

Psychotherapy Training Experiences among Four Child and Adolescent Psychiatry Residency Training Centers in Thailand

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Objective: To determine the differences between psychotherapy training experience, current psychotherapy practice, and confidence in performing various types of psychotherapy among the child and adolescent psychiatrists who graduated from four training centers in Thailand.

Materials and Methods: The present study was a cross-sectional descriptive study. A self-reported questionnaire was developed by the authors and sent via mail to all child and adolescent psychiatrists in Thailand. Chi-square test and ANOVA were used for categorical data and continuous data, respectively, to compare the variables between graduates from four training centers. Only data from respondents who graduated within the past 10 years were analyzed.

Results: Of 95 respondents (54.0% response rate), 60 respondents finished child and adolescent psychiatry training within the past 10 years. Their average age was 33.6±3.6 years. Forty-nine (81.7%) of the respondents were female. Duration of child and adolescent psychiatry practice was 3.6±2.4 years. Twenty-one (35.0%), 19 (31.7%), 18 (30.0%), and two (3.3%) respondents graduated from the Faculty of Medicine, Chulalongkorn University, Faculty of Medicine Siriraj Hospital, Faculty of Medicine, Ramathibodi Hospital, and Yuwapasart Waithayopatham Hospital, respectively. There were statistically significant differences in the frequency of performing Satir Transformational Systemic Therapy [STST] and positive psychology by respondents who graduated from different training centers ($p < 0.001$ and 0.02 , respectively). Additionally, there were statistically significant differences in the levels of confidence in performing CBT, STST, Buddhist psychology, Mindfulness-based psychotherapy, and family therapy. Most respondents perceived that psychotherapy training received during residency was inadequate (86.7%), primarily due to inadequate training continuity (70.7%) and inconsistent supervision (65.5%).

Conclusion: Psychotherapy training during residency had an important role in influencing the types of psychotherapy practiced post-graduation. The training experiences also had a significant bearing on future confidence in performing psychotherapy.

Keywords: Psychotherapy training, Child and adolescent psychiatry, Residency training

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Psychotherapy is a core competency in child and adolescent psychiatry practice. According to the American Academy of Child and Adolescent Psychiatry, “Psychotherapy is and must remain a core skill in the practice of child and adolescent psychiatry”⁽¹⁾. Psychotherapy is considered to be the fundamental treatment modality for various psychiatric illnesses in children and adolescents⁽²⁻⁶⁾.

The ability to practice psychotherapy was viewed by psychiatry residents as an important identity of a psychiatrist. The opportunity to learn and practice psychotherapy was one of the deciding factors why medical students choose to enter psychiatry residency.

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Additionally, specific residency programs’ reputations for psychotherapy training was considered when ranking potential training centers⁽⁷⁾.

There is a decreasing trend in performing psychotherapy but an increasing trend in prescribing psychotropic medications by psychiatrists⁽⁸⁻¹⁰⁾, including a study of young general psychiatrists’ practice in Thailand⁽¹¹⁾. There is speculation that the current decreasing trend in performing psychotherapy by psychiatrists might negatively impact psychotherapy training in residency due to a decrease in psychotherapeutically-oriented attending^(8,11).

The Royal College of Psychiatrists of Thailand [RCPT] determines that all graduating child and adolescent psychiatry residents can exhibit proficiency in performing various types of psychotherapies, which include supportive therapy, family therapy, cognitive

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therapy, and behavioral therapy in both individual and group settings⁽¹²⁾.

Currently, there are four child and adolescent psychiatry training centers in Thailand. All training centers have been approved by the RCPT to pass fundamental requirements for residency training and are periodically audited by qualified staff of the RCPT. Each training center has unique expertise in psychological interventions and psychotherapy training due to the availability of their staff experts. For example, there are more experts in Satir Transformational Systemic Therapy [STST] and mindfulness-based psychotherapy at the Faculty of Medicine, Ramathibodi Hospital, Mahidol University. There are more resources in school mental health and consultation-liaison at the Faculty of Medicine, Siriraj Hospital, Mahidol University. There are more experts in Cognitive-Behavioral Therapy [CBT] and family therapy at the Faculty of Medicine, Chulalongkorn University. Finally, there is more opportunity to practice behavioral therapy with autism spectrum disorder [ASD] patients at Yuwaprasart Waithayopatham Hospital.

This was the first study that attempted to determine the differences between psychotherapy training experience, current psychotherapy practice, and confidence in performing various types of psychotherapy among the child and adolescent psychiatrists who graduated from each of the training centers in Thailand.

