NHS
North West
School of Psychiatry

Psychotherapy Module Handbook

MRCPsych Course

2020-2022

A Psychiatry Medical Education Collaborative between Mental Health Trusts and Health Education North West

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Session 1: Referring to Psychotherapy Services

Learning Objectives

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
Understand that psychotherapies have an empirical evidence base underpinning referral for treatment

Curriculum Links

6 – Organization & Delivery of Psychiatric Services
7.1.x.4 – Psychological aspects of treatment
9.0 – Psychotherapy
9.1.1 – Dynamic Psychotherapy
or 9.3 CBT or 9.4 other modalities *

*Depending on case material and therapy described.

Expert Led Session

What happens in a specialist psychotherapy assessment and why?
What therapies are indicated for which common conditions? – To include reference to the current evidence base. NICE Guidance and its limits / omissions.

Case Presentation

Case presentation of a local patient referred for psychotherapy. Case to be identified by tutor/chair/specialist in post.
To highlight aspects of psychiatric history that indicate referral to psychotherapy.
To highlight aspects of history that would be relevant for specialist psychotherapy assessment.
To highlight factors that suggest good or bad prognostic signs for therapy outcome.

Journal Club Presentation

The paper should preferably be selected in discussion with the chair / presenter of the expert led session

- Schöttke H. et al (2017) “Predicting psychotherapy outcome based on therapist interpersonal skills: A five-year longitudinal study of a therapist assessment protocol” *Psychotherapy Research* 27(6): 642–652

- Clarke et al (2013) “Cognitive analytic therapy for personality disorder: randomised controlled trial” *BJP* 202:129-134
  (with accompanying Editorial) Mulder & Chanen (2013) “Effectiveness of cognitive analytic therapy for personality disorders” *BJP* 202:89-90

- Lorentzen et al (2013) “Comparison of short- and long-term dynamic group psychotherapy: randomised clinical trial” *BJP* 203:280-287

- Leichsenring & Rabung (2008) “Effectiveness of Long-Term Psychodynamic Psychotherapy: A Meta-Analysis” *JAMA* 300(13): 1551-1565

'555' Topics (5 slides on each topic with no more than 5 bullet points)

Select one of the following:

- Important aspects of psychiatric history to include in referral
- Positive predictors of engagement with therapy
- Relative contraindications to therapy
- Potential adverse effects of therapy

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

2. Defences:

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

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.

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

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

Additional Resources / Reading Materials

Jessica Yakeley (2014)"Psychodynamic psychotherapy: developing the evidence base" APT 20:269-279

Chess Denman (2011) "The place of psychotherapy in modern psychiatric practice" APT 17:243-249

Session 2: Psychological approaches to EUPD

Learning Objectives

- The overall aim of the session is to understand emotionally unstable personality disorder from a psychological /psychotherapy perspective.
- By the end of the session the trainee should have an understanding of the psychological aspects of this diagnosis.
- By the end of the session the trainee should have a more detailed understanding of at least one of the newer therapy approaches to EUPD.

Curriculum Links

2.x – Human Development
6 – Organization & Delivery of Psychiatric Services
7.1.9.1-5 – Psychological aspects of treatment
9.0 – Psychotherapy
9.1.1 – Dynamic Psychotherapy
or 9.3 CBT or 9.4 other modalities *

*Depending on case material and therapy described.

Expert Led Session

Developments in the psychological understanding of EUPD: aetiology and presentation
What therapies are indicated for EUPD? – To include reference to the current evidence base. NICE Guidance and its limits / omissions.
Learning points for general mental health work

Case Presentation

- Case Presentation of patient with Emotionally Unstable Personality Disorder
- Preferably a patient who has had / is having psychological therapy for this.
- Good level of detail about background history essential

Journal Club Presentation

Please select one of the following papers:

Clarke et al (2013) “Cognitive analytic therapy for personality disorder: randomised controlled trial” *BJPsych* 202:129-134
(with accompanying Editorial) Mulder & Chanen (2013) “Effectiveness of cognitive analytic therapy for personality disorders” *BJPsych* 202:89-90

McMain et al (2009) “A Randomized Trial of Dialectical Behavior Therapy Versus General Psychiatric Management for Borderline Personality Disorder” *Am J Psychiatry* 166:1365–1374

