THE EFFECT OF COLLEGE POLICY ON INDIVIDUAL PSYCHOTHERAPY SUPERVISION

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In 1974 those involved in the supervision of psychotherapy in Aberdeen decided to attempt to estimate the current extent of psychotherapy practice and supervision in the Area in order to make effective plans for future training. The factors influencing this decision were the requirement of the Royal College that all trainees should have supervised experience of psychotherapy (Royal College of Psychiatrists, 1971), together with an increase in requests for supervision from trainees in psychiatry and clinical psychology.

Having established a baseline of psychotherapy practice by a survey before making changes in supervision arrangements, the effects of these changes were assessed by repeating the survey a year later. Besides monitoring local psychotherapy training it was hoped that these surveys would indicate the effect of College policy on psychotherapy training.

Method

All psychiatrists, non-psychiatrist medical staff, clinical psychologists and social workers employed in the Grampian Area Psychiatric Service were asked to complete a questionnaire summarizing their psychotherapeutic work in the first whole week in June 1974. The survey was repeated in the first week of June 1975.

In view of the difficulties encountered in defining terms in psychotherapy (Urban and Ford, 1971; Walton, 1976), and the pitfalls of any questionnaire, a pilot survey was first completed by supervisors of the Aberdeen University Diploma Course in Psychotherapy. In the light of their comments the final format was adopted.

It was recognized that while some therapies are clearly defined, for example, behaviour therapy and marital therapy, others, indeed the majority, grade imperceptibly into one another. It was also acknowledged that different therapists, because of their differing styles and backgrounds, would label their psychotherapeutic work differently. To reduce misunderstandings arising from these sources, some guidelines in terms of duration and frequency of therapy were given. The operational definitions were: Brief psychotherapy = less than 6 sessions, long-term psychotherapy = more than 6 sessions, intensive long-term psychotherapy = regular, at least weekly sessions, of more than 6 sessions to date, lasting longer than 45 minutes per session.

The response rate to the questionnaire in 1974 was 77 per cent; in 1975 it fell to 66 per cent. In view of the fuller information available for 1974, more detailed discussion, when appropriate, is limited to that year.

The Practice of Individual Psychotherapy

To set the results and subsequent discussion in their local context Table I summarizes the work done in the Grampian Area by the Psychiatric Services in 1974/75 (excluding mental handicap). The population served comprises approximately 250,000 within or close to the City of Aberdeen and a further 250,000 dispersed at distances of up to 60 miles from either Aberdeen or Elgin.

Table I

Total discharges	Average no. of occupied beds	Average new O.P. consultations/wk.	Average O.P. consultations/wk.	Average day-pt. attendances per wk.
2,640	1,520	39·4	294	567

Table II summarizes the number of patients seen in individual psychotherapy during the survey week of June 1974.

Table II

Discipline	Number of patients in therapy				
	Brief		Long term		Total
	Intensive	Supportive	Intensive	Supportive	
Psychiatry	36	26	58	80	200
Clinical psychology	0	4	18	3	25
Social work	6	6	8	28	48
Total	42	36	84	111	273

It will be noted that while there was a tendency for psychiatrists to see a higher proportion of their

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patients in brief psychotherapy, for clinical psychologists to see more of their clients for intensive long-term therapy, and for social workers to see more of their clients for long-term supportive psychotherapy, none the less all three professions were involved in the same areas of individual psychotherapy.

Supervision of Individual Psychotherapy

The supervisors were senior psychiatrists, social workers and clinical psychologists, and their experience included that of one psychoanalyst, five former trainees of the Aberdeen University Diploma Course in Psychotherapy, and seven other therapists with further training in psychotherapy. While each supervisor tended to accept responsibility for training within his or her own discipline, a conscious effort was made to arrange interdisciplinary supervision particularly in the context of group supervision.