Materials and Methods

This was a cross-sectional descriptive study. A self-reported questionnaire was developed by the authors and sent to all child and adolescent psychiatrists in Thailand by using a mailing address registered in the database of the Child and Adolescent Psychiatric Society of Thailand. The questionnaire was composed of three sections:

1. Demographic data: age, gender, training center, types of training, and duration of child and adolescent psychiatry practice.

2. Current practice: frequency of psychosocial interventions used, frequency of conceptual frameworks used in case formulation and treatment planning, frequency of psychotherapies used, and level of confidence in performing various types of psychotherapies.

3. Psychotherapy training experience: types of psychotherapy training received during residency from one's own training center, types of psychotherapy training received during residency from outside one's own training center, types of psychotherapy training received after residency, types of psychotherapy that

respondents would like to have further training, and perception towards psychotherapy training during residency.

A Likert scale was used with scores ranging from 0 to 5 for data in current practice section: 0 = "Never" or "Unconfident", 1 = "Very rarely" or "Barely confident", 2 = "Rarely" or "A little confident", 3 = "Occasionally" or "Somewhat confident", 4 = "Frequently" or "Confident", and 5 = "Very frequently" or "Very confident".

There were brief descriptions for each frequency choice to make answers more consistently: "Never" = 0% of patients, "Very rarely" = 1% to 20% of patients, "Rarely" = 21% to 40% of patients, "Occasionally" = 41% to 60% of patients, "Frequently" = 61% to 80% of patients and "Very frequently" = 81% to 100% of patients.

PASW statistics for Windows, version 18.0. Chicago: SPSS Inc. was used for analysis. Categorical variables were computed using frequencies and percentages. Continuous variables were computed using means, standard deviations, minimums and maximums. The associations were analyzed using Chi-square test and ANOVA. Only data from respondents who graduated within the past 10 years was analyzed. Since there were only two respondents graduated from Yuwaprasart Waithayopatham Hospital, the data were reported but not included in analysis. All tests were performed at a significance level of 0.05.

Results

One hundred seventy-six child and adolescent psychiatrists in Thailand are registered in the database of the Child and Adolescent Psychiatric Society of Thailand. A questionnaire was sent to the 176 child and adolescent psychiatrists. The response rate was 54.0% (95 respondents). Of 95 respondents, 60 had completed child psychiatry training within the past 10 years, with an average age of 33.6±3.6 years (range 28 to 49). Forty-nine (81.7%) of the respondents were female. The average duration of child and adolescent psychiatry practice was 3.6±2.4 years (range 0.3 to 9). Twenty-one (35.0%) respondents graduated from the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, 19 (31.7%) from the Department of Psychiatry and Pediatrics, Faculty of Medicine, Siriraj Hospital, Mahidol University, 18 (30.0%) from Department of Psychiatry, Faculty of Medicine, Ramathibodi Hospital, Mahidol University and two (3.3%) from Yuwaprasart Waithayopatham Hospital. Fifty-two (86.7%) respondents received

Board Certification in Child and Adolescent Psychiatry, five (8.3%) in General Psychiatry plus Child and Adolescent Psychiatry, and three (5.0%) in Pediatrics plus Child and Adolescent Psychiatry.

Current practice in psychotherapy

The highest frequency of psychosocial interventions prescribed by respondents were counselling and parenting advice and guidance/Parent Management Training [PMT]. Other psychosocial interventions commonly prescribed are shown in Table 1. There were no statistical significant differences in frequency of each type of psychosocial interventions prescribed by respondents who graduated from different training centers.

Learning and cognitive theory were the most frequently used theory as conceptual frameworks in case formulation and treatment planning by respondents, with no statistically significant differences between graduates from different training centers. Classic psychodynamic theories, including Freudian ego

psychology, object relations, Kleinian theory, and self-psychology were not frequently used as conceptual frameworks, without statistically significant differences between graduates from different training centers. Eriksonian theory and attachment theory were more frequently used than other classic psychodynamic theories.

There were statistically significant differences in frequency of using STST, Buddhist psychology, and positive psychology as conceptual frameworks by respondents who graduated from different training centers. Respondents who graduated from Ramathibodi Hospital and Chulalongkorn University were more likely to use STST as conceptual frameworks. Respondents who graduated from Ramathibodi Hospital were most likely to use Buddhist psychology and positive psychology as conceptual frameworks. Other theories used as conceptual frameworks by respondents from each training center are shown in Table 2.

