The Royal Australian & New Zealand College of Psychiatrists

Psychotherapy Written Case Workshop Congress 2024

Presented by:
Dr Michael Daubney
Dr Michael Gardner

PSYCHOTHERAPY WRITTEN CASE
2024 TRAINING PROGRAM

The Royal Australian & New Zealand College of Psychiatrists

Dr Michael Daubney ,
Child, Adolescent and Adult Psychiatrist
Chair, Case History Subcommittee, Committee for Examinations

Dr Michael Gardner ,
Child and Adolescent Psychiatrist
Deputy Chair, Case History Subcommittee, Committee for Examinations

Direct any questions to your DoT
Any queries regarding the PWC, please email assesshelp@ranzcp.org

LEARNING OBJECTIVES

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- Know the Psychotherapy Experience from ‘go’ to ‘whoa’
- Understand the PWC requirements
- Be aware of the reasons for PWC failures
- Be aware of resources that are available
- Complete Feedback

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FROM ‘GO’ TO ‘WHOA’

Mark Thompson
A Long Walk over the Weekend
Oil on panel, 2011

BE PREPARED...

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Tom Lehrer (1953)

https://www.youtube.com/watch?v=vEb9cL3-kf0

“Be prepared! That’s the boy scouts marching song

Be prepared! As through life you march along …..”

BEFORE THE PSYCHOTHERAPY WRITTEN CASE

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- You really can't start too early… (read)
- Read about psychotherapy practice and models of therapy. Hopefully this is covered in your FEC.
- End of Stage 1:
  - find a psychotherapy supervisor and start to sit in on psychotherapy supervision sessions, even if this is irregularly.
- Early in Stage 2:
  - find your patient - let people know, hospital coordinators, psychotherapy supervisor, DoT, peers (C&A, Acute Care, C-L), GP

PATIENT SELECTION

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- This can take some time and should not be rushed!
- Be wise with patient selection DO NOT take on a problematic patient because you are desperate to start.
- Take account of your transference during the assessment period. Discuss this with your supervisor.

PATIENT SELECTION

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- Don’t take on a patient because you fear you are running out of time.
- Don’t take on a patient that everyone else has given up on or that has already been another registrar’s patient.
- Don’t select someone with significant self-harm risks or history.
- Do select a patient with whom you have a positive transference during the assessment process.
- Do select a patient with symptoms that you (and your supervisor) believe could be modified over a year.

PSYCHOTHERAPY CASE SUPERVISION

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- Weekly therapy sessions over twelve months
- Weekly supervision is ideal. At a minimum, supervision sessions every two weeks.
- Group supervision is permitted but each trainee must be involved in all discussions.
- Supervision via videoconference is also permitted.
- A clinical supervisor is required; this is the consultant who holds clinical governance for the patient's care and must be employed by the registrar's service.
- Psychotherapy supervisors are accredited by the Branch Training Committees.

PSYCHOTHERAPY WRITTEN CASE

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- 40 sessions is the minimum but you are entering a treatment relationship, your focus should be on treating your patient, not on an artificial minimum contact requirement.
- You can submit a case report on the basis of 40 sessions of therapy, provided you consider the process of termination adequately
- Anything out of the ordinary (patient terminating early, tele-/video-conferencing with your patient, gaps ≥6/52 in therapy) immediately contact your DOT and the Committee for Training
- You need to be “in training” at 0.5 FTE throughout the course of therapy

