

AADPRT Committee Chair/Liaison Representative Report
Executive Council Meetings
AADPRT ANNUAL MEETING
May 19, 2007

Date: **5/10/07**

Committee or Liaison Group Name: **Psychotherapy Work Group**

Chair/Representative's Name: **Lee I. Ascherman**

Report/Updates of Importance & Pertinence: **Final Draft of Common Competencies**

Action Items: **Review Competencies**
Consider Competency for Advocacy

Competency in Common Factors in Psychotherapy

Skills

1. The resident will demonstrate the interpersonal skills needed to build and maintain a collaborative therapeutic alliance that promotes self reflection and respectful inquiry into the patient's inner life.
2. The resident will demonstrate an ability to communicate effectively with patients using tact, clarity, and avoiding jargon.
3. The resident will achieve an ability for careful, active listening to the patient's communications.
4. The resident will be able to engage the patient in exploration of his or her history, experiences, social and cultural influences, relationship patterns, coping mechanisms, fears, traumas, losses and hopes, in order to understand the presenting problems.
5. The resident will be able to compose a diagnostic formulation of the patient based on the patient's biological strengths and vulnerabilities, history and life experiences, including their role within their family, culture and community, and the relevance of predisposing precipitating, perpetuating and protective factors, integrating these with the resident's model for psychotherapy.
6. The resident will demonstrate a capacity to conduct psychotherapy strategically based on their original and periodically revised formulations.

7. The resident will demonstrate an ability to establish a safe, predictable, and reliable therapeutic environment.
8. The resident will be able to establish a treatment frame that includes a reliable time, site, fee, frequency of sessions, durations of sessions, advance notification of anticipated interruptions and the estimated duration of treatment.
9. The resident will be able to empathically and effectively listen and observe the patient to understand nuance, indirect communications, non-verbal communications and deduced meanings useful for navigating the psychotherapy course.
10. The resident will develop the capacity to tolerate the patient's reactions to the resident so that they do not disrupt the therapeutic process.
11. The resident will be able to recognize, identify, tolerate and manage their own affects and thoughts in response to patients in order to further the goals of treatment.
12. The resident will gain the capacity to identify patterns of dysfunctional perceptions, thoughts, emotional regulation, and behavior in their patients.
13. The resident will be able to provide strategies to manage patients' difficulties with affect regulation, distorted perceptions, or vulnerabilities in reality testing.
14. The resident will be able to observe and appropriately consider the stages of therapy in timing interventions.
15. The resident will be able to use the patient's dilemmas about change as opportunities to enhance their understanding of the patient, using this understanding to further the therapeutic process.
16. The resident will be able to deal appropriately with crises (suicide, dishonesty, substance abuse) in the context of the psychotherapy relationship.
17. The resident will be able to assess whether, when, and how to bring family members or other clinicians into the therapy process.
18. The resident will be able to use the therapeutic alliance to enhance the integration of and adherence to medication when a combination of psychotherapy and medication is advised.
19. The resident will be able to monitor the patient's condition in order to modify the psychotherapeutic or psychopharmacologic approach when necessary.

20. The resident will be able to recognize the meanings terminations may have for a given patient, and will be able to effectively manage the issues that arise for the patient with termination, preparing them sufficiently.

Competency in Common Factors in Psychotherapy Attitude

1. The resident will achieve sufficient confidence to convey the basic assumption of cure: that through new learning, in the context of human relationship, mastery of problems and symptoms is possible.
2. The resident will gain an appreciation of the relevance of psychotherapy constructs in all clinical work.
3. The resident will gain an appreciation of the power to their role in a psychotherapy process, conducting themselves in ways that use this role for constructive purposes that are always in the patient's interest.
4. The resident will be curious, empathic, non judgmental, collaborative and ethical in exploring aspects of the patient's history, environment, and internal world.
5. The resident will gain understanding of the distinction between an accepting and non judgmental attitude and indifference to the patient.
6. The resident's attitude to the patient's dilemmas regarding change will reflect an appreciation that these dilemmas are windows to further understand patients, offering opportunities to address their sources rather than experiencing them as challenges, disinterest in treatment, lack of motivation for progress, or a lack of cooperation.
7. The resident will be able to tolerate uncertainty in the psychotherapy process related to what is not yet understood about the patient.
8. The resident will gain appreciation of the value of ongoing curiosity, self observation, self assessment, and self exploration to manage their thoughts and emotional responses to patients.
9. The resident will appreciate that when combining psychotherapy and psychopharmacologic treatment, the treatment is integrated; the components of psychotherapy and psychopharmacology constitute the whole treatment.