Regarding types of psychotherapies, behavioral therapy, supportive psychotherapy, and CBT were the

Table 1. Psychosocial interventions prescribed by child and adolescent psychiatrists

Psychosocial interventions	Frequency of use, mean ± SD					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Counselling	4.68±0.75	4.56±1.04	4.57±0.75	4.50±0.71	4.60±0.83	0.88
Parenting advice and guidance or PMT	4.63±0.69	4.50±0.71	4.62±0.59	4.50±0.71	4.58±0.65	0.80
Psychotherapy	2.05±1.02	2.61±0.92	2.10±1.04	2.50±0.71	2.25±1.00	0.18
Family intervention	2.84±1.30	2.39±0.85	2.29±1.15	3.50±0.71	2.53±1.13	0.27
School intervention	2.61±1.33	2.39±1.12	2.33±1.35	2.50±0.71	2.44±1.26	0.79
Social skills training	2.63±1.26	2.56±1.10	2.81±1.21	3.00±0.00	2.68±1.16	0.80
Early developmental intervention	2.79±1.43	3.39±1.20	2.86±1.28	4.50±0.71	3.05±1.32	0.32

PMT = parent management training

Table 2. Conceptual frameworks used by child and adolescent psychiatrists

Conceptual framework	Frequency of use, mean ± SD					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Freudian ego psychology	1.37±1.11	1.39±0.85	1.67±1.39	1.50±0.71	1.48±1.13	0.66
Eriksonian theory	3.00±1.73	2.94±1.26	3.10±1.26	2.50±0.71	3.00±1.39	0.95
Object relations theory	1.95±1.35	2.11±1.32	1.90±1.64	2.00±0.00	1.98±1.41	0.90
Kleinian theory	0.74±0.99	1.12±0.99	1.19±1.43	1.50±0.71	1.03±1.56	0.44
Self psychology	1.32±1.38	2.13±1.46	1.95±1.72	2.00±0.00	1.79±1.52	0.25
Attachment theory	2.95±1.47	2.78±1.40	2.76±1.18	3.00±1.41	2.83±1.32	0.89
STST	1.33±1.33	3.06±1.39	2.57±1.21	2.50±0.71	2.34±1.45	0.01*
Learning and cognitive theory	4.11±1.10	3.39±1.29	3.71±1.23	4.00±1.41	3.75±1.22	0.20
Buddhist psychology	1.68±1.70	2.89±1.18	1.90±1.41	1.50±0.71	2.12±1.50	0.03*
Positive psychology	1.53±1.78	2.54±1.39	1.86±1.46	2.50±0.71	2.10±1.61	0.02*

STST = Satir Transformational Systemic Therapy

* p<0.05

three most frequently used types of psychotherapy by respondents, with no statistically significant differences between graduates from the different training centers. Psychodynamic psychotherapy, group psychotherapy, and family therapy, which are required core competencies of psychotherapy in child and adolescent psychiatry training, were not routinely used in everyday practice.

There were statistically significant differences in the frequency of performing STST and positive psychology by respondents who graduated from the different training centers. Respondents who graduated from Ramathibodi Hospital and Chulalongkorn University were more likely to perform STST ($p < 0.001$). Respondents who graduated from Ramathibodi Hospital were most frequently to perform positive psychology and psychotherapy ($p = 0.02$). The frequency of

performing other psychotherapies by respondents from each training center was not statistically significantly different (Table 3).

Psychotherapy training experiences

There were statistically significant differences in the types of psychotherapy training received from one's own training center during residency across the four training centers in CBT ($p < 0.001$), STST ($p < 0.001$), Buddhist psychotherapy ($p < 0.001$), mindfulness-based psychotherapy ($p < 0.001$), family therapy ($p < 0.001$), and supportive psychotherapy ($p = 0.03$) (Table 4). Twenty (95.2%), 13 (68.4%), and eight (47.1%) graduates from Chulalongkorn University, Siriraj Hospital, and Ramathibodi Hospital reported that they received CBT training from their training centers,

