



Psychotherapy Training Requirements Competency-Based/CBD/New Curriculum

vs.

Time-Based/Old Curriculum CHECKLIST

MODALITY	NEW CBD REQUIREMENTS (July 2020 PGY2, July 2019 PGY2, July 2018 PGY2 LAE pilot)	ORIGINAL REQUIREMENTS
STRUCTURED THERAPIES	<input type="checkbox"/> 4 adult cases (2 CBT, 1 IPT) (in LAE) <input type="checkbox"/> Child: 2 entrustable EPAs (1 integrative and 1 with family)	<input type="checkbox"/> 5 adult cases (3 CBT, 1 IPT, 1 any type of structured modality) <input type="checkbox"/> 1 child CBT (child rotation)
PSYCHODYNAMIC	<input type="checkbox"/> 1 to 2 cases (100 hours) may include short-term case <input type="checkbox"/> 1 written case report (PGY3)	<input type="checkbox"/> 2 adult cases (150 hours) <input type="checkbox"/> 2 case reports (PGY2 and 4)
GROUP THERAPY	<input type="checkbox"/> 2 groups (e.g. outpatient, inpatient or day-hospital) minimum 6-8 sessions per group or 16 sessions total <input type="checkbox"/> 1 group day	<input type="checkbox"/> 1 group (working) <input type="checkbox"/> 2 groups (proficiency) <input type="checkbox"/> 1-2 group days
FAMILY/COUPLE	<input type="checkbox"/> 1-3 family cases (8 sessions total; minimum 2 sessions per family) (Child Rotation/other core rotations)	<input type="checkbox"/> 1 family (working) <input type="checkbox"/> 2 families (proficiency)
DBT	<input type="checkbox"/> Observe 2 DBT Groups	<input type="checkbox"/> Observe 2 DBT groups
MOTIVATIONAL INTERVIEWING	<input type="checkbox"/> Addictions rotation	

PSYCHOTHERAPY TRAINING REQUIREMENTS (COMPETENCY-BASED/CBD/NEW CURRICULUM)

The learning of psychotherapy will be achieved through supervised clinical experience in a number of modalities and patient specific populations in addition to seminars. Proficiency is required in long-term psychodynamic, cognitive behavioural, and one of multi-person modalities of group or couple/family therapies. Working knowledge is required in a short-term one-on-one interpersonal modality, and another multi-person modality. In combination with the required centralized seminars, learning through participation in hospital-based psychotherapy seminars is encouraged. The Royal College of Physicians and Surgeons requires a minimum of 32 weeks of training in Psychotherapy during residency years (includes seminars; clinical work; and, supervision). Thus, residents must devote, on average, 7 hours weekly for psychotherapy training. (These requirements represent approximately 50% of the time allotted to psychotherapy training.) Residents are thus encouraged to seek proficiency in additional modalities.

PROFICIENCY REQUIREMENTS

1-1 MODALITIES

Residents must obtain proficiency in both long-term dynamic and CBT.

Long-term Psychodynamic Psychotherapy: a minimum of two years of supervised treatment of two adult patients. To satisfy proficiency requirements totalling 150 hours of treatment: once weekly treatment of an adult for two years (up to 80 hours) and an additional adult case (2 years, once weekly OR 1 year twice weekly). If a psychodynamic case is done with a child or adolescent during the child rotation, it can be counted towards this requirement. Ideally one adult case will be conducted during the junior years of residency and the second adult case during the senior years. Written reports are encouraged to consolidate learning. In addition, two year long centralized seminars are required - a foundational course in the PGYII year, and an advanced seminar to be taken in the PGYIV or V year.

Cognitive Behavioral Therapy: four, weekly, supervised CBT Cases*, one of which must be a child case along with the centralized CBT seminars in the PGYII year. Residents must do at least one case for treatment of an anxiety disorder and another case for treatment of depression. DBT can be counted towards this requirement. If a CBT Group is conducted, it can be counted for both group and CBT.

MULTI-PERSON MODALITIES

Residents must obtain Proficiency in either group or family and working knowledge in the other multi-person modality.

Group: one weekly supervised group for a minimum of 5 months in addition to attending two Group Days in any one of the PGY2 to PGY5 residency years. If a group is conducted in CBT, DBT or IPT, it can be counted for both group and the modality specific requirements.



