness.

Concluding notes

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Research

UEMS recommendations states that research methodology should be included in psychotherapy training.

Bibliography

- You are welcome to join our zotero group⁷

⁷ <https://www.zotero.org/groups/480046>