Table 3. Psychotherapy used by child and adolescent psychiatrists

Psychotherapy	Frequency of use, mean \pm SD					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Psychodynamic psychotherapy	0.89 \pm 1.05	1.18 \pm 1.07	0.43 \pm 0.87	1.00 \pm 0.00	0.81 \pm 1.01	0.72
Supportive psychotherapy	3.79 \pm 1.23	4.18 \pm 0.73	3.52 \pm 1.47	4.00 \pm 0.00	3.81 \pm 1.20	0.26
CBT	3.74 \pm 1.05	2.88 \pm 1.36	3.71 \pm 1.23	3.50 \pm 0.71	3.47 \pm 1.24	0.07
Behavior therapy	4.26 \pm 0.73	4.06 \pm 0.90	4.19 \pm 0.75	4.50 \pm 0.71	4.19 \pm 0.78	0.74
STST	1.26 \pm 1.33	3.00 \pm 1.54	2.48 \pm 1.50	2.50 \pm 0.71	2.24 \pm 1.58	<0.001*
Buddhist psychotherapy	1.37 \pm 1.64	2.24 \pm 1.09	1.45 \pm 1.19	1.50 \pm 0.71	1.66 \pm 1.35	0.11
Mindfulness-based psychotherapy	1.26 \pm 1.37	1.82 \pm 1.24	1.24 \pm 1.45	1.50 \pm 0.71	1.42 \pm 1.34	0.35
IPT	1.06 \pm 1.26	1.71 \pm 1.21	0.86 \pm 1.24	2.00 \pm 0.00	1.21 \pm 1.25	0.11
Family therapy	2.05 \pm 1.35	2.35 \pm 0.86	2.24 \pm 1.04	3.00 \pm 0.00	2.24 \pm 1.09	0.72
Group psychotherapy	0.94 \pm 1.16	0.82 \pm 0.95	1.05 \pm 1.02	2.00 \pm 1.41	0.98 \pm 1.05	0.81
Positive psychology	1.11 \pm 1.66	2.35 \pm 1.46	1.10 \pm 1.18	2.00 \pm 0.00	1.48 \pm 1.50	0.02*

CBT = Cognitive Behavioral Therapy; IPT = interpersonal psychotherapy; STST = Satir Transformational Systemic Therapy

* $p < 0.05$

Table 4. Psychotherapy training received during residency from one's own training center

Psychotherapy	Number of respondents, n (%)					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Psychodynamic psychotherapy	12 (63.2)	9 (52.9)	12 (57.1)	2 (100)	35 (59.3)	0.82
Supportive psychotherapy	18 (94.7)	10 (58.8)	13 (61.9)	2 (100)	43 (72.9)	0.03*
CBT	13 (68.4)	8 (47.1)	20 (95.2)	2 (100)	43 (72.9)	<0.001*
Behavior therapy	11 (57.9)	9 (52.9)	14 (66.7)	2 (100)	36 (61.0)	0.68
STST	6 (31.6)	17 (100)	20 (95.2)	2 (100)	45 (76.3)	<0.001*
Buddhist psychotherapy	3 (15.8)	13 (76.5)	7 (33.3)	1 (50.0)	24 (40.7)	<0.001*
Mindfulness-based psychotherapy	2 (10.5)	9 (52.9)	1 (4.8)	0 (0.0)	12 (20.3)	<0.001*
IPT	1 (5.3)	3 (17.6)	6 (28.6)	0 (0.0)	10 (16.9)	0.15
Family therapy	12 (63.2)	3 (17.6)	20 (95.2)	2 (100)	37 (62.7)	<0.001*
Group psychotherapy	12 (63.2)	9 (52.9)	11 (52.4)	2 (100)	34 (57.6)	0.75

CBT = Cognitive Behavioral Therapy; IPT = interpersonal psychotherapy; STST = Satir Transformational Systemic Therapy

* $p < 0.05$

respectively. Seventeen (100.0%), 20 (95.2%), and six (31.6%) graduates from Ramathibodi Hospital, Chulalongkorn University, and Siriraj Hospital reported that they received STST training from their training centers, respectively. Ramathibodi Hospital had the highest percentage of graduates who reported that they received Buddhist psychotherapy and mindfulness-based psychotherapy training. Chulalongkorn University and Siriraj Hospital have a higher percentage of graduates who reported that they received family therapy training.

There were no statistically significant differences in the types of psychotherapy training received from outside one's own training center during residency across the four training centers, except CBT, STST, and Buddhist psychotherapy (Table 5).

