Current and future psychotherapy trends in United States graduate psychiatric training

Direzioni attuali e future della psicoterapia nei corsi di specializzazione in psichiatria negli Stati Uniti

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SUMMARY. Objective. To assess the current role of psychotherapy during graduate training in the United States. **Methods.** A questionnaire was distributed to one hundred and sixty general graduate psychiatric training programs in the United States. **Results.** Programs reported an increase in psychotherapy training in anticipation of the competency-based guidelines recently delineated and approved by the Accreditation Council for Graduate Medical Education (ACGME). A majority of respondents (54%) reported an increase in psychotherapy training in their programs in the last 2 years, while 42% of respondents anticipate an increase in the next 2 years. The emphasis during graduate psychiatric training remains on individual psychotherapy, with 75% of the total psychotherapy seminar hours dedicated to this topic. However, current and anticipated funding for psychotherapy training remains stagnant. The majority of the programs (78%) reported no changes in funding during the last 2 years, while 75% of the programs anticipate funding to remain unchanged in the next 2 years. Graduate training programs are considering a variety of assessment tools to objectively document residency competency in psychotherapy. **Conclusions.** Graduate medical education and, in particular, graduate psychiatric training is currently facing major training challenges. While funding has not increased, new training priorities are more demanding with respect to the implementation of the new core competency model recently established by the ACGME and the American Board of Medical Specialties (ABMS).

KEY WORDS: psychotherapy, ACGME, graduate psychiatric training, ABMS.

RIASSUNTO. Obiettivo. Valutare il ruolo svolto attualmente dalla psicoterapia durante la formazione specialistica negli Stati Uniti. **Metodo.** Distribuzione di un questionario in 160 corsi di formazione in psichiatria generale negli Stati Uniti. **Risultati.** Nei corsi è stato riportato un aumento della formazione in psicoterapia in anticipo rispetto alle linee-guida emanate e approvate di recente dall'Accreditation Council for Graduate Medical Education (ACGME). La maggior parte degli intervistati (54%) ha riportato che, negli ultimi due anni, c'è stato un aumento della formazione in psicoterapia nei propri programmi di formazione, mentre il 42% di essi prevede questo aumento per i prossimi due anni. Durante il corso di formazione di base in psichiatria, vengono dati maggiore risalto e importanza alla psicoterapia individuale; infatti, a questa forma di terapia è dedicato il 75% delle ore seminariali totali sulle psicoterapie. Tuttavia, i finanziamenti attuali e quelli previsti per il futuro per la formazione in psicoterapia sono ancora fermi. Nella maggior parte dei programmi (78%), non sono stati riportati dei cambiamenti nei sistemi di finanziamento negli ultimi due anni; inoltre, nel 75% di essi non sono previste modifiche dei fondi nei prossimi due anni. I programmi di formazione specialistica stanno prendendo in considerazione diversi strumenti di valutazione per documentare in modo oggettivo le competenze degli specializzandi in psicoterapia. **Conclusioni.** La formazione specialistica in medicina e, in modo particolare, in psichiatria sta attualmente affrontando alcune sfide particolarmente importanti per il futuro. Anche se i finanziamenti non sono aumentati, le nuove priorità della formazione sono più esigenti rispetto alla realizzazione del modello di "competenze generali" recentemente sviluppato dall'ACGME e dall'American Board of Medical Specialties (ABMS).

PAROLE CHIAVE: psicoterapia, ACGME, formazione specialistica, ABMS.

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INTRODUCTION

Currently, graduate psychiatric training in the United States is in the process of undergoing a major educational shift towards outcomes of instruction that can be observed, demonstrated and measured via the core competency model. This movement for core competency accountability has been only recently applied to graduate medical education in the United States (1,2). Not surprisingly, academic medicine, particularly residency training programs, have been under scrutiny from a variety of sectors including public, private, and governmental entities, to reassess certification procedures and to meet current health care needs in order to justify training costs for the future physician workforce (3,4). Moreover, the development and growth of managed-care companies has profoundly impacted the practice of psychiatry in the US. Over the last decade, the health care reform debate has focused national attention in evidence-based medicine, practice guidelines, cost-effective clinical decision-making, patient satisfaction surveys and health care management (5,6). Historically, however, many medical schools, internships, and graduate training programs have inadequately prepared young psychiatrists for the realities and challenges of these managed-care practices that were unknown to their predecessors (7). Residents, themselves have acknowledged their concerns about their lack of preparedness to work and succeed in managed-care entities (8). Although medical educators have also acknowledged the need to teach and promote competencies essential in managed-care practice, a coordinated effort in this regard has, so far, been lacking (5).

