Psychiatric Bulletin (1992), **16**, 578–579

Issues relating to behavioural and cognitive psychotherapy

A working group was established in February 1991 to consider the following issues.

1. The position of behavioural and cognitive psychotherapy within the College.
2. The implications for manpower and training of developments in these psychotherapeutic approaches.
3. Psychology training for trainees in psychiatry.
4. Purchasing authorities' expectations in relation to services provided by members of the College.
5. Ways in which cooperative links could be fostered between consultant psychotherapists and clinical psychologists, so that the professions work together to provide a range of services.
6. The up-dating of the guidelines on the training in psychotherapy for general psychiatric trainees.

Membership of the group was as follows.

Dr F. Caldicott	Dean (Convener)
Dr M. J. Crowe, Dr C. Freeman	Association of Behavioural Clinicians
Dr S. Grant	Chairman, Psychotherapy Specialist Advisory Committee – JCHPT
Prof. J. H. Lacey	Secretary, General Psychiatry Section Executive Committee
Dr N. Temple	Chairman, Psychotherapy Section Executive Committee

The Working Group met on 14 May, 21 June, 4 September and 18 December 1991.

1. *The position of behavioural and cognitive psychotherapy within the College*

It was agreed, at an early stage, that separation of Behavioural and Cognitive Psychotherapists from the Psychotherapy Section should not be encouraged. It was thought important that the College within this Section incorporates the interests and concerns of these practitioners and that "psychotherapy" is not seen solely to refer to dynamic forms of treatment.

The Psychotherapy Section Executive was asked to consider co-opting behavioural and cognitive psychotherapists in advance of its elections, to be held in Spring 1992. This was agreed and Drs Crowe and Drummond were co-opted on to the Executive Committee subsequently.

Two or three candidates would be nominated from behavioural and cognitive psychotherapy for the 1992 elections, but if two candidates were not successful through the democratic process, the Executive Committee would want to consider co-opting two people.

Collaboration between the Association of Behavioural Clinicians and the Section has continued to develop. The establishment of a Behavioural and Cognitive Psychotherapy Group within the Section has begun, with regular meetings at two-monthly intervals, chaired by Dr Crowe. The College secretariat has helped with organising these meetings.

2. (i) *Consultant staffing*

There are approximately 300 consultants currently providing behavioural and/or cognitive psychotherapeutic treatment, the majority of whom hold contracts as general psychiatrists. There is an extremely small number of specialist posts.

It is thought essential for there to be designation or redesignation of consultant posts, from which a service of at least six sessions in behavioural and/or cognitive psychotherapy is provided, so that the cohort of senior practitioners in the specialty can be clearly identified, not least for manpower planning purposes.

Such designations should be undertaken urgently in those schemes currently providing higher training in psychotherapy. This, in turn, would be likely to have a positive effect on recruitment to the senior registrar placements in question.

It is considered desirable to have more "special responsibility" posts than specialist posts, which could be developed from these, in behavioural and cognitive psychotherapy (BCP). These could be developed within general psychiatry, e.g. in relation to eating disorders, depressive illness etc. All such "special responsibility" consultants should be able to train junior staff in these approaches.

It was also stressed that both specialist and special responsibility consultant posts should be developed in association with consultant posts in general psychiatry.

(It was noted that the Section for General Psychiatry has recently revised its guidelines for Regional Advisers on Consultant Job Descriptions, allowing for an optional two sessions a week for a "special interest").

Finally, it was agreed that it would be extremely helpful for there to be a dialogue between the Psychotherapy and General Psychiatry Sections on consultant staffing for a district service. More sessions and/or posts would be necessary if services provided by clinical psychologists were limited. The availability of other staff should also be considered, e.g. appropriately trained psychiatric nurses, although it should be noted that there is much greater "turn-over" of other mental health professionals than of consultant staff. It is serious that the loss of an individual member of staff with particular skills can lead to the cessation of an important service to patients.

(There could also be a parallel dialogue between the Psychotherapy Specialist Advisory Committee (PTSAC) and the General and Old Age Psychiatry Specialist Advisory Committee (GOAPSAC) on higher training).

(ii) *Training for senior registrars*

Established senior registrar schemes able to offer training in behavioural and cognitive psychotherapy include those in London at Guy's and St George's Hospitals and the Institute of Psychiatry, where a clinical lecturer post already exists, and in Manchester and Oxford. In general these also provide training in dynamic psychotherapy.

Training for senior registrars must take account of the fact that some aiming for a consultant post in general psychiatry wish to have training in behavioural and/or cognitive psychotherapeutic approaches and this was wholeheartedly endorsed by the working group.

Training at senior registrar level should, therefore, be flexible and might also include periods spent in dynamic psychotherapy and in research.

It was thought that we should aim for "self-sufficiency" in respect to the teaching of behavioural and cognitive skills, as the dependency on clinical psychologists for this is not generally satisfactory.

Discussion about the training of senior registrars continued during each meeting of the working group, but it was recognised that this is the responsibility of PTSAC and it was welcomed by members of the working group that PTSAC took up the issue with an obvious enthusiasm to reach muturally acceptable agreements about the provision of higher psychiatric training in all psychotherapeutic approaches.

It was agreed that this should include a range of approaches such as family, marital and group therapy while training in assessment for psychotherapeutic treatment was considered vital.

It was hoped that training in behavioural and cognitive approaches could be pursued as a major interest by a senior registrar with training in other therapies offered to a less specialised degree.

It was thought important not to have a "two tier" specialty but one where a strong interest in a particular therapeutic approach is acceptable.

The issue of personal therapy was debated and it was thought that there should not be a requirement for this where the major interest of a senior registrar was in BCP.

In conclusion, PTSAC is now making good progress in revising the guidelines for higher training in psychotherapy in the light of discussions which have taken place in the working group and is approaching these in an innovative and creative way.

3. *Psychology training for trainees in psychiatry*

This became the responsibility of a separate working group set up by the Education Committee of the College and convened by Professor Roy McClelland, Sub-Dean. Its report is about to be forwarded to the President.

4. *Purchasing authorities' expectations in relation to services provided by members of the College*

Following the discussions which are suggested between the Section Executive Committees in General Psychiatry and Psychotherapy, and the work which is being done between the College and the Faculty of Public Health Medicine on guidelines for purchasers, a short paper for purchasing authorities will be produced.

There could also be a section on this in the paper being prepared by the President following the work of his group on the 'Mental Health of the Nation'.

5. *Co-operative links between consultant psychotherapists and clinical psychologists*

This has not been taken further at the present time, but could be pursued through the joint Committee of the British Psychological Society and the College, in the light of other papers resulting from the working group's activities.

6. *Up-dating of the Guidelines on training in psychotherapy for general psychiatric training*

Dr Grant undertook to chair a working group on this, made up of representatives of the General Psychiatry and the Psychotherapy Sections.

A paper will be available shortly.

Dr Fiona Caldicott
Dean

Approved by Council, 19 June 1992

https://doi.org/10.1192/pb.16.9.578 Published online by Cambridge University Press