



Türkiye Bütüncül Psikoterapi Dergisi

Cilt 4(2021), Sayı 7, 1-15

Integrative Approach To The Psychotherapy Training During Psychiatry Education: Current Status and Notes To The Future

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Abstract

Psychotherapies are among the requirements of psychiatric training and interventional competencies of psychiatric practice. Compared to biological treatments, psychiatric residents receive less training in psychology and human behavioral sciences before their specialty training. However, in psychiatric residency training, psychotherapy training is as important and necessary as other biological treatments. Psychotherapy training programs in psychiatry residency training should be restructured taking this educational gap into account. In this article, the first, status of psychotherapy training in psychiatry in Turkey and other countries are discussed. In addition, the importance of the integrative approach in psychotherapies in achieving the deserved place of therapies and increasing the quality of psychotherapy training and that this concept should be included in the resident training curriculum where psychotherapy training begins, are highlighted.

Keywords: Integrative psychotherapy, Psychiatry training, Psychotherapy

Psikiyatri Eğitiminde Psikoterapi Eğitime Bütüncül Yaklaşım: Geleceğe Yönelik Mevcut Durum Notları

Öz

Psikoterapiler, biyolojik tedaviler gibi psikiyatri pratiğinin girişimsel yetkinlikleri ve psikiyatri eğitiminin gereksinimleri arasında yer almaktadır. Psikiyatri asistanları, uzmanlık eğitimlerinden önce biyolojik tedavilerle kıyaslandığında psikoloji ve insan davranış bilimlerin alanında daha az eğitim alırlar. Bununla birlikte psikiyatri uzmanlık eğitiminde, psikoterapi eğitimi diğer biyolojik tedaviler kadar önemli ve gereklidir. Psikiyatri uzmanlık eğitiminde psikoterapi eğitim programları bu eğitimsel açığı dikkate alarak yeniden yapılanmalıdır. Bu makalede öncelikle Türkiye ve diğer ülkelerde psikiyatri eğitiminde psikoterapinin durumu tartışılmaktadır. Ayrıca terapistlerin hak ettiği yere ulaşmada ve psikoterapi eğitimlerinin kalitesinin artırılmasında psikoterapistlerde bütüncül yaklaşımının önemi ve bu kavramın psikoterapi eğitiminin başladığı asistan eğitim müfredatına dahil edilmesi gerektiği vurgulanmaktadır.

Anahtar Kelimeler: Bütüncül psikoterapi, Psikiyatri eğitimi, Psikoterapi

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Introduction

Psychiatrists are a group of mental health professionals who continuously encounter psychopathology and need to have effective treatment approaches to treat patients or clients. Psychiatry residency training brings important responsibilities and treatment facilities with it. Psychotherapy is one of these responsibilities and treatment options and psychotherapy training has many difficulties. There are many psychotherapy models, and almost all of them claim to have an effective theoretical background and practical applications. The fact that new approaches and theories about which training model to choose are constantly emerging; the existence of the ongoing fights between the theories and the difficulty of the taking the evidence-based results of the theories; and the channelling of medicine into more evidence-based approaches make it difficult to choose the school of psychotherapy in psychiatry (Newman, Castonguay, Borkovec, and Molnar, 2004).

Different needs for practical applications including recent developments in online, smartphone and virtual reality based treatments of psychiatry and psychotherapy occurs over years and requirements for resident training occurs in line with clinical requirements too (Beutler and Harwood, 2004; Carmel and Shapiro, 2016; Gabbard, 2007; Weerasekera, 2013). It is important for clinicians to remain updated and innovative on further advances in evidence based treatments as a tool for training residents in psychotherapy (Gabbard, 2007; Pagano, Kyle, Johnson, Saeed, 2017). Additionally, limited training time and intensive working hours with severe routine work make it difficult to integrate psychotherapy training into psychiatry training. American Psychological Association (APA) initiated to prepare guidelines of psychotherapy to integrate clinical expertise and other manuals and, guidelines are becoming available increasingly in recent years (Hollon and Teachman, 2019; Pagano, Kyle, Johnson, and Saeed, 2017; Thomason, 2010). However, in addition to the preparation of guidelines, there is a need to include integrative psychotherapy approach in psychotherapy training programs. (Geben, 2004). An integrated psychotherapy approach may be a solution for these challenges. In this article, the status, importance and conditions of psychotherapy education in psychiatry will be discussed.

