

Psychotherapy Practices and Training Experiences: A National Survey of Young Thai Psychiatrists

Thammanard Charernboon MD*,
Muthita Phanasathit MD*

* Department of Psychiatry, Faculty of Medicine, Thammasat University, Pathumthani, Thailand

Objective: To survey the psychotherapy practices among young Thai psychiatrists, including perceptions pertaining to training experience and satisfaction of psychotherapy supervision.

Material and Method: The present study employed a cross-sectional descriptive survey. The sample consisted of all psychiatrists aged 40 years old or under. A questionnaire was developed by the research team and mailed to 142 young psychiatrists.

Results: There were 82 responders (57.7% response rate). The majority of the responding psychiatrists (80.5%) expressed their willingness to perform psychotherapy, however 57 of them (69.6%) were actually practicing it for 4 hours or less per month. Additionally, 41.5% had no self-confidence in using psychological interventions. The common barriers to practicing psychotherapy reported were lack of time to practice (85.4%), and no psychotherapy advisor (54.9%). Regarding psychotherapy training experience, 67.1% indicated that the training was sufficient. Types of psychotherapy training that young psychiatrists had received the most were supportive psychotherapy, Satir's systemic psychotherapy and cognitive behavioral therapy, respectively. The main factor affecting specific psychotherapy training experiences was the difference in the availability of training courses offered between the institutes. In regards to perceptions of psychotherapy supervision, 72.0% of the sample satisfied with psychotherapy supervision, although they had received an average of 4.8 hours per month only.

Conclusion: Most of young Thai psychiatrists showed positive attitude to psychotherapy, and also preferred further training. However, they performed psychotherapy in their work only a few hours per month due to heavy workloads, no supervisor and lack of confidence. The findings may have implications for individuals who are interested in the improvement of the quality and standard of the residency training program.

Keywords: Psychotherapy practice, Psychotherapy training, Thai, Psychiatrist

J Med Assoc Thai 2011; 94 (Suppl. 7): S95-S101

Full text. e-Journal: <http://www.jmat.mat.or.th>

Psychiatrists are unique physicians who integrate biological and psychosocial components in patient's care. Psychotherapy is also an identity of psychiatrists that helps distinguish them from other physicians. In the past, when there were few medications, psychotherapy was the main treatment for psychiatric patients. However, at present, with much more advance in pharmacological treatment, new effective drugs are launched every year and therefore, there have been some doubt expressed as to whether psychotherapy would remain its importance and whether the new generation of young psychiatrists will still practice psychotherapy. Survey from many countries, such as Australia, New Zealand, England,

Scotland and Canada showed that psychiatric residents' willingness or confidence to perform psychological interventions was decreasing⁽¹⁻⁵⁾. In addition, a study in Canada also reported that psychiatrists who graduated after 1984 spent less time in psychotherapy than their colleagues who completed their training before 1984⁽⁶⁾.

In Thailand, there have never been such studies before, so the authors have initiated one. The present study's objectives are to explore the psychotherapy practice, perceptions of psychotherapy, training experiences and experiences with psychotherapy supervision.

Material and Method

The present study employed cross sectional descriptive survey design. The sample included all young psychiatrists (defined by World Association for Young Psychiatrists and Trainees⁽⁷⁾) in Thailand aged 40 years old or under (born after 1st April 1970).

Correspondence to:

Charernboon T, Department of psychiatry, Faculty of Medicine, Thammasat University, Pathumthani 12120, Thailand.
Phone: 0-2926-9204
E-mail: dr.thammanard@gmail.com

The questionnaire was developed by the researcher team. Firstly, the authors created questions by reviewing data ever published and then this questionnaire was initially tested in a pilot study involving 10 young psychiatrists. After that the authors modified it before use in the project. The questionnaire inquired into 5 areas: (1) basic demographic information: age, gender, specialty (general psychiatrist/child and adolescent psychiatrist) and workplace. (2) psychotherapy practicing experiences: numbers of hours practicing psychotherapy per month, types of psychotherapy, willingness to perform psychotherapy, confidence in psychotherapy, values of psychotherapy and barriers to psychotherapy practice. (3) psychotherapy training experiences: training experience received from each type of psychotherapy while being a psychiatric resident. Degree of training received was assessed through a four-point scale: 0 = no training received, 1 = less training received, 2 = moderate training received and 3 = high training received. (4) experiences with psychotherapy supervision: numbers of hours and time of psychotherapy supervision per month, satisfaction with supervision and negative impacts from supervision. (5) types of psychotherapy training that young psychiatrists required for future studies.

