Psychotherapy in Psychiatry

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Introduction

The fluid Canadian health care environment continues to redefine the scope of practice of health care professionals. It is in this context that the Canadian Psychiatric Association (CPA) has sought to reaffirm the position of psychotherapy in psychiatry. In many respects, the unique nature of psychotherapy and its integration into the practice of psychiatry continues to define the professional lives of Canadian psychiatrists.

Psychotherapy is a term that has broadly been used to describe a host of therapies, conceptual frameworks, and theoretical orientations (1–4). The numerous definitions of psychotherapy and school-specific guidelines with respect to its practice point to the evolution of how it is viewed within the practice of psychiatry (1,3–8). Today, there is broad agreement as to the value of an integrated (biopsychosocial) approach to the assessment and management of mental health problems (6,9,10). Assessments are expected to address biological, psychological, and social or environmental factors contributing to a problem, whereas treatment strategies should consider the place of pharmacology, psychotherapy, and systemic interventions. However, the inherent private nature of the practice of psychotherapy and the often-competing theoretical schools of thought have contributed to the lack of clarity in definition or description. With greater attention being paid to cost containment through both managed care and a desire to use health care dollars efficiently, treatments need to demonstrate both their efficacy and their cost-effectiveness or benefit irrespective of their orientation (11–14).

Recent years have seen a rapid expansion of biological therapies within the practice of psychiatry and an increase in our understanding of the neuropsychiatric basis of psychiatric disorders. New screening techniques and a wide array of newer medications have been introduced and evaluated.

The same degree of growth has not been apparent within the psychotherapies, even though alternate treatment models continue to be proposed and evaluated (15–18). Competitive and cost pressures have added a level of politicization to the discussion of the unique role psychotherapy plays in psychiatry.

The Goal of the Position Statement

The CPA has produced this position statement, which affirms the role of psychotherapy as an integral component of psychiatric care. It highlights the unique contributions psychiatrists can make when they are able to integrate psychological and biological approaches within a treatment plan. This document aims to be inclusive and to speak to psychotherapy as applicable to psychiatry generally. This paper identifies the importance of research into the effectiveness of all psychotherapeutic approaches, which in turn shapes clinical practice.

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It reinforces the central place of training in the psychotherapies for psychiatric residents. Through this paper, the CPA defines psychotherapy as a medical act in psychiatry to allow for its description, use, and study in practice. The need to maintain professional standards of practice is recognized within psychotherapy and all aspects of psychiatric treatment. The paper acknowledges history, current use, and future potential. Definitions and recommendations are structured to encompass the professional practice of the broad psychiatric community. This paper is not a theoretical justification or an attempt to create clinical practice guidelines. Instead, it will delineate general principles to guide the practice development and utilization of the psychotherapies as an integral part of psychiatric practice.

Definition

Relationships can influence any or all thought processes, mood, and behaviour of the participants (19). Prior to the emergence of biological therapies, talk therapies were the primary tools of the therapist. Theoretical schools helped further our understanding of the behaviour of individuals, families, and groups, facilitating the development of theory and defining the practice of psychotherapeutic treatment (20). More recently, psychotherapy has witnessed an expansion of cognitive and behavioural approaches, as well as shorter-term, more goal-focused treatment (15–17,21–25). There is an acknowledgement of something unique that occurs between psychiatrist and patient, a process that allows for the relationship to become therapeutic. It is this core relationship, which is affected by its parameters and the skills of the psychiatrist, that we seek to define and distinguish.

Psychiatrists are medical physicians with training in both medical and psychological aspects of behaviour. They have additional unique skills to identify and treat the medical disorders that interfere with or affect thought processes, mood, or behaviour. Given the numerous known medical and biological conditions that may have an impact on patients, this skill set adds considerably to the treatment process. A psychiatrist’s knowledge and ability to prescribe biological treatments for psychiatric disorders has the potential to add further value to therapy (1,4,5).

Psychotherapy is distinguished from advice provision or counselling. It is the function of a practitioner trained in the principles of a particular psychotherapy acting or functioning in accordance with the theory and practice of that psychotherapy.

Discussion

Through the therapeutic relationship between psychiatrist and patient, change can be effected in the patient (19,22,24–28). How that relationship is conducted is subject to rules governing physician–patient contact and follows established psychotherapeutic practice. The theoretical basis of the therapy and how it is practised may vary across circumstances. There is an expectation that psychotherapy is one of a psychiatrist’s treatment skill sets and can be applicable to all socioeconomic and population groups. Its use is determined by clinical need and justified by treatment outcome. It is a treatment intervention determined by choice of the parties involved. It can be integrated with other approaches or treatments.