There were statistically significant differences in level of confidence in performing CBT, STST, Buddhist psychology, mindfulness-based psychotherapy, and family therapy. For CBT, the scores of respondents who graduated from Ramathibodi Hospital were statistically different from the scores of respondents who graduated from Chulalongkorn University, while the scores of respondents who graduated from Siriraj Hospital were not different from Ramathibodi Hospital and Chulalongkorn University. For STST, the scores of the respondents who graduated from Siriraj Hospital were statistically different from the scores of the respondents who graduated from Ramathibodi Hospital and Chulalongkorn University. For Buddhist psychology and mindfulness-based Psychotherapy, the scores of respondents who graduated from Ramathibodi Hospital were statistically different from the scores of respondents

who graduated from Siriraj Hospital and Chulalongkorn University. For family therapy, the scores of the respondents who graduated from Chulalongkorn University were statistically different from the scores of the respondents who graduated from Siriraj Hospital and Ramathibodi Hospital (Table 6).

Most respondents perceived that psychotherapy training received during residency was insufficient, primarily due to insufficient training continuity and insufficient or inconsistent supervision (Table 7).

Discussion

All board-certified child and adolescent psychiatrists in Thailand are qualified for their competency in child and adolescent psychiatry, especially in performing psychotherapy. However, they do not usually conduct psychotherapy in real life practice. Psychotropic medications are prescribed in 70.0% of patients⁽¹³⁾. The results from the present study were in concordance with other studies that showed an increasing trend in psychopharmacological treatment and a decreasing trend in psychotherapy performed by psychiatrists⁽⁸⁻¹¹⁾. These findings raised the concern that young child and adolescent psychiatrists might not appreciate the importance of psychotherapy, which is a core competency of psychiatrists and one of the deciding factors used to determine why medical students choose to enter psychiatry residency, and rely more on pharmacotherapy. This could be due to the fact that psychotherapy take more time consuming and requires a longer time to observe the effects. The authors suggest that a greater emphasis and increased importance should be placed on psychotherapy training.

Table 5. Psychotherapy training received during residency outside one's own training center

Psychotherapy	Number of respondents, n (%)					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Psychodynamic psychotherapy	9 (47.4)	6 (35.3)	15 (71.4)	0 (0.0)	30 (50.8)	0.07
Supportive psychotherapy	1 (5.3)	1 (5.9)	1 (4.8)	0 (0.0)	3 (5.1)	0.99
CBT	9 (47.4)	15 (88.2)	13 (61.9)	2 (100)	39 (66.1)	0.04*
Behavior therapy	2 (10.5)	4 (23.5)	1 (4.8)	0 (0.0)	7 (11.9)	0.21
STST	15 (78.9)	10 (58.8)	20 (95.2)	2 (100)	47 (79.7)	0.02*
Buddhist psychotherapy	8 (42.1)	5 (29.4)	16 (76.2)	0 (0.0)	29 (49.2)	0.01*
Mindfulness-based psychotherapy	3 (15.8)	3 (17.6)	4 (19.0)	0 (0.0)	10 (16.9)	0.96
IPT	1 (5.3)	2 (11.8)	1 (4.8)	0 (0.0)	4 (6.8)	0.66
Family therapy	4 (21.1)	9 (52.9)	5 (23.8)	0 (0.0)	18 (30.5)	0.08
Group psychotherapy	2 (10.5)	2 (11.8)	3 (14.3)	0 (0.0)	7 (11.9)	0.93
None	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.7)	0.36

CBT = Cognitive Behavioral Therapy; IPT = interpersonal psychotherapy; STST = Satir Transformational Systemic Therapy

* $p < 0.05$

Table 6. Level of confidence in performing psychotherapies

Psychotherapy	Level of confidence, mean \pm SD					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Psychodynamic psychotherapy	1.89 \pm 0.66	1.89 \pm 0.76	2.00 \pm 0.89	2.50 \pm 0.71	1.95 \pm 0.77	0.88
Supportive psychotherapy	3.68 \pm 0.75	3.39 \pm 0.70	3.38 \pm 1.02	3.50 \pm 0.71	3.48 \pm 0.83	0.75
CBT	3.00 \pm 1.00	2.78 \pm 0.73	3.48 \pm 0.87	4.00 \pm 0.00	3.13 \pm 0.91	<0.001*
Behavior therapy	3.53 \pm 0.91	3.44 \pm 0.78	3.24 \pm 0.70	3.00 \pm 1.41	3.38 \pm 0.80	0.50
STST	2.21 \pm 0.92	3.44 \pm 0.98	2.95 \pm 0.81	3.00 \pm 1.41	2.87 \pm 1.02	<0.001*
Buddhist psychotherapy	1.84 \pm 0.83	2.78 \pm 0.81	2.00 \pm 1.26	2.0 \pm 0.00	2.19 \pm 1.04	0.01*
Mindfulness-based psychotherapy	1.53 \pm 0.61	2.39 \pm 0.85	1.62 \pm 0.81	1.50 \pm 0.71	1.82 \pm 0.83	<0.001*
IPT	1.58 \pm 0.69	1.89 \pm 0.90	1.48 \pm 0.81	2.00 \pm 0.00	1.65 \pm 0.80	0.27
Family therapy	2.42 \pm 0.84	2.28 \pm 0.67	3.33 \pm 0.97	3.00 \pm 0.00	2.72 \pm 0.94	<0.001*
Group psychotherapy	2.42 \pm 0.90	2.11 \pm 0.68	2.57 \pm 0.87	2.50 \pm 0.71	2.38 \pm 0.83	0.22
Positive psychology	1.63 \pm 0.96	2.22 \pm 0.81	2.00 \pm 1.10	2.50 \pm 0.71	1.97 \pm 0.97	0.18