PSYCHOTHERAPY WRITTEN CASE

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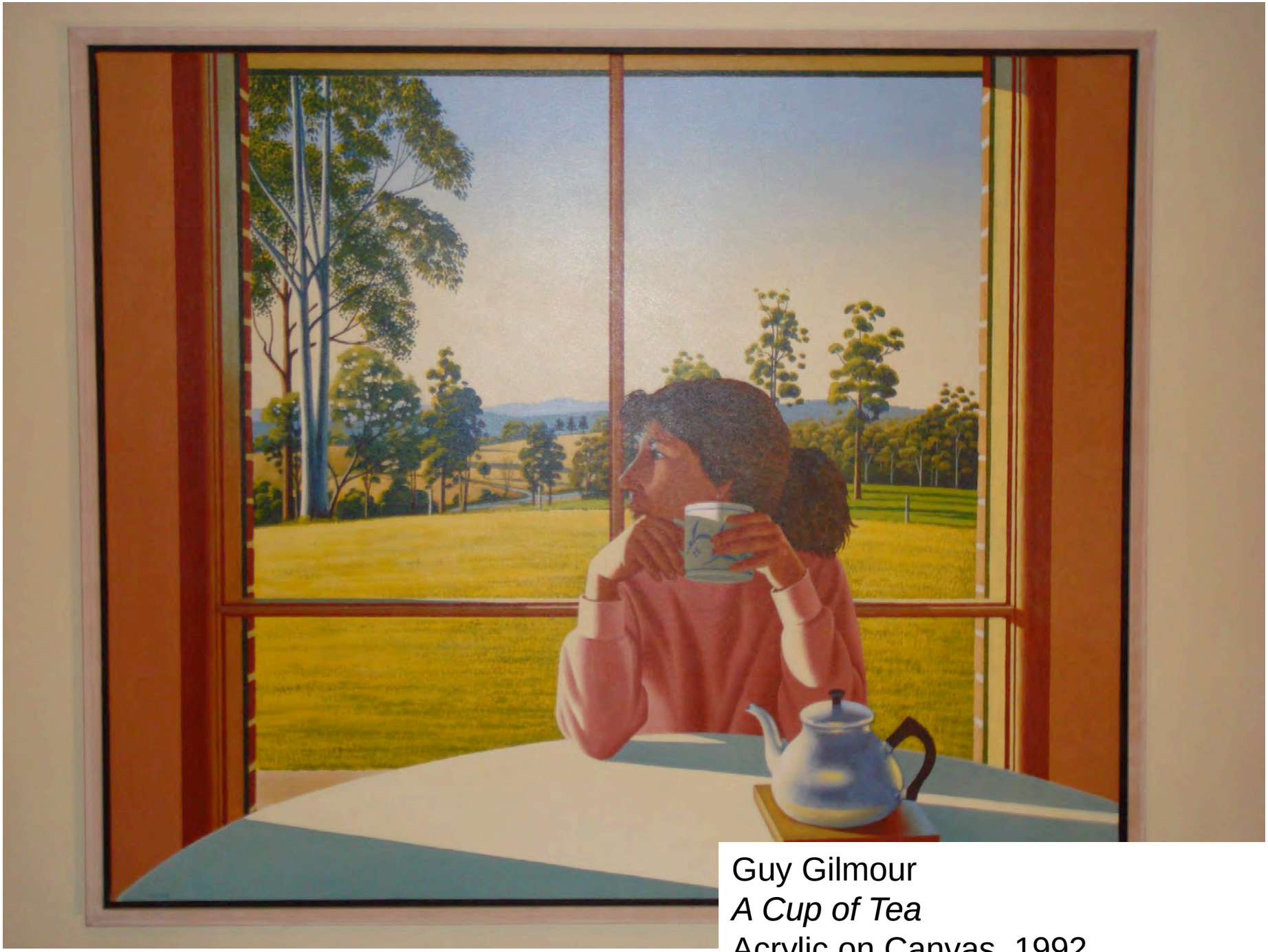
- 3 formative discussions:
  - early, mid-therapy, around termination
- At the end of the assessment phase:
  - write up of your history, initial formulation and management plan while it is fresh in your mind.
  - Then put this aside...
- Final draft at around 40 sessions, even if you haven't terminated (see above)
  - write this in light of the marking proforma
  - Initial draft review by your psychotherapy supervisor



Guy Gilmour
A Cup of Tea
Acrylic on Canvas, 1992

WHY READ AGATHA CHRISTIE?

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- They are short and fun to read…
- …and they offer a *single, consistent* narrative

WHY READ AGATHA CHRISTIE?