The questionnaire was mailed to 142 young psychiatrists in April 2010 with detail and objectives of the survey. The study was approved by the ethic committee of Thammasat University.

Statistical analysis

Data was analyzed by SPSS 16.0 (SPSS Inc., Chicago, IL, USA 2007). Categorical measures were summarized using frequencies and percentages. Continuous measures were described by means, standard deviations, minimum and maximum. The associations were analyzed by Chi-square test, Fisher's exact test, independent t-test and ANOVA. All tests were performed at a significance level of 0.10 (due to the small sample size).

Results

Demographic data

There were 82 respondents out of 142 young psychiatrists (57.7% response rate): 30 males (36.6%) and 52 females (63.4%). Among them were 66 general psychiatrists (80.5%) and 16 child and adolescent psychiatrists (19.5%). Most of the respondents were 30-35 years old (67.1%). The majority of them worked in mental hospital (36.6%) followed by regional general

hospital (29.3%), university hospital (20.7%) and others such as private hospital (13.4%). More demographic data was presented in Table 1.

Abbreviations used in the present article

CBT = cognitive behavioral therapy, BDPT = brief dynamic psychotherapy, LDPT = long term dynamic psychotherapy, FT = family therapy, IPT = interpersonal psychotherapy, BT = behavioral therapy.

Psychotherapy practicing experiences

The majority of the samples (80.5%) expressed their willingness to perform psychotherapy, although only 69.6% were actually practicing psychotherapy for 4 hours or less per month and 41.5% lacked of self-confidence in practicing psychotherapy. However, nearly all young psychiatrists (98.8%) believed that psychotherapy played an important role for being a psychiatrist. The present study showed that the barriers to practicing psychotherapy were lack of time to practice (85.4%), no psychotherapy advisors (54.9%), lack of experience (54.9%) and no incentives for practicing (24.4%). The information about psychotherapy experiences was illustrated in Table 2.

Specific types of psychotherapy common used among young Thai psychiatrists (Table 3) were supportive psychotherapy (82.9%), followed by CBT (39.0%), BT (35.4%), Satir's systemic psychotherapy (32.9%), FT (28.0%) and Buddhist psychotherapy^(8,9)

Table 1. Demographic data

Variable	n	%
Gender		
Male	30	36.6
Female	52	63.4
Age (year) \bar{x} = 31.16, SD = 3.06, Min = 27, Max = 40		
≤ 29	20	24.4
30-35	55	67.1
36-40	7	8.5
Specialty		
General psychiatrist	66	80.5
Child and adolescent psychiatrist	16	19.5
Workplace		
University hospital	17	20.7
Mental health hospital	30	36.6
Regional general hospital	24	29.3
Other (e.g. private hospital)	11	13.4
Training place		
University hospital	72	87.8
Other	10	12.2

(28.0%), whereas BDPT, LDPT, Group psychotherapy and IPT were practiced by only 13.4%, 6.1%, 3.7% and 12.2% respectively.

Analyses indicated that only the workplace was statistic significantly related to the number of hours spent on psychotherapy (ANOVA, $df = 3$, $F = 2.23$, $p < 0.10$). Young psychiatrists who worked in others hospitals (*e.g.* private hospitals) conducted psychotherapy about 9.50 hours/month ($SD = 10.06$),

in regional general hospitals 6.39 hours/month ($SD = 7.37$), in university hospitals 5.35 hours/month ($SD = 7.18$) and in mental hospitals 3.83 hours/month ($SD = 3.01$). Concerning factors about confidence in performing psychotherapy, young psychiatrists with confidence performed psychotherapy for around 6.4 hours/month ($SD = 7.05$) which was more than those with no confidence in which they performed only 4.7 hours/month ($SD = 6.26$). However, this difference was not statistic significant.

Table 2. Psychotherapy practicing experiences

	n	%
Willingness to perform psychotherapy		
Willing	66	80.5
Not willing	16	19.5
Number of hours performing psychotherapy/month		
< 1	8	9.7
1-2	25	30.5
3-4	24	29.3
> 4	25	30.5
Confidence in performing psychotherapy		
Not confident	34	41.5
Confident	48	58.5
Barrier to psychotherapy's practice*		
Lack of experience	24	29.3
No psychotherapy advisors	45	54.9
Lack of time to practice	70	85.4
Only medications are enough	7	8.5
Psychotherapies are not effective	9	11.0
No Incentives for practicing	20	24.4

* Subject can endorse more than one barrier

Psychotherapy training experiences

Regarding perceptions of psychotherapy training, 67.1% of young psychiatrists indicated that they had received 'adequate training', whereas 32.9% stated 'inadequate'. The satisfaction scores on type of psychotherapy trainings were displayed in Table 3. The highest mean scores of specific psychotherapies training were supportive psychotherapy (1.99), followed by "Satir's psychotherapy (1.9)" CBT (1.57), BDPT (1.44) and FT (1.40), while the lowest mean score were IPT (1.07), BT (1.26) and Group therapy (1.29).

Analyses indicated that psychiatrists who reported receiving 'adequate training' was significantly associated with confidence in psychotherapy practice ($X^2 = 10.54$, $df = 1$, $p < 0.001$). Young psychiatrists who received adequate training felt confident in practicing by 70.9%, whereas those who received inadequate training felt confident only 33.3%.

In addition, training place was also significantly related to exposure to certain kinds of specific psychotherapy training. The availability of psychotherapy training was found to be different

Table 3. Specific types of psychotherapy used among young Thai psychiatrists/ and the levels of training received

Specific psychotherapy	Psychotherapy currently used : n (%)	Training experience: n (%)				
		0 (no training received)	1 (less training received)	2 (moderate training received)	3 (high training received)	Mean (SD)
Supportive psychotherapy	68 (82.9)	3 (3.7)	14 (17.1)	46 (56.1)	19 (23.2)	1.99 (0.75)
CBT	32 (39.0)	8 (9.8)	29 (35.4)	35 (42.7)	10 (12.2)	1.57 (0.83)
BDPT	11 (13.4)	8 (9.8)	37 (45.1)	30 (36.6)	7 (8.5)	1.44 (0.79)
LDPT	5 (6.1)	10 (12.2)	46 (56.1)	18 (22.0)	8 (9.8)	1.29 (0.81)
FT	23 (28.0)	8 (9.8)	43 (52.4)	21 (25.6)	10 (12.2)	1.40 (0.83)
IPT	10 (12.2)	19 (23.2)	41 (50.0)	19 (23.2)	3 (3.7)	1.07 (0.78)
BT	29 (35.4)	9 (11.0)	45 (54.0)	26 (31.7)	2 (2.4)	1.26 (0.68)
Satir's psychotherapy	27 (32.9)	2 (2.4)	23 (28.0)	38 (46.3)	19 (23.2)	1.90 (0.78)
Group psychotherapy	3 (3.7)	12 (14.6)	40 (48.8)	24 (29.3)	6 (7.3)	1.29 (0.81)
Buddhist psychotherapy	23 (28.0)	17 (20.7)	40 (48.8)	22 (26.8)	3 (3.7)	1.13 (0.78)

between the training institutes: Satir's psychotherapy (df = 7, F = 4.28, p < 0.001), group therapy (df = 7, F = 6.57, p < 0.001). Buddhism psychotherapy (df = 7, F = 2.75, p < 0.05) and LTPT (df = 7, F = 2.57, p < 0.05). Somewhat interestingly, the authors found that there were remarkable differences in mean scores between the institutes. For instance the mean scores on Satir's psychotherapy in A and B institute were 2.57 and 1.4 respectively. The mean scores of group therapy in C and D were 2.5 and 0.9 respectively.

Experiences with psychotherapy supervision

The average duration of psychotherapy supervision was 4.8 hours/month (min = 0, max = 24, SD = 4.08). Additionally, 72.0% indicated that they had received no more than 4 hours/month of psychotherapy supervisions. When asked about expectation of amount of supervision time, young psychiatrists expressed that they needed psychotherapy supervision time on the average of 6.3 hours/month (min = 1, max = 30, SD = 4.72). Almost three-fourths (72.0%) of them were satisfied with their supervision, the remaining 28% were not satisfied.