Before 1975 supervision of individual psychotherapy was mainly individual supervision with occasional small informal groups. Thus, in the survey week in June 1974 there were 21 trainees in individual supervision and 9 trainees in supervision in three groups. In 1975 there were 15 trainees in individual supervision and 22 trainees being supervised in five groups. Table III shows that it was the trainee psychiatrists who became more involved in supervision of psychotherapy, while the trainee psychologists and social workers continued to receive the same high level of supervision as before.

It appears that while trainee psychiatrists probably received adequate training in the general psychiatric management of in-patients, when compared with their counterparts in psychology and social work, their supervision of out-patient psychotherapy was inadequate before the changes made in 1975. This in turn has implications regarding the quality of therapy experienced by patients.

In the questionnaire, the respondents were asked to comment on whether they were satisfied with their supervision, and what improvements could be made. In 1974 55 per cent of trainee psychiatrists expressed dissatisfaction, mainly that there was insufficient supervision available. In 1975 there was less dissatisfaction expressed (30 per cent); the main criticism then being that group supervision did not fulfil all trainees supervision needs and that they wanted access to individual supervision. This need was met for some of the trainees in the context of the Aberdeen University Diploma Course in Psychotherapy.

Individual intensive psychotherapy was chosen for particular investigation because historically it has been the starting-point for other therapies. An immediate problem was the definition of 'intensive psychotherapy'. It has not proved possible to find a generally acceptable definition of 'psychotherapy' (Walton, 1976), far less for 'intensive psychotherapy'. We have therefore defined its boundaries by reasonable operational terms (Bergin and Strupp, 1972). We

TABLE III

Discipline	Number of therapists involved					
	1974			1975		
	Adult	Child	Total	Adult	Child	Total
Psychiatrist						
Supervisors	3	2	5	4	2	6
Trainees: under supervision	5	2	7	11	1	12
Trainees: not under supervision	7	0	7	0	0	0
Non-psychiatrist						
Supervisors	1	0	1	2	1	3
Trainees: under supervision	4	3	7	4	2	6
Trainees: not under supervision	0	0	0	0	0	0
Total	20	7	27	21	6	27

This marked rise in the number of trainee psychiatrists receiving supervision between 1974 and 1975 was due almost entirely to the more systematic organization of supervision groups and was achieved without increasing the amount of time spent in supervision by the supervisors.

could not devise any way of assessing the quality of interaction taking place in therapy in a survey of this nature, though the design of the questionnaire was such that respondents were encouraged to think carefully about the category to which they would assign their management of any given case.

Given these limitations, the following points may be noted.

1. The survey in 1974 provided useful baseline information about trainees' interest in, and practice of, psychotherapy which was helpful in re-organizing the supervision arrangements in 1974/1975.

2. The implementation of the psychotherapy training recommendations of the Royal College led to a marked increase in trainee psychiatrists' involvement in supervised psychotherapy relative to the stable pattern of supervision practice for trainees in clinical psychology and social work. This finding was the more remarkable in an area with a long tradition of psychotherapeutic practice (Millar *et al*, 1968).

3. It was evident that clinical psychologists and social workers at broadly comparable levels of psychotherapeutic experience, dealing with similar cases, were, before 1975, getting more supervision of those cases than their psychiatrist colleagues. It emerged also that the social workers and clinical psychologists had suitable cases selected for them by their supervisors, whereas the trainee psychiatrists often 'brought along' cases with which they had already became involved through emergency duty and other commitments. This seemed to be neither the most facilitating learning arrangement for trainee psychiatrists nor the optimal treatment setting for patients. Since this has been brought to light by the surveys, arrangements have been made to enable trainee psychiatrists to undertake therapy with more suitable patients who have been previously assessed by a supervisor.

4. The responses to the surveys showed that group supervision had both the advantage of economical use of supervisors' time and of providing a valuable peer group learning experience for trainees. The trainees generally welcomed the opportunity to share in both personal and vicarious supervision, though a proportion later sought further individual supervision to complement their experience.

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