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Teaching psychological processes and psychotherapy to medical students

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Rob Selzer Director of Clinical Teaching MBBS, Central Clinical School, Monash University and Alfred Health, Melbourne, VIC, and; Psychiatrist Alfred Health; Monash Alfred Psychiatry Research Centre, Melbourne, VIC, Australia

Steven Ellen Head of Consultation, Liaison and Emergency Psychiatry, Alfred Health; Monash Alfred Psychiatry Research Centre, Central Clinical School, Monash University and Alfred Health, Melbourne, VIC, Australia

Robert Adler Consultant Psychiatrist, Millswyn Clinic, South Yarra, VIC, Australia

Abstract

Objective: Psychiatrists are in a key position to teach medical students about psychotherapy. Whilst at first it may appear a formidable task, it need not be so. It should however, have applicability to the bulk of students, who will not go on to psychiatry training.

Conclusions: We outline some potentially useful strategies to help clinicians teach aspects of psychotherapy to students: making it easy and relevant, illustrating the broad applications of psychological concepts, introducing cultural references, as well as appreciating that assessment can drive learning.

Keywords: psychotherapy, students, medical education

> *The only doctor who can continue his work without using some form of psychotherapy is the one who confines himself to the study of the dead*
>
> *Philip Hopkins*[1]

Teaching psychotherapy and psychological processes to medical students can be daunting. There are so many (often divergent) theories, enigmatic concepts, mysterious terms and important skills that it is hard to know where to start. Confounding this further, clinicians must come to grips with the students' knowledge base, try to capture their interest, and understand the learning outcomes for their psychiatry rotation. Moreover there are numerous service and systemic factors that can make teaching psychotherapy challenging.[2]

What follows are some ideas for clinicians who have responsibility for medical students on their clinical placements. These ideas focus on *how* to teach psychotherapy and psychological processes to students, not *what* students should know. In brief, we believe students should leave the rotation with an appreciation of how psychological factors can affect any patient, not only patients in a psychiatry service. They should also have an understanding of the common psychotherapies, how they are used and by whom, as well as some key psychotherapy skills.

Make it easy

Learning the psychotherapy lexicon is akin to learning a new language. There are new words (e.g. countertransference, ego-dystonic) as well as terms that have a different meaning from common parlance (e.g. ego, dynamic, object). Demystifying these terms is important.[3] For example, when we teach about 'cognitive' therapy we might say, "*Cognitive* is just another way of saying *thinking*. Cognitive therapy is thus a way of looking at your thoughts".

Using metaphors is another way to communicate meanings when terms are abstruse; for example, "The Id is a

Corresponding author:
Associate Professor Rob Selzer, Director of Clinical Teaching MBBS, Central Clinical School, Monash University and Alfred Health, Level 5, The Alfred Centre, 99 Commercial Rd, Melbourne, VIC 3004, Australia.

steaming pot of primitive drives, the Superego is the lid covering the pot and Ego is the cook trying to keep the lid on. Ego uses lots of different ways (defences) to keep the lid on".

As a caveat, we do make explicit that we are simplifying things. We might do this by using another metaphor, from the movie *The Matrix*.[4] In the movie one may take a blue pill (and return to the reassuring but essentially illusory world) or a red pill (and be exposed to the mind-bending complexities of 'reality'). We tell students they are getting the blue pill version of psychotherapy (i.e. easy enough for their needs but not the full picture). They also need to know there is a red pill if they are interested. Obviously there are many ways of communicating this.

When explaining a school or type of psychotherapy we try to use a framework students will find familiar for describing any treatment. We use the headings: Definition; Theory; Indications; Contraindications; Components (i.e. the practicalities of the therapy); Side effects; and Prognosis. Importantly, we try to link the explanation to the students' clinical experiences in their psychiatry rotation. Having a familiar information scaffold as well as associating the teaching with a patient makes the learning memorable, personal and relevant.

Many clinicians use a broad range of psychotherapy techniques in an eclectic way. To the observing student this can seem bewildering because it is necessarily idiosyncratic, not following any single school of psychotherapy. Working this way may come as second nature to us because it is a well-worn path. Demonstrating this eclecticism shows that we can be flexible and suit the theory and practice to patient needs,[5] that is, avoiding blind allegiance to one theory or another. For example, in a patient ambivalent about taking medication, we might use aspects of motivational interviewing, behaviour therapy and dynamic therapy. By naming what we do, we untangle what can appear an unfathomable doctor–patient interaction, and so better circumscribe the learning for students.[3]

Make it relevant

Connecting psychotherapy to what students already know may lend it relevance. For example, clinical students will have some knowledge of neuroanatomy, and might be impressed to learn that psychotherapy can lead to changes in functional neuroimaging.[6]

Most medical students will not go on to become psychiatrists (2.3% of final year students listed psychiatry as their first career preference[7]), but an awareness of psychological processes can be useful whatever their future discipline.[8]

To demonstrate the relevance of understanding psychological factors, one can discuss scenarios from students' clinical experiences (not necessarily of patients in the mental health service) to illustrate how psychological theories can be helpful.

