AADPRT Brief Therapy Competencies
John Markowitz, M.D., Lisa Mellman, M.D., Eugene Beresin, M.D., David Goldberg, M.D., Sandra DeJong, M.D.

Knowledge
1. The resident will demonstrate understanding of the spectrum of theoretical models and clinical concepts of brief therapy.
2. The resident will demonstrate understanding of the use of a focus and time limit as therapeutic tools.
3. The resident will demonstrate understanding of the course of brief therapy, including phases of the treatment.
4. The resident will demonstrate understanding of indications and contraindications for brief therapy.
5. The resident will demonstrate understanding of the use of brief therapy in the overall treatment needs of the patient.
6. The resident will demonstrate understanding that continued education in brief therapy is necessary for further skill development.

Skills
1. The resident will be able to select suitable patients for the particular model chosen for brief therapy.
2. The resident will be able to establish and maintain a therapeutic alliance.
3. The resident will be able to establish and adhere to a time limit.
4. The resident will be able to establish and adhere to a focus.
5. The resident will be able to utilize at least one well-defined model of brief therapy.
6. The resident will be able to educate the patient about the goals, objectives, and time frame of brief therapy.
7. The resident will be able to recognize and identify affects in the patient and himself/herself.
8. The resident will be able to develop a formulation using the brief therapy model selected.
9. The resident will be able to seek appropriate consultation and/or referral for specialized treatment.

Attitudes
1. The resident will be empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of brief therapy.
2. The resident will be sensitive to the sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.
3. The resident will be open to review of audio or videotapes or direct observations of treatment sessions.

Revised 11/21/01
AADPRT Cognitive Behavioral Therapy Competencies
Donna Sudak, M.D., Jesse Wright, M.D., Judith Beck, Ph.D., David Bienenfeld, M.D., Lisa Mellman, M.D., David Goldberg, M.D., Eugene Beresin, M.D., Carol Bernstein, M.D., Michele Pato, M.D.

Knowledge
1. The resident will demonstrate understanding of the basic principles of the cognitive model including the relationship of thoughts to emotion, behavior and physiology; the concept of automatic thoughts and cognitive distortions; the common cognitive errors; the significance and origin of core beliefs and relationship of schemas to dysfunctional thoughts and assumptions, behavioral strategies and psychopathology.
2. The resident will demonstrate understanding of the cognitive formulations for the psychiatric conditions for which cognitive therapy is indicated.
3. The resident will demonstrate understanding of the indications and contraindications for cognitive therapy.
4. The resident will demonstrate understanding of the basic rationale for structuring a cognitive therapy session, and the focus on active collaboration and problem solving.
5. The resident will demonstrate understanding of the basic principles of psychoeducation and skills training during therapy, and when termination approaches, for relapse prevention.
6. The resident will demonstrate understanding of the basic principles underlying the use of behavioral techniques including activity scheduling, exposure and response prevention, relaxation training, graded task assignment, exposure hierarchies/systematic desensitization.
7. The resident will demonstrate understanding of the basic principles underlying the use of cognitive techniques including identifying automatic thoughts, cognitive restructuring, problem solving, advantage/disadvantage analyses, examining the evidence, thought recording, and modification of core beliefs.
8. The resident will demonstrate understanding of the ways in which rating scales are an integral part of cognitive behavioral therapy.
9. The resident will demonstrate understanding that continued education in cognitive behavioral therapy is necessary for further skill development.

Skills
1. The resident will be able to elicit data and conceptualize patients using the cognitive conceptualization framework.
2. The resident will be able to establish and maintain a therapeutic alliance.
3. The resident will be able to educate the patient about the cognitive model including the centrality of core beliefs/schemas, and the responsibilities of the patient in actively engaging in treatment.
4. The resident will be able to educate the patient about the core beliefs/schemas most relevant to the presenting problem, and help him/her understand the basic origin of these beliefs.
5. The resident will be able to structure and focus the therapy sessions including collaboratively setting the agenda, bridging from the previous session, reviewing homework and assigning appropriate new homework, working on key problems, summarizing and closing the session, and eliciting and responding to feedback.
6. The resident will be able to utilize activity scheduling and graded task assignment to teach the patient to monitor behavior and increase patient engagement in desirable mastery and pleasure behaviors.
7. The resident will be able to utilize relaxation techniques, exposure and response prevention, and graded exposure to feared situations.
8. The resident will be able to employ the dysfunctional thought record and measure the impact this has on mood and behavior.
9. The resident will be able to recognize and identify affects in the patient and himself/herself.
10. The resident will be able to effectively plan termination with patients, employing booster sessions as indicated, and teaching relapse prevention techniques.
11. The resident will be able to write a cognitive behavioral formulation.
12. The resident will seek appropriate consultation and/or referral for specialized treatment.
Attitudes
1. The resident will be empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of cognitive behavioral therapy.
2. The resident will be sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.
3. The resident will be open to review of audio or videotapes or direct observations of treatment sessions.

Revised 11/21/01
AADPRT Psychodynamic Psychotherapy Competencies

Lisa Mellman, M.D., David Goldberg, M.D., Eugene Beresin, M.D., Elizabeth Auchincloss, M.D., William Sledge, M.D., Andres Sciolla, M.D.

Knowledge
1. The resident will demonstrate understanding of the spectrum of theoretical models of psychodynamic psychotherapy.
2. The resident will demonstrate understanding of the clinical psychodynamic psychotherapy concepts of the unconscious, defense and resistance, transference and countertransference.
3. The resident will demonstrate understanding that symptoms, behaviors, motivations often have multiple and complex meanings that may not be readily apparent.
4. The resident will demonstrate understanding of the influence of development through the life cycle on thoughts, feelings, and behavior.
5. The resident will demonstrate understanding of the indications and contraindications for the psychiatric disorders and problems treated by psychodynamic psychotherapy.
6. The resident will demonstrate understanding that continued education in psychodynamic psychotherapy is necessary for further skill development.

Skills
1. The resident will be able to evaluate the capacity of the patient to engage in and utilize psychodynamic psychotherapy.
2. The resident will be able to display effective interpersonal skills in building and maintaining a collaborative therapeutic alliance that promotes self reflection and inquiry into the patient’s inner life.
3. The resident will be able to establish with the patient treatment goals.
4. The resident will be able to establish with the patient a treatment frame.
5. The resident will be able to engage the patient in exploring his/her history of experiences, sociocultural influences, relationship patterns, coping mechanisms, fears, traumas and losses, hopes and wishes in order to understand the presenting problems.
6. The resident will be able to effectively listen to the patient to understand nuance, meanings, and indirect communications.
7. The resident will be able to recognize and identify affects in the patient and himself/herself.
8. The resident will be able to recognize, utilize and manage aspects of transference and countertransference, defense and resistance in the course of treatment.
9. The resident will be able to utilize self-reflection to learn about his/her own responses to patients to further the goals of the treatment.
10. The resident will be able to utilize clarification and confrontation.
11. The resident will be able to utilize interpretation to manage transference/countertransference that impedes or disrupts the therapeutic process.
12. The resident will be able to manage and understand the meanings of termination.
13. The resident will be able to write a psychodynamic formulation.
14. The resident will be able to seek appropriate consultation and/or referral for specialized treatment.

Attitudes
1. The resident will be empathic, respectful, curious, open, non judgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of psychodynamic psychotherapy.
2. The resident will be sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.
3. The resident will be open to audio or videotapes or direct observations of treatment sessions.

Revised 11/21/01
AADPRT Psychotherapy Combined with Psychopharmacology Competencies
John Sargent, M.D., Paul Mohl, M.D., Bernie Beitman, M.D., Gene Beresin, M.D., Lisa Mellman, M.D., Jessica Roberts, M.D.

Knowledge
1. The resident will demonstrate knowledge of the diagnoses and clinical conditions which warrant consideration of psychopharmacological treatment in addition to psychotherapy, and psychotherapy in addition to psychopharmacology.
2. The resident will demonstrate knowledge of different methods of combining psychotherapy and psychopharmacology.
3. The resident will demonstrate knowledge of the specific indications for a recommendation of psychotherapy and psychopharmacology and the rationale for the type of psychotherapy and medication recommended.
4. The resident will demonstrate knowledge of potential synergies and/or antagonisms in combining psychotherapy and psychopharmacology.
5. The resident will demonstrate knowledge that taking medication may have multiple psychological and sociocultural meanings to a patient.
6. The resident will demonstrate knowledge of the background, education and training of other mental health professionals who may provide psychotherapy in a combined treatment.
7. The resident will demonstrate understanding that continued education in combined psychotherapy and psychopharmacology is necessary for further skill development.

