

<<Mandatory Certificate EPA>>

ST3-ADD-AOP-EPA5 – Psychological methods

Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA5
Stage of training	Stage 3 – Advanced	Version	v0.12 (EC-approved 11/12/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
Title	Treatment of substance use disorder with psychological methods.		
Description Maximum 150 words	<p>Trainees should have the capacity to provide skilled psychotherapeutic interventions in patients across the age range with substance use disorders. To achieve this EPA, the trainee will need to demonstrate competence in delivering both:</p> <ul style="list-style-type: none"> • cognitive–behavioural therapy (CBT) or a variation including mindfulness-based cognitive therapy; and • motivational enhancement therapy (as a structured therapy, eg. manualised in <i>Motivational enhancement therapy manual</i> by Miller et al.). 		
Detailed description If needed	<p>The trainee will be supervised by a psychiatrist or a supervisor accredited by the local Branch Training Committee for supervision of Stage 3 addiction psychiatry trainees.</p> <p>Notes:</p> <ul style="list-style-type: none"> a if the therapy is delivered in a group format, the trainee must be a principal therapist in the group. b other formal psychotherapies and unstructured psychological interventions (such as supportive psychotherapy, counselling, psychoeducation or problem solving), motivational interviewing and family therapy are not acceptable for this EPA. <p>For both of the psychotherapy modalities required to achieve this EPA, the trainee will be assessed in the following four elements.</p> <p>1 Assessment of suitability of the patient for that modality of psychotherapy, including (but not restricted to):</p> <ul style="list-style-type: none"> a Psychiatric evaluation, with a focus on psychological assessment. b Psychological formulation of the patient’s problem(s) according to the therapy paradigm being considered. c Considerations of the indications for, and relative contraindications against, psychotherapy in that patient. d Making an appropriate selection of the psychotherapy modality to be used. 		

	<p>2 Initiation of therapy, including (but not restricted to):</p> <ul style="list-style-type: none"> a Establishing a therapeutic contract – explaining the therapy to the patient and gaining their consent for treatment (including for supervision). b Engagement of the patient and formation of a working alliance. c Socialisation to the model. d Setting the structure of therapy, eg. timing of sessions, venue, duration. e Setting goals for therapy. f Planning how the sessions will be conducted according to the school of therapy being offered which might include setting topics for each session if that is part of the therapeutic contract. g Choosing appropriate measures to monitor patient progress. h Anticipating and planning for likely barriers (or resistance) to treatment. <p>3 Delivery of therapy, including (but not restricted to):</p> <ul style="list-style-type: none"> a Making an appropriate range of formal psychological interventions at appropriate times. b Monitoring effectiveness of interventions and adapting therapy in line with progress of therapy. c Assessing and managing resistance to therapy according to the principles of the specific therapy. <p>4 Conclusion of therapy, including (but not restricted to):</p> <ul style="list-style-type: none"> a Setting a termination date and managing anxiety in the patient about termination as it approaches. b Evaluating (with the patient) whether or not the therapy has been successful and has achieved its goals. This should involve formal assessments. c Understanding where therapy may have failed to achieve its goals and why this might be the case. d Arranging for ongoing psychiatric care of the patient as appropriate. <p>The psychotherapy supervisor must be satisfied that the conduct of therapy was delivered appropriately in order to mark each case as competently achieved.</p>			
Fellowship competencies	ME	1, 2, 3, 4, 5, 7	HA	
	COM	1, 2	SCH	
	COL	1, 2	PROF	1, 2, 3
	MAN	1, 4		
Knowledge, skills and attitude	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described			

<p>required</p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • The theory underpinning the modality of the psychotherapy employed. • The evidence base for the psychotherapy utilised. <p>Skills</p> <ul style="list-style-type: none"> • Assess the suitability of the patient for the modality of psychotherapy employed. • Initiate the therapy. • Deliver the therapy. • Conclude the therapy. <p>Please refer to the detailed descriptions above.</p> <p>Attitude</p> <ul style="list-style-type: none"> • Respect for the patient's rights, eg. consent, privacy, confidentiality, boundaries, etc. • Willingness to actively and openly participate in supervision.
<p>Assessment method</p>	<p>Progressively assessed during individual or clinical supervision, including three appropriate WBAs.</p>
<p>Suggested assessment method details</p>	<ul style="list-style-type: none"> • Case-based discussion – for each patient. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS) - Observation of therapy, whether direct or through use of video- or audiotaped sessions.
<p>References</p> <p>MCHUGH RK, HEARON BA & OTTO MW. Cognitive-behavioral therapy for substance use disorders. <i>Psychiatr Clin North Am</i> 2010; 33: 511–25.</p> <p>MILLER WR, ZWEBEN A, DICLEMENTE CC & RYCHTARIK RG. <i>Motivational enhancement therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence</i>. Rockville: National Institute on Alcohol Abuse and Alcoholism, 1992.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar