Dear Residents,

We are very excited to share with you the new improved and reduced psychotherapy training requirements in the new CBD curriculum (this applies to residents who as of July 2020 are: PGY2’s, PGY 3’s and the pilot LAE PGY4’s).

We believe that the greater focus on observed practice and integrating psychotherapy skills in general psychiatry will enhance your abilities to work with the most complex patients in our healthcare system in all settings. This is a fundamental shift in the philosophy of psychotherapy education in our program. No longer will psychotherapy be taught exclusively in a silo with designated patients. Rather, residents will learn core modalities and then apply those skills to complex patients in multiple settings. We consider this to be a huge step forward in recognizing the importance of psychotherapy skills in all therapeutic encounters.

We are pleased to introduce 2 Psychotherapy EPA’s. EPA6ab focuses on modality specific training and will be evaluated by your psychotherapy supervisor for your psychotherapy cases. Residents in the incoming PGY2 year are expected to have 6 entrustable observations of achievement by the end of the PGY 4 year (PGY 4 residents in the pilot LAE and incoming PGY3’s are expected to have 3 entrustable observations by the end of the PGY4 year). Please note that an observation consists of an observed live or audio/video recorded session, not a course of therapy.

The second psychotherapy EPA, EPA6c is focused on applying psychosocial skills in general psychiatry practice, this EPA pertains to patients you are NOT treating in a specific psychotherapy modality, but to patients in your core rotations or during your ER shifts. It can be assessed by ANY supervisor, it does not have to be a psychotherapy supervisor. The purpose of this EPA is to encourage you to develop and practice applying brief psychotherapy skills in multiple settings in psychiatry with complex patients. Residents are expected to have 3 entrustable observations of achievement for this EPA by the end of PGY4 (These would consist of observed interactions either live or audio/video recorded).

PGY 2 residents in the Child rotation will be expected to have 2 entrustable observations for the psychotherapy EPA’s (one integrative and one from a family therapy) even though you probably will not have time to complete a case due to the 4 month duration of this rotation. Residents who have not completed these requirements but have already completed their Child rotation are NOT expected to complete these requirements retroactively.

We encourage you to have as many episodes of observation as possible (keeping within the privacy requirements of each hospital when recordings are being used) to enhance your training experience. The EPA’s are focusing on formative feedback, evaluating your work cross-sectionally in a moment of time.

We have also appended the new training requirements according to each modality which lists minimum hours and number of cases (and contrasted it with the original training requirements).
We expect the majority of your individual cases will be seen during your LAE day where you will have 2 hours of protected time for psychotherapy training, PGY 2 residents are expected to start a dynamic and CBT case, while PGY 3 residents usually start an IPT case in their LAE day. Psychodynamic case reports are due in March of your PGY 3 year. We are setting up a system to allow residents to track their cases through a psychotherapy log on line (through Elentra).

Psychotherapy supervision will usually happen outside of your LAE day during your core rotation. Residents are expected to switch supervisors every 6 to 12 months to allow for a greater variety of supervisory experience. Your modality training will also be evaluated on a summative basis through the end of rotation ITER for each modality.

For residents who would like to pursue more psychotherapy training beyond these minimum requirements there will be plenty of opportunities for elective and additional training.

Please check in with your Psychotherapy and Postgraduate training coordinators if you have any questions.

Shelley McMain, Jan Malat, Kenneth Fung
Psychiatry: Core EPA #6a
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
- At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care

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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

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Psychiatry: Core EPA # 6c:
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.
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**
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.

**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.
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<tr>
<td>STRUCTURED THERAPIES</td>
<td>□ 4 adult cases (2 CBT, 1 IPT) (in LAE)</td>
<td>□ 4 adult cases (2 CBT, 1 IPT) (in LAE)</td>
<td>□ 4 adult cases (2 CBT, 1 IPT) (in LAE)</td>
<td>□ Child: N/A</td>
<td>□ 5 adult cases (3 CBD, 1 IPT)</td>
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<td>□ Child: 2 entrustable COD6 EPAs (1 in family therapy and 1 in modality of choice)</td>
<td>□ Child: 1 entrustable EPA in either COD6-A or COD6-B</td>
<td>□ Child: N/A</td>
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<td>□ Child: 1 Child CBT Case</td>
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<td>PSYCHODYNAMIC</td>
<td>□ 1 to 2 cases (100 hours); may include a short-term case</td>
<td>□ 1 to 2 cases (100 hours); may include a short-term case</td>
<td>□ 1 written case report (PGY3)</td>
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<td>□ 2 adult cases (150 hours)</td>
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<td>□ 1 written case report (PGY3)</td>
<td>□ 1 written case report (PGY3)</td>
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<td>□ 2 case reports (PGY2 and 4)</td>
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<td>GROUP THERAPY</td>
<td>□ 2 groups (e.g. outpatient, inpatient, or day-hospital, minimum 6-8 sessions per group or 16 session in total)</td>
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<td>□ 1 group (working)/2 groups (proficiency)</td>
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<td>FAMILY/Couple</td>
<td>□ 1-3 family cases (8 sessions total; minimum 2 session per family) can be done in child rotation or other core rotations</td>
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<td>□ 1 family (working)</td>
<td>□ 2 families (proficiency)</td>
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<tr>
<td>DBT</td>
<td>□ Observe 2 DBT Group Sessions</td>
<td>□ Observe 2 DBT Group Sessions</td>
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<td>□ Observe 2 DBT Group Sessions</td>
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<td>MOTIVATIONAL INTERVIEWING</td>
<td>□ Addictions Rotation (PGY2 and PGY4)</td>
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<td>□ Chronic Care</td>
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