Psychotherapy Training Requirements TIME-BASED/OLD CURRICULUM

The learning of psychotherapy will be achieved through supervised clinical experience in a number of modalities and patient specific populations in addition to seminars. Proficiency is required in long-term psychodynamic, cognitive behavioural, and one of multi-person modalities of group or couple/family therapies. Working knowledge is required in a short-term one-on-one interpersonal modality, and another multi-person modality. In combination with the required centralized seminars, learning through participation in hospital-based psychotherapy seminars is encouraged. **The Royal College of Physicians and Surgeons requires a minimum of 32 weeks of training in Psychotherapy during residency years (includes seminars; clinical work; and, supervision). Thus, residents must devote, on average, 7 hours weekly for psychotherapy training.** (These requirements represent approximately 50% of the time allotted to psychotherapy training.) Residents are thus encouraged to seek proficiency in additional modalities.

PROFICIENT REQUIREMENTS

1-1 MODALITIES

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Long-term Psychodynamic Psychotherapy: a minimum of two years of supervised treatment of two adult patients. To satisfy proficiency requirements totalling 150 hours of treatment: once weekly treatment of an adult for two years (up to 80 hours) and an additional adult case (2 years, once weekly OR 1 year twice weekly). If a psychodynamic case is done with a child or adolescent during the child rotation, it can be counted towards this requirement. Ideally one adult case will be conducted during the junior years of residency and the second adult case during the senior years. Written reports are encouraged to consolidate learning. In addition, two year long centralized seminars are required - a foundational course in the PGYII year, and an advanced seminar to be taken in the PGYIV or V year.

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MULTI-PERSON MODALITIES

Residents must obtain Proficiency in either group or family and working knowledge in the other multi-person modality.

Group: one weekly supervised group for a minimum of 5 months in addition to attending two Group Days in any one of the PGY2 to PGY5 residency years. If a group is conducted in CBT, DBT or IPT, it can be counted for both group and the modality specific requirements.

Couple/Family: two weekly supervised couple/family treatments. Residents are encouraged to complete this requirement during their child rotation where supervision in this modality is more available.



WORKING KNOWLEDGE REQUIREMENTS

SHORT-TERM 1-1 MODALITIES: (IPT, CCRT/Brief Psychodynamic, Supportive, Crisis Counselling) - two weekly, supervised cases* are required, one of which must be IPT. A full-day foundational didactic workshop in IPT is provided yearly for PGY2 residents. Cognitive Behavioural Analysis System of Psychotherapy (CBASP) can be counted towards this requirement.

Group Psychotherapy: one weekly supervised in-patient or psychoeducation group for working knowledge and attending one Group Day in any one of the PGY2 to PGY5 residency years.

Couple/Family: one weekly supervised couple/family treatment. Residents are encouraged to complete this requirement during their child rotation, where supervision in this modality is more available.

Dialectical Behaviour Therapy (DBT): Attendance at PGY2 and PGY4 DBT seminars and observe 2 sessions of a skills based DBT group between the PGY3 to PGY5 years.

*Case, length of treatment or number of required clinical hours = a minimum of >50% of the standard usual completed course in a modality. For example, in CBT where 20 sessions are agreed upon for treatment of depression, at least 11 must be completed; for supportive therapy or crisis counselling a minimum of 6 sessions per case.

Psychiatry: Core EPA # 6

Integrating the principles and skills of psychotherapy into patient care

Key Features:

- This EPA applies the knowledge and skills developed in psychotherapy to inform an assessment, and provide appropriate psychotherapeutic interventions and ongoing assessment of the patient's response to the intervention.
- This includes identifying and empathizing with the patient, developing a collaborative relationship with the patient and family, recognizing the importance of therapeutic alliance, recognizing and repairing tensions/ruptures in this alliance, and adapting the psychotherapeutic intervention to the individual patient context (trauma, culture, spiritual, social, biological).
- This also includes educating the patient and/or family on the rationale and therapeutic components of the prescribed psychotherapeutic intervention.
- This EPA includes delivery of individual Cognitive Behavioural Therapy (CBT), individual psychodynamic therapy, family or group therapy, and at least one other evidence-based psychotherapy.
- Long term psychodynamic therapy is recommended but not required for achievement.
- The observation of this EPA is divided into two parts: performing psychotherapy; a log of psychotherapy experiences.

