

Psychotherapy Supervision & Training Guidelines General Psychiatry Residency Program

Background

Psychotherapy is a required training experience in Psychiatry training as per the Royal College of Physicians and Surgeons of Canada (RCPSC). Whilst the RCPSC delineates minimum training requirements, each residency training program tailors those requirements to their contexts, and also has the purview to include additional requirements.

Training in psychotherapy is a collaboration between leadership in the Department of Psychiatry's Psychotherapy, Humanities, and Psychosocial Interventions (PHPI) Division, the General Psychiatry Residency Program, and hospital training sites. Each hospital training site is required to have a Psychotherapy Site Coordinator who works in close collaboration with the Postgraduate (PG) Site Director. Psychotherapy Site Coordinators sit on the Psychotherapy Committee, which is chaired by the Division Director, PHPI. Postgraduate education in psychotherapy is stewarded by the Associate Lead, Psychotherapy in the PHPI Division. Modality specific psychotherapy training is also informed by modality leads within the PHPI Division (e.g., Psychodynamic, Cognitive Behavioural Therapy etc.).

Required training experiences (Core Stage)*

1.1.5. Delivery of psychotherapeutic treatments (if not completed in the Foundations stage), including

1.1.5.1. Cognitive behavioural therapy

1.1.5.2. Psychodynamic therapy

1.1.5.3. Family or group therapy

1.1.5.4. One other evidence-based psychotherapy

*See below for more details regarding psychotherapy training requirements

Entrustable Professional Activities (EPAs)

- Psychiatry: Core EPA 6 - Integrating the principles and skills of psychotherapy into patient care
 - Part A: Performing psychotherapy
 - Part B: Logbook
- Psychiatry: Core EPA 6c - Applying and Integrating Psychosocial Skills and Principles in General Psychiatric Care

Psychotherapy Training & Supervision – Residency Program Guidelines

1. The **Psychotherapy Site Coordinator**, in collaboration with the PG Site Director and psychotherapy supervisor(s), is responsible for ensuring that all residents assigned to their site for psychotherapy training receive orientation to psychotherapy training requirements and site-based processes and resources relating to psychotherapy (e.g. office space, documentation in electronic health record, access to virtual care platform

etc). Psychotherapy Site Coordinators are also responsible for ensuring that residents are paired with site-based psychotherapy supervisors and provide support/guidance for residents in finding patients for psychotherapy in collaboration with supervisors.

2. **Resident supervision** should involve both direct and indirect observation (e.g. via documentation review) by a supervisor who is vetted by the Psychiatrist-in-Chief (PIC) in terms of qualifications to supervise psychotherapy at the hospital site, and who is fully credentialed at the hospital site where they are supervising. Supervision should occur weekly in most cases, with consideration of unexpected events, post-call days, vacation, and education leave. In TTP stage of training, at the discretion of the supervisor, it may be appropriate to have supervision occur at intervals greater than every week. All supervision in residency training must comport with University of Toronto Postgraduate Medical Education and College of Physicians and Surgeons of Ontario policies and/or guidelines regarding professional responsibilities in medical education.
3. In general, all residents should be supervised by **faculty teachers** appointed at the University of Toronto's Department of Psychiatry, with exceptions made on a case-by-case basis in collaboration with the Psychotherapy Site Coordinator, PG Site Director, PIC, and Program Director with consultation from PHPI Division leadership as needed. In cases where the supervisor does not have a UofT appointment, either the Psychotherapy Site Coordinator or another qualified faculty teacher at the site must provide support and oversight of the training experience, and the non-faculty supervisor must be both credentialed at the hospital site where they are supervising and aware of the requirements for supervision of postgraduate medical trainees, including but not limited to weekly supervision, review of documentation, completion of EPAs and ITARs.
4. With regards to **psychotherapy patients and supervision**:
 - Virtual, in-person, or a hybrid of virtual and in-person patient care can be provided at any of our training sites.
 - Residents are advised to work with hospital-based leadership and their supervisors regarding patient preference or requirements around how care is delivered (i.e., explicitly discussing all options available as noted above).
 - All sites must provide bookable private office space for residents to see their psychotherapy patients.
 - Residents must be registered with medical education office at the hospital site where the patient is registered, and supervisor is credentialed as staff.
 - Virtual visits must be conducted via a platform that is supported by the hospital site where the patient is registered.
 - In-person visits must be conducted at the site where the patient is registered/psychotherapy supervisor is credentialed as staff.
 - **Documentation** must comport with PHIPA, CPSO, and hospital standards, being mindful of appropriately disposing of any paper process notes that may identify patients to prevent personal health information privacy breaches. In addition, all

residents must be provided a framework by which notes can be reviewed by their supervisors and filed in a timely fashion. For sites without an electronic medical record, this could include remote access to shared files and supervisor and/or administrative assistant-enabled printing of progress notes to ensure that all medical records are up to date.