Within this context, in 1996, the Association of American Medical Colleges (AAMC) began to work on the Medical School Objectives Project (9,10). This project identified the knowledge, skills, attitudes, and values that must be demonstrated by graduating medical students in order to meet societies needs as practicing physicians. Subsequently, the Accreditation Council for Graduate Medical Education (ACGME) undertook a long-term initiative (ACGME Outcome Project) with input, among others, from medical educators, residents, employers, patients, governmental entities, private foundations, health care quality monitors, and community health providers (11). In 1999, the final recommendation by the ACGME delineated six general competencies that must be measured and assessed by all graduate training programs including Psychiatry:

1. patient care;
2. medical knowledge;
3. practice-based learning and improvement;
4. interpersonal and communication skills;
5. professionalism;
6. systems-based practice.

Furthermore, ACGME directed the Residency Review Committees (RRC) to incorporate these core set of competencies and assessment measures into the accreditation process of graduate training programs by July, 2000 (11). The Psychiatry RRC, however, began the implementation of these new requirements for both general psychiatry and child and adolescent psychiatry on January 1, 2001 (10).

Within this context, graduate psychiatric training programs need to demonstrate that residents have achieved competency in at least 5 areas of psychotherapy. Including brief psychotherapy, cognitive-behavioral psychotherapy, psychodynamic psychotherapy, supportive psychotherapy and combined psychotherapy and pharmacotherapy (3,11). Although at the present time the ACGME/RRC allows for flexibility in the implementation and assessment process, all graduate training programs must provide documentation that each psychiatry resident is proficient in these core competency areas. In light of the ACGME/RRC requirement, and in response to the new health care environment, it is evident that there is now a curriculum shift in graduate psychiatric training with respect to psychotherapy. That is, away from psychoanalysis and towards cost-effective, time-limited, and goal-oriented psychotherapies (12,13). It is uncertain how graduate psychiatric training programs well cope with these guidelines during this time of transition. Thus, in order to get a current perspective on how graduate psychiatric training programs are planning to meet this challenge, we undertook a survey of graduate training programs in psychiatry geared to assess the current status of psychotherapy training in the United States.

METHODOLOGY

A questionnaire was designed and distributed to one hundred and sixty general graduate psychiatric training programs in the United States via e-mail. E-mail addresses were obtained from the 2001-2002 Graduate Medical Education Directory. The survey was open for participation from March 4, 2002 until April 26, 2002. The survey could also be accessed via a link to a web page, where participants could respond to the stated questions. Although all respondents were anonymous, there was a mechanism in place to eliminate multiple responses from the same program. Responses were sent to a database system, and then col-

lected for analysis. A spreadsheet model was used to tabulate the results. Forty-five programs submitted complete responses. The survey consisted of seven sections specifically related to psychotherapy training. The following information was requested:

1. number of current trainees per year;
2. status of psychotherapy training;
3. modalities of psychotherapy training currently required and number of seminar hours provided in each psychotherapy modality;
4. minimum number of required short term (<6 months) and long term (>6 months) psychotherapy cases for each year of training;
5. organized training efforts (task force) in place to address residents' competency in psychotherapy;
6. development of competency-based curriculum in psychotherapy;
7. status of psychotherapy training funding;
8. current psychotherapy training funding resource/s;
9. measures for psychotherapy training evaluation, both current and planned for future implementation.

RESULTS

Number of psychiatric residents

The total number of psychiatric residents represented was 1095. Of these, 291 were PGY-I residents, 297 were PGY-II residents, 298 were PGY-III residents, and 209 were PGY-IV residents.