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- Your case report needs to read like a good (detective) novel
- History & MSE feed into the formulation
  - New information is not introduced in the formulation
- The aetiological formulation feeds into the diagnostic formulation
- The (a + d) formulations feed into the Management Plan

BACK TO 'WHOA'

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- Put your case aside for a while until early Stage 3
  - Unless, of course, you are already *in* S3!
- Review the PWC in the light of your more detailed understanding of psychotherapy, your own developing maturity as a psychiatrist and the comments of those who reviewed your case
- Submit, stage 3
  - at any time
  - four examination cycles a year

PSYCHOTHERAPY WRITTEN CASE

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- It will be given to a member of the marking committee
  - if they believe it is a pass, it is a pass
  - if they are uncertain it is given to a paired second examiner
  - if they fail it, it is given to a paired second examiner
  - if the two examiners disagree it goes to the Chair PWC Committee for arbitration

- If it is a fail, feedback is provided and a second submission invited. This is marked by the original examiner with a copy of the first submission and mark sheet for reference. Outcomes as above

- A failed second submission requires a TLP with your DoT

- A third submission is marked by the Chair, PWC Committee (with earlier submissions and mark sheets for reference)

EXAMINER MARKING AND TRAINING

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Setting the standard:

- Quality assurance processes
  - training pack for new examiners
  - co-marking, senior examiner with junior
  - moderation
- Bi-annual calibration meetings for all examiners
- Ongoing review of Policies & Procedures, marksheets.
  - Changes are identified in training newsletters

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PWC REQUIREMENTS

SUPERVISION OF THE PSYCHOTHERAPY WRITTEN CASE

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Supervisors play an important role in:

- Facilitating conversations about how much training and experience is likely to be needed to attain and demonstrate the required competencies.
- Accurate feedback on trainee ability to demonstrate the required standard, junior consultant.
- Carefully consider competency requirements of each assessment and trainee current level of skills and knowledge.

THE 2012 FELLOWSHIP PROGRAM
PSYCHOTHERAPY WRITTEN CASE REQUIREMENTS

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- Summative Assessment under the 2012 Training Program, successfully completed by 60 months FTE training.
- It is assessed at the standard expected at the end of Stage 3, Junior Consultant.
- Involves psychotherapy under supervision of minimum of 40 sessions which last for 6-12 months with minimum of one session a week.
- Required to submit the 3 formative psychotherapy case discussions undertaken at the early, middle and late phase of their therapy with their supervisor.
- The Psychotherapy Written Case may be submitted on four occasions per year (refer Examination Timetable).

PSYCHOTHERAPY WRITTEN CASE REQUIREMENTS

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Requires:

- Selection of patient and model of therapy:
  - psychodynamic principles in psychological treatment
  - complex meanings of symptoms, behaviours and motivations
  - time
- Breadth of reflection and experience
- Close work with a supervisor
- Maturity in the write-up, reflection on treatment process
- Re-formulation at standard expected at end of Stage 3
- Drafting will be essential

ASSESSMENT DOMAINS

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Trainees are required to demonstrate their competencies in the following domains:

- Presentation
- Assessment, including MSE and Initial Formulation
- Management Plan
- Clinical Progress
- Reformulation
- Supervision
- Communication/Liaison
- Discussion

The marking proforma is aligned with CBFP Developmental Descriptors.