- In the event of a **resident leave** (either brief due to vacation or professional leave or extended as in a leave of absence), the **most responsible physician (MRP)** under whom the psychotherapy patient is registered is responsible for the ongoing care of the patient.
- Psychotherapy supervisors/MRPs are also responsible for ensuring that there is timely completion of notes by any resident(s) that they are supervising.

University of Toronto Psychotherapy Requirements

MODALITY	Future Cohorts (2020 entry and beyond)
STRUCTURED THERAPIES	<input type="checkbox"/> 4 adult individual cases: 3 adult and 1 adult or child. (2 CBT 16-20 sessions; 1 IPT 12-16 sessions) <input type="checkbox"/> Child: 2 entrustable COD6 EPAs (1 in family therapy and 1 in modality of choice)
PSYCHODYNAMIC	<input type="checkbox"/> 1 to 2 cases (100 hours); may include a short-term case <input type="checkbox"/> 1 written case report (PGY3)
GROUP THERAPY	<input type="checkbox"/> 2 groups (e.g. outpatient, inpatient, or day-hospital, minimum 6-8 sessions per group or 16 session in total)
FAMILY/COUPLE	<input type="checkbox"/> 1-3 family cases (8 sessions total; minimum 2 session per family) can be done in child rotation or other core rotations
DBT	<input type="checkbox"/> Observe 2 DBT Group Sessions
MOTIVATIONAL INTERVIEWING	<input type="checkbox"/> Addictions Rotation (PGY1 and PGY4)

Psychotherapy Supervision – Site Assignment

PGY/Stage of Training	Psychotherapy Supervision
1/TTD and FOD	Not applicable
2/FOD	Base/home site
3/FOD and COD	Assignment to site for academic year based on resident rotations with every effort made to assign to site where resident has majority of rotations and/or begins their rotations
4/COD and TTP	Assignment to site for academic year based on resident rotations with every effort made to assign to site where resident has majority of rotations and/or begins their rotations
5/TTP	Base/home site

Questions or concerns regarding psychotherapy supervision or training

Residents and faculty teachers/supervisors are advised to consult with their local PG Site Director and Psychotherapy Site Coordinator regarding any questions or concerns regarding psychotherapy supervision or training.

If further guidance is needed, the PG Site Director can then consult the Program Director.

Please note:

Should a resident have any **learner experience concerns**, there are a variety of resources available – no door is the wrong door. Whilst resident leaders (e.g. Chief Residents, PRAT) are excellent sources of information, support, and guidance, residents are strongly advised to involve a trusted faculty member with any more serious learner experience concerns. At any time, residents should feel free to contact their local Psychotherapy Site Coordinator, PG Site Director, CBD Coach, Resident Advisor, or a Program Director for guidance. In addition, the [Learner Experience Unit](#) as a part of the [Office of Learner Affairs](#) is also a helpful resource for residents to discuss, disclose, or report learner experience concerns.

Appendix

CBT – Cognitive Behavioural Therapy

CPSO – College of Physicians and Surgeons of Ontario

DBT – Dialectical Behaviour Therapy

EPA – Entrustable Professional Activity

ITAR – In Training Assessment of Resident

PHIPA – Personal Health Information Protection Act

PGY – Postgraduate Year (the number of years following graduation from undergraduate medicine/MD program)

UofT – University of Toronto

Competence by Design (CBD) Stages of Training

TTD – Transition to Discipline

FOD – Foundations of Discipline

COD – Core of Discipline

TTP - Transition to Practice

Created by: Program Director with input from Associate Lead, Psychotherapy, and Psychiatrists-in-Chief

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**PGY 3 Child and Adolescent Psychiatry (CAP) Core Rotation Psychotherapy Requirements
General Psychiatry Residency Program**

Background/Context

The PGY 3 Child and Adolescent Psychiatry (CAP) Core Rotation is a 4-month block within the General Psychiatry Residency program. Residents are exposed to a multitude of psychotherapeutic modalities during their CAP rotation. Residents may continue with other longitudinal psychotherapy requirements during their CAP rotation (e.g. psychodynamic psychotherapy).

