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Special Feature Article

How to Learn Psychotherapy: Individuality and the Specific Program

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Abstract

To learn psychotherapy, each psychiatric course provides many case-studies and seminars as gateways for senior residents. Additional workshops and supervision of psychotherapy may be useful for learning. Residents wanting further education can select training courses for systematic psychotherapies such as cognitive-behavioral therapy or psychoanalysis.

Furthermore, it is important that psychotherapy should be learned individually from specialists in suitable environments. Residents who have little interest in psychotherapy will gain interest by interacting with specialists and to becoming qualified psychotherapists. Residents should work closely with specialists as role models.

Keywords: psychotherapy, training, course for certified psychiatrist, role model

Introduction.

It is essential for psychiatrists to acquire psychotherapeutic attitudes in

order to practice psychiatry, and it is the foundation of psychiatry. In order to learn psychotherapy, case conferences

and seminars on psychotherapy held by each department can be cited as gateways for more trainees to be exposed to psychotherapy. In addition, we believe that an environment conducive to learning psychotherapy can be created by enriching the contents of medical specialist programs with psychotherapy workshops and supervision systems. Those who wish to study more deeply will likely move on to training in systematic psychotherapy, such as cognitive-behavioral therapy and psychoanalysis.

Another important point is that learning psychotherapy is always an individual process, and the environment and the various mentors one encounters will prepare one to become a psychotherapist. It is not for nothing that meeting a good psychotherapist can open one's eyes and increase one's interest in psychotherapy. The creation of an environment in which psychotherapists as role models can be taught close at hand is an important point in the construction of training programs.

In this paper, I will first show how psychotherapy skills can be acquired in a psychiatric training program, using my own department as an example. The role of the mentor, which is indispensable in learning psychotherapy, is also discussed after introducing this author's experience.

I. Acquisition of psychotherapy in the training program

Each medical department has its own training program, and the first step is to learn about psychotherapy by following the program. For example, at the medical department to which this author belongs, case conferences, team conferences with supervising physicians, and ward conferences for sharing information on hospitalized patients are held regularly every week, and senior physicians give advice on psychotherapeutic involvement at these conferences. Behavioral therapy conferences and seminars on psychoanalysis and Morita therapy are also held on a regular basis, and those who wish to attend can do so. An example of the schedule for Morita therapy seminars is shown in the table below. The following information on behavior therapy conferences is presented at each conference (the cases below are fictitious).

[Notice of Behavioral Therapy Conference]

The following cases are scheduled for the conference on Monday, May X.

<Teenage female with #obsessive compulsive disorder and #autism spectrum disorder. >

Since the early grades of elementary school, she has washed her hands

frequently and was sometimes late for class. In the sixth grade, a grasshopper touched her forehead, and she began to feel uncomfortable unless she disinfected anything that had insects on it with alcohol. Gradually, she began to feel that even the mere sight of an insect was enough to put it in her hair or mouth, and she began to wipe and wash her hands repeatedly, using towels and tissues in large quantities. In Y-1, She was seen at a local clinic and started pharmacotherapy, which was somewhat effective, but her symptoms persisted.

She was first seen in our department for behavioral therapy and was voluntarily admitted to an open ward. In the conference, we would like to discuss the future treatment plan and behavioral therapy interventions.

The conference will focus on the understanding of symptoms through behavior analysis, and discussion on diagnosis and treatment procedures. If you have an interesting case of problematic behavior due to obsessive-compulsive disorder, anxiety disorder, eating disorder, or other disorders, please contact us. We look forward to seeing you there.

(Kyushu University, Department of Psychiatry, Graduate School of Neurology, Action Therapy)

In addition, seminars with outside lecturers are frequently held, where we

can learn about psychotherapy (Figure 1). The following is this author's impression of the lecture given by Dr. Naoki Fujiyama 1), who was invited as an external lecturer at the "Mental and Brain Seminar" organized by our department.

[Tutor] Mr. Naoki Fujiyama

Date and place of presentation]
Conference Room, Department of Psychiatry, Kyushu University,
November 9, 2013

[Lecture Title] How can psychoanalysis contribute to clinical psychiatry?

[Impressions of the lecture] Dr. Fujiyama began his lecture by saying that psychoanalysis has a different origin from psychiatry, and a different epistemology and model of practice. Dr. Fujiyama said, "To be an analyst is to give your personal opinion, to have a process and a mental change associated with it." He spoke realistically about the history of psychoanalysis, its place in psychiatry, the structure of treatment, money, and the handling of negative emotions. Dr. Fujiyama is such a rakugo enthusiast that he holds his own rakugo recitals, and his reenactments of interactions with patients were as vivid as if we were there. According to Dr. Fujiyama, "the higher the position of a sushi chef, the more he stands in front of his customers," and I felt that this was

exactly the kind of work he was doing in the space of analysis, facing the patients head-on.

(Text responsibility: Tomohiro Nakao)

In this way, within the framework of the training program, advice is given on clinical psychotherapy practice through conferences and case studies, and exposure to the essence of systematic psychotherapy is provided through conferences, seminars, and lectures, thus creating a pathway to specialized psychotherapy training.

On the other hand, there are many unknowns about the extent to which psychotherapy education is provided in the many medical offices in Japan. The purpose of this symposium was to understand the current state of psychotherapy education and to discuss possible solutions to these problems. One of the major problems expected is the disparity in educational status due to the shortage of psychotherapists. The activities of the Psychotherapy Committee of the Japanese Society of Psychiatry and Neurology, which this author has contributed towards since 2012, are intended to address this. The main purpose of this committee is to provide opportunities for young psychiatric residents and others to learn the clinical attitudes and skills necessary to establish and maintain therapeutic relationships, and to present psychotherapeutic education to

supervising physicians. In order to achieve these goals, the members of the committee, who are experts in psychotherapy from various perspectives, have been actively organizing symposia and workshops at conferences and holding training sessions consisting of lectures and case studies several times a year in various parts of Japan. The activities of the committee are described in detail in the poster report at the Annual Meeting of the Japanese Society of Psychiatry and Neurology held in Niigata, Japan in June 2019 (Figures 2 and 3). The committee has also published a book (2)(3) on the basics of interviewing (Figure 4). We believe that by taking advantage of these opportunities, we can learn more about psychotherapy.

II. Individual Encounters and Psychotherapy

This author feels that the existence of mentors and role models who invite young psychiatrists into the world of psychotherapy is important, as well as the necessity of enhancing systematic programs such as those described so far. I would like to discuss this point based on this author's experience.

I specialize in behavioral therapy, a technique that has been of great help to me in my daily practice. On the other hand, my clinical style is mixed with a dynamic mindset, which I feel is

probably due to the training I received and the experience I have accumulated. I became interested in behavior therapy when I was sent to a national single-department psychiatric hospital, which was famous for behavior therapy at that time, soon after I joined the university, and was able to receive continuous guidance from behavior therapists even after I returned to the university medical office. At the same time, I felt comfortable with the traditional atmosphere of psychopathology that prevailed in the medical office at that time. I was also strongly influenced by the clinical style of the Morita therapists I met at the private psychiatric hospital to which I was later transferred. The hospital where I later worked part-time was at that time a mecca for psychoanalysis in Kyushu, and the psychoanalysts I met there also gave me many suggestions. In recent years, I have been working together with psychotherapists of various backgrounds in the Psychotherapy Committee, and have received a lot of stimulation from them. I was blessed to be able to grow up in an environment where I could study systematic psychotherapy in several laboratories. In addition, I have had the good fortune to meet several mentors and role models in the places where I have worked, and I feel that I have been greatly influenced by them.

Younger trainees who have an orientation toward psychotherapy from the beginning will access various training sessions on their own and hone their skills in psychotherapy. On the other hand, based on my own experience, many young people may have an interest in psychiatry at the beginning of their training, but they may not necessarily have a high awareness or orientation toward psychotherapy, except for a latent one. Therefore, in order to motivate young people to become involved in psychotherapy, senior psychiatrists who can serve as role models, supervisors, and mentors are necessary. However, due to the diversification of training programs, the rise of biological psychiatry, and the increase in the ratio of psychiatric care in general hospitals and clinics from single-department psychiatric care, it may be difficult to find mentors and role models in psychiatry today, especially in terms of learning psychotherapy.

In this regard, I conducted a survey on the attitudes of young people who aspire to become specialists in the department to which this author belongs. The question was, "To what extent do you think psychiatrists should learn psychotherapy (including minor psychotherapy)? (Figure 5), "How much do you learn about psychotherapy (including minor psychotherapy) in

your current training program, including those of your collaborators?" (Figure 6), and "Would you like to have more opportunities to learn about psychotherapy (including minor psychotherapy (Figure 7))?" It is clear that many younger trainees understand the need for psychotherapy, but feel that their current training program is not sufficient, and they would like to have the opportunity to learn. In addition, many of the free answers expressed frank opinions, such as "I want a common environment where I can learn psychotherapy because if I devise it on my own, I risk developing biased thinking and wrong habits" (second-year trainee), "I want my psychotherapy to be evaluated and feedback given" (second-year trainee), "Need to mandate a curriculum to receive case supervision." (third-year trainee), "Younger students tend to focus on acute care and pharmacotherapy, but as the years go by, I have come to feel that to be a good psychiatrist, one needs to know how to handle psychotherapy and deal with minor situations. It is important to have a good senior psychiatrist close by" (4th year). The training program organized by this author's department consists of more than 40 collaborating medical institutions, including university hospitals, general hospitals, and public and private

single-department psychiatric hospitals, and we are proud of the fact that we can learn a wide range of psychiatric treatments. However, the results of this survey suggest that there is still room for improvement in terms of education on psychotherapy.

The majority of young people enter psychiatry with an interest in psychiatry, and we, as senior psychiatrists, are the only ones who can teach them the importance of psychotherapy in psychiatric care. In order to increase the interest of young people in psychotherapy and motivate them to learn it, it is important for supervisors to demonstrate the importance of psychotherapy in their attitudes. Therefore, the psychotherapy skills of the supervising physicians and the assistance of psychotherapists in the field are required. If attendance and supervision could be programmed, it would be even more useful for the acquisition of psychotherapy.

Conclusion.

I would like to share my thoughts on how to learn psychotherapy from the standpoint of a member of a university medical office. In order for young people to understand the importance of psychotherapy and to be motivated to learn the skills, it is essential to provide them not only with specialist programs, but also with supervisors as role models

and mentors.

There are no conflicts of interest to be disclosed in relation to this paper.

2) 日本精神神経学会精神療法委員会
編: 臨床医のための精神科面接の基本
新興医学出版社, 東京, 2015

3) 日本精神神経学会精神療法委員会
編: エキスパートに学ぶ精神科初診面接
[Web 動画付]—臨床力向上のために—
医学書院, 東京, 2018

References

1) 中尾智博: 精神分析講演の報告. 九
大精神科同門会誌, 平成 26 年 1 号.
p.78-79, 2014

表 森田療法セミナー (初級編)

開催回	内容
第 1 回	森田療法とは何か (その起源と発展)
	治療技法論 (外来での治療の実際: パニック障害, うつ病)
第 2 回	治療技法論 (日記指導とカウンセリング)
	森田療法の理論的基礎と認知行動療法との比較
第 3 回	森田療法とメンタルヘルス
	森田療法の展開 (緩和ケアへの応用)
第 4 回	治療技法論 (外来森田療法の原則)
	治療技法論 (外来での治療の実際: 対人恐怖)
第 5 回	治療技法論 (外来での治療の実際: 心気症, 心身症)
	森田療法と内観療法との比較
第 6 回	治療技法論 (外来での治療の実際: 思春期青年期症例)
	治療技法論 (外来での治療の実際: 強迫性障害)

Table Morita Therapy Seminar (elementary)

Session Contents

Session 1: What is Morita therapy (its origin and development)?

Therapeutic techniques (actual outpatient treatment: panic disorder, depression)

Session 2: Therapeutic techniques (diary guidance and counseling)

Theoretical basis of Morita therapy and comparison with cognitive-behavioral

therapy

Session 3: Morita therapy and mental health

Development of Morita therapy (Application to palliative care)

Session 4: Treatment Techniques (principles of outpatient Morita therapy)

Outpatient Morita therapy and mental health

Session 5: Theory of therapeutic techniques (actual outpatient treatment: hypochondria, psychosomatic disorders)

Comparison between Morita therapy and Naikan therapy

Session 6: Outpatient treatment practice: adolescent and young adult cases

Theory of therapeutic techniques (actual outpatient treatment: obsessive-compulsive disorder)



医局会(症例検討会)の風景

【毎週】

医局会(症例検討会)

指導医カンファレンス

モーニングカンファレンス

【定期的・集中的に開催】

ストレスケア研究会

こころと脳のセミナー

神田橋條治先生の臨床実技指導

行動療法カンファレンス

精神分析セミナー

森田療法セミナー

Figure 1: Conferences, lectures, and seminars organized by our department

[every week]

Medical office meeting (case review meeting)

Supervisor's conference

Morning conference

[Held regularly and intensively]

Stress care study group

Mental and brain seminar

Clinical skills training by Dr. Joji Kandabashi

Behavioral therapy conference

Psychoanalysis seminars

Morita therapy seminar

開催年度	開催地	形式	演題名
2012	札幌	シンポジウム	「精神科臨床における治療関係のつくりかた」
2013	福岡	シンポジウム	「私の初診面接」
		ワークショップ	「映像で学ぶ初回面接」
2014	横浜	シンポジウム	「治療関係と薬物療法」
		ワークショップ	「映像で学ぶ初回面接—パニック障害編—」
2015	大阪	シンポジウム	「治療関係に困ったら」
2016	幕張	シンポジウム	「精神科専門医にとっての精神療法とは—」
		ワークショップ	「映像で学ぶ初回面接—家族相談編—」
2017	名古屋	シンポジウム	「精神科臨床における働きかたと尋ねかた」
		ワークショップ	「映像で学ぶ初回面接—統合失調症編—」
2018	神戸	シンポジウム	「精神科臨床における診断と見立て」
		ワークショップ	「映像で学ぶ初回面接—心的外傷(PTSD)編—」
2019	新潟	シンポジウム	「精神科専門医に必要な精神療法の学び方」
		ワークショップ	「映像で学ぶ初回面接—遷延性うつ病編—」

図2 日本精神神経学会精神療法委員会の活動について（その1）

Figure 2: Activities of the Psychotherapy Committee of the Japanese Society of Psychiatry and Neurology (Part 1)



図3 日本精神神経学会精神療法委員会の活動について（その2）

Figure 3: Activities of the Psychotherapy Committee of the Japanese Society of Psychiatry and Neurology (Part 2)



図4 精神療法委員会の活動について(書籍)

Figure 4: Activities of the Psychotherapy Committee (book)

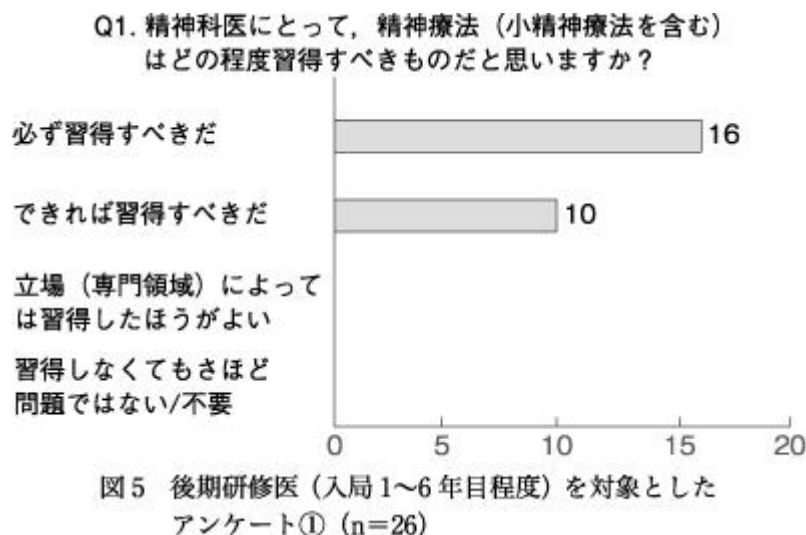


Figure 5: Questionnaire Survey of Postdoctoral Fellows (about the first to sixth year of residency) (1) (n=26)