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HOW TO FAIL THE PWC

PSYCHOTHERAPY WRITTEN CASES SUBMISSION PASS TREND

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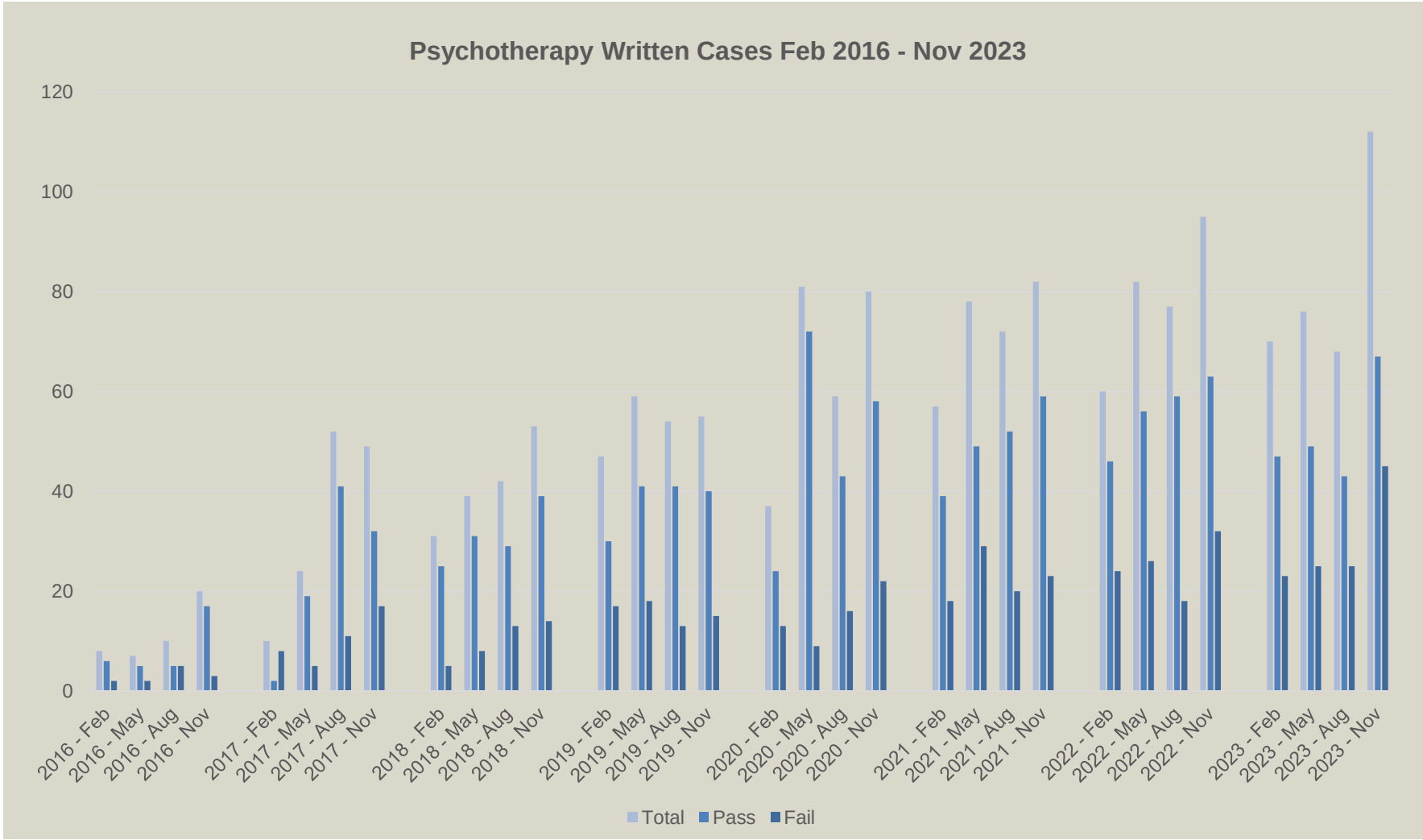