Status of psychotherapy training

Given the increased movement towards outcome-based medical education and training over the past few years, respondents were asked to provide information regarding the status of psychotherapy training in their programs. The majority of the respondents (54%) stated that psychotherapy training had, indeed, increased over the last two years; while 39% of the respondents stated that psychotherapy training remained unchanged. Also, 7% of respondents stated that psychotherapy training had, in fact, decreased over the last two years.

Additionally, programs were asked if they anticipate any changes in psychotherapy training in the next two years. The majority of respondents (53%) anticipated no change; however, a significant number of respondents (42%) anticipated that psychotherapy training in their departments will increase, and a few (5%) reported an anticipated decrease in psychotherapy training over the next two years.

Modalities of psychotherapy training

In the course of the four years of general graduate psychiatric training, 98% of the programs required training in individual psychotherapy, 89% in group psychotherapy, 72% in family therapy, and 56% in couple's therapy. Regarding the residents' didactic psychotherapy experiences in their four years of training, 75% of the total psychotherapy seminar hours were dedicated to individual psychotherapy, 12% to group psychotherapy, 9% to family therapy and 4% to couples therapy.

Minimum number of required psychotherapy cases

Respondents indicated that, as yet, psychotherapy training is not too much emphasized in the PGY-I year. For instance, 89% of responders required no short-term psychotherapy cases (<6 months), while 11% of respondents required one to two cases. The data was similar with respect to long-term psychotherapy cases (>6 months) for the PGY-I residents, with 98% of respondents requiring no long-term cases and 2% requiring one to two long-term cases.

In the PGY-II year, 69% of the programs required no short-term psychotherapy cases, while 31% required one to three short-term psychotherapy cases. This shift in training requirements in the PGY-II year was also observed with respect to long-term psychotherapy cases, with 67% of the programs requiring one to three long-term psychotherapy cases; while 33% of respondents required no long-term psychotherapy cases.

As expected, the most notable shift occurred in the PGY-III year. In this year, 67% of the programs required one to three or more short-term psychotherapy cases. Regarding long-term psychotherapy cases, 82% of the programs required one to three or more long-term psychotherapy cases. Surprisingly, 33% of the programs required no short-term psychotherapy cases, and 18% of the programs required no long-term psychotherapy case experiences.

In the PGY-IV year, 51% of the programs required one to three or more short-term psychotherapy cases. Additionally, 80% required one to three or more long-term psychotherapy cases. Notably, again, 49% of the programs required no short-term psychotherapy cases, and 20% required no long-term psychotherapy case experiences.

Competency-based psychotherapy curriculum

In an effort to clarify how various programs were transitioning towards the outcomes-based graduate training model, the questionnaire asked the programs if they had organized training efforts (i.e. task force) within their departments to address residents' competency in psychotherapy. The respondents indicated that 68% of the programs had a task force currently in place. Regarding the issue of development of a competency-based psychotherapy curriculum, the majority of the programs (55%) reported they were just beginning to reach this goal, and 20% of the programs defined themselves as already moving toward this goal. Major progress was reported by 18% of the programs, and 7% of the programs stated that they had already completed this task.

Psychotherapy funding

As most psychiatry educators would agree, funding for graduate psychiatric training remains a challenge; particularly, for psychotherapy training. Not surprisingly, an overwhelming majority of the programs (78%) reported that psychotherapy training funding has remained unchanged over the last two years, and 75% of the programs anticipated unchanged psychotherapy training funding for the next two years. Only 11% of the programs reported an increase in funding for psychotherapy training during the last two years, while 14% of the programs anticipated an increase in funding for psychotherapy training for the next two years. Likewise, 11% of the programs saw a decline in funding for psychotherapy training in the previous two years, and another 11% anticipate a decrease in funding for psychotherapy training in the next two years. Most programs reported numerous sources of funding, including direct faculty supervision, hospital-based clinics, contracted resident services and state revenue funding. However, the primary funding source reported was via residents' stipends (V.A. Hospitals, State Hospitals, etc.) or resident generated funding via faculty supervised clinics. Combined public insurance (Medicaid and Medicare) and private insurance was reported by 16% of the programs as the primary funding source for psychotherapy training. Another 18% of the programs reported residents-operated clinics and fee for service clinics as the primary funding sources.