Q. "To what extent do you think psychiatrists should learn psychotherapy (including minor psychotherapy)?

You must learn it.

Should learn if possible.

Should learn depending on one's position (area of expertise).

Not much of a problem if not learned / unnecessary.

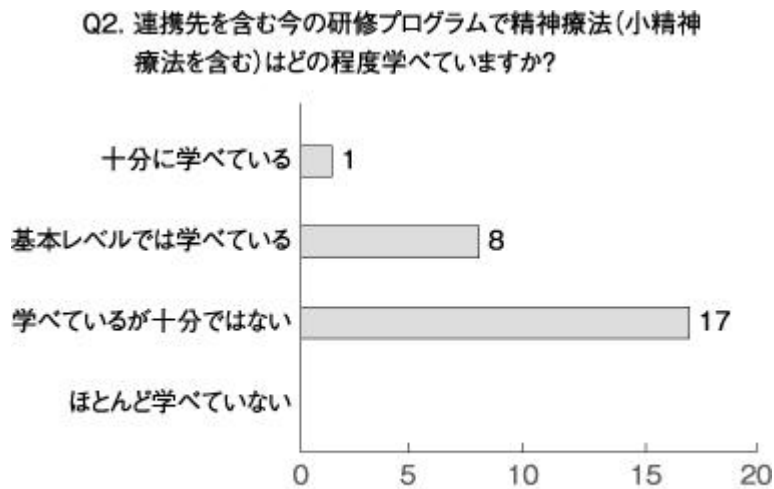


図6 後期研修医(入局1~6年目程度)を対象としたアンケート② (n=26)

Figure 6: Questionnaire Survey of Late-career Residents (about the first to sixth year of residency) (2) (n=26)

Q. "How much do you learn about psychotherapy (including minor psychotherapy) in your current training program, including those of your collaborators?"

I'm learning enough.

I have learned up to the basic level.

I have learned but not enough.

I have learned very little.

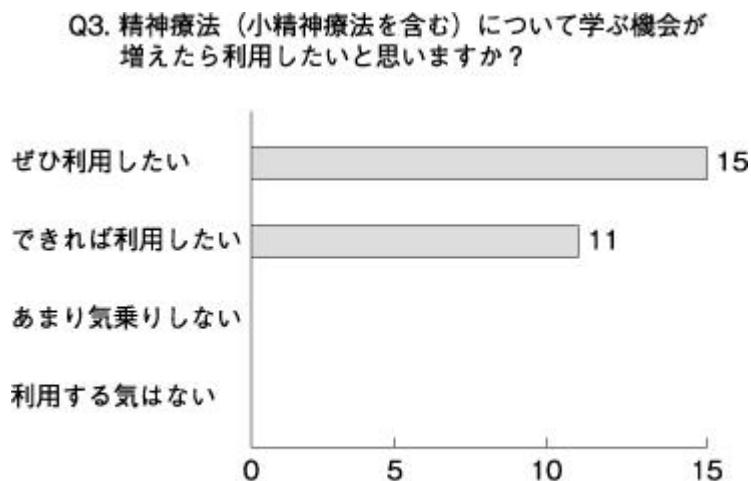


図7 後期研修医(入局1~6年目程度)を対象としたアンケート③ (n=26)

Figure 7: Questionnaire Survey of Late-career Residents (about the first to sixth year of residency) (3) (n=26)

Q. "Would you like to have more opportunities to learn about psychotherapy (including minor psychotherapy?"

I would love to use it.

I would like to use it if possible.

Not too keen on it.

Not interested in using it.