CBT = Cognitive Behavioral Therapy; IPT = interpersonal psychotherapy; STST = Satir Transformational Systemic Therapy

* $p < 0.05$

Table 7. Perception towards psychotherapy training during residency

Psychotherapy	Number of respondents, n (%)					p-value
	Siriraj Hospital	Ramathibodi Hospital	Chulalongkorn Hospital	Yuwaprasart Waithayopatham Hospital	Total	
Sufficient	2 (10.5)	2 (11.1)	4 (19.0)	0 (0.0)	8 (13.3)	0.68
Insufficient	17 (89.5)	16 (88.9)	17 (81.0)	2 (100)	52 (86.7)	
Inadequate supervisors	8 (47.1)	5 (31.3)	6 (35.3)	2 (100)	21 (40.4)	0.51
Insufficient continuity	15 (88.2)	10 (62.5)	14 (82.4)	2 (100)	41 (68.3)	0.19
Insufficient or inconsistent supervision	11 (64.7)	10 (62.5)	15 (88.2)	2 (100)	38 (73.1)	0.43
Inadequate patients for psychotherapy	3 (17.6)	6 (37.5)	3 (17.6)	1 (50.0)	13 (25.0)	0.33
Others	1 (5.9)	2 (12.5)	1 (5.9)	0 (0.0)	4 (7.7)	0.77

Although each of the training centers was qualified by RCPT Child and Adolescent Psychiatry Board Committee for meeting standard requirement including psychotherapy training, individual proficiency largely depends on where that individual completed residency. Due to the availability of different types of experts at each training centers, child and adolescent psychiatrists who graduated from each training center have varied levels of exposure to the assorted types of psychotherapy training, resulting in disparate levels of competence, expertise, and interest across the various types of psychotherapies.

The results showed that the types of psychotherapies that child and adolescent psychiatrists perform post-residency is related to which training center they received their trainings. The authors question whether it would be more beneficial if graduates from all training centers would demonstrate the same level of psychotherapy capacity post training. This would require that each training center knows their strengths and weaknesses to mold their psychotherapy training program to meet the goal of creating a training program

that is consistent across all training centers.

It is worth noticing that recent graduates used less classical psychodynamic theory as conceptual frameworks in case formulation and treatment planning as well as performing less psychodynamic psychotherapy. There might be several factors underlying this finding. For example, receiving insufficient psychodynamic instruction, greater attention to psychopharmacology during training, or training in psychodynamic theories that are outdated or inapplicable to their cases. Having knowledge of the various theories and therapies would assist the psychiatrists in gaining a deeper understanding of their patients' psychopathology as well as enabling them to look at the patients' psychological aspects from different perspectives. The Advanced Psychodynamic Psychotherapy Training Course sponsored by the World Psychiatric Association [WPA] and RCPT serves as a solution that aims at fostering exceptional early career psychiatrists who are interested in psychodynamics and mentoring them to become psychodynamic trainers.

As data in the present study was from child and

adolescent psychiatrists graduated within the past 10 years, it will aid in showing the current psychotherapy training situation in each training centers, which can then be used to improve the quality of training. However, there were some limitations in the present study including, recall bias and the possibility that the questionnaire created for the present study may not have contained adequate or relevant enough questions.

In conclusion, child and adolescent psychiatrists perform only a small amount of psychotherapy, which in turn may influence an overuse of pharmacological treatments. There should be more focused training on psychotherapy, including classical theories. The authors hope that the results of the present study will be