Regarding the form of supervision, there were several formats: oral discussion (81.7%), transcripts of voice recording (72%), listening to tape recording (24.4%), watching video recordings (17.7%) and attending psychotherapy sessions with supervisors (18.3%).

Most of the respondents (82.9%) indicated that their psychotherapy experiences had no negative impact, whereas 17.7% reported that they had a negative impact on their lives. Young psychiatrists who had negative impact were asked to elaborate with narrative comments and the prominent themes included: "stress", "insecure", "loss of confidence", "low self esteem" and "same conflict with the patient". They also indicated that the negative impact had decreased their desire to practice psychotherapy (24.4%) and no effect (75.6%). About two-third (70.7%) of the respondents felt that they had been provided with sufficient support in psychotherapy supervision, while 29.3% did not felt otherwise.

Type of specific psychotherapy in which young psychiatrists needed further training

The present study discovered that most of the young psychiatrists (86.6%) needed further psychotherapy training. The specific types of psychotherapy that they were most interested in were CBT (42.7%), Buddhist psychotherapy (32.9%) and FT

(28.0) (Table 4).

Discussion

The present study indicated that most young psychiatrists viewed psychotherapy as having an important essential for being a psychiatrist and they were willing to continue practicing psychotherapy. However, in their real practice, they spent only few hours a month for psychotherapy (70% spent no more than 4 hours/month). Unfortunately, we have not had any similar studies before, so the authors cannot determine whether the trend is decreasing or increasing compared to the past. The authors' findings may make the topic of psychotherapy more interesting and the future of psychotherapy should be followed. However, the results may be reassuring that psychotherapy remains interesting to the new generation of young psychiatrists.

The most important barrier to performing psychotherapy was time constraints. Psychiatrists who worked in private hospitals (which we believe they had a relatively small number of patients per day) were most likely to practice psychotherapy, whereas those who worked in mental hospital (which usually had highest numbers of patients) were least likely to practice. Other important factors included lack of psychotherapy supervisor and lack of confidence, which might be the result from that they could not find any supervisors in their workplace and it is also interesting that young psychiatrists still need a psychotherapy supervisor even after graduation. This perhaps reflects the quality and adequacy of the residency training program.

Concerning types of specific psychotherapy

Table 4. Types of specific psychotherapy training that young psychiatrists wish to pursue in the future

Psychotherapy	n	%
Supportive psychotherapy	11	13.4
CBT	35	42.7
BDPT	16	19.5
LDPT	6	7.3
FT	23	28.0
IPT	13	15.9
BT	12	14.6
Satir's psychotherapy	12	14.6
Group psychotherapy	9	11.0
Buddhist psychotherapy	27	32.9
EMDR(eye movement desensitization and reprocessing)	11	13.4
Other	1	1.2

used in Thailand, there were quite a different variety of psychotherapies used in contrast to the main stream ones used in USA and Canada which were dynamic psychotherapy, interpersonal psychotherapy, CBT, group therapy and supportive psychotherapy⁽¹⁰⁾. In Thailand, Satir's psychotherapy and Buddhist psychotherapy which were commonly used compared to other countries. Moreover, our finding also suggested that young psychiatrists practiced dynamic psychotherapy and group psychotherapy very little, even when they were the requirement in training programs for residents. Therefore the authors are concerned that the future of both psychotherapies may be in jeopardy.

About psychotherapy training, our results suggested that satisfaction with past psychotherapy training was also associated with confidence in psychotherapy practice in the present time. About one-third of respondents were not satisfied with their training. Although the authors never have this data before in Thailand, this ratio is slightly lower compared with the survey in Australia and New Zealand⁽¹⁾, it found that only 23-50% of residents were satisfied with their training. If young psychiatrists' perceptions are reliable accurate, then serious problems of psychotherapy training would exist. This problems is brought into focus when consider in specific therapies. The findings suggested that the types of psychotherapy which more than half of young psychiatrists were satisfied with training were supportive psychotherapy, Satir's psychotherapy, CBT and brief dynamic psychotherapy. On the other hand psychotherapies with firm evidence base for their effectiveness such as instance behavioral therapy and interpersonal psychotherapy, less than 30% of young psychiatrists report having received adequate training. This finding resonates with a survey of psychotherapy training in USA, which showed a gap between psychotherapy clinical training and the research evidence of psychotherapy⁽¹⁰⁾. In addition, the authors are concerned that when there are many types of psychotherapy training for residents, which may lead to the problem of 'known in general, but expertise in none'. This concern arise from the fact that the most common form of psychotherapy currently practice in the samples was supportive psychotherapy (80%), while the others were used by 3-30% only. Also, we found that there was a different in the availability of psychotherapy training program between the institutes. In positive aspect, it may be a highlight of that institute, but on the other hand, it was brought to the question about the standard of training program. We should

