

<<Mandatory Certificate EPA>>

**ST3-PSY-AOP-EPA7 – Advanced management in psychotherapy**

<b>Area of practice</b>	Psychotherapies	<b>EPA identification</b>	ST3-PSY-AOP-EPA7	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the sophisticated standard of a practitioner with certificate training in psychotherapy without more than distant (reactive) supervision. As such, you have better adherence to the management processes in this modality of psychotherapy and more advanced competency (consistent with the competency of a later-phase certificate trainee) in undertaking psychotherapy independently with skills influenced by this modality. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Advanced management in psychotherapy.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee should be able to identify and demonstrate the management of significant process issues or problems in a prescribed number of psychotherapy patients. Examples would include:</p> <ul style="list-style-type: none"> <li>• monitoring the progress of the patient in psychotherapy, assessing progress in terms of original formulation, contract and treatment goals and the processes related to the specific modality of psychotherapy adopted</li> <li>• revising the formulation, contract or treatment frame where necessary in response to developments in the psychotherapeutic treatment. Issues here could be of such significance as to likely lead to failure to progress or a significantly less positive outcome, eg. poorly engaging patient, significant deterioration of symptoms or challenging behaviours including threatened suicide during therapy; they could arise from characteristic patterns of behaviour of the patient, from a breakdown of the patient–therapist interaction or may be of iatrogenic origin. Interventions should demonstrate an advanced approach towards resolution of the problems</li> <li>• managing termination issues appropriately in terms of treatment planning.</li> </ul> <p>Process issues and problems may require guidance from the supervisor but should be demonstrably identified and corrected by the trainee’s active use of therapeutic manoeuvres not simply by passively adopting the supervisor’s instructions.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	3, 4, 5, 7	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	1, 2, 3
	<b>MAN</b>			

<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Can describe types of process problems and their causes in psychotherapy.</li> <li>• Understands methods to repair and restore progress (within the relevant modality methodology), including any necessary changes to the therapeutic approach or contract.</li> <li>• Where applicable, demonstrates a reformulation of the patient’s core problems, symptoms or diagnosis and the associated prognostic implications.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Demonstrates sophisticated knowledge contained in conceptualisation and formulation of the issues and problems. This should demonstrate an understanding of the patient and the treatment process.</li> <li>• Demonstrates accurate problem identification and assessment of skills.</li> <li>• Formulates and plans an approach to assist in correcting the therapeutic problem.</li> <li>• Demonstrates awareness of the therapist’s own limits and boundaries and gaps in knowledge and identifies strategies to fill these gaps or manage these limitations.</li> <li>• Attends to correcting the therapeutic alliance.</li> <li>• Anticipates process difficulties and manages emotional distress in a way appropriate to the context.</li> <li>• Appropriately considers relevant ethical and legal issues including those relevant to the patient, the therapist and/or the related context/culture.</li> <li>• Recognises the therapist’s own emotional response to the patient and management of those responses.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Patient centred, empathic, respectful and non-judgmental.</li> <li>• Committed to restoring the working therapeutic alliance or, if not possible, assisting with appropriate termination and/or transfer of care.</li> <li>• Ethical, well bounded, safe and professional.</li> </ul>
<p><b>Assessment method</b></p>	<p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion – with written and verbal or recorded presentation of the identified issues or problems, undertaken during the course of two training cases of a minimum of five sessions seen between twice weekly to fortnightly, progressively assessed during session-to-session individual supervision with an accredited psychotherapy supervisor.</li> </ul>

## References

GABBARD G, BECK J & HOLMES J, eds. *The Oxford textbook of psychotherapy*. Oxford: Oxford University Press, 2007.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar