

**EDITORIAL SECTION**

**PSYCHOTHERAPY TRAINING – OPPORTUNITIES  
FOR IMPROVING COMPETENCY THROUGH  
INTERNATIONAL COLLABORATION**

*César A Alfonso\*, Aida S A Adlan\*\*, Hazli Zakaria\*\*\*,  
Aili Hashim\*\*\*\*, Eizwan Hamdie Yusoff^*

**\*Associate Professor of Psychiatry, Columbia University Medical Center, United States and Secretary of the World Psychiatric Association Psychotherapy Section; \*\*Senior Lecturer and Psychiatrist, University of Malaya, Lembah Pantai, Kuala Lumpur, Malaysia; \*\*\*Senior Lecturer and Psychiatrist, Universiti Kebangsaan Malaysia (UKM), Cheras, Kuala Lumpur, Malaysia and Vice President of Malaysian Psychiatric Association (MPA); \*\*\*\*Associate Professor and Consultant Child and Adolescent, and Adult Psychiatrist, Department of Psychological Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia; ^Associate Professor and Consultant Psychiatrist, Discipline of Behavioral & Psychological Medicine, Faculty of Medicine UiTM, Selayang Campus, Batu Caves, Selangor, Malaysia.**

*ASEAN Journal of Psychiatry, Vol. 17 (2): July – December 2016: XX XX.*

The practice of psychotherapy has been standardized globally with the goal of developing skills sets in cognitive-behavioral, supportive and psychodynamic interventions, as well as other evidence based psychosocial treatments. While many international academics propose developing expertise by adhering to a particular or preferred theoretical framework, clinicians in underserved areas are faced with the challenge of integration, combining treatment modalities, cultural adaptation of standardized therapies [1], and translating theory into technique in everyday practice [2]. Working in high-volume clinics or hospital settings with scarce resources and limited time to evaluate and treat patients with complex multimorbidities compounds the challenge of providing adequate care in a time-sensitive fashion. If the task of psychiatrists implementing psychotherapy treatment algorithms in these settings seems daunting, it is equally challenging to effectively supervise psychiatric trainees who serve the same patients.

The Malaysian Psychiatric Association (MPA), with assistance from the WPA Psychoanalysis in Psychiatry Section, sponsored a pilot advanced psychodynamic psychotherapy-training course for early and

mid career Malaysian psychiatrists. This editorial constitutes a brief communication of the consultation findings and pedagogic methodological recommendations that developed from this collaboration in Malaysia, which can be modeled in the rest of the South-East Asia region. The Department of Psychiatry at Universiti Kebangsaan Malaysia (UKM) sought guidance to better educate trainees by creating a two-year visiting professorship for Professor César Alfonso, the Secretary of the Psychotherapy Section of the World Psychiatric Association (WPA).

The six-month advanced psychodynamic psychotherapy course was conducted by creating a virtual classroom for peer and thematic supervision, a core curriculum of 40 selected articles and textbook chapters, a moderated email list serve discussion forum and on-site learning in Kuala Lumpur where the three co-teachers and course facilitators (Alfonso, Adlan and Zakaria) met over the last two weeks of the course with eight established psychiatrists selected for the training by the MPA. The aim of the WPA-MPA course was to specifically develop the psychotherapy skills of a core group of young academic psychiatrists to improve not only practice, but more importantly, supervisory skills. Follow-

up workshops are being developed to further train the graduates to embrace their supervision responsibilities with mastery. In addition, a faculty and curriculum development meeting was held at University of Malaya (UM) and a focus group of thirty psychiatric trainees at UKM to obtain informed opinions about how to improve supervision. The following is a schematic set of specific recommendations to improve psychotherapy training based on thoughtful dialogue with Malaysian psychiatrists and trainees.

1. Minimize paperwork, time spent doing transcription of sessions and hermeneutical evaluation of psychotherapy process notes. A consensus was reached that too much valuable time is currently spent having trainees submit extensive written reports of their cases and going over transcripts of sessions in individual supervision.

2. Consider group supervision and supervision in tandem with more than one trainee at the same time (such as currently conducted at the University of Malaya- UM training site). When there is a scarcity of supervisors, supervision can be effectively conducted when more than one trainee meet in individual psychotherapy supervision and present cases in tandem. Mutual learning is encouraged and trainees benefit from participating in intensive supervision with their peers.

3. Use video recordings for self-assessment and supervision. Audio recording of sessions could be easily substituted by video recording. After proper informed consent is obtained from patients, reviewing videos in supervision could be more conducive to learning.

4. Integrate theory with technique in all treatment settings. Psychological clinical theories (in particular psychodynamic) can be obtuse and verbose. Effort should be made to have supervisors help trainees conduct brief formulations at the bedside in the general hospital and in clinical rounds in all treatment

settings, to make formulations logical and purposeful.

5. Expand training to include family, couple, marital, and group psychotherapy modalities. Trainees should have exposure to implementation of CBT, supportive and uncovering-psychodynamic technique not only for individual psychotherapy but also to treat dyads and family units. Group psychotherapy with the medically ill is an effective way to provide services and trainees should have this supervised experience.

6. Create a targeted annotated bibliography of core psychotherapy technique readings to help both trainees and supervisors do theory and practice clinical correlations.

In conclusion, as overwhelming as it may seem to care for underserved communities with scarce resources, and train the future generation of psychiatrists, academics and clinicians can bridge the service and learning gaps through international collaborations and a practical revision of pedagogical methods. Over the next year the WPA will lead two intensive all day skills-building workshops in Southeast Asia (Malang, Indonesia and Kuching, Malaysia) to benefit and support local psychotherapy supervisors in ASEAN countries. Perhaps this collaborative model could be replicated in other regions of the world where psychiatry is underrepresented.

## References

1. Mukhtar F., Oei. T.P.S. (2011) A review on assessment and treatment of depression in Malaysia, Depression and Research Treatment, Volume 2011, Article ID 123642, doi:10.1155/2011/123642
2. Udomratn, P (2008). The assimilation of current Western psychotherapeutic practice in Thailand, IFP Newsletter, 6(1), 13-15y of the World Psychiatric Association.

**Corresponding author: César A. Alfonso, Associate Professor of Psychiatry, Columbia University Medical Center, United States.**

**Email:** cesaralfonso@mac.com

Received: 27 August 2016

Accepted: 15 December 2016