have the same standard guideline for every institute, or may the institute create their own specific therapies.

Regarding experiences with psychotherapy supervision, although almost three-fourth of young psychiatrists were satisfied with their psychotherapy supervision, they had received only an average of 4.8 hours per month for supervision. A survey in Australia and New Zealand showed psychotherapy supervision took about 6 hours per month⁽¹⁾; also The Royal College of Psychiatrist (UK) recommended a half-day per week for supervisions in dynamic therapy alone⁽¹¹⁾. In the present study, young psychiatrists in Thailand also expressed that they needed more hours spent for psychotherapy supervision with an average of 6 hours per month.

The practice of psychotherapy may not be influenced by a negative impact of psychotherapy supervision, only 17% of the respondents felt they had a negative impact on their life. However, 30% of them reported that they had not received adequate support from their supervisors. Therefore the authors suggest that programs and supervisor should do more to support their residents through the psychotherapy process for instance the possible strategies may include careful selection of appropriate patients and competent supervisors, open discussion about stress and anxiety related to psychotherapy process and how to manage with negative impact.

Limitations

The response rate was 58%. The survey was mainly based on perceptions more than actual fact, for example no information was obtained directly from training programs in each institution. The data about psychotherapy training and supervision may have a recall bias.

Conclusion

Most of the responding psychiatrists have willingness and positive attitude to psychotherapy and also wish to pursue further training. However, they perform psychotherapy in their practice for only few hours per month due to heavy workloads, lack of confidence and inadequate training. The findings may have implications for individuals who are interested in improving the quality and standard of psychotherapy training.

Acknowledgement

Funding was received from Thammasat University.

Potential conflict of interest

None.

References

1. Foulkes P. Trainee perceptions of teaching of different psychotherapies. *Australas Psychiat* 2003; 11: 209-14.
2. McCrindle D, Wildgoose J, Tillett R. Survey of psychotherapy training for psychiatric trainees in South-West England. *Psychiatric Bulletin* 2001; 25: 140-3.
3. Fevre PL, Goldbeck R. Cognitive-behavioural therapy: a survey of the training, practice and views of Scottish consultant psychiatrists. *Psychiatric Bulletin* 2001; 25: 425-8.
4. Hadjipavlou G, Ogrodniczuk JS. A national survey of Canadian psychiatry residents' perceptions of psychotherapy training. *Can J Psychiatry* 2007; 52: 710-7.
5. Perez EL, Krul LE, Kapoor R. The teaching of psychotherapy in Canadian psychiatric residency programs: residents' perceptions. *Can J Psychiatry* 1984; 29: 658-64.
6. Leszcz M, MacKenzie R, el-Guebay N, Atkinson MJ, Wiesenthal S. The CPA practice research network findings from the third project, 2001. Part V: Canadian psychiatrists' use of psychotherapy. *CPA Bulletin* 2002; (Oct): 28-31.
7. World Association for Young Psychiatrists and Trainees [database on the Internet]. 2010 [cited 2010 Nov 1]. Available from: <http://www.waypt.org/aboutwaypt.html>
8. Special report [in Thai]: Buddhist psychotherapy [database on the Internet]. 2008 [cited 2011 Jan 27]. Available from: <http://www.ryt9.com/s/bmnd/673190>
9. Wikipedia, the free encyclopedia. Buddhism and psychology [database on the Internet]. 2011 [cited 2011 Feb 17]. Available from: http://en.wikipedia.org/wiki/Buddhism_and_psychology
10. Weissman MM, Verdelli H, Gameroff MJ, Bledsoe SE, Betts K, Mufson L, et al. National survey of psychotherapy training in psychiatry, psychology, and social work. *Arch Gen Psychiatry* 2006; 63: 925-34.
11. Grant S, Holmes J, Watson J. Royal College of Psychiatrists guidelines for psychotherapy training as part of general professional psychiatric training. *Psychiatric Bulletin* 1993; 17: 695-8.