Assessment plan:

Part A: Performing psychotherapy

Direct observation or review of audio, video or transcript by supervisor, TTP psychiatry resident or Core/TTP psychiatry subspecialty resident trained in selected modality, or other mental health professional trained in the modality

Use form 1: Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient
- Demographic: child; youth; adult; older adult
- Case type: anxiety disorder; eating disorder; mood disorder; obsessive compulsive disorder; personality disorder; psychotic disorder; substance use; trauma; other disorder
- Therapeutic modality: DBT; CBT; IPT; MI; mindfulness; psychodynamic (short term or long term); group therapy; family therapy; supportive therapy; emotion focused therapy (EFT); other
- Treatment: integrated; longitudinal

Collect 13 observations of achievement

- At least 3 psychodynamic psychotherapy sessions
- At least 3 CBT sessions
- At least 2 family or group therapy sessions
- At least 2 sessions in one other evidence-based modality

ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR PSYCHIATRY (2020)

- At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care

Part B: Logbook

Submit logbook of psychotherapy sessions and any other assessments (specific to the assessment of psychotherapy) required by program to Competence Committee

Logbooks tracks:

- Modality (write-in):
- Treatment (write-in):

Relevant Milestones:

Part A: Performing psychotherapy

- 1 **ME 1.3** Apply knowledge of the principles of psychotherapy to patient care
- 2 **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 3 **ME 2.2 Assess patient suitability for psychotherapy**
- 4 **ME 2.2** Assess patient response to psychotherapy
- 5 **ME 3.1 Select a psychotherapeutic modality and tailor the selected psychotherapy to the patient on the basis of an appropriate case formulation**
- 6 **ME 2.4** Integrate the selected psychotherapy with other treatment modalities
- 7 **ME 3.4 Deliver the psychotherapeutic intervention**
- 8 **ME 4.1** Establish plans for ongoing care
- 9 **COM 1.1 Establish, repair when necessary, and maintain a therapeutic alliance with the patient**
- 10 **COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 11 **COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately**
- 12 **COM 1.5** Establish boundaries as needed in emotional situations
- 13 **COM 5.1** Adapt record keeping to the specific guidelines of their discipline and the clinical context
- 14 **COL 1.3** Integrate the patient's perspective and context into the collaborative care plan
- 15 **HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours
- 16 **P 1.1 Exhibit appropriate professional behaviours**

Psychiatry: Core EPA # 6b: Applying and Integrating Psychosocial Skills and Principles in General Psychiatric Care

Key Features:

- This EPA applies the knowledge and skills developed in psychotherapy to inform a comprehensive assessment and treatment plan in general psychiatry and to integrate and apply a broad repertoire of psychosocial skills and principles with diverse populations in various clinical settings across the life span.
- This includes therapeutic communication and empathizing with the patient, developing a collaborative relationship with the patient, family, and care providers, recognizing the importance of therapeutic alliance, recognizing and repairing tensions/ruptures in this alliance, and adapting the psychotherapeutic intervention to the individual patient context (trauma, culture, spiritual, social, biological).
- This also includes educating the patient and/or family on the rationale and therapeutic components of the prescribed psychotherapeutic interventions and advancing continuity of collaborative care when needed.
- This EPA includes delivery and integration of psychotherapy interventions in general practice, e.g., DBT skills in crisis/ER, behavioural activation and group therapy on inpatient unit, family-based or relationship-centred interventions on geriatric, child, C/L, or inpatient rotations, supportive psychotherapy with SPMI patient, MI-based interventions with medication adherence and substance use

Assessment plan:

At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care

Relevant Milestones

1. Identify and empathize with patient's thoughts, emotions, vulnerabilities, needs, and strengths in context
2. Applies common factors and specific psychotherapy techniques (e.g. CBT/DBT/MI/psychodynamic/supportive/family therapy) outside of a discrete psychotherapy session.
3. Adapts approach to unique individual and cultural factors, trauma history, and illness trajectory including acuity, chronicity, complexity, and comorbidity
4. Facilitate the patient to overcome internal and external barriers in applying therapy skills
5. Build on patient's unique strengths and resources to promote empowerment, dignity, and recovery

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