Psychotherapy evaluation

Respondents were also asked to report on all formal evaluation procedures currently in place to assess psychotherapy training. Supervision feedback (100% of respondents) and residents logs (89% of respondents) were the current mainstays for resident evaluation. Furthermore, 96% of the programs anticipate that supervision feedback and resident logs (80% of respondents) will continue to be required by their program as a way to measure psychotherapy competency. Additionally, programs reported an increase in the utilization of a variety of objective measures for the evaluation of psychotherapy training, including: faculty observation, 53% current versus 73% anticipated; videotape reviews, 44% current versus 69% anticipated; audiotape reviews, 33% current versus 49% anticipated; patients' satisfaction surveys, 16% current versus 47% anticipated, and formal grades, 13% current versus 31% anticipated.

DISCUSSION

It is abundantly clear that the advent of managed-care and its impact on the health care economy has greatly impacted on graduate psychiatric training; particularly, in the area of psychotherapy training. In recent years, biological treatments have commanded much attention, however, with the current implementation of the core competencies requirements, there seems to be a shift in psychotherapy training across the US. In this regard, the results of our survey can serve as a basis to provide a good perspective on the current trends in psychotherapy training in the US and also, as a stimulus for further research on this topic. The results of our survey additionally suggest that current psychotherapy training in the US has not only been preserved, but, in fact, has expanded in the majority of graduate training programs over the last two years. Furthermore, psychotherapy training is expected to expand in the upcoming two years, as a result of graduate training programs' efforts to meet the core competencies requirements. Additionally, the didactic training emphasis continues to be on individual psychotherapy, from both a clinical and a didactic point of view. Based on our survey, graduate training programs have not, as yet, increased psychotherapy experience in the first or second year of training; that is, when clinical experiences in short term psychotherapy or supportive psychotherapy should be relevant. Not surprisingly, the biggest chal-

lenge faced by psychiatric educators, as they move to expand psychotherapy training, is funding sources. About three quarters of our respondents reported unchanged current funding levels, and this constraint will no doubt had an impact in the model of competency-based psychotherapy. Ultimately, measuring and demonstrating achievement in the area of psychotherapy training will be a central objective for most graduate training programs. Although, it is too early to make a final judgment in this regard, it is clear that graduate training programs are somewhat moving away from traditional measures of evaluation towards more objective methods, including faculty observation, patients' satisfaction surveys, and formal grades.

FUTURE PERSPECTIVES

Historically, there has been great variability among graduate training programs in psychiatry (14). However, psychiatric education is now responding to the evolving changes of the mental health care delivery system, with its profound impact on the education, research, and service missions of academic psychiatry departments (14,15). These forces will not only shape future clinical and didactic curricula in psychiatry, including psychotherapy training, but also have significant effects on the utilization of faculty time and training resources. In the area of psychotherapy training, the new mandate, in the light of unchanged funding sources, will no doubt require a coordinated and collaborative effort between medical schools, academic medical centers, as well as governmental and private entities in order to meet this educational challenge. Furthermore, as residents' competency in psychiatry is measured, training programs may face increased liability and increased scrutiny *vis-à-vis* the accreditation process (16). Specialty and subspecialty certifying boards as well as state medical licensing agencies will certainly also play a similar role in this scrutiny process (17). Ultimately, however, medical educators need to align with the patients' interests, not only in maintaining the fidelity of medicine's social contract, but in enhancing the quality of care delivered to the public, which will certainly be shaped by the adaptiveness of the curricular shifts in medical education (18). In responding to the current changes in the mental health care delivery system, psychiatric educators would hopefully train and produce future psychiatrists who are equipped to succeed in this new health care environment. Additionally, they will strive to preserve the values of medical professionalism geared to meet societal expectations.

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