

MRCPPsych Psychotherapy Module

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Referring to Psychotherapy

Developing people
for health and
healthcare

www.hee.nhs.uk

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Psychotherapy Module: Assessment

Aims and Objectives (from handbook)

- The overall aim is for the trainee to gain an overview of referrals to psychotherapy
- By the end of the sessions, trainees should be able to:
 - Identify relevance to psychotherapy of particular aspects of the psychiatric history.
 - Account for psychiatric presentation in psychological terms.
 - Know when to refer patients appropriately to specialist services

Psychotherapy Module: Assessment

To achieve this

- Case Presentation
 - Journal Club
 - 555 Presentation
 - Expert-Led Session
 - MCQs
-
- Please sign the register and complete the feedback

Psychotherapy Module: Assessment

Expert Led Session

Psychotherapy Assessment

Dr. Adam Dierckx

Consultant Medical Psychotherapist



What will we cover?

- What therapy for whom?
- Where to refer.
- What can your patient expect from assessment?
- Mop up from afternoon

What Therapy For Whom?

- By Diagnosis
- By NICE Guidance
- 'Real life'

Therapy by diagnosis

- ICD-10
 - Organic: supportive and systemic for carers
 - Substance misuse: MI, groups (e.g. AA, TC)
 - Psychosis: CT, Family Tx
 - Affective Disorders: CBT, psychotherapy
 - Anxiety Disorders: CBT
 - Behavioural Disorders: CBT
 - Personality Disorders: Adapted dynamic therapies

By NICE Guidance

- Follows broad outline in previous slide
- Significant limitations for psychological therapy guidance.
 - Not all conditions have guidance
 - Most guidance is not exhaustive – what next?

Practical Guide: Where to refer?

- Cognitive & Behavioural Therapies
- Primary Care – IAPT
 - Mainly mild – moderate
 - Affective and anxiety disorders
 - Mainly shorter term presentations
 - No previous therapy
- Secondary Care – Clinical Psychology
 - More complex and/or severe cases
 - Lack of effect from previous therapy
 - Longer presentations

Practical Guide: Where to refer? (2)

- Psychotherapy
- Chronicity
- Complexity
- Comorbidity
- Counter-transference

What happens in an assessment?

- Diagnosis / Formulation
- Engagement
- Therapeutic change
- Consent
- Treatment planning

Formulation

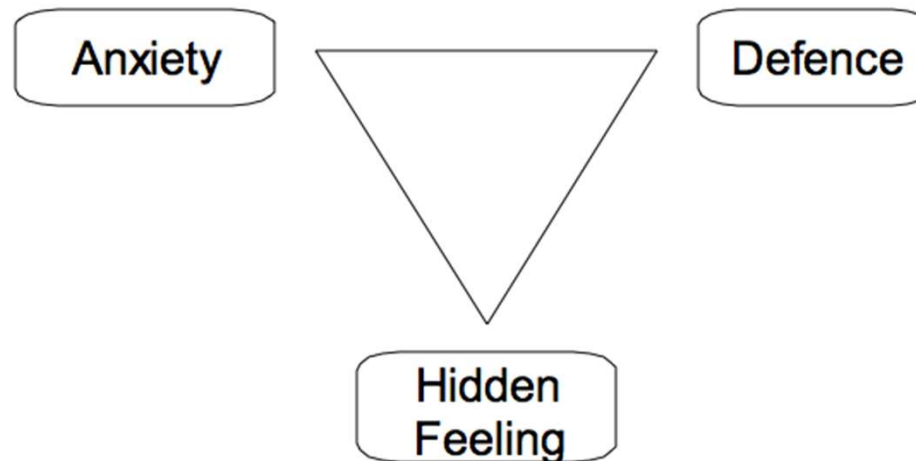
- Synthesis of historical information
 - Current presentation
 - Past History
- Exploration of coping mechanisms
- Emphasis on interpersonal events
- An attempt to explain why the patient's illness looks like it does.

History of Presenting Complaint

- What is the problem the patient wants addressing?
- What is the problem the referrer wants addressing (if different)?
- When did it start and how?
- What is the interpersonal context?
- Has it happened before? Any patterns?