Much like other therapies, psychotherapy use requires an appropriate initial assessment, indications for use, training, and skill on the part of the psychiatrist. It should take into account the characteristics of the patient. Certain newer therapies tend to have formats that are well systemized, prescribed, or both, making it easier to measure outcomes (15–18,21,29). The use of psychotherapy as a form or part of treatment is deliberate and involves choice. The decision as to the type of psychotherapy and the frequency of the psychotherapeutic interactions will depend on the clinical assessment of the patient and his or her needs (30). As with any treatment that has efficacy, inappropriate use may have deleterious effects.

Psychiatric treatment including psychotherapy should be geared to patient needs and not purely to the theoretical orientation of the psychiatrist. As with all treatments, ongoing research into effectiveness and efficacy continues and is encouraged. Quality management strives to seek out the best therapy for the specific disorder or condition. In the past, the abstract theoretical basis of the traditional psychotherapies has made outcomes more difficult to measure, giving rise to questions about their validity (31). Psychotherapy outcome research has evolved substantially, both methodologically and conceptually (23,28,31). Research that is able to show efficacy of a therapy or a combination of therapies will influence practice and the teaching of psychotherapy. There is an acknowledgement of inherent difficulties in conducting research in an area as complex as human behaviour and psychotherapy. Nevertheless, scientific methodology (as well as a climate of resource allocation or limitation) requires the evaluation and measurement of psychiatric interventions. Attempts are being made to
measure previously unmeasurable processes. As a result, striving to measure outcome in psychotherapy needs to be encouraged to determine clinical significance. However, clinical observation and accountability processes should not in any way minimize the complexity of the human condition. The impact of computerized and manualized environments should itself be monitored. New methodologies for measuring psychotherapeutic change need to be developed and improved on. Progress in this area is noted; it is sufficient to say that certain psychotherapeutic treatments have clearly demonstrated effectiveness in certain psychiatric conditions, for example, cognitive-behavioral therapy in depression (15,21). There has been a recent significant upsurge in empirical research into the efficacy and cost-effectiveness of the psychotherapies (32). Technical and statistical sophistication should not seduce the psychiatrist away from careful thought and common sense. Understanding success and failure should not be subsumed completely by statistical significance and percentage gains (Ryle A); the absence of data is not the same as data that show no effect. Many forms of psychotherapy have already been validated scientifically (16–18,21–23,28).

With increasing accountability, evidence-based guidelines for psychotherapy are essential, guidelines that point to treatments with data to support efficacy. Clinical practice guidelines need to take into account patient-psychotherapist variability as well as similar effectiveness across several therapies, with integrated treatment (psychotherapy and medication) showing additive effect (8,33).

Training in psychotherapy and its theoretical frameworks is an essential component in the training of psychiatrists (2,5,34). Cultural and gender sensitivities should be incorporated into training programs, with an appreciation for how psychotherapy can assist in integrating the past, present, and future for patients. Efficacy, measurement, and evaluation of different types of psychotherapies will affect the content of the training. Supervision of trainees and measurable skill acquisition is encouraged.

As in many intense human relationships, transference and countertransference may change the nature of the relationship (19). In all psychotherapeutic situations, but perhaps more so in psychodynamic therapy, these forces may become intense and can be used to understand the patient. Boundary violations are prohibited in medical treatment, all the more so in after intense psychotherapy relationships. Understanding of these issues should be addressed during training.

Documentation needs to reflect treatment and adhere to practice standards (5,8). By its very nature, psychotherapy documentation may contain very sensitive information, including fantasy material. Patient confidentiality and potential access to records by third parties need to be taken into account during documentation.

Conclusion
Psychotherapy is a treatment that can be applied alone or in combination with other treatments. Its use requires training and skill acquisition, both of broader therapy concepts and of the specifics of individual therapies. Research is increasing in the area, but its use in psychiatry needs to be guided by evidence-based data that are similar to those used to rank other treatments. As trained health care professionals with medical and psychological skills, psychiatrists are uniquely able to add value to the process of treating patients suffering from disorders of mood, thinking, and behaviour.

The psychiatrist and patient may decide to focus on the psychotherapeutic process only. This does not itself negate responsibility for diagnosis or biological interventions, although that responsibility may be shifted or reallocated elsewhere.

The term psychotherapy describes various and evolving treatments. These treatments may differ in many ways, including orientation, strategy, frequency, locus of assumed change, and therapeutic goals, yet remain a core skill set of Canadian psychiatrists. Psychotherapy may focus on individuals, couples, families, or groups. It is the position of the CPA that psychotherapy continues to be an integral part of the practice of psychiatry.

References
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