PSYCHOTHERAPY WRITTEN CASES
1ST SUBMISSION PASS TREND

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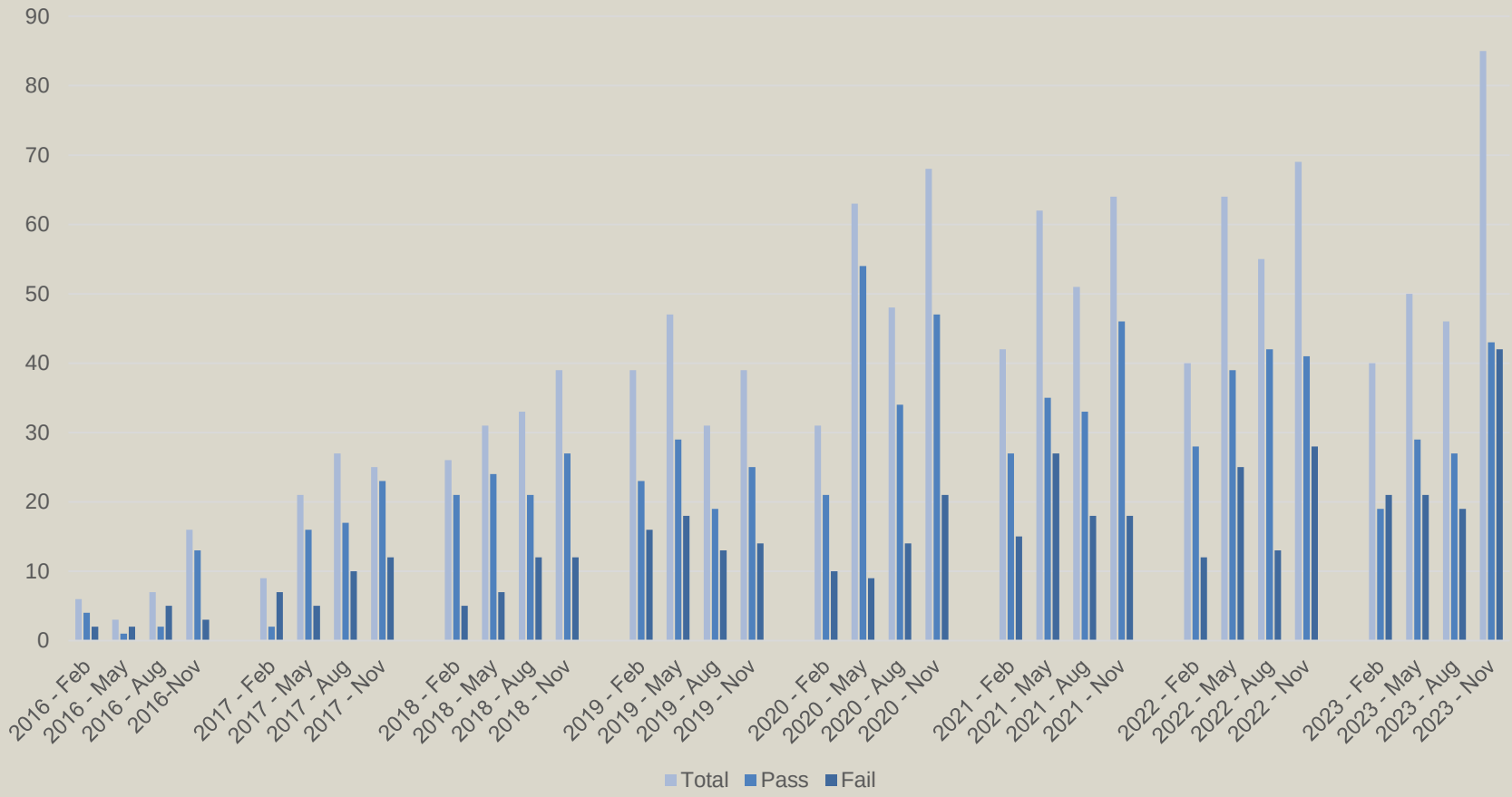

PSYCHOTHERAPY WRITTEN CASES
2nd SUBMISSION PASS TREND

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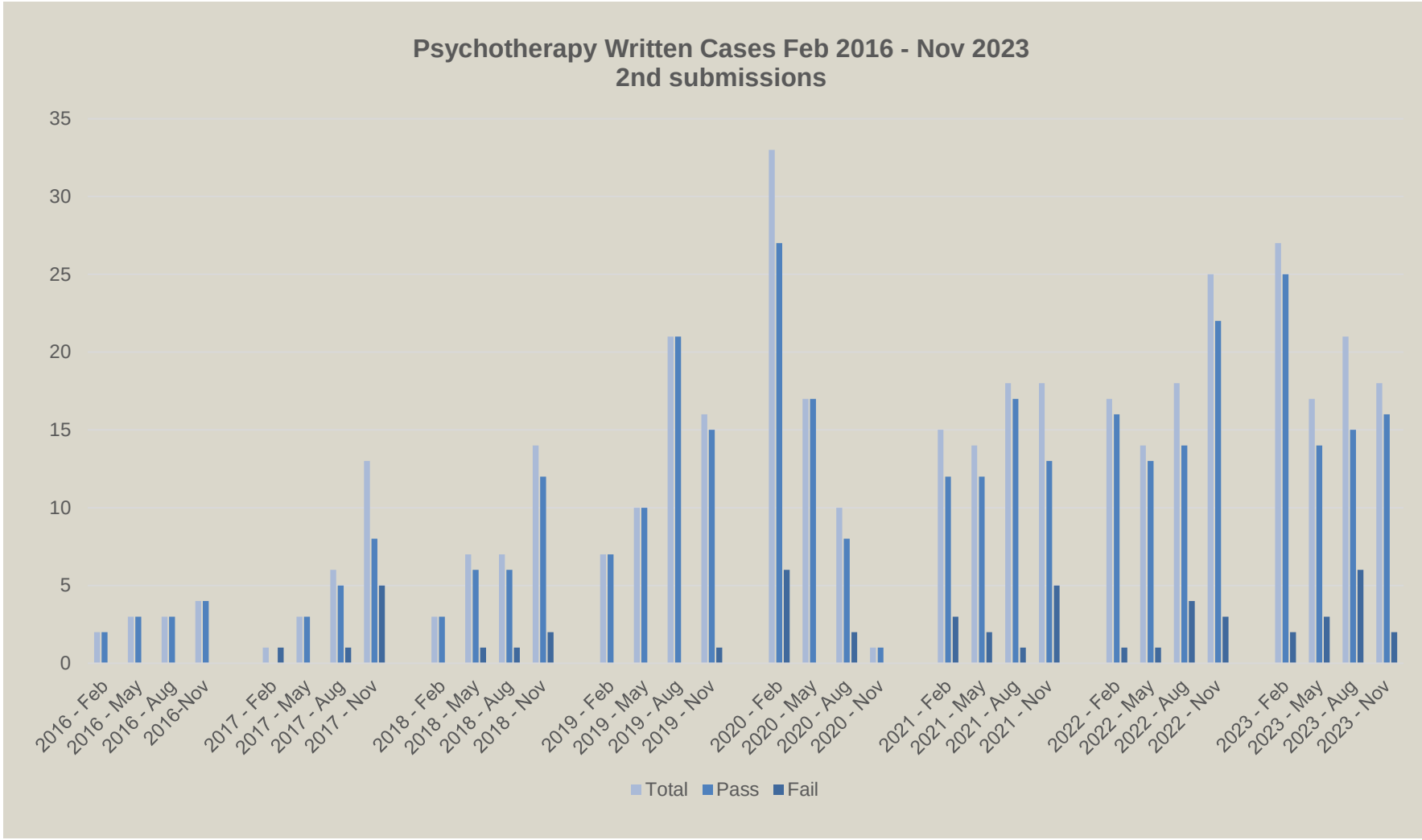