Psychiatry Residency Training In Turkey

In Turkey, to qualify for psychiatry residency training, one must first complete medical school, which is six years of training time and requires enough score on the science exam. Psychiatry residency training has an educational system with a clinical and theoretical basis carried out

together under regulations determined by the board of medical specialties. These regulations are designed to provide standardisation of minimum queries. In addition, the same regulations say that the student should have many qualifications, including managing a team, being a member of a team, being a health protector, communicating, showing values and responsibility, learning and teaching and, consequently, serving as a service provider. Service-providing is classified under two main titles: clinical and operational competence. Clinical competencies include diseases found in classification systems, such as DSM and ICD, recognition and treatment regulation. Interventional competencies include, such as patient assessment, report preparing and making decisions as an expert therapies are under the heading of interventional competencies and have a place among the requirements of psychiatric education.(Medical Expertise Board Curriculum Creation and Standard Setting System, 2017, 2020). Psychiatry residents receive little training in psychology and human behavioural sciences prior to their specialist training. The curriculum of psychiatry education does not include a specific program in terms of behavioural sciences. For this reason, assistants must take additional training and readings to complete the curriculum's shortcomings. Many universities recognize this deficiency and offer additional training and reading lists to assist students in minimising these shortcomings. Of course, assistants learn many routine psychotherapeutic skills through practice. However, this situation may make it difficult to learn the skills in psychology and psychiatry systematically and accurately. The standards of psychotherapy training in Turkey are determined by the System Making and Standardizing of Curriculum of Speciality in Medicine regulations (TUKMOS, 2017, 2020).

According to this regulations : *“The requirements in psychotherapy training include developing psychotherapeutic interview skills, psychotherapeutic formulation of psychiatric disorders, short-term psychotherapy (12-16 sessions) in at least 5 patients, and long-term psychotherapy (at least 40 sessions) in at least 1 patient. Specialist students should acquire knowledge, skills and attitudes in cognitive-behavioural and psychodynamic therapies. In addition, psychotherapeutic approaches such as group therapy, family or spouse therapy can be included in the training program. Psychotherapy supervision should be at least 100 hours, at least half individual. In theoretical training, psychotherapy training should take place and training sessions should be organized with a total of 60-80 hours, mainly psychodynamic and / or cognitive-behavioral theories, at least once a week.”*

This regulation seems to be sufficient when the curriculum is considered theoretically. Of course, this qualification should be considered in the general obligations of psychiatric education.

Status of Psychotherapy Training and Practice in Turkey

Although Turkey has sufficient and appropriate legislations for psychiatry training, it is difficult to say that all institutions have staff to meet these standards. This situation may inevitably result in the use of a predominantly biological model in assistant education in some educational institutions, leading to the prominence of biological therapies. There are no adequate studies investigating the psychotherapy training and practice in Turkey. A summary of these studies is presented below.

According to a study conducted in a Turkish public hospital the size of a midsize city, 31.25% of patients had never heard the word “psychotherapy”, and those with knowledge of the word learned largely through the media (44.58%). The rate of hearing psychotherapy terms from an expert is 3.33%. In the first examination, the total duration of the session is 5-15 minutes in 58.2% of patients. 81.55% of the patients described the treatment they received as drug treatment alone. While 19.41% of the patients reported receiving treatment under the name of psychotherapy, those who stated that they had received psychotherapy in accordance with the definition (*as frequently as twice a week, as rarely as every 15 days, for at least 30-50 minutes and at least five consecutive sessions*) remained at 2.9% (Dereboy, Şenel, Şafak Öztürk, Şakiroğlu, and Eskin, 2017).

According to a study investigating the status of cognitive therapy in Turkey and The European Federation of Psychiatric Trainees (EFPT) member country, 78.5% of assistants and specialist psychiatrists in Turkey reported that they deal with psychotherapy. This ratio was higher in EFPT members (92.6%) than Turkey. 40.7% of participants reported that Cognitive Behavioural Therapy (CBT) was the most interesting type of psychotherapy, and psychoanalytically oriented psychotherapy followed at 35.5%. 32.1% of the participants reported that they had CBT education at their institution, and 2.9% of the sample reported that this training and supervision was sufficient to be a CBT therapist. The percentage of those who found the supervision of therapy in their institution among Turkish and European residents was similar. 24.3% of participants reported that they participated in an external program or supervision program on CBT, and no difference was found between Turkish assistants and EFPT assistants. In general, 76.4% of participants reported that they applied psychotherapy to their patients, and EFPT member assistants applied psychotherapy to a larger number of patients (Ertekin, Ergun, and Sungur, 2015).

