

**UEMS Section-Board on Child and adolescent Psychiatry / Psychotherapy  
(CAPP)  
Working Group on Psychotherapy Guidelines**

**Psychotherapy training in  
Specialist Child and Adolescent Psychiatry/Psychotherapy training**

The training log-book for specialist training in Child and Adolescent Psychiatry/Psychotherapy (Dec 8, 2000) states that specialist CAPP training must include academic basis of individual and family psychotherapy, and in addition training in psychotherapy for individuals, groups or families according to psychoanalytic/psychodynamic, behavioural/cognitive or systemic methods. This *appendix to the log-book* will give guidelines to the psychotherapy trainings.

**Introduction**

There is a substantial need of psychological treatments for psychiatric disorders and disturbances of children and adolescents. On these grounds evidence based psychotherapy in the specialist CAPP training seems to be mandatory.

**Goals**

The goal of the psychotherapy training within specialist CAPP training is to give an academic basis for psychotherapeutic work with children, adolescents and their families. In addition the specialist training curriculum must offer the possibility to achieve the training necessary to become acknowledged as a qualified psychotherapist (according to the specifications in respective European countries) with children and adolescents in one of the three main psychotherapy modes

- psychoanalytic/psychodynamic individual psychotherapy, or
- cognitive – behavioural psychotherapy, or
- family psychotherapy.

A child and adolescent psychiatrist must have knowledge and be aware of the non-specific and specific factors that determine effectiveness, efficiency and safety of psychotherapy with children, adolescents and families.

*Psychoanalytic/psychodynamic individual psychotherapy (PIP)* is a method derived from psychoanalytic based thinking. This form of therapy focuses on the interplay between mental and emotional forces and how these may affect behavior. The psychodynamic model is based on the acceptance of the existence of unconscious dynamic forces operating in the mind and the necessity of endeavoring to understand and of working with these constantly in the therapeutic task. The aim of the treatment is for the child (patient) to discover, primarily through the material he produces by playing, drawings, verbalization, the subjectively interpreted link between his present symptoms on the one hand and his past experience on the other.

*Cognitive- behavioural psychotherapy (CBT)* is based on the learning theory, focused on human behavioural, cognitive, emotional and social development and functioning. CBT is based on the assumption that in development and functioning a person's environment, personal dispositional characteristics and situational behaviour reciprocally determine each other and that behaviour is a evolving, dynamic phenomenon. CBT uses a blend of techniques, many of which are based on

classical and operant conditioning models, but go far beyond the latter in its modern neurodynamical/psychodynamical (manualized) training programs.

*Family psychotherapy* (whether treating individuals/children, their parents or families) focuses on relational context, addresses patterns of interaction and meaning, and aims to facilitate personal and interpersonal resources within a system as a whole; therapeutic work may include consultation to wider networks such as other professionals working with the individual/child or the family. It can be driven either by PIP or CBT.

### **Therapeutic relationship**

In working with children, adolescents and families the therapeutic relationship with the client will be of utmost importance. The therapist will need much inner flexibility to be able to relate with children of different ages, with their parents, and with the professionals from their daily social network. At the same time the therapist needs to be able to maintain his/hers own adult integrity.

### **Elements of training**

All psychotherapy trainings consist of three elements:

- familiarity with theoretical models
- personal skills and knowledge of techniques
- awareness of own life experience

#### *Familiarity with theoretical models*

- in psychoanalytic/psychodynamic individual psychotherapy means that the therapist must have:  
1) proficient knowledge in theories of infant, child and adolescent development (psychological and psychobiological theories, psychoanalytic theory, attachment theory, theory of object relationships, models of child psychopathology), 2) theories of family development and 3) theories on the techniques of child and adolescent psychodynamic psychotherapy.

- in cognitive – behavioural psychotherapy means that the therapist must have proficient knowledge in the learning theory, focused on human behavioural, cognitive, emotional and social development and functioning as well as in brain-behaviour relationship and dynamics of social networks.

- in family psychotherapy means that the therapist must have proficient knowledge in family development and functioning in common and disordered families, and how these specific family features are affecting the growth and development of the child(ren).

#### *Personal skills and knowledge of techniques*

- in psychoanalytic/psychodynamic individual psychotherapy means that the therapist must have the ability: 1) to develop and establish a therapeutic relationship with the child and his parents (caretakers) and to promote the working alliance with them, 2) to recognize the fact that meaningful communication requires emotional contact and participation (empathy), although this does not mean that the therapist should become emotionally involved, 3) to know the limits and objectives of therapy depending on whether it is defined as case management, corrective intervention in the patients` environment, counseling, support or psychotherapy, 4) infant or young child observation with a parallel seminar with a skilled seminar leader (optional).

