

## Postgraduate training in psychotherapy in Sri Lanka: the need for a systematic approach

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### Summary

The increase in the availability of biological therapies has led to a decline in the use of psychotherapy in treating psychiatric illnesses. As a result, opportunities for training in psychotherapy have declined. Yet, psychotherapy remains an important, and for some

patients the only therapy. This paper discusses a systematic approach to psychotherapy training for postgraduate trainees in Psychiatry in Sri Lanka.

SL J Psychiatry 2011; 2 (2): 49-50

### Introduction

With the advances in understanding of the biological basis of psychiatric disorders and the increasing number of antipsychotics, antidepressants, anxiolytics and mood stabilisers available for treatment, psychotherapy appears to have assumed less significance (1). The growing number of patients seeking treatment imposes limitations on time and creates the need for quick results, contributing to the increasing use of biological therapies as the main mode of treatment for psychiatric disorders. As the use of psychotherapy becomes less frequent, it is also likely that there would be a reduction of the associated skills among psychiatrists. This would result in a dearth of trainers with the necessary skills to impart psychological training skills to future psychiatrists.

A study done in the United States (US) observed that, "There has been a recent significant decline in the provision of psychotherapy by psychiatrists in the United States. This trend is attributable to a decrease in the number of psychiatrists specializing in psychotherapy and a corresponding increase in those specializing in pharmacotherapy" (2). There is also the tendency for such non-biological therapies to be handed over to non-medical therapists such as psychologists, occupational therapists and social workers. Whilst recognising the contribution of these professionals as members of a multi-disciplinary team, giving them complete responsibility for such therapy is likely to be detrimental to good and safe patient care. The Canadian Psychiatric Association in a position paper on psychotherapy in 2010 stated that "Whereas other professionals may be involved in the training of psychiatrists and residents, given the medical underpinning of this unique skill set, the training and all of the certification of this training should be done, as much as possible, by psychiatrists"(3). The above trends have been noted in the US and the United Kingdom (UK) as well. An article written by over twenty of Britain's leading psychiatrists in 2008 on the occasion of the 200th birth anniversary of the term 'psychiatry' commented that "patients have a right to expect more than non-specific psychosocial support" and that "We (psychiatrists) must not contribute to stigmatising and disadvantaging psychiatric patients by denying them access to treatments that work" (4).

Beginning in 1999, there was a movement in the US towards the establishment of core competencies through all medical specialities. Six core competencies-patient care, medical knowledge, interpersonal and communication skills, practice based learning and improvement, professionalism, and systems based practice-were identified by the American Board of Medical Specialties(5). In July 2002, the Psychiatry Residency Review Committee (RRC) mandated that all psychiatric residency programs must begin implementing the six core competencies in their curricula.

As part of this process, trainees in psychiatry were required to become competent in five different psychotherapies: long term psychodynamic psychotherapy, supportive psychotherapy, cognitive behavioural therapy, brief psychotherapy, and psychotherapy combined with psychopharmacology. The word competence is not defined precisely but could mean that they have the necessary skills for independent safe practice.

In the UK, training in psychotherapy training follows a different format. The syllabus of the Royal College of Psychiatrist states, "the aims of training is to enable the psychiatrist to: account for clinical phenomena in psychological terms, deploy advanced communication skills, display advanced emotional intelligence in dealings with patients and colleagues and self, refer patients appropriately for formal psychotherapies, jointly manage patients receiving psychotherapy and deliver basic psychotherapeutic treatments and strategies where appropriate" (6). The trainees are required to attend weekly case based discussion groups (CBDG) supervised by a consultant with an interest in psychotherapy. The trainees are required to do psychotherapy using at least two modalities of treatment and two durations of input, long and short.

At present, a trainee in psychiatry in Sri Lanka is required to do two and half years of adult psychiatry training while being attached to a general hospital psychiatry unit or the National Institute of Mental Health (NIMH). The exposure of a trainee to psychological methods of treatment would depend on the type of patients seen in the different units.

Thus the amount of training in psychotherapy a trainee receives, would depend on patient composition, and the interest, attitude and competence in psychotherapy, of the trainers. Some trainees receive extensive training and are competent in several different types of psychotherapy; others may not receive such extensive exposure.

What could be done to improve the training and competence of postgraduate trainees in psychiatry in Sri Lanka? As a first step, a clear set of objectives for training in psychotherapy have been formulated and the prospectus for the MD in Psychiatry of the Postgraduate Institute of Medicine, University of Colombo includes psychotherapy as a separate module. All trainees are required to train in counselling, supportive psychotherapy, problem solving therapy, brief psychotherapy, cognitive therapy, and grief therapy.

Offering incentives for trainers in psychotherapy are a means of ensuring that there are sufficient numbers of trainers who are able to provide such training. The training program should also ensure that all trainees receive the core training outlined in the prospectus during the adult and child psychiatry rotations. Presenting psychodynamic, cognitive, and behavioural formulations in the routine team meetings could be a useful approach to sensitise trainees to psychodynamic issues and sharpen their skills in writing psychological formulations.

The compilation of a library of psychotherapy training material would also be a helpful strategy. The American Psychiatric Association utilises a set of five books for this purpose; books on long-term psychodynamic psychotherapy, supportive psychotherapy, cognitive behavioural therapy, brief psychotherapy and psychotherapy combined with psychopharmacology are used for training in each of the core competencies in psychotherapy in their curriculum. Videos are another appropriate resource. However locally produced training material is lacking; these are an essential requirement as the cultural context is extremely important in psychotherapy.

Like in the UK, a weekly discussion group could be held in each of the training units by consultants with an interest in psychotherapy. This could be a forum for learning the basics of the different forms of psychotherapy as well for the discussion of patients managed with psychotherapy or patients where psychodynamic aspects are important in management. These discussions by the trainees could be usefully incorporated into their portfolios which are now mandatory.

Joint workshops could be held utilising resource personnel with some experience in psychotherapy. These would be useful for the trainees as well as for junior trainers. Trainees should be encouraged to present papers on psychotherapeutic interventions at scientific meetings and publish such interventions in journals.

A systematic approach to psychotherapy training in Sri Lanka would improve psychotherapeutic skills of psychiatrists in Sri Lanka. In conclusion, it is apt to remember the observation of Clemens and Gabbard in 1998, "If psychiatrists abdicate their unique expertise, which integrate the whole range of knowledge and treatment of mental illness, they will leave a void for countless people suffering from mental illness that no one else can fill (7).

#### Declaration of interest

None

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