Another study conducted in Turkey investigated the confidence of psychiatrists and psychologists in the therapy schools and main therapy school trends. According to this study, 72% of psychiatrists reported that they received biological approach education, and 84% of

psychologists received cognitive behavioural education. The psychoanalytic approach was found to be similar for both groups and was reported as 22% on average. When asked about application orientations to the psychiatrists, it is seen that the analytical applications increased. Family dual therapy applications, eye movement desensitization and reprocessing therapy (EMDR) and eclectic applications were added to the list. When the therapy training of the participants was compared, it was found that psychiatrists received statistically higher levels of cognitive behavioural therapy, psychodynamic therapy, sexual therapy, group therapy and supportive therapy training than psychologists, while psychologists were more likely to receive EMDR and family dual therapy trainings than physicians. In this study, it was reported that 32% of psychiatrists received CBT training, 58% received psychodynamic therapy training, and 88% received under 30 hours of psychoanalytic training (Yasar, Gündoğmuş, and Gündüz, 2019).

According to the results of the study, physicians rely mostly on cognitive behavioural therapies and sexual therapies, while hypnosis, psychoanalysis and EMDR are less reliable.

People with psychology education have more confidence in CBT and family couple therapy, while hypnosis receives less confidence in psychoanalysis and solution-oriented therapy (Yasar et al., 2019).

A study investigating the predictions about the state of the year therapies expects these treatments to increase: eclectic treatment, mindfulness-based therapy, solution focused therapy system/family therapy and relational therapies. Cognitive behavioural therapy, problem-solving therapy, Jungian treatment, classical psychoanalytic treatment and Adlerian treatment were expected to decrease. It is effective to focus on the development of online self-help therapies, smartphone applications, solution-oriented techniques, social network interventions and skills development (e.g., assertiveness/social skills, cognitive restructuring, self-alteration and relaxation) as therapy interventions are expected to increase, and other treatment interventions were predicted to be decrease. The importance of three interventions was expected to decline: dream interpretation, hypnosis and aversive conditioning (Yorulmaz, Sapmaz-Yurtsever, Gokdag, Kacar-Basaran, Gocek-Yorulmaz et al., 2018).

It seems that there are many university education programs for therapy that require short-term training for therapies such as CBT. This requirement seems to be less common for psychoanalytic therapies. Psychiatric residents apply to private institutions for their training and certification processes, which they think they have not completed in their training. Even though universities have implemented training programs, mainly cognitive therapies within the

facilities and teaching staff to teach their therapy schools and practices, as far as we know, a psychiatric training institution that applies the integrative psychotherapy model is not available.

Psychotherapy Training Samples In Psychiatry in Other Countries

Europe

In Europe, a minimum post-graduate training of 4 years is mandatory requirement for the recognition of a specialization in psychiatry but content of the psychiatry training still not standardised and has a harmony although the issue of the chart for requirements for the training in psychiatry with an additional European Framework for Competencies in Psychiatry in 2009 by The European Union Of Medical Specialists (UEMS) (2017)) and updated by 2017. *'The quantity of psychotherapy training in psychiatry should be defined and should consist of at least 120 hours of theoretical teaching and 100 hours of supervision of which at least 50 hours should be individual'* according to UEMS Board of Psychiatry. Training in psychotherapy it should be given by a psychiatrist and should be in working time and should be funded as part of the training programme. (UEMS, 2017 ; Mayer et al., 2014)

Countries in Europe may have their distinctive curriculum and name of the specialty differs too. For example, in Germany, the psychiatry specialty is named as Psychiatry and Psychotherapy. 240-hour psychotherapy practice, which includes cognitive behavioral and psychodynamic orientation throughout the training program, and supervision is essential after every fourth session. 150 hours of personal therapy are essential as well as attending a total of 70 hours of Balint Group.(Landesärztekammer and des öffentlichen Rechts, 2011; Mayer et al., 2014). Germany seems one of the pays attention and give most importance to training of psychotherapy.

