Psychodynamic Psychotherapy Supervision Guidelines

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Psychodynamic Psychotherapy Supervision Requirements: a minimum of two years
of supervised treatment of two adult patients. To satisfy proficiency requirements
totalling 150 hours of treatment: once weekly treatment of an adult for two years
(up to 80 hours) and an additional adult case (2 years, once weekly OR 1 year twice
weekly). If a psychodynamic case is done with a child or adolescent during the child
rotation, it can be counted towards this requirement. Ideally one adult case will be
conducted during the junior years of residency and the second adult case during the
senior years. One supervisor may supervise work with more than one patient but,
ideally, supervisors should never supervise more than two patients unless they see
the resident more than once a week.

Psychotherapy coordinators at each site should assign resident/supervisor dyads
during June, and communicate that to both before the end of the month. PGY3
through 5 residents should contact their new supervisor(s) before the end of June,
and set up a first meeting within the first two weeks of July, vacations permitting.
PGY2 residents should contact their new supervisor during the first week of July (at
the latest) and set up a first meeting by the third week of July (again, at the latest).

Supervisory hours should be regarded by both members of the dyad as committed
time. Supervisors are required to meet with residents even if the resident has not
seen a patient during the preceding week. Residents are required to attend
supervision on time and with either: detailed process notes (which may be taken
during the session or, preferably, written out immediately after the session) which
focus on ‘I said/they said detail), audiotaped session material plus brief written
notes, or videotaped sessions, plus briefer written notes. Either way, it is expected
that the resident will have spent some time reviewing the session(s) prior to
supervision and enter supervision having thought through the material to a depth
appropriate to their level of study. Supervisors are expected to conduct their
supervision with the resident’s year of training in mind.

Absences are to be minimized, and respect is to be given in both directions.
Residents are expected to attend supervision weekly unless they are ill, on vacation
or post-call, or, in rare circumstances, in the event of a clinical emergency. Advance
warning is expected, whenever possible. Thus, residents who will be missing
supervision post-call or for vacations should notify their supervisors as soon as possible.

All supervisors should review the resident’s charted notes at least once per six months. Both parties should acquaint themselves with the departmental guidelines for psychotherapy notes, available on the department website. Supervisors are also required to keep brief notes on every supervisory session.

PGY2 and PGY4 residents are required to submit a psychodynamic case report during the year. Please note that this is a new requirement, so all PGY2 and 4 residents and supervisors need to be specifically informed by the site coordinators. The PGY2 reports are due by the end of March and the PGY4 by the end of October. See below for details of what is to be included in the report. Supervisors are responsible for reviewing the report prior to submission. Site psychotherapy coordinators are responsible for collecting the reports and arranging for a different supervisor to read and respond to the report within approximately 4 weeks of the due date.

**PGY2 and PGY4 Psychodynamic Case Report**

PGY2 case reports are due in March.

PGY4 case reports are due in October (may be on the same patient from PGY2).

Each case report will be read by a psychodynamic psychotherapy supervisor (who is not the resident’s primary supervisor) and a “Reader’s Report” with feedback about the report will be returned in approximately 4 weeks’ time. Site psychotherapy coordinators are responsible for collecting the reports and assigning the readers.

Residents are expected to consult their supervisors when writing the reports but the role of the supervisor is guidance, not writing.

Core components of the Case Report:

- Introduction
  - identifying data, reason for presenting for therapy
- Background data
  - past history (psychiatric, substance use, forensic, family psychiatric, medical hx if relevant)
  - personal history, especially developmental experiences that may have contributed to the patient’s current problems. This is expected to be more detailed than in a standard psychiatric report
- an initial mental status exam
- Course in therapy
  - major themes that have emerged in the therapy and a brief description of how the themes manifest themselves in therapy sessions
  - discussion of transference and countertransference, including comments on how the doctor-patient relationship has unfolded
  - this section should include at least some examples of I said/they said
  - process notes that illustrates the therapeutic process

- Formulation
  - an understanding of an individual and his or her difficulties that serves to guide the therapy
  - a synthesis, integration and hypothesis or set of hypotheses put forward that remain open to revision as the therapy unfolds
  - an attempt to capture the therapist’s current thinking about the patient

PGY-2’s

The formulation need not be long, overly inclusive or replete with psychoanalytic theory – the resident’s own words and descriptions are powerful enough. However, residents should be encouraged to utilize some psychoanalytic concepts with which they are familiar, as a way to understand the application of theory to clinical practice.

PGY-4’s

To add rigor to their reports, we encourage the application of whatever psychoanalytic theories the resident believes supports their understanding of the patient. Ultimately, the clinical data should guide the application of theory rather than trying to “fit” the patient into a particular theoretical perspective.