Batement & Fonagy (2009) “Randomized Controlled Trial of Outpatient Mentalization-Based Treatment Versus Structured Clinical Management for Borderline Personality Disorder” *Am J Psychiatry* 166:1355–1364

Doering et al (2010) “Transference-focused psychotherapy *v.* treatment by community psychotherapists for borderline personality disorder: randomised controlled trial” *BJPsych* 196:389-395

Bamelis et al (2014) Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders *Am J Psychiatry* 171: 305 – 322

‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

Select one of the following:
- Signs & Symptoms of Emotionally Unstable Personality Disorder
- Biological aetiology of EUPD
- Drug treatments in EUPD

MCQs

1. The following are symptoms of Emotionally Unstable Personality Disorder (EUPD):

A. Unstable or unclear self-image
B. Callous unconcern for others
C. Increased impulsivity
D. Intense anger and aggression
E. Unstable and intense relationships

2. EUPD is group in 'Cluster B' of DSM-IV along with:

A. Antisocial PD
B. Schizotypal PD
C. Narcissistic PD
D. Dependent PD
E. Histrionic PD

3. The following have been recommended by NICE in the treatment of EUPD:

A. Brief Dynamic Psychotherapy
B. Mentalization Based Treatment
C. Mindfulness Based Therapy
D. Olanzepine
E. Dialectical Behaviour Therapy

4. The following statements about EUPD are true:

A. EUPD is more commonly diagnosed in women
B. EUPD is a lifelong condition if untreated
C. Psychoanalysis is an effective treatment for EUPD
D. EUPD is easily distinguished from mood disorder
E. Almost all patients with EUPD have a history of abuse
F. Patients with EUPD have a lower risk of death by suicide compared to those with mood disorder
G. Admissions to hospital lasting more than six months adversely affect prognosis.
H. Prescribing antidepressants for unstable mood symptoms can be helpful
I. EUPD can be co-morbid with mood disorder
J. Severity of symptoms can be rated with the Zanarini scale

Additional Resources / Reading Materials

NICE on Borderline Personality Disorder – Clinical Guideline 78 & Quality Standards
Borderline Personality Disorder: An evidence based guide for generalist mental health professionals by Anthony Bateman & Roy Krawitz Oxford (2013)
Choi-Kane *et al* "What works in the treatment of Borderline Personality Disorder" *Curr Behav Neurosci Rep* (2017) 4:21–30

Session 3: Psychological approaches to Depression

Learning Objectives

To increase awareness of the psychological aspects of Depressive Disorder.
To have an introductory knowledge of the main psychological models for depression.
To have an overview of psychological treatments for Depression

Curriculum Links

1.1, 1.2, 1.3, 1.3.4, 2.3, 2.4, 2.6, 2.8, 6.1, 7.1.1, 9, 14

Expert Led Session

An overview of psychological therapies for Depressive Disorder

Case Presentation

This should be of a patient with depression, not necessarily one who is in / has had therapy. There should be sufficient background history to generate a discussion about the psycho-social factors in aetiology

Journal Club Presentation

The paper should preferably be selected in discussion with the chair / presenter of the expert led session

- Driessen et al (2015) The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update Clinical Psychology Review 42: 1-15
- Gottems Bastos et al (2015) The efficacy of long-term psychodynamic psychotherapy, fluoxetine and their combination in the outpatient treatment of depression Psychotherapy Research 25(5): 612-624
- (Other paper suggested by expert if applicable – contact the person doing ELS)

'555' Topics (5 slides on each topic with no more than 5 bullet points)

Select one of the following:

- Psychological factors in the aetiology of depression
- Psychological symptoms of depression
- Current psychological treatments for depression recommended by NICE

MCQs

1. NICE guidance (CG90):

A. Recommends Computerised CBT for mild-moderate depression
B. Recommends Psychotherapy for severe depression
C. Advises not combining medication with psychological therapies
D. Recommends Cognitive therapy for relapse prevention
E. Defines Short-term Psychodynamic Psychotherapy as 10-15 sessions over 3-4 months

2. Cognitive Therapy:

A. Is originally based on the work of Judith Beck
B. Identifies Cognitive Errors that lead to or maintain depressive thoughts
C. Focuses on non-conscious thought content
D. Is enhanced by concurrent antidepressant treatment
E. Should not be used in older patients