Skills
1. The resident will be able to gather sufficient clinical information to assess the need for, recommend and implement combined (sequential or simultaneous) psychotherapy and psychopharmacology.
2. The resident will be able to form an active alliance with the patient which facilitates adherence to combined psychotherapy and psychopharmacology.
3. The resident will be able to monitor the patient’s condition and modify the psychotherapeutic or psychopharmacologic approach when necessary.
4. The resident will be able to appreciate and assess the importance of timing of psychotherapeutic and psychopharmacologic interventions.
5. The resident will be able to understand the influences of other factors on combined psychotherapy and psychopharmacology such as conscious and unconscious aspects of the doctor-patient relationship, placebo effects, and concurrent medical conditions.
6. The resident will be able to recognize and identify affects in the patient and himself/herself.
7. The resident will be able to use psychotherapeutic techniques to diminish resistance to and facilitate use of medication when appropriate.
8. The resident will be able to recognize the potential beneficial and/or detrimental effects of medication use in a psychotherapeutic treatment.
9. The resident will be able to understand and explore the psychological and sociocultural meaning to a patient of taking medication.
10. The resident will be able to collaborate effectively with non-psychiatric psychotherapists and respond to conflicts and problems in the three-person treatment.

Attitudes
1. The resident will be empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of combined psychotherapy and psychopharmacology.
2. The resident will be sensitive to the sociocultural, socioeconomic, educational issues and belief systems that arise in the therapeutic setting.
3. The resident will understand that treatment is integrated such that the individual components of combined psychotherapy and psychopharmacology constitute the whole treatment and are not divisible into independent parts.
4. The resident will be open to audio or videotapes or direct observations of treatment sessions.

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AADPRT Supportive Therapy Competencies
Henry Pinsker, M.D., Lisa Mellman, M.D., Gene Beresin, M.D., David Goldberg, M.D, Donald Misch, M.D., Lee Ascherman, M.D.

Knowledge
1. The resident will demonstrate knowledge that the principal objectives of supportive therapy are to maintain or improve the patient’s self-esteem, minimize or prevent recurrence of symptoms, and to maximize the patient’s adaptive capacities.
2. The resident will demonstrate understanding that the practice of supportive therapy is commonly utilized in many therapeutic encounters.
3. The resident will demonstrate knowledge that the patient-therapist relationship is of paramount importance.
4. The resident will demonstrate knowledge of indications and contraindications for supportive therapy.
5. The resident will demonstrate understanding that continued education in supportive therapy is necessary for further skill development.

Skills
1. The resident will be able to establish and maintain a therapeutic alliance.
2. The resident will be able to establish treatment goals.
3. The resident will be able to interact in a direct and non-threatening manner.
4. The resident will be able to be responsive to the patient and give feedback and advice when appropriate.
5. The resident will be able to demonstrate the ability to understand the patient as a unique individual within his/her family, sociocultural and community structure.
6. The resident will be able to determine which interventions are in the best interest of the patient and exercise caution about basing interventions on his/her own beliefs and values.
7. The resident will be able to recognize and identify affects in the patient and himself/herself.
8. The resident will be able to confront in a collaborative manner behaviors that are dangerous or damaging to the patient.
9. The resident will be able to provide reassurance to reduce symptoms, improve morale and adaptation and prevent relapse.
10. The resident will be able to support, promote, and recognize the patient’s ability to achieve goals that will promote his/her well-being.
11. The resident will be able to provide strategies to manage problems with affect regulation, thought disorders, and impaired reality testing.
12. The resident will be able to provide education and advice about the patient’s psychiatric condition, treatment and adaptation while being sensitive to specific community systems of care and sociocultural issues.
13. The resident will be able to demonstrate that in the care of patients with chronic disorders attention should be directed to adaptive skills, relationships, morale, and potential sources of anxiety or worry.
14. The resident will be able to assist the patient in developing skills for self assessment.
15. The resident will be able to seek appropriate consultation and/or referral for specialized treatment.

Attitudes
1. The resident will be empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of supportive therapy.
2. The resident will be sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.
3. The resident will be open to audio or videotapes or direct observations of treatment sessions.