PSYCHOTHERAPY WRITTEN CASES
3rd SUBMISSION PASS TREND

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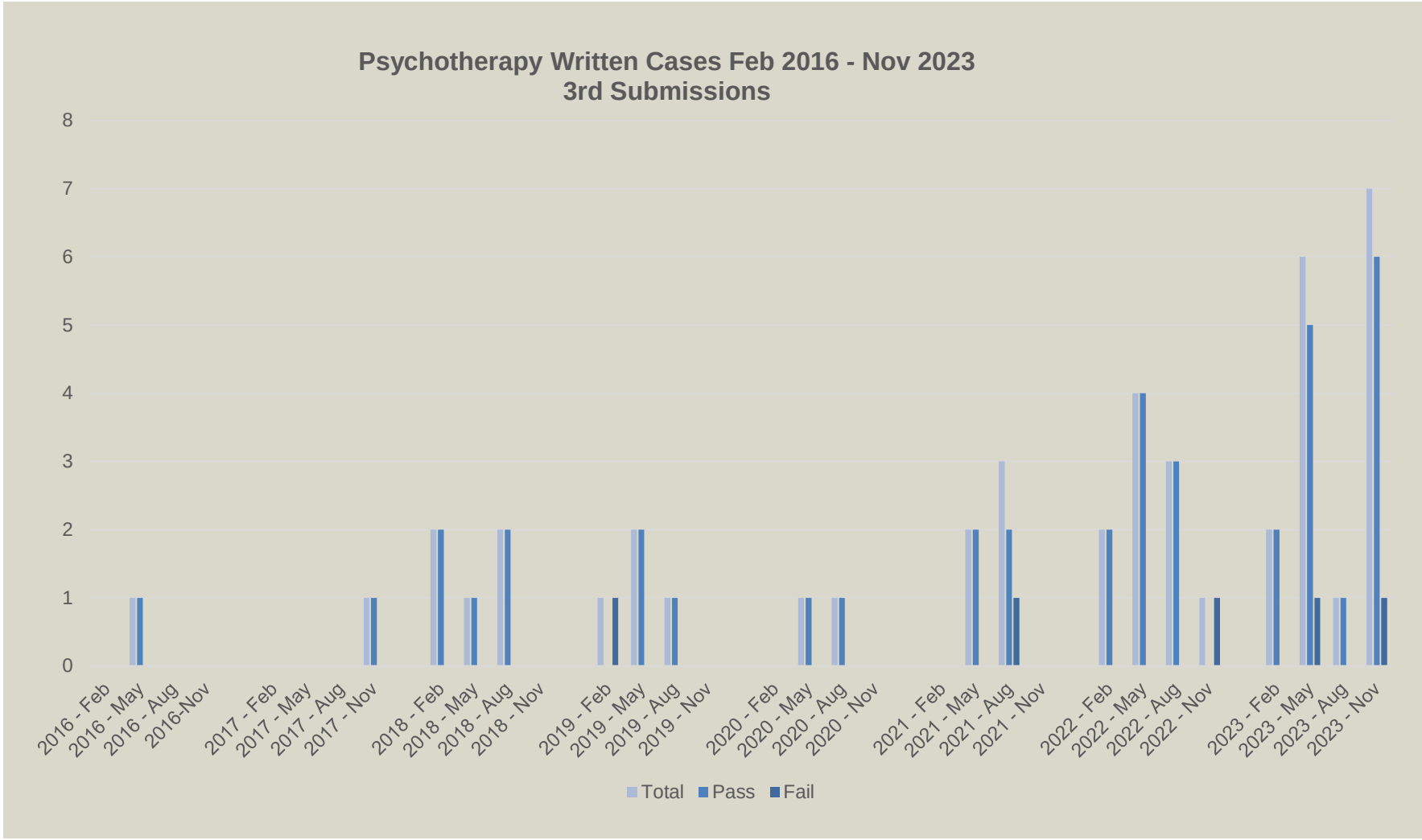