3. Psychodynamic Therapies:

A. Have no evidence base for effectiveness
B. Are based on the model of the mind put forward by Freud
C. Seek to eradicate a patient's defences
D. Were among the first to link depression to loss
E. Focus on the past

4. Psychological factors in the aetiology of depression include

A. Parental indifference
B. Social circumstance
C. Maternal Depression
D. Cognitive biases or distortions
E. Bereavement

5. Evidence of effectiveness in the treatment of depression exists for:

A. Psychoanalytic therapy
B. Interpersonal Therapy
C. 'Low intensity' therapy in IAPT
D. Mentalization based CBT
E. EMDR

Additional Resources / Reading Materials

Sigmund Freud “Mourning and Melancholia” (1917 [1915]) Standard Edition **14**: 237-258
Aaron Beck “Cognitive Therapy and the Emotional Disorders” 1976

Session 4: Psychological approaches to Trauma

Learning Objectives

Recognised clinical presentation of PTSD and Complex Trauma

Increase awareness of psychological treatments for PTSD and Complex Trauma

Curriculum Links

6 – Organization & Delivery of Psychiatric Services
7.1 – Psychological aspects of treatment
9.0 – Psychotherapy
9.1.1 – Dynamic Psychotherapy
or 9.3 CBT or 9.4 other modalities *

*Depending on case material and therapy described.

Expert Led Session

Background review of PTSD presentation

Psychological treatments for PTSD including NICE Guidance

Introduction to Complex Trauma

Case Presentation

Case presentation of a patient with PTSD or Complex Trauma.

To highlight aspects of psychiatric history that indicate diagnosis.

To highlight aspects of history that would be relevant for specialist psychotherapy assessment.

To highlight factors that suggest good or bad prognostic signs for therapy outcome.

Journal Club Presentation

The paper should preferably be selected in discussion with the chair / presenter of the expert led session

- Bradley R. et al (2005) 'A Multidimensional Meta-Analysis of Psychotherapy for PTSD' *Am J Psychiatry* 162:214–227
- Santiago PN, Ursano RJ, Gray CL, Pynoos RS, Spiegel D, et al. (2013) 'A Systematic Review of PTSD Prevalence and Trajectories in DSM-5 Defined Trauma Exposed Populations: Intentional and Non-Intentional Traumatic Events'. *PLoS ONE* 8(4): e59236. doi:10.1371/journal.pone.0059236
- Shalev A. Y. et al (2012) 'Prevention of Posttraumatic Stress Disorder by Early Treatment' *Arch Gen Psychiatry*. 69(2):166-176

'555' Topics (5 slides on each topic with no more than 5 bullet points)

Select one of the following:

- Important aspects of psychiatric history to include in referral
- Evidence for and against 'post-event debriefing' or single interview
- Aetiology of PTSD

MCQs

1. The following treatments are indicated in PTSD:

A. EMDR
B. Debriefing
C. Psychoanalysis
D. Schema Focused CBT
E. Psychodynamic Psychotherapy

2. The following are risk factors for an increased likelihood of PTSD:

A. Male gender.
B. Introverted character.
C. Family history of Narcissistic Personality Disorder.
D. Bereavement.
E. Low educational attainment.

3. The following are part of the six diagnostic criteria for PTSD in ICD-10:

A. Exposure to any sort of trauma.
B. Occasional memories of the traumatic event.
C. Avoidance of situations that remind the person of the trauma.
D. Normal social functioning.
E. Symptoms of at least one-week duration.

4. The following have been used in military circles as terms for what we now would call PTSD:

A. Shell Shock
B. Lack of Moral Fibre
C. Vietnam War Syndrome
D. Old Soldier's Syndrome
E. Battle Paralysis

5. The following statements are true of PTSD:

A. Comorbidity is unusual
B. There are detectable effects on the hypothalamo-pituitary axis
C. "flashbacks' or intrusive memories of the trauma are characteristic
D. Endogenous opioids function is affected in PTSD
E. Soldiers are at less risk of PTSD than rape victims

Additional Resources / Reading Materials

PTSD NICE Guidance CG26 (2005 & update 2018)
Understanding Trauma: A Psychoanalytic Approach by Caroline Garland (1998) Karnac Books