If a resident opts to see a child/youth/family therapy case, it can count towards their overall psychotherapy requirements for the general psychiatry program. A family/couples therapy *case must be completed during residency training, and this requirement may be best met during the core CAP rotation.* The following document outlines the specifics of the training requirements.

Observable Achievements (OAs):

The PGY3 CAP residents are required to complete **TWO Observable Achievements (OAs) in a CAP psychotherapy modality of their choice or as part of applied psychotherapy skills in general practice, however one of these OAs must involve work with a family.** In other words, successful completion of Core of Discipline EPA 6a, or Applied psychotherapy skills integrated in general psychiatry (Core of Discipline EPA 6c).

- One OA for **family therapy skills**
- One OA for engaging successfully in psychotherapy skills in a **modality of choice** (which may include a second family therapy skills case) or **psychotherapy skills integrated** into another service.

From Core of Discipline EPA 6a:

- Family therapy
- Cognitive Behavioural Therapy
- Interpersonal Therapy (Adolescents)
- Group Therapy
- Psychodynamic therapy

From Core of Discipline EPA 6c:

- Applied psychotherapy skills integrated in general psychiatry

Family Therapy Skills Requirements

The OA for **family therapy skills** is something residents can meet in a variety of contexts (e.g., inpatient/outpatient settings). The following are specific examples of contexts and skills expected that would be considered acceptable:

1. Examples of contexts where residents can demonstrate family therapy skills
 - Outpatient family meeting where they have to demonstrate skills of managing a multi-person family
 - Co-leading family encounters on the inpatient unit with a child youth worker
2. Examples of skills demonstration:
 - Utilizes family therapy theories and approaches to formulate family pathology, identify/re-define goals, develop a course of treatment, and delineate obstacles in therapy.
 - Works with families to support their exploration of problems and experimentation with different ways of communicating and addressing conflict, while managing ambivalence, alliance ruptures, and levels of emotions and aggression.
 - Manages multi-person family interactions including developing a therapeutic alliance with each member, balancing their input, maintaining an equidistant stance, managing triangulation and the pull to take sides, and managing confidentiality issues without breaking the therapeutic alliance.
 - Uses the self as a therapeutic tool to support or modify family stances as the treatment proceeds.

Definition of a Case

The general program does have a **case requirement of Family Therapy (or couple) cases over the 4-year time period**. While in theory residents could complete this requirement during other rotations, historically it is the CAP rotation where they are most able to complete this requirement. So, while we are not required to provide this experience, there is a hope that we can help residents meet it during their CAP rotation. Be aware that, again the definition of a “case” is quite flexible.

- Case completion requires only **8 sessions of family (or couples) therapy** in any modality.
- A “case” can be divided over several families, to a maximum of 3 families with the following guidelines:
 - A minimum of 2 sessions with a family/couple for them to count towards the overall number of 8 sessions.
 - For example, 4 sessions with one family, 2 sessions with a second family, 2 sessions with a third family
- As already mentioned above, the Family Therapy Skills requirements for core residents are not intended for them to become family therapists. The case requirement may be completed at any point in a core resident’s training, not necessarily during their CAP rotation. All they must do for the CAP rotation is one OA in Family Therapy Skills (and one other CAP psychotherapy OA, as already noted).

Supervision

Please refer to Psychotherapy Supervision and Training Guidelines available via [Policies and Guidelines](#)

Assessments

With respect to all modalities, in order for a case to be counted towards residency training psychotherapy requirements, the following principles would apply:

- An ITAR is usually required for all psychotherapy modality training experiences.

- Residents and supervisors are encouraged to complete any relevant Entrustable Professional Activities (EPAs) on a regular basis.
- If the case is not completed by the end of the rotation, an ITAR should still be completed at the end of the rotation to document the resident's progress. A final ITAR should be completed at the conclusion of the case.
- Residents should notify the General Psychiatry administrative coordinators at the local hospital site to directly input this information.

Abbreviations

CAP – Child and Adolescent Psychiatry

COD – Core of Discipline

EPA – Entrustable Professional Activity

OA – Observation of Achievement

ITAR – In Training Assessment Report

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