As my patient leaves the office, I reflect on how valuable and efficient it has been to see her in psychotherapy as well as to adjust medications during the session. While the medications help in modulating strong emotions and negative thoughts, the psychotherapy gets to the heart of the matter in the patient’s inner conflicts, interpersonal relations, and long-standing reactions from past experience. The patient’s palpable relief after calling me in a crisis reminds me of how important our ongoing relationship has been to the patient’s peace of mind and quality of life—and how much we have learned from it. The door closes, and the sad thought occurs that such efficient, integrated service may no longer be available in the psychiatry of the future. One more time, I think that I want to do something about it.

Allow me to introduce myself. I’m Norman Clemens, a psychiatrist who has been in private office practice for many years in a full-service, university-related, ambulatory-care medical building. As clinical professor at Case Western Reserve University and training psychoanalyst in the Cleveland Psychoanalytic Institute, I also help to develop the psychiatrists and psychoanalysts of the future. However, my concern about the environment for psychotherapy by psychiatrists has led me to become heavily involved in the American Psychiatric Association (APA) as well, in which I was formerly speaker of the Assembly and am now area trustee representing the upper Midwest. After 4 years as the founding chair of the APA’s Commission on Psychotherapy by Psychiatrists, which I’ll come back to in a moment, I presently head the committee overseeing APA’s high-priority business initiative to improve value and access to mental health care in the private sector.

I’ve assumed responsibility for the psychotherapy column in this journal with great respect for the way in which Marcia Goin has conducted it in the last few years. I intend to keep the focus close to clinical reality, and I can only hope to come close to the elegance, freshness, and immediacy of her scholarly essays. I shall take on clinical problems in future issues, starting with issues of confidentiality and documentation. Psychiatrists need to know much more about how the Supreme Court’s 1996 decision in Jaffee v. Redmond protects psychotherapy. New regulations from the U.S. Department of Health and Human Services may also profoundly affect how we document our work with patients. But after addressing these timely matters in coming issues, I hope to get back to the day-to-day situations with patients with which Marcia Goin dealt so cogently.

**THE APA COMMISSION ON PSYCHOTHERAPY BY PSYCHIATRISTS**

Recognizing a deteriorating environment for psychotherapy by psychiatrists, about 5 years ago the Assembly and Board of Trustees of the APA approved a Position Statement on Psychotherapy by Psychiatrists. Soon thereafter, the Commission on Psychotherapy by Psychiatrists (COPP) was established with a 5-year life span (in recognition that the job is not yet done, it was recently extended for another 5 years.) The Commission was charged with marshalling APA’s resources to preserve and enhance psychotherapy as a central part of what a psychiatrist does. As a commission rather than a committee under a council, COPP was given the freedom to interact with many other components of APA and to report directly to the Board of Trustees. Its membership included esteemed leaders in psychodynamic, cognitive-behavioral, interpersonal, group, and family systems psychotherapies, and it has carried out its charge vigorously on many fronts.

COPP became a focal point of activities to strengthen psychotherapy by psychiatrists. Formal and informal liaisons quickly arose with a number of allied organizations, several APA caucuses, and the Canadian Psychiatric Association. We stayed abreast of efforts on behalf of psychotherapy in the American Academy of Child and Adolescent Psychiatry and communicated with the American Psychoanalytic Association and the American Academy of Psychoanalysis. Sharing early drafts with COPP, the American Association of Community Psychiatrists developed an elegant position statement that emphasized not only the importance of keeping the psyche in psychiatry...
psychotherapy in the care of patients with chronic and severe illness, but also the necessity for strong psychotherapy skills as psychiatrists supervise other professionals and manage multidisciplinary systems.

COPP felt it was vital to rebuild morale and skills among practicing psychiatrists, which led to a series of regular forum presentations over the past 4 years in the APA Annual Meetings and Institutes on Psychiatric Services (IPS). Topics ranged from the neurobiology of psychotherapy to psychotherapy by psychiatrists in a managed care environment (“Must it be an oxymoron?”).

At the recent IPS, COPP presented an all-day session on psychodynamic approaches with difficult patients. At next May’s Annual Meeting, the COPP forum will delve into the role of self-reflection in psychotherapy. The Commission is now exploring ways to develop more in-depth, active-learning continuing education courses in psychotherapy for practicing psychiatrists.

A survey of residents indicated that training in psychotherapy is still being done, but with much less vigor and priority than in the past.

What about the psychiatrists of the future? We quickly learned from our resident members in COPP, the Assembly, and the Board that most young psychiatrists value psychotherapy highly. They are highly distressed about the current environment. A survey of residents indicated that training in psychotherapy is still being done, but with much less vigor and priority than in the past. COPP supported efforts to strengthen the Psychiatry Residency Review Committee’s requirements for psychotherapy training. More directly, working with the American Association of Directors of Psychiatry Residency Training (AADPRT), COPP initiated a series of all-day symposia on psychotherapy training to precede AADPRT meetings. Chaired by Glen Gabbard, these sessions have generated enthusiasm and strengthened morale in residency programs. In addition, COPP secured APA endorsement of a structured, modular program entitled “Learning Psychotherapy,” developed by Beitman and Yue at the University of Missouri at Columbia.1 With detailed active-learning exercises, workbooks and built-in assessment, the program introduces beginning residents to the generic fundamentals of psychotherapy before they begin to do it with patients. Thanks in part to COPP’s promotion, it is now used in close to 50 training programs.

The scientific and research base of psychotherapy by psychiatrists is vital to its future. COPP conducted literature surveys on some topics and recently consulted in the development of psychotherapy questions in APA’s Practice Research Network. We have also met several times with key figures in the National Institute of Mental Health to promote psychotherapy research. Recognizing the necessity of an APA journal on psychotherapy, COPP has strongly supported and contributed to the Journal of Psychotherapy Practice and Research. COPP also reviews APA Practice Guidelines and position statements in relation to psychotherapy issues. It has developed APA positions on recovered memories of childhood abuse, so-called reparative therapy for homosexuality, access to psychotherapy for residents, and psychotherapy research.

With much review and coordination with other APA components, COPP created a resource document on Documentation of Psychotherapy by Psychiatrists. All of the documents referred to in this article are available on the APA’s web site at www.psych.org, clicking on Practice of Psychiatry and then Psychotherapy by Psychiatrists.

COPP recognizes that managed care organizations often discourage psychotherapy by psychiatrists. COPP has repeatedly met with psychiatrists in the leadership of managed care carve-outs. We encouraged the completion and publication of a study demonstrating that integrated psychotherapy and medication management by a psychiatrist is somewhat less expensive than splitting the treatments between two professionals.2 Proceedings of a COPP forum suggesting ways to restore psychiatric psychotherapy in managed care systems were recently published in the Journal of Psychotherapy Practice and Research.3

More needs to be done on many fronts, particularly in providing information to the public. COPP will review and contribute to APA’s public information materials and contributions to Medem, the medical information source created by AMA along with APA and other major specialty societies. I hope the reader can appreciate the scope of what the Commission has accomplished in 4 short years, but even more the necessity for ongoing, widespread efforts to preserve and enhance psychotherapy by psychiatrists throughout our profession.

References