- in cognitive – behavioural psychotherapy means that the therapist must have skills to establish the therapeutic relationship with children, adolescents, their parents and significant others

(professionals from the child daily social environment), has to reflect points 2 and 3 (PIP), and the therapist must have knowledge and skills to apply the different techniques, used in CBT and the different protocols of CBT in treating the different psychiatric disorders or disturbances of children and adolescents.

- in family psychotherapy means that the therapist must have skills to establish the therapeutic relationship with all family members (and many times with the professionals from the child daily social environment), and to be able to take into consideration and to deal with the verbal and non-verbal contributions of each family member.

*The awareness of own life experience* refers to the fact that in psychotherapeutic working the management of therapist's own emotional reactions and life history experiences is an essential part of the process. The therapist must be able to use his/hers own emotional reactions and personal experiences for the benefit of the client(s) and without endangering the interest of the client(s). Part of the psychotherapy training will be devoted to efforts to increase the therapist's awareness of own life experience. This may be carried out in the form of intensive personal psychotherapy (in psychoanalytic/psychodynamic individual psychotherapy training and in cognitive – behavioural psychotherapy training) or CBT oriented self-awareness groups or of family-of-origin-work (in family psychotherapy training)

### **Volume of the training**

The duration of the training is three to four years, depending on the national curriculum.

The minimum volume of training in theoretical models should be 400 hrs (academic basis 100 hrs, specific psychotherapy training 300 hrs).

The volume of training in personal skills and knowledge of techniques must total 200-300 hrs according to the psychotherapy mode in question. During the academic basic training the trainee must have practical experience in the three psychotherapy modes (psychodynamic, cognitive-behavioural, family therapy). This psychotherapy work must be regularly supervised according to the general principles of psychotherapy technique in question (individual and group supervision on weekly or fortnightly basis).

During the specific psychotherapy training the trainee must complete

- in psychodynamic individual psychotherapy: a) at least one case with a child of pre-school age, one with a latency period child and one adolescent, b) accompanied with counselling of the parents, c) consulting to a staff group.
- in cognitive behavioural psychotherapy: 4 cases – one with an infant, one with a child, one with an adolescent and one mediating therapy with parent or significant others.
- in family therapy 6 cases.

### **Competence level**

Trainees should be expected to attain level 1 competence basic theoretical knowledge and level 2 competence basic therapeutic skills. Some trainees will aim to attain level 3 (optional). The level 3 competence includes:

- Expanded courses of theoretical and clinical seminars → these refer to all 3 therapeutic modalities

- (including baby and young child observation in psychodynamic individual psychotherapy) → this is a specification to psychodyn-ind-psychother
- Supervised clinical work (individual and group) → this refers to all 3 therapeutic models
- In-depth awareness of own life experience → this refers to all 3 models
- Personal psychoanalysis → this is a specification to psychodyn-ind-psychother
- Or psychoanalytic psychotherapy → this is a specification to psychodyn-ind-psychother and (CBT?)
- Intensive family-of-origin-work → this is a specification to family psychotherapy

Moreover, it should be stated that the mentioned above are indicative of what it is suggested. Generally, trainees should be expected to attain basic competence, theoretical knowledge and basic therapeutic skills, according to the specifications and curricula in respective European countries.

### **Evaluation of the training process**

The psychotherapy program offered in the training centre must be well documented and the whole process must be fully transparent. The evaluation of the trainees should take place in the beginning, halfway and in the end of the training process, according to national regularities. The trainers and supervisors must be qualified and experienced in the psychotherapy mode they are dealing with.

### **Specific issues in the training of child and adolescent psychiatrists in psychotherapy**

The situation of psychotherapy differs across European countries, and as a consequence the training resources and possibilities vary, too. In the CAP training curricula the time available for psychotherapy training may be limited. The attitudes of CAP trainees towards psychotherapy are different and maybe all trainees will not be particularly highly motivated. The trainers responsible for the CAP specialty training programs must be aware about these issues and problems linked with psychotherapy training.

**The Psychotherapy Guidelines were written by J. Tsiantis, J. Piha and D. Deboutte.**

**The Working Party wishes to acknowledge comments by Prof. A. Rothenberger.**

**You are welcome to make any suggestions and/or recommendations for revision. These can be sent to J.Tsiantis : [itsianti@cc.uoa.gr](mailto:itsianti@cc.uoa.gr)**