

JCHPT: Psychotherapy Specialist Advisory Sub-Committee

Conference on psychotherapy training

Friday the 13th was not the most appealing of June dates to celebrate the first one-day College meeting of trainers and trainees in psychotherapy. However, meet in Nottingham we did, and very stimulating it turned out to be.

From very early on in the day two dominant themes took shape. Firstly the contrast between psychotherapy training in big centres with that in the provinces; and secondly the relevance of an analytic training to someone taking up an NHS consultant psychotherapist post. Analytic training in this context was taken to include both full analytic training and some personal analytic experience.

The embodiment of the 'big centre' model of training is perhaps the Tavistock Clinic, generously represented at the conference. Their multidisciplinary (medical/social work/psychology) senior registrar level training schedule, concentrating on depth and quality of training experience rather than quantity, was described in impressive detail. The sheer extent of supervision available through a range of therapies and advantages of training with a group of peers contrasted with the relative isolation experienced in the provinces. Here, insufficient consultant trainers to provide the breadth of supervision needed was a problem, since the ideal minimum of at least two consultant psychotherapists working together was often not met. The frequent inaccessibility of training analysts was also a problem often encountered.

The Tavistock training was not allowed to go unquestioned, however. How much was it demonstrating an inappropriate model of training when matched to the realities of NHS practice? Would their 'graduates' perhaps not be prepared for the demands and compromises of running a regional service, and hence inevitably become frustrated and disappointed after taking up their appointments? Was the extraordinary lack of applicants from London for psychotherapy jobs in the provinces a reflection of any mis-match between expectations created in training and the circumstances of the job to be done?

No clear answers emerged, but the questions certainly highlighted important differences in the type of training senior registrar psychotherapists can receive. Trainers and trainees in the provinces seemed particularly aware of the enormous demand for psychotherapy set against tightly stretched resources. This provided a constant reminder to be cost effective, providing the right sort of help to the maximum extent in the shortest time. That this should be reflected in training was felt to be important, and familiarity with research on positive therapeutic factors was quoted as an example. Of course, these two training options, the 'big centre' versus peripheral training, are not mutually exclu-

sive, and a third model based on a weekly day-release to a major psychotherapy centre was also discussed. In many ways this incorporated advantages from other training methods, although still not being the ideal compromise.

The second major theme of the day, which somehow proved irrepressible, constantly re-emerging from the remains of other issues, was the relevance of an analytic background to an NHS psychotherapist. The fact is that at least 60 per cent of current NHS consultant psychotherapists are members of one of the analytic institutes. Reflecting this, most speakers felt that psychoanalysis provided a way of thinking about mental processes that was fundamental to the understanding and practice of other therapies. Thus, analytic thought was seen as a basic point of departure, and would remain so until another more effective starting point was evolved. The development of the skills of, for example, group or family work could be seen as developing best in a setting of analytic understanding.

In contrast, other speakers emphasized the importance of a personal training analysis being elective rather than obligatory, of gaining a broad experience of therapies, and of supervision playing an important role in exploring personal difficulties encountered in therapy. That this non-analytically orientated training would differ little from that of a general psychiatrist seemed to miss the point, for every psychiatrist should be trained in, and practise, psychotherapy even if much of his time may be spent in other areas—specialist psychotherapists neither could nor would want to corner the psychotherapy market entirely.

Of course, other issues were discussed at the conference which lack of space excludes, although none stimulated as marked a polarization of views as those I have mentioned. One isolated fact still lodges in my mind, however. The cost of a four-year senior registrar training at the Tavistock is £50,000, little more than their salary over that time. As someone said, a remarkably good 30 year investment. And unlike a piece of hospital machinery, it improves with age.

In itself the conference seemed a success. While at times seeming to meander, not quite sure where it wanted to be at the end of the day, it did achieve the important goal of creating a forum in which psychotherapy trainers and trainees from both sides of The Wash could meet, talk and share. For this, we must thank Dr. Mark Aveline and the North Nottingham Teaching District for their hospitality, and look forward to the event becoming a regular feature.

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