CORE OF DISCIPLINE #10: ENGAGES IN THE PROVISION OF PSYCHOTHERAPY MODALITIES

Short Description:
Learner should be able to formulate a comprehensive understanding of the patient, his/her presenting issues, and previous trauma, integrating biological, psychological, social, cultural, spiritual, and developmental factors as well as applicable psychotherapeutic models. Learners should be able to utilize both common and specific factors to facilitate patient recovery, including maintaining an effective therapeutic alliance and providing appropriate evidence-based psychotherapies.

Assessment Options:
- Direct observation
- Indirect observation (audio or videotaped recordings of psychotherapy sessions)

Scope:
- Any patient in a clinical setting

Possible Clinical Settings:
- Psychotherapy case supervision

Milestones:

Establish and maintain therapeutic alliance and frame
- Establish an agreement on goals, tasks, roles, and processes in therapy
- Establish norms, expectations, and boundaries of therapy (e.g., missed sessions, total number of sessions, gifts, etc.)
- Express warmth, genuineness, positive regard, and empathy
- Identify and repair tensions and ruptures in therapeutic alliance (e.g., empathic failure, transference and countertransference issues, cultural issues, external factors, etc.)
- Recognize countertransference; regulate own affect; and utilize countertransference according to the specific therapeutic model

Conduct specific psychotherapy modalities (e.g., psychodynamic, CBT, IPT, Group Therapy, Family Therapy, DBT, MI, MBSR) with fidelity
- Provide orientation and psychoeducation to the specific therapy model
- Engage the patient in basic tasks of the specific therapy, applying suitable techniques and tools (e.g., thought records, interpersonal inventory, free association, etc.)
Facilitate the patient to overcome therapeutic barriers (e.g., not completing homework, addressing resistance, low motivation, limited insight, etc.)

Facilitate therapeutic termination, including reviewing therapeutic journey and gains; addressing thoughts and feelings regarding termination; and developing strategies for relapse prevention

**Collect patient feedback and measure progress**

- Collect patient feedback
- Monitor safety concerns
- Use validated scales to track progress (e.g., PHQ9, EPDS, WAI, GAD7, WHO-DAS, etc.)
- Seek consultation if patient is not improving

**Tailor psychotherapy to the patient, while being adherent to the model**

- Assess suitability of specific psychotherapy models for the patient
- Facilitate patient to identify and prioritize needs, maintain focus, and obtain appropriate help for issues outside the scope of therapy after termination (e.g., long-term dynamic therapy, couples therapy, interpersonal group therapy, etc.)
- Attend to patient’s in-session emotional cues and needs, and demonstrate empathy and flexibility in focus and techniques, including cultural adaptation
- Facilitate the patient to deal with external factors that may interfere with progress (e.g., family issues, discrimination, acculturation, job demands, etc.)
- Utilize patient’s unique strengths and coping skills to promote empowerment and self-efficacy
- Pay attention to individual and cultural considerations and trauma history
- Solicit and utilize patient’s and supervisor’s feedback non-defensively to refine therapeutic formulation, approaches, and techniques