Competency in Common Factors in Psychotherapy Knowledge

1. The resident will demonstrate knowledge of the indications and contraindications for the psychotherapies.
2. The resident will gain an understanding that variables influencing the conduct and pace of the psychotherapy and pace of change are influenced by the patient's expectations of psychotherapy and readiness to change, the severity of problems being addressed, the patient's life experiences, biological strengths and vulnerabilities, social supports fortuitous and unfortuitous events that may occur during the course of treatment, and the patient's capacity for resilience.
3. The resident will demonstrate an understanding of the relevance of an individual's history and experiences on perceptions, thoughts, patterns in thinking, feelings, attitudes, behavior, motivation and overall psychic development.
4. The resident will demonstrate understanding of the elements of the basic structure of the psychotherapy frame including consistency of site, promptness for appointments, adherence to the schedule, and clarity regarding cost.
5. The resident will understand the additional constraints of confidentiality that are specific to the practice of psychotherapy.
6. The resident will understand the critical role of professional conduct and boundaries in establishing and facilitating the psychotherapy process.
7. The resident will demonstrate knowledge that the patient-therapist relationship including a collaborative therapeutic alliance is a key agent of change but insufficient alone to induce sustained change.
8. The resident will demonstrate understanding of the importance of tolerating and using affect, especially negative affect, to facilitate and guide the psychotherapy process.
9. The resident will demonstrate an understanding of the potential influence of the patient's perceptions, emotional reactions, and thoughts about the therapist on the psychotherapy process.
10. The resident will gain understanding of the crucial relevance of self observation and self awareness, including one's personal reactions to patients, to the psychotherapy process.
11. The resident will demonstrate an understanding that symptoms, behaviors, and motivations can have multiple, complex, and multiply determined sources and meanings that may not be readily apparent, and that symptoms can have a functional value to the patient posing a dilemma of change.

12. The resident will gain an understanding that all psychotherapies demand a tolerance for uncertainty from both the therapist and patient as understandings unfold and are reconsidered.
13. The resident will gain understanding of how the patient's dilemma about change can be used as an opportunity to understand the patient.
14. The resident will demonstrate knowledge of the indications for a recommendation to combine psychotherapy and psychopharmacology and the rationale for the type of psychotherapy and medication recommended.
15. The resident will gain an understanding of the importance of the process of ending the therapy relationship and its potential for advancing the therapeutic goals.
16. The resident will gain understanding of the importance of supervision of psychotherapy for the development of the resident and benefit to the patient.

INFORMATION COMMITTEE

Chair/Representative's Name: SHELDON BENJAMIN

Members: Lucille Meinsler (AADPRT office), Lisa Garbo (coordinator's rep), David Kaye (program chair emeritus), Bob Boland (incoming committee chair) David Bienenfeld

Webmaster/Listserve Contractor: Rick Brandt, PacketRat Communications

Report/Updates of Importance & Pertinence:

The committee has met intermittently via conference call. Progress on tasks:

1. INFO COM ORGANIZATION: Bob Boland of Brown will be transitioning to committee chair. Welcome Lisa Garbo of OHSU — the new coordinator representative to the committee.
2. LISTSERVE: No Issues
3. NEWSLETTER: As per EC decision, a List Serv message with links to items on the site was distributed after the March meeting as a test model for the new newsletter format. A copy is attached.
4. WEBSITE: We continue to receive excellent service from Rick Brandt and PacketRat Communications.
 - a. FELLOWSHIP AWARDS: Only the Ginsberg page includes names of previous awardees and non have photos displayed. Still need some work to standardize the fellowship info on the site.
 - b. JOB BANK: Web contractors have prepared a proposal for improvement to our job bank postings. Work is in progress to enable members to simply post the information directly to the data base without having to involve the AADPRT office. There will be posted rules as to what postings are allowed and automatic removal by a given date.
 - c. SCHIZOPHRENIA CURRICULUM: Working with the Schizophrenia curriculum group to have an online/distributable version of the model slides/lectures with a slide navigation system, streaming video, and downloadable slides—target date is July.
 - d. MOCK BOARD VIGNETTE SUBMISSION SYSTEM: Now in early stages of setting this up (position posting module, schizophrenia curriculum, and abstract system fixes will have priority). Plan is for a system whereby training directors may download exam vignettes exam posted by others only if they have uploaded vignettes themselves. To be based in a member-only protected area. A few people have volunteered as possible editors and there does appear to be interest.
 - e. DEADLINE REMINDERS: Dave Bienenfeld has now taken over submitting deadlines and linked URL's for posting to the reminder calendar.

5. ANNUAL MEETING

a. AADPRT ABSTRACT MANAGEMENT SYSTEM

Plans underway to fix several issues with the abstract system in time for the fall submission deadline.

Action Items:

1. FELLOWSHIP COMMITTEES: Need photos and names of past winners posted; also should begin to think about updating the application information. Fellowship chairs should submit the needed info.
2. WEBSITE: Officers, task forces, etc all in need of updating.
3. E-NEWS: An email “newsletter” summarizing new items on the site or other stories will be prepared after this meeting. What does EC want to see included?
4. COMMITTEE AND TASKFORCE CHAIR RESPONSIBILITY FOR THEIR WEB CONTENT: Committee and taskforce chairs are requested to work with the INFO COM to make sure the website reflects all ongoing committee and taskforce work. Please review your sections of the website.
5. WHAT CONTENT DOES THE EC WANT TO SEE DEVELOPED?

**AADPRT ANNUAL MEETING
CARIBE HILTON
SAN JUAN, PUERTO RICO
March 8 – 11, 2007**

Final Registration Statistics

Members:	271
Non-members:	44
Coordinators:	88
Residents:	52
Guests (food only)	73
<u>Guests (no fee)</u>	<u>35</u>
Total Attendees:	563