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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The following observations from each domain give a general idea of where cases are under prepared…

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Presentation, Language

- Check spelling, grammar
- Identification
- Overly de-identified
  - Ms D*
  - Hospital*
  - South East Asia*

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Presentation, Language

- Presentation as dot points not paragraphs

  "Jane Doe was born at term of a vaginal delivery.
  Jane was the middle of three daughters.
  Jane's father was a violent alcoholic.
  Jane was sexually assaulted at 12 years and again at 16 years of age."

- Standard format for referencing

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Assessment (including MSE)

- History is not provided in sufficient detail
- The History of Presenting Complaint should be detailed as a single chronology identifying the evolution of symptoms/symptom clusters over time
- Results of key investigations should be given, be aware of “routine results”
- Failure to consider the biological factors, given the medical history, sex and age of the patient
- Candidates justifying the diagnosis with the description of symptoms that were not mentioned in the history

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Assessment (including MSE)

- Information revealed in the formulation not previously detailed in the history
- MSE as a commentary and interpretation rather than a review of the presenting mental state
- MSE as longitudinal, not cross-sectional
- No (!) or generic risk assessment, not tailored to the situation (children, work, relationships)
- Incorrect genograms

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Formulation

- Aetiological formulation should precede and justify the diagnostic formulation
- New information shouldn't be introduced
- Requires some theoretical understanding, it is not to be limited to a statement of facts
- Inadequate or incorrect diagnostic formulation
- Do discuss personality traits
- No or insufficient discussion of the differential diagnosis

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Differential Diagnosis

- Inadequate or incorrect diagnostic formulation
- Do discuss personality traits
- No or insufficient discussion of the differential diagnosis

Reflection/Gaps

- Often cursory or omitted entirely (!)

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Management Plan

- Management plan does not identify the psychological therapeutic model to be used, “dynamic” is inadequate. This section should flow from the diagnosis and formulation.

- Non-dynamic models of therapy should be tailored to the diagnosis
  - Eclectic
  - Brief structured (CBT, Schema, ACT, CAT, DBT)
  - Supportive, family/couples, group
  - Mindfulness-based therapies

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Management Plan

- The formulation feeds into the model of therapy. The formulation should provide the justification for the model of therapy to be used but often does not
- The limitations and risks of therapy are generic and do not account for the specific patient or therapy used
- Management plan lacks clear discussion and is superficial or generic
- Lack of critical appraisal and reflectivity (your place in the therapy). Does your transference give you clues?