Triangle of Conflict

- Information from HPC

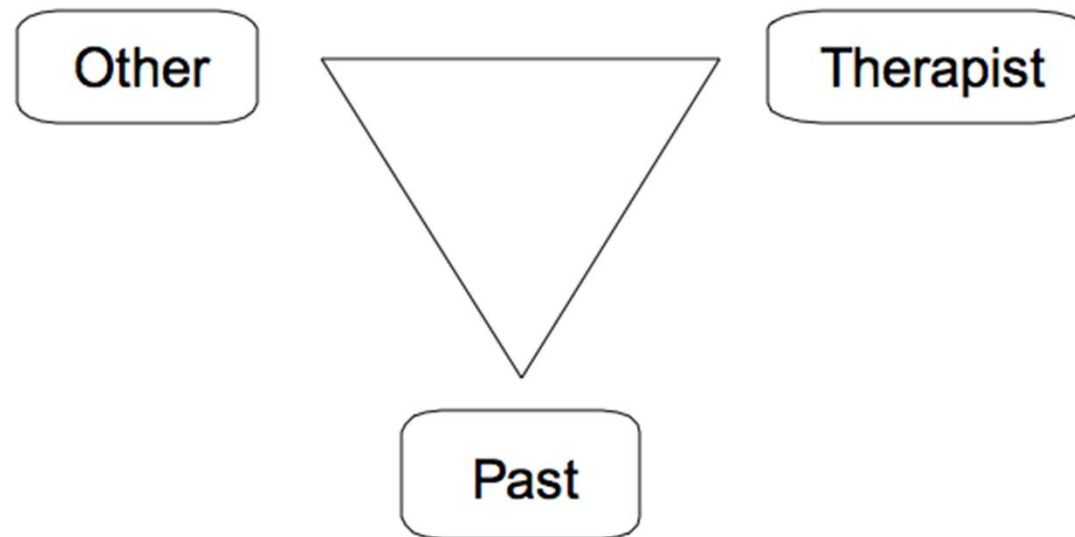


Past History

- What is the story of the patient's life?
 - Brief and in general terms
- Family structure and relationships with family
- Attachment disruption e.g. CSA, loss, LAC
- How do they get on with people?
 - Adolescent and adult relationships – stability/chaos
- What do they do with their life now?