The curriculum in Europe seems to set adequate rules to respond the requirements of psychotherapy training but according to a survey study conducted with all representatives (over 900 participants) of the national training institutes by UEMS Section and Board of Psychiatry practice showed several differences between countries, for example, some countries psychotherapy is mandatory for treatment of psychiatric patients. According to the survey only 82,5% of the heads of training reported to have experience of more than 5 years and only 86% had training in psychotherapy and these numbers were not in line with the UEMS Charter. Comparing all 923 survey participants only 59% of the curricula reported to be complied with the UEMS Charter.(Mayer et al., 2014; Lotz-Rambaldi, Schäfer, ten Doesschate, and Hohagen, 2008) Fortunately as in Turkey, although wide variety in training practice ; residents in Europe think psychotherapy as a medical practice, and seems that they think it is the responsibility of the psychiatric education programme to provide training in psychotherapies.(Van Effenterre,

Azoulay, Briffault, Dezetter, and Champion, 2015) But still we are not at the point that we would discuss mandatory kind of psychotherapy as cognitive behavioural of psychodynamic or interpersonal psychotherapy.

USA

In USA General psychiatry specialty programme requires 4 postgraduate training years after medical school. Programs are monitored and credentialed by the Accreditation Council Graduate Medical Education (ACGME) (2020). (Zisook, Balon, Björkstén, Everall, Dunn et al., 2007).

According to ACGME ' *managing and treating patients using pharmacological regimens, including concurrent use of medications*' and '*psychotherapy and managing and treating patients using both brief and long-term supportive, psychodynamic, and cognitive-behavioral psychotherapies*' are core competencies for psychiatry speciality programmes but no standardised rule is validated to a homogenised education in whole USA (ACGME, 2020)

In a survey study conducted with residents at 15 U.S. training programs in 2006-2007; 28% of the residents expressed they have Concerns about the adequacy of the time and resources provided by their programs (Calabrese, Sciolla, Zisook, Bitner, Tuttle et al., 2010)

Canada

In Canada; the psychiatry residency and all specialty trainings are regulated by the Royal College of Physicians and Surgeons of Canada. The Canadian program is longer by a year from US (total 5) and includes more enhanced psychotherapy training. It is not homogenised and standardized in Canada, which means that working conditions, on-call frequency, and clinical volumes are related factors with quality of training(Zisook et al., 2007).

Other Countries

Psychiatry residency is a specialty programme of 4-7 years training conducted after medical faculty training. It is hard to say that there is a standardised psychotherapy training programme in all of it but most of the programmes includes competency in psychotherapy in their curriculum as a subheading. Kind/school of psychotherapy training is not standardised too. It seems that there is a need to review the programmes competencies and engage dialogue between programmes.

An Integrative Approach to Psychiatric Resident Education and Our Experience

Psychotherapy education is mandatory to Turkey's curriculum and all universities give somewhat psychotherapy education to psychiatry residencies in their daily ongoing programme. But a determining a school of therapy and using only one approach to all patients is practically impossible in such psychiatry clinic that patients are treated with multiple kinds and severity of

disorders and all have different needs(Consoli and Jester, 2005; Gilbert and Kirby, 2019). In fact, when we look at both national and international studies and our clinical practices, integrative approaches to psychotherapy are already used by many therapists during the natural process of psychotherapy(Gilbert and Kirby, 2019). The biopsychosocial model used in medical education has a holistic approach to the patient, and the first integration in our opinion begins with perceiving human as biopsychosocial. Treatment of patients with multiple psychopathologies is carried out every day and some of them are treated with psychotherapy. The application of psychotherapy interventions for many different needs in psychiatric outpatient-clinical conditions, which have a wide variety of psychopathology and clinical aspects, makes flexible approaches mandatory(Wachtel, 2010). However, whatever our connected theory, we take inspiration from other approaches naturally. However, practitioners do not carry out this process with a clear informational background and awareness; rather, they use some of the techniques of the other schools in addition to their own approaches, practically. When we examine the schools one by one, it is seen that in practice, many of them started to adopt more flexible approaches and started to resemble each other as an approach. Integrative psychotherapy seems to offer an important theoretical background and application ground in order to prevent the confusion that these efforts will create(Kozarić-Kovacić, 2008; Wachtel, 2010). As scientific studies increase, it can be predicted that they will find a better place in evidence-based medicine applications(Cook, Schwartz, and Kaslow, 2017). It is clear that integrative psychotherapy training should include the theoretical background, application examples, and supervision processes of all therapy techniques used(Consoli and Jester, 2005). There are also not enough trainers in private psychotherapy centres as in official institutions. According to the curriculum, the education of more than one school of therapy in a psychiatry residency process seems possible in the curriculum but it is hard to find a place in practice. In this sense, there is a serious deficit in integrative psychotherapy, and psychotherapy training institutes and special courses in Turkey are filling an important gap in this field by providing adequate training at all stages of psychotherapist education.(Bilican and Soygüt, 2015; Seki, 2018)

In Sakarya University, during psychiatrist training programme, our general practice was used to provide and encourage the use of CBT, Interpersonal Psychotherapy (IPT), Transactional Analysis (TA), and Schema Therapy, as well as individual therapy, group therapy, sexual therapies and hypnosis. It may be considered as a eclectic or deductive integration of psychotherapy(Özakkaş, 2017, 2018). We are now using the integrated therapy model in assistant education and are taking structured steps to provide a holistic approach to assistant

training. On the other hand, if they need it, we encourage them to receive additional psychotherapy training in their respective fields of therapy. We prepared a psychotherapy education programme (see Table 1) in line with mandatory needs of mandatory needs of Turkish curriculum of psychiatry residency and we benefited from the psychotherapy education programme of integrative therapy institute handouts of psychotherapy education prepared by Norcross and Society of Exploration in Psychotherapy Integration (Prochaska and Norcross, 2018; Psikoterapi Enstitüsü, 2020 ; Society for the Exploration of Psychotherapy Integration (SEPI), 2020).

The findings show that therapy models and interventions vary over time depending on the needs of society, economic conditions and time management (Özakkaş, 2018; Paris, 2013). In the other hand, it is the fact that therapy practices should take care of individual needs in its focus while taking care of community needs and economic conditions. For this reason, an integrative approach to therapy offers a flexible approach that will adapt to both personal needs and social-economic reality. Even researchers who have spoken against integration, such as Roth and Peter Fonagy, have made the following comment in support of integration in psychotherapy: “Ultimately, the theoretical orientations will have to be integrated in some way, because all these models, which are close to about one, are interested in the same phenomenon; overwhelmed mind”(Evans and Gilbert, 2005; Ozakkas and Varol, 2009).

Psychotherapy education is the application of certain techniques from a point of view. In another respect, it is actually the art of understanding human being(O'Donohue, Cummings, and Cummings, 2006). In this respect, it is important to present an integrative approach to psychotherapy in assistant education. It is important that assistants learn about specific therapy models as well as learn to integrate among them early in their training.

Although the therapy models present a consistent model within themselves, they are influenced by the concepts of other therapy models(Norcross, 2005). According to studies by American clinicians, an important major of these clinicians do not consider themselves to be associated with any school but adopt an integrated or eclectic label(Norcross and Karpiak, 2012; Norcross, Karpiak, and Lister, 2005). As mentioned above, a similar development is expected to be seen in Turkish psychotherapists. Young psychiatrist candidates may have negative feelings about specific therapy schools or do not rely on them. In educational institutions that do not apply holistic therapy education, this will naturally result in the lack of trust or contrast in certain schools with the influence of the educator perspectives. According to research conducted in Turkey, confidence in the schools of psychotherapy, psychoanalysis and hypnosis were lower(Yorulmaz et al., 2018). This may be related to the practice of therapy schools, the

misapplications of unqualified hands, as well as misinformation and lack of education. Graduates from institutions with an integrative perspective (such as Turkey Psychotherapy Institute) learn basic paradigms of mainstream therapy schools and have a more inclusive and neutral perspective. In our psychotherapy education programme which is adapted to curriculum of TUKMOS and so it is a mandatory subheading in psychiatry training programme in Sakarya University, we aim to provide an integrative approach to psychiatry residents and to supply a scientific perspective for the development of psychotherapy training and practice in Turkey. Although the developments of the era support the development of therapy models that are faster and with one-foot technology, cross-cultural inequality create differences in therapy practices. The similarities of factors that improve psychotherapies require an integrative approach. As mentioned before, it is suggested that the excess and diversity of the responsibilities of psychiatry education are made on the basis of the medical-biological model due to the fact that working conditions are not adequately structured for psychotherapy applications. It is not possible to be competent and fully equipped in every field within four years of education. On the other hand, the concept of integration of psychotherapies, which is an appropriate and inclusive approach in assistant education, has not yet sufficiently entered the education system of Turkish universities. The introduction of this concept to young minds may be a promising development for our country and perhaps the world. We hope that these trainings set an example for other universities and ignite new research and theories in terms of understanding and apprehending “overwhelmed minds”.

Conclusion

Assistant psychotherapy training and practice in Turkey is an emerging area as other main countries of the world. It is hopeful that young psychiatrists are interested in therapy. It is necessary to place more importance on psychotherapy in education, working conditions should be regulated and psychotherapy should be more involved in treatment. We think that integration in psychotherapy is important in achieving the place that therapies deserve, and that this concept should be included in the assistant education curriculum, where psychotherapy training begins.

| Table 1. Psychiatry Psychotherapy Education Programme with Integrative Approach | | | |
|--|---|--|---|
| Theoretical Education Course Programme | | | |
| Practical Application (TUKMOS, 2017,2020) | | | |
| 1. | Introduction to Psychotherapy | During psychotherapy education; developing psychotherapeutic interview skills and making psychotherapeutic formulation of psychiatric disorder are required. | |
| 2. | Freud and the Conflict Theory | | |
| 3. | Psychosexual Stages Of Human Development | | |
| 4. | Developmental Theories | | |
| 5. | Defence Mechanisms of the Ego-1 | | |
| 6. | Defence Mechanisms of the Ego-2 | | |
| 7. | Psychoanalytic Psychotherapy | | All residents should conduct practical applications additionally to theoretical educations. |
| 8. | Ego Psychology (Anna Freud) | | |
| 9. | Object Relations Theory (Klein, Fairbain) | | |
| 10. | Masterson's Theory of Abandonment Depression | | |
| 11. | Transference-Focused Psychotherapy (Kernberg) | | |
| 12. | Self Psychology (Kohut) | | |
| 13. | Self Psychology (Kohut) | | |
| 14. | Transactional Analysis and Existential Therapies | | |
| 15. | Studying with dreams | | |
| 16. | Hypnosis and Hypnotherapy | | Short-term psychotherapy (12-16 sessions) for at least 5 patients, Long-term psychotherapy (at least 40 sessions) should be applied to at least 1 patient are required. |
| 17. | Intersubjective Approach in Psychotherapy | | |
| 18. | Attachment Theory | | |
| 19. | Interpersonal Psychotherapy | | |
| 20. | Schema Therapy | | |
| 21. | Group Therapy | | |
| 22. | Neurobiology (Neuroscience) and Psychotherapy | | |
| 23. | Introduction to Cognitive Behavioural Psychotherapy | | |
| 24. | Theoretical Background in Cognitive Therapy | | |
| 25. | Cognitive Therapy Skills and Intervention | | |
| 26. | Cognitive Therapy Skills and Intervention | Residents should first acquire knowledge, skills, and attitudes and experience in cognitive-behavioural and psychodynamic therapies. | |
| 27. | Behavioural Therapy Methods | | |
| 28. | Case Formulation in Psychotherapy | | |
| 29. | Structuring Session in Psychotherapy | | |
| 30. | Psychotherapy in Depression | | |
| 31. | Psychotherapy in Panic Disorder | | |
| 32. | Psychotherapy for Sexual Dysfunctions | | |
| 33. | Psychotherapy in Obsessive Compulsive Disorder | | |
| 34. | Psychotherapy in Phobic Disorders | | |
| 35. | Relaxation Techniques and Healthy Living | | |
| 36. | Multiple Identity Disorder Psychotherapy | In addition, psychotherapeutic approaches such as group therapy, family or partner therapy can be included in the training program. | |
| 37. | Psychotherapy in Posttraumatic Stress disorder | | |
| 38. | Psychotherapy in Narcissistic Personality Disorder | | |
| 39. | Psychotherapy in Borderline Personality Disorder | | |
| 40. | Psychotherapy in Schizophrenia | | |
| 41. | Bipolar Affective Disorder and Social Rhythm Editing | | |
| 42. | Brief Therapy Interventions in Outpatient Clinic Conditions | | |
| 43. | Motivational Interviewing and Motivational Therapy | | |
| 44. | Psychotherapy in Alcohol and Substance Use Disorders | | |
| 45. | Psychotherapy in Behavioural Addictions | | Psychotherapy supervision should be at least 100 hours, at least half of it being individual. |

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