For example: a young university student with Type 1 diabetes and poor adherence to his treatment regime is reviewed in clinic. Despite extensive diabetes education his glycemic control has not improved. A psychological perspective can help us understand the dissonance between his cognitive understanding of diabetes and his failure to adhere to essential treatment. He may be trying to disavow the illness he has had for many years. In addition, his adolescent peer group may be making it harder to maintain glycemic control (e.g. late nights, irregular meal times, alcohol use). Despite knowing the long-term repercussions of poor adherence he is not ready to accept the long-term impact of his behaviour. An appreciation of these factors may be important in improving his treatment adherence and long-term outlook.

Helping students from any medical discipline better understand their patients confers relevance and utility to a psychological understanding. Reinforcing this way of thinking with the clinical material students bring will strengthen their appreciation of its applicability and utility to all patients. We suggest making these processes explicit is useful for every doctor, not just psychiatrists.

Specific psychotherapy skills can also be useful to all students, no matter their future discipline; for example, skills such as: tolerating short periods of silence; managing distress; improving adherence; encouraging questions; understanding challenges; managing conflict; locating meaning for the patient; dealing with uncertainty, etc. Students are likely to observe many of these skills in action. Guided reflection will help students understand the context, utility and practicalities of what they observed.

Psychotherapy does not occur in a vacuum, mutually exclusive to biological or other treatments.[5] No matter the nature of the psychiatric service, there is a learning opportunity when patients are reviewed or presented. At these points the consultant might enquire of the students 'What psychological factors do you think are relevant?' It doesn't have to be a comprehensive discussion of the intricacies of the theories but an opportunity to propel thinking along psychological lines. For example, if *projection* is relevant, the student might be asked to return with a brief (3 minute) presentation on projection. Learning through clinical cases gives a sense of relevance and helps retain the knowledge for latter use.[9]

Illustrate the broad applications of psychological concepts

When teaching the psychotherapies, their commonalities might be thought of as the stem of the letter 'Y' and the different schools as the arms.[10] In addition to the teaching of the psychotherapies themselves, below we

describe three psychological concepts we believe can be applied to a broad range of medical student experiences.

Countertransference

It is well known that an understanding of countertransference for psychiatry trainees is important for the learning[5] and practice of psychotherapy.[11] Reflecting on countertransference is useful not only in formal psychotherapy supervision but in many non-psychiatric situations.[12] Thus medical students may benefit from a discussion about their reactions to different patients from any of their clinical rotations.

Systems theory

Systems theory can be useful in understanding interactions within hospital wards. You might ask the student how a patient's presentation might be influenced by the ward environment, and how staff may be affected by the patient. It may then become clear as to why staff might need attention as well as the patient. For example, very sick young patients may evoke strong feelings of sadness in some staff, which may impact on their interactions with the patient and family.

Behaviour theory

Behaviour theory, like systems theory, readily lends itself to understanding ward interactions and can be used to help students understand how psychological concepts are relevant to everyday practice. Simple concepts such as rewarding healthy behaviours (e.g. good nutrition or adherence with treatment) are popular on paediatric wards, and behavioural strategies are also used on adult wards. Illustrating, say, how such strategies can be useful for adherence to physiotherapy goals helps build the bridge between psychological theories and clinical practice.

Introduce cultural references

One of the joys of psychological theories and psychotherapy is their broad applicability. They can help us understand cultural phenomena, movies, literature, etc. Students in particular enjoy discovering a lexicon to describe and make sense of popular culture. Film and TV can be used for teaching psychiatry in general[13] and psychotherapy in particular.[14]

Assessment drives learning

Exams are potent stimuli for learning,[15] thus clinicians should consider engaging with the University about the content of the examinable curriculum. Involvement in the feedback loop (of teaching and assessment) is an important way of emphasizing to students the relevance of psychotherapy and psychological processes to the practice of medicine.

Conclusion

Teaching psychotherapy and psychological processes to medical students need not be difficult. We have described some of the techniques we have used successfully. Understanding something about the principles and practice of psychotherapy enriches the learners' experiences whether or not they become psychotherapists or psychiatrists. The psychiatry rotation is well placed to provide this experience. Hopkins' quote remains as relevant today as it was more than a half century ago.

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