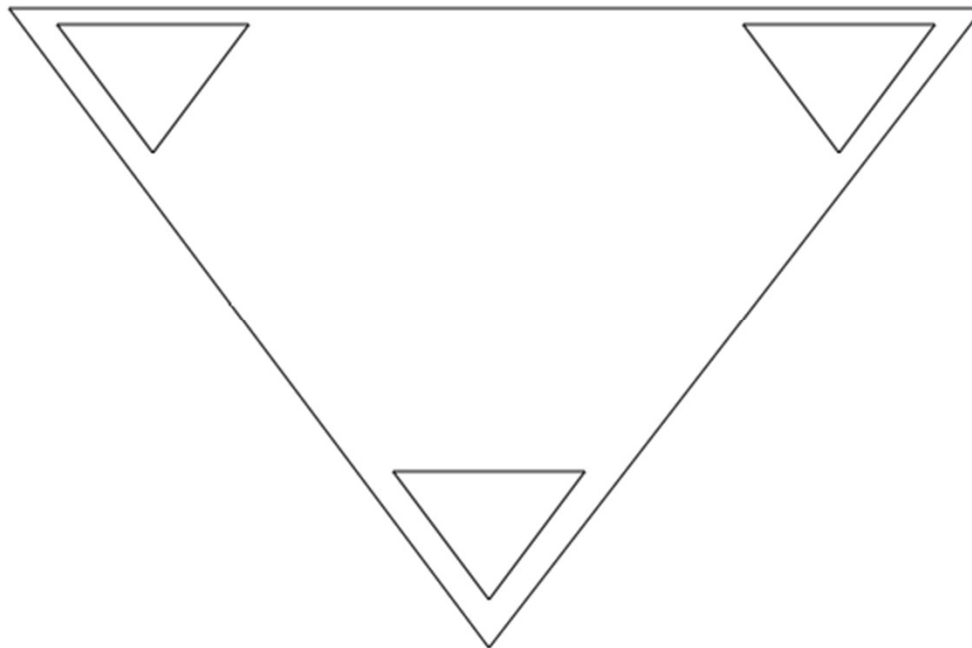
Triangle of Person

- Information from PH and other history



Full Formulation

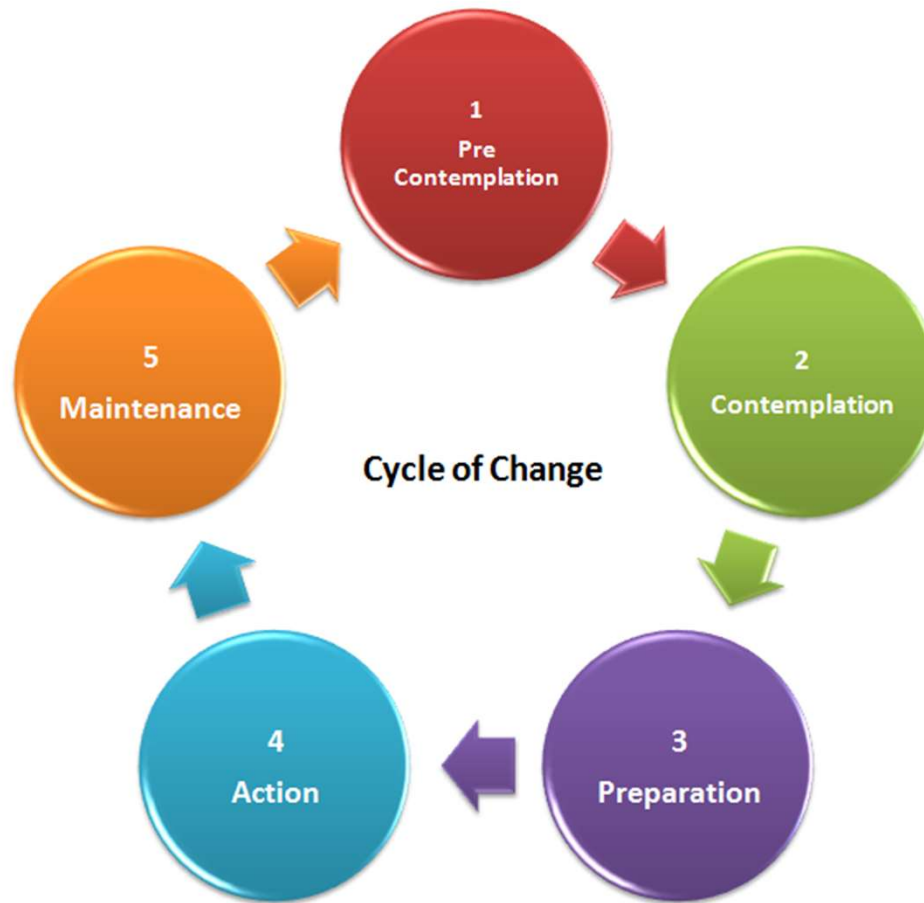
- Combine both Triangles



Engagement

- Motivation & Readiness
- Attachment Style
- Aims and focus for therapy

Motivation & Readiness



Attachment Style: Adaptations

- Secure
 - Attaches easily with appropriate boundaries
- Insecure: Ambivalent
 - Alternately help seeking and rejecting
 - Needs consistency & gently firm boundaries
- Insecure: Avoidant
 - Hard to engage, avoids care
 - Needs encouragement and not mistaking avoidance for not wanting help
- Disorganized
 - Chaotic
 - Needs stabilization first

Therapeutic Change

- Movement in motivation stage
- Increased insight
- Revised care plans

Consent & Planning

- Consent
 - Trial of therapy
 - Experience of the process
 - Assessment of reaction to assessment
- Planning
 - Collaborative care plan
 - Based on trial of therapy

Summary

- What therapy for whom?
- Where to refer.
- What can your patient expect from assessment?

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Any Questions?

Thank you..... MCQs are next....



Psychotherapy Module: Assessment

MCQs

1. The following theorists are correctly matched with the concepts that they introduced:

- | | |
|----------------------|--------------------------------|
| A. Sigmund Freud | The Subconscious |
| B. Melanie Klein | The Paranoid-Schizoid Position |
| C. David Malan | The Two Triangle technique |
| D. Herbert Rosenfeld | Containment |
| E. Anna Freud | The Ego |

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MCQs

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MCQs

2. Defences:

- A. Are always pathological.
- B. Reduce anxiety.
- C. Enhance conscious insight.
- D. Are universal.
- E. Develop later in childhood.

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MCQs

2. Defences:

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MCQs

3. A psychotherapy formulation:

- A. Leads to a diagnosis.
- B. Ignores the past.
- C. Is only applicable in psychotherapy.
- D. Is theory neutral.
- E. Makes predictions.

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MCQs

3. A psychotherapy formulation:

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D. Is theory neutral.

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MCQs

4. How do you define transference?

- A. The empathy shown by the therapist to the patient.
- B. Defence mechanism where attention is shifted to a less threatening / more benign target.
- C. Therapist's response to the patient drawn from therapist's previous life experiences.
- D. Patient's response to the therapist based upon their earlier relationships
- E. All of the above

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MCQs

4. How do you define transference?

- A. The empathy shown by the therapist to the patient.
- B. Defence mechanism where attention is shifted to a less threatening / more benign target.
- C. Therapist's response to the patient drawn from therapist's previous life experiences.
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- E. All of the above

Psychotherapy Module: Assessment

MCQs

5. What would suggest a patient has good psychological mindedness?
- A. Becoming very upset when talking about the past
 - B. Finding it hard to step back and observe the situation objectively
 - C. Needing to be talked through assessment with lots of prompts
 - D. Reasonable sense of self esteem
 - E. None of the above

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MCQs

5. What would suggest a patient has good psychological mindedness?
- A. Becoming very upset when talking about the past
 - B. Finding it hard to step back and observe the situation objectively
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 - D. Reasonable sense of self esteem**
 - E. None of the above

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Any Questions?

Thank you.

