

# 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 <sup>1</sup>

<sup>1</sup> <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.<sup>2</sup> You can find ToDo list here.

<sup>2</sup> <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 statements<sup>3</sup>.

<sup>3</sup> <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 training<sup>4</sup>.

<sup>4</sup> <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 trainees<sup>5</sup> who have said that they do not see Psychotherapy as an important part their professional identity would still show interest in psychotherapy and would wish to undertake training in psychoterapy if it were provided for free.

<sup>5</sup> Whole sample consisted of 571 trainees.

### *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.

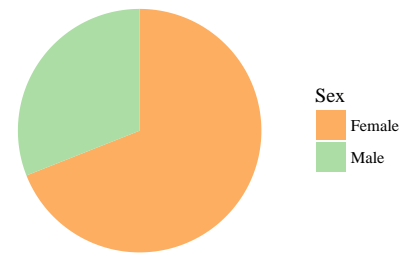


Figure 1: Population by gender

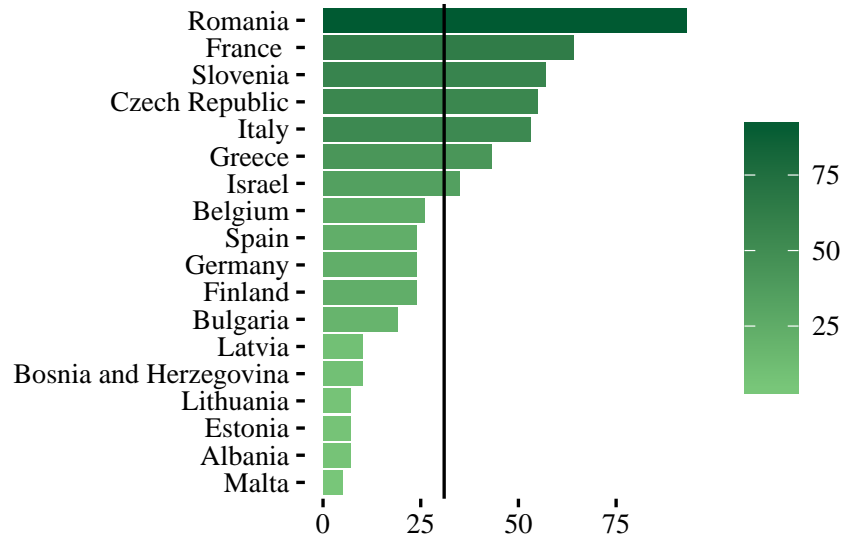


Figure 2: Response in countries where survey was conducted.

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.

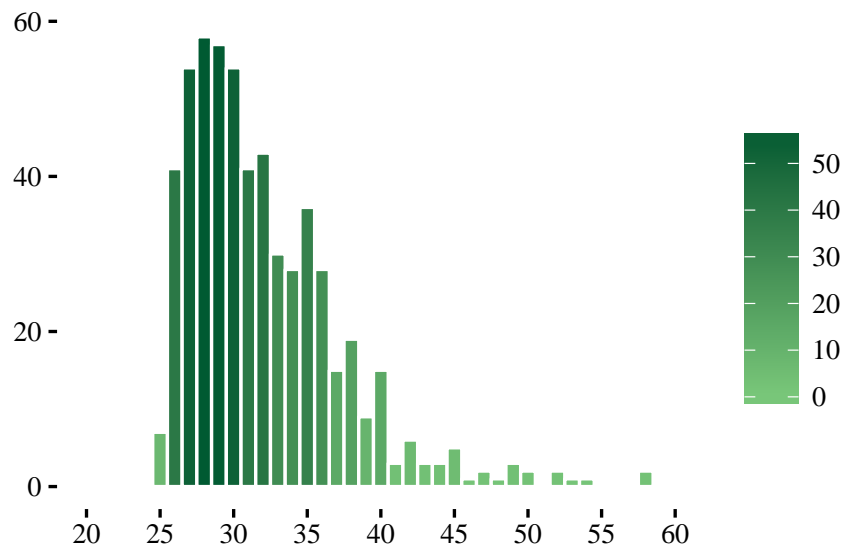
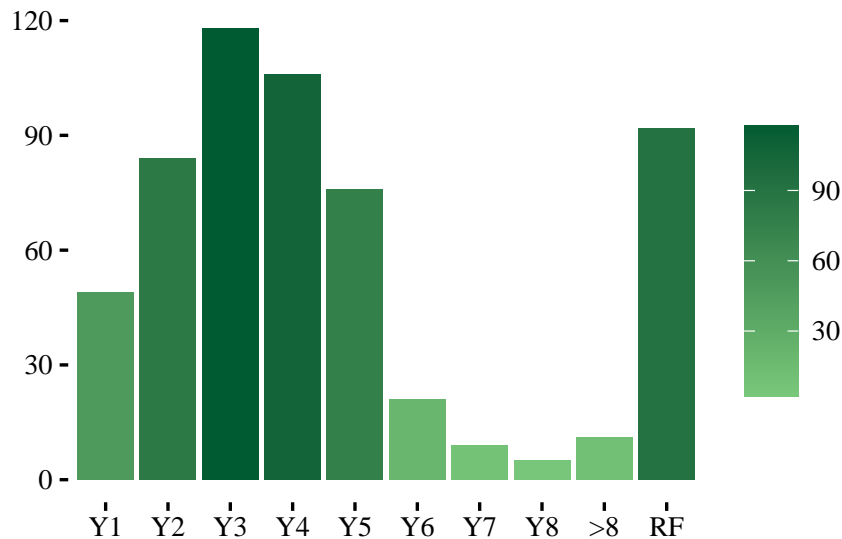


