Advanced Psychotherapy Training: Psychotherapy Scholars’ Track, and the Apprenticeship Model

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Background/Objective: Guided by ACGME’s requirements, psychiatric residency training in psychotherapy currently focuses on teaching school-specific forms of psychotherapy (i.e., cognitive-behavioral, supportive, and psychodynamic psychotherapy). On the basis of a literature review of common factors affecting psychotherapy outcomes and experience with empirically supported and traditional psychotherapies, the authors aimed to develop an advanced contemporary and pragmatic approach to psychotherapy training for eight residents (two per PGY year) enrolled in a specialized Psychotherapy Scholars’ Track within an adult general-residency program.

Method: The authors developed core principles and clinical practices, and drafted year-by-year educational goals and objectives to teach the psychotherapy scholars. Based on experiential learning principles, we also developed an individualized form of psychotherapy training, which we call “The Apprenticeship Model.”

Results: The Psychotherapy Scholars’ Track, and “Apprenticeship Model” of training are now in their third year. To date, authors report that scholars are highly satisfied with the structure and curriculum in the track. Trainees appreciate the protected time for self-directed study, mentored scholarship, and psychotherapy rotations. Patients and the Psychotherapy Scholars experience the “Apprenticeship Model” of psychotherapy training as authentic and compatible with their needs and resources.

Conclusion: The Psychotherapy Scholars’ Track developed and piloted in our general psychiatry residency is based on common factors, empirically-supported treatments, and use of experiential learning principles. Whether the Psychotherapy Scholars’ Track and “Apprenticeship Model” will ultimately increase residents’ psychotherapy skills and positively affect their ability to sustain postgraduate psychotherapy practice in varied settings requires long-term evaluation. The developers welcome empirical testing of the comparative effectiveness of this psychotherapy teaching approach relative to others.


ACGME standards and requirements for psychotherapy training emphasize school-based training in the areas of Cognitive-Behavioral Therapy (CBT), Psychodynamic Psychotherapy, and Supportive Psychotherapy in brief and long-term formats, with optional experiences in group and couples/family therapy. As of 2001, 108 distinct manualized psychotherapies met criteria for empirically-supported treatments (ESTs) (1). Teaching such a vast a number of ESTs is clearly impractical.

To meet the required competencies, one popular strategy focuses on basic, easier-to-learn, school-based psychotherapies first. The McMaster Psychotherapy Program (2) initially teaches empathy, alliance-building, and listening early in training, emphasizing “emotion-focused psychotherapy.” Residents learn CBT in the middle years and psychodynamic, group, and family treatments in the later years of training.

Our alternative strategy for teaching psychotherapy focuses on common factors affecting psychotherapy outcomes, de-emphasizing ideologically-bound, “school-based” teaching, since variances in psychotherapy outcomes associated with distinct school-specific techniques account for only an estimated 12% of psychotherapy outcomes (3). We have generated core principles and practices regarding psychotherapy training and a new form of individual supervision.

Methods

Teaching Common Factors

In his classic analysis “Persuasion and Healing,” Jerome Frank (4) argued that change in psychotherapy occurs when
certain common factors, present in all forms of psychotherapy, operate in concert. His list includes the following: an emotionally-charged, confiding relationship; presence and encouragement of hope; placebo effects; a healing setting; a conceptual scheme and shared belief system by healer and patient about the causes and cures of the maladies; therapeutic ritual; a warm, inspiring, and socially-sanctioned therapist; explorations of one’s inner world; opportunities for catharsis; acquisition and practice of new behaviors; therapeutic suggestions; and interpersonal learning. Frank’s work, required reading for all Psychotherapy Scholars, stands as a cornerstone of scholarship on common factors. We have added an updated literature review of common factors affecting psychotherapy outcomes, summarized in Table 1, now a major focus of our teaching.

**Psychotherapy Scholars’ Track**

The Psychotherapy Scholars’ Track has a simple mission: “To offer advanced psychotherapy training to a subgroup of highly motivated psychiatric residents, within an adult general residency program, who wish to learn, and do psychotherapy in varied settings, as the major part of their future professional lives.”

Much of what we describe here will be familiar to experienced psychotherapy educators. What may be new is our supervision approach; emphasis on common factors; and deconstructing manualized, theory-based psychotherapies into components that trainees can reassemble into pragmatically-applied psychotherapies, individually tailored for patient needs.

We enroll two residents in each postgraduate year (PGY) and offer special psychotherapy rotations/experiences in all 4 years. We scaffold teaching to the developmental level of the resident. During the PGY 1 and 2 years, we emphasize common factors and the languages and basic concepts of ESTs. We primarily utilize crisis-intervention (5), encouraging residents to explore different kinds of formulations and use various interventions tailored to patients seen in short-term outpatient and inpatient settings.

In the PGY 3 and 4 years, we continue to emphasize common factors and teach/supervise manualized forms of ESTs, stressing the commonalities and differences between psychotherapies. Residents’ outpatient caseloads include 50% psychotherapy cases, and we maximize their psychotherapy experiences on elective rotations. We encourage and supervise brief treatment modifications of traditional individual approaches and also apply them to groups or families. Senior resident scholars also teach psychotherapy to junior scholars.

**TABLE 1. Factors Improving Psychotherapy Outcomes**

| Effective | Hawthorne effects  
| Patient characteristics: gender, socioeconomic status, intelligence, diagnosis, motivation, personality traits  
| Positive alliances: individual, youth, and family-group cohesion  
| Therapist characteristics: empathy and collecting client feedback  
| **Probably Effective**  
| Negotiating goal consensus  
| Collaboration  
| Therapist characteristic: positive regard for patients  
| **Promising as Effective**  
| Therapist characteristics: congruence/genuineness, emotional intelligence  
| Therapist behaviors: repairing alliance ruptures, managing countertransference  
| **Further Research Needed**  
| Attachment pattern  
| Psychological-mindedness  
| Reflective functioning/mentalization  

Our training requires supervised psychotherapy, using Crisis Intervention (5), CBT/Behavioral Activation, Psychodynamic, Supportive, Group, and Couples/Family psychotherapies. We also offer electives in other ESTs.

Residents learn psychotherapy via traditional supervision, the “Apprenticeship Model” (see below), and a formal, organized curriculum. We use didactic and case-based seminars, teach the neuroscience of psychotherapy, develop individualized readings and self-study plans, and require a mentored scholarly project on a psychotherapy topic. Residents review and critically appraise the psychotherapy research literature. The detailed goals, objectives, and pedagogies are described in Table 2.

**Values and Operating Principles**

- Based on a patient-centered value system, patients’ conceptions about their problems, priorities, preferences, treatment needs, and resources are our first priorities in our psychotherapies. We utilize “informed, shared decision-making” (6) processes, in which patients are respected as equal partners in all major psychotherapy decisions.
- Residents’ focus on the common factors that affect psychotherapy outcomes, since 88% of the variance in outcomes (7, 8) has been attributed to the factors listed in Table 1.
- Residents must pay persistent attention to developing, maintaining, and repairing the therapeutic alliance,