การใช้จิตบำบัดและประสบการณ์การอบรม: การสำรวจระดับชาติในจิตแพทย์รุ่นเยาว์ในประเทศไทย

ธรรมนาถ เจริญบุญ, มุทิตา พนาสถิตย์

วัตถุประสงค์: เพื่อศึกษาถึงการบำบัดของจิตแพทย์รุ่นเยาว์ในประเทศไทย รวมถึงมุมมองต่อประสบการณ์การอบรมจิตบำบัด และความพึงพอใจต่อ psychotherapy supervision

วัสดุและวิธีการ: ศึกษาแบบภาคตัดขวาง (cross-sectional descriptive study) กลุ่มตัวอย่างคือ จิตแพทย์รุ่นเยาว์ที่อายุไม่เกิน 40 ปีทุกคนในประเทศไทย โดยใช้แบบสอบถามซึ่งคณะผู้นิพนธ์เป็นผู้พัฒนาขึ้น เก็บข้อมูลด้วยการส่งแบบสอบถามทางไปรษณีย์

ผลการศึกษา: จิตแพทย์รุ่นเยาว์ตอบแบบสอบถามกลับมา 82 คน จากกลุ่มตัวอย่าง 142 คน คิดเป็นร้อยละ 57.7 ผลการศึกษาพบว่าจิตแพทย์รุ่นเยาว์มีความประสงค์ที่จะทำจิตบำบัดร้อยละ 80.5 แต่กลับพบว่า 57 คน (ร้อยละ 69.6) ทำจิตบำบัดจริงไม่เกิน 4 ชั่วโมงต่อเดือน นอกจากนั้นร้อยละ 41.5 ไม่มั่นใจในการทำจิตบำบัด โดยพบว่าอุปสรรคที่สำคัญต่อการทำจิตบำบัดคือ ไม่มีเวลาเพียงพอร้อยละ 85.4 และไม่มีผู้ให้คำปรึกษาร้อยละ 54.9 สำหรับประสบการณ์การอบรมพบว่า ร้อยละ 67.1 ระบุว่าได้รับการอบรมจิตบำบัดมาเพียงพอ โดยจิตบำบัดที่ได้รับการอบรมมากที่สุดได้แก่ supportive psychotherapy, Satir's psychotherapy และ cognitive behavioral therapy ตามลำดับ โดยปัจจัยที่มีความสัมพันธ์กับประสบการณ์การอบรมจิตบำบัดแต่ละชนิดคือสถานที่ฝึกอบรมซึ่งมีการสอนที่แตกต่างกันไป สำหรับมุมมองต่อ psychotherapy supervision พบว่า โดยเฉลี่ยจิตแพทย์รุ่นเยาว์ร้อยละ 72.0 พอใจกับ psychotherapy supervision โดยมี psychotherapy supervision เฉลี่ยประมาณ 4.8 ชั่วโมงต่อเดือน

สรุป: จิตแพทย์รุ่นเยาว์มีความชอบและมีทัศนคติที่ดีต่อการทำจิตบำบัด รวมถึงมีความต้องการที่จะได้รับการอบรมเพิ่มเติม แต่ในทางปฏิบัติกลับมีการทำจิตบำบัดไม่มากนัก โดยสาเหตุน่าจะเป็นจากการที่มีภาระงานที่มาก ไม่มีผู้ให้คำปรึกษา ขาดความมั่นใจในการทำจิตบำบัด และรวมถึงได้รับการอบรมไม่เพียงพอในจิตบำบัดบางชนิด การศึกษาครั้งนี้จะมีประโยชน์สำหรับผู้สนใจการศึกษาจิตบำบัดต่อไปในอนาคต รวมถึงสามารถนำไปเพื่อปรับปรุงคุณภาพและมาตรฐานการอบรมสำหรับแพทย์ประจำบ้านต่อไป