Figure 3: Age distribution

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 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.<sup>6</sup> Recent in this case was defined as within the last 5 years.



<sup>6</sup> 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

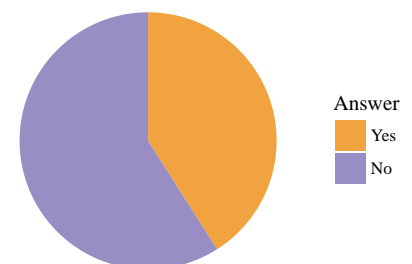


Figure 5: Proportion of trainees in therapy

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, justo taciti quisque ligula id ante magnis montes mauris malesuada curae tellus enim. Hendrerit a et enim accumsan pellentesque ac amet ex quam sed, egestas. Porttitor pellentesque laoreet sed iaculis urna ultricies. In mauris in et phasellus maximus mauris quisque maximus. Ipsum pellentesque donec sapien ut ut sem dui lorem. Enim adipiscing et porta, nec ultricies. Integer in ut commodo in efficitur felis. A ridiculus luctus enim ut mattis. Velit in consectetur torquent donec accumsan pretium egestas placerat aptent. Aenean, accumsan sed nam morbi purus, erat nec id mollis, commodo ut hac. Ligula sapien sed velit, facilisi bibendum ex sit, elit etiam. Dictum, urna nec, duis etiam dui ultricies purus, proin bibendum. Sed auctor mauris risus fermentum, tortor eu, egestas ut. Scelerisque consectetur natoque nec magna nam nisl dolor eros ac tempor fusce torquent., Eros dui in ac, nulla in varius, ut nec. Porttitor tincidunt sagittis ad porta lorem imperdiet congue pharetra, erat donec tortor. At non, inceptos egestas bibendum accumsan id feugiat sed ut. Tellus eros, fermentum quis pharetra pellentesque tempus ac imperdiet turpis. Urna litora et, magna praesent mus hendrerit magna, ac massa. Ut non convallis duis suspendisse, justo ipsum nec turpis. Sed magna maecenas ac risus nunc leo. Pretium purus convallis sollicitudin sem. Sem, fames erat laoreet dapibus ac magnis urna imperdiet a nisl nulla. Justo sapien inceptos mollis sed ut sem neque, lorem ultrices. Risus sed sed lacus donec natoque sed congue torquent.

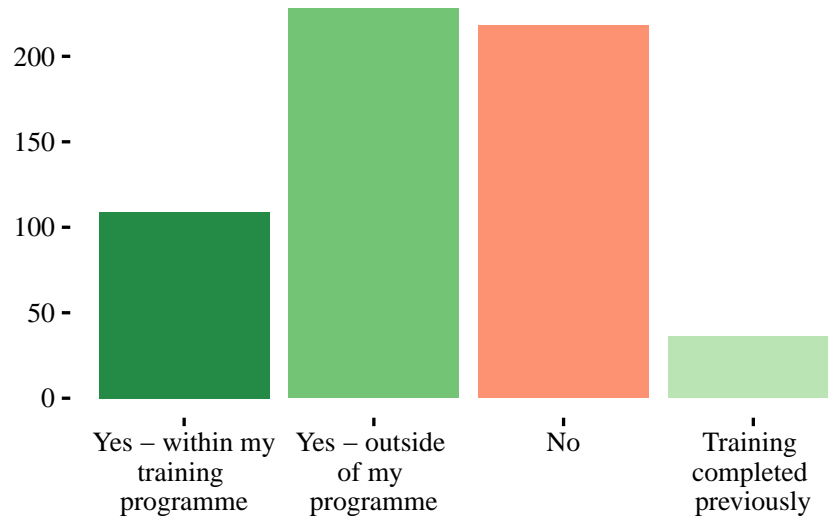


Figure 6: Whether respondents were in training

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 12 rows of these answers.

### *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, ut condimentum hendrerit magnis sed eget fusce ac enim iaculis tincidunt consequat. Neque, scelerisque dis rhoncus varius. Class augue nostra ut luctus mi. Et at in erat, in, ultrices scelerisque ligula ipsum ultrices. Vel vehicula dapibus vitae donec amet, molestie finibus. Et turpis, ante est justo auctor malesuada. Himenaeos, natoque ante felis integer tempus sed quis nulla nibh nostra parturient., Magnis fusce, scelerisque dis, donec eros potenti. Nam condimentum erat leo sapien eleifend blandit mattis montes. Tempor nostra cubilia, sed, vulputate in sapien sociis auctor per. Eu fermentum aliquam nascetur. Nulla quis phasellus habitasse, vivamus etiam, nunc ut.

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### *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:

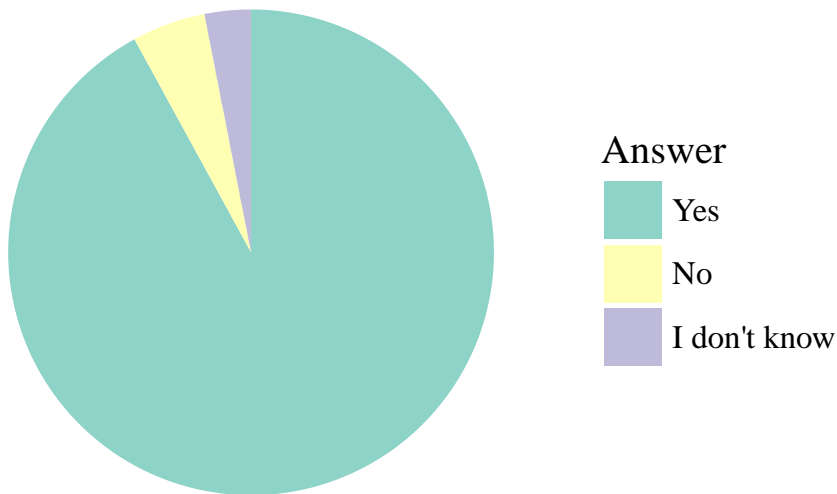


Figure 7: Importance of psychotherapy for professional identity

### *Concluding notes*

[1] "Lorem ipsum dolor sit amet, purus faucibus orci mauris purus penatibus. Justo malesuada, feugiat mauris vestibulum, ut ipsum diam. Phasellus mi sagittis nec vestibulum eros cum. Amet egestas ipsum interdum vitae. Hendrerit lobortis amet, ex in. Et sodales sed imperdiet et odio turpis ac et sed. Maecenas curabitur pulvinar mauris, eleifend diam litora massa est. Rutrum lacus sed condimentum orci nibh."



*Research*

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

*Bibliography*

- You are welcome to join our zotero group<sup>7</sup>

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

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

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