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Clinical Progress

- Be aware of losing sight of yourself during the course of therapy
- Be aware of losing sight of the patient and their life during the course of therapy
- Be aware of the evolution of the illness/symptoms during the course of the therapy
- Be aware of a lost or passive supervisor
- Be aware of any changes in the model of therapy used

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Clinical Progress

- Limited evidence of an understanding of psychotherapeutic processes during the course of therapy. e.g. No reflection on critical events during therapy- holidays, termination, gift giving, other boundary issues
- What was the impact of videoconferencing?
- Be aware of the last session- gifts, missed session
- Limited mention of therapeutic interventions employed by you

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Clinical Progress

- The discussion of termination is poorly described and did not reflect awareness at a sophisticated level. **Why terminate at this point in the process of therapy**?
- Limited discussion on whether ongoing therapy was presented as an option for the patient
- Inadequate explanation using a theoretical concept appropriate to the therapeutic style employed
- Remember the model of therapy that you started with and this may not be appropriate as the model of therapy at the end of therapy as your understanding of the patient has grown

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Clinical Progress

- Too much content and not enough process
- No discussion of the trainee's self-awareness, capacity for reflection and appropriate self-criticism and awareness of limitations
- The mode of therapy and techniques used, and the psychological processes experienced are not described

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Reformulation

- Superficial and lacks sophistication
- Concepts raised in the reformulation should be evident in the history or the course of therapy
- Reformulation needs to describe changes from the initial presentation – *what have we learned about this person's formulation during the therapy and in what way(s) have we come to understand this person in more depth?*
- Reformulation should not be a statement of observations without reflecting a deeper theoretical understanding

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Supervision

- Lack of (critical) appraisal of the supervisory relationship
- The description of the role of the psychotherapy supervisor in the trainee's learning is required to be sophisticated and evidencing self-reflection
- How did your supervisor (or your patient) stimulate your further understanding of, interest in or reading in psychotherapy
- Did video supervision/group supervision "work" for you?

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Communication / Liaison

- You have spent 40+ hours with this person, it is very likely that no other health practitioner has spent this much time with your patient
- Limited details of the communication and the impact of the contact with other professionals involved
- No discussion on the issues that are relevant, e.g. ongoing contact with case manager/psychiatrist/GP.

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Discussion

- Lacks depth
- Lacks maturity
- Discussion is often brief and basic, very much broad brushstrokes rather than with any depth or sophistication
- The reflection should place the therapy in the context of the model of therapy and the theory underlying this
- No reflection on the mode of therapy undertaken and its appropriateness and usefulness for the patient

ANALYSIS OF THE UNDERPERFORMING DOMAINS

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Discussion

- Lack of critical reflection on the mode of therapy undertaken
- Lack of evaluation of the therapy and its significance for the person
- Reflections by the trainee and their learning in this experience is not complex nor sophisticated
- Discussion is not reflective and does not demonstrate critical self-awareness and learning
- A complete absence of understanding of the transference and countertransference that occurs during the course of therapy
- Standard format for referencing

KEY POINTS FOR TRAINEES

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- The focus of the assessment is not the trainee's competence as a therapist
- Therapy is presumed to have been conducted early in training it is acceptable that assessment including mental state and initial formulation may be at the PROFICIENT (Stage 2) standard
- All other components of the case report must demonstrate critical reflection, ability to apply knowledge and skill at level expected at end of Stage 3, JUNIOR CONSULTANT
- The Psychotherapy Written Case marking proforma provides the specific marking criteria for each domain and the level expected. USE THIS!

WAYS TO POTENTIALLY FAIL YOUR CASE

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- Not proof-reading your case
- Not having your supervisor/someone familiar with the standard proof-read your case
- Not correcting errors in second or third submissions
- *Italicizing* when it isn't necessary
- Not being careful enough about the use of qualifiers; these can be annoying (and incorrect) – see, "mildly borderline"

Resources Update

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Resources available on the RANZCP website:

- Psychotherapy Written Case e-module
- Guide to Psychotherapy Training
- Psychodynamic psychotherapy reading list
- *Makers of Modern Psychotherapy* book series
- The Psychotherapy Written Case in the 2012 Fellowship Program Podcast
- *The case for case histories* article by Dr Mary Frost
- Psychotherapy Written Case marking sheet
- CBFP Developmental Descriptors
- Trainee Newsletter

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QUESTIONS

PLEASE COMPLETE OUR SURVEY:

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- https://www.surveymonkey.com/r/L3WDJDK

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THANK YOU!