

Cognitive-behavioural therapy training for junior psychiatric trainees

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There is an identified need for more psychiatrists who have been trained in cognitive-behavioural therapy (CBT). The Royal College of Psychiatrists' guidelines for psychotherapy training recommend that all psychiatric trainees receive CBT training. This paper describes a brief programme of CBT training for psychiatric senior house officers (SHO) which demonstrates a viable model achieving limited training objectives.

Stern (1993) stated that it is essential for more psychiatrists to be trained in the practice of cognitive-behavioural therapy (CBT). In order to achieve this, CBT training must be more widely available for psychiatric trainees. The guidelines of the Royal College of Psychiatrists (Grant *et al.* 1993) recommend that by the end of general professional training psychiatrists should "know the basic principles of behaviour/cognitive therapy" and "have the skill and confidence to engage in the various forms of psychotherapy at a level appropriate to their experience". Experience in CBT should include a long-term case and two brief cases. The College's guidelines emphasise the importance of supervision for teaching and assuring the quality of therapy.

We designed a study to measure how far a district SHO rotation has been successful in attempting to meet objectives for CBT training.

The study

The Northumberland SHO rotation is an eight slot scheme which has approval for 18 months of general professional training. The rotation is based at St George's Hospital in Morpeth and has three placements at the Fairnington Centre in Hexham which is over 30 miles away. As part of introductory teaching in the psychotherapies, trainees receive CBT training under consultant supervision while they are based at the Fairnington Centre.

The CBT training takes the form of a weekly one and a half hour meeting with the consultant supervisor. The first six sessions are semi-structured seminars which introduce the trainees

to the cognitive model and the therapeutic approaches used in CBT. A number of different teaching methods are used including didactic teaching, inductive learning and experiential learning through, for example, role playing. The aim of the teaching style is to attempt to emulate as far as possible the inductive educational approach used in CBT. After the six introductory seminars the trainees are allocated cases for brief CBT which have been screened by the consultant supervisor. The cases are predominantly patients with uncomplicated major depressive episodes of moderate severity or patients with anxiety disorders (panic disorder, social phobia and generalised anxiety disorder). The style of case supervision also attempts to reflect the cognitive therapeutic style in that supervision sessions are structured and problem focused.

In September 1995, the first eight trainee psychiatrists who had participated in the CBT teaching were contacted by letter by one of the authors (JO) and asked to complete anonymously a questionnaire. The questionnaire included six items asking trainees to indicate on Likert scales the usefulness of the CBT training in improving clinical practice and knowledge. They were also asked to indicate how many patients they had seen as part of the CBT training and to complete a clinical global impressions (global improvement) scale (CGI; Guy, 1976) for each of the patients they had seen.

Findings

Seven out of the eight trainees were successfully contacted and returned the questionnaire. The eighth trainee could not be contacted. All seven respondents rated their knowledge of cognitive-behavioural principles as having increased significantly, and they were significantly more aware of the indications for CBT. One trainee reported minimal improvement in the practice of CBT, but the remaining six reported significant

improvement in their skills. The number of patients seen by the trainees for cognitive behaviour therapy varied; one trainee saw three patients, two trainees saw two patients and the remaining four trainees saw one patient. None of the patients deteriorated during the CBT, one did not change, three improved minimally, six improved significantly and one improved greatly, according to the trainees' ratings.

All the respondents indicated that overall the CBT training programme had been helpful or very helpful.

Discussion

The trainees and their patients appeared to benefit from the CBT training programme. The trainees also became significantly more knowledgeable about the use of CBT. The findings of this study indicate that it is feasible for a small junior psychiatric rotation to establish a viable programme of training in CBT. The success of the programme in Northumberland has been dependent on the availability of an interested consultant. Other districts may find that a viable programme would need to rely on the availability of non-psychiatric cognitive-behavioural therapists (Duncan-Grant & Cornish, 1995).

One of the aims of the programme was to satisfy the College's recommendation that junior trainees see two brief cases during CBT training. All the trainees in this programme saw at least one case but only three out of the seven were able to meet the recommendation. None of the trainees were able to see a long-term CBT case. In order to fully meet the College's recommendations it will be necessary for trainees to have a longer-term attachment to a cognitive therapy

supervisor. This will have implications in terms of protecting the time of both trainees and supervisor.

A number of trainees who participated in this programme were new entrants to psychiatry and had no previous training in the psychotherapies. Some of the trainees commented that through the CBT seminars they were able to gain some insight into interpersonal processes in their work place. This is an area which in the early part of psychiatric training is usually discussed within Balint-type groups. Cognitive-behavioural seminar groups may therefore fulfil some of the functions which have in the past been the domain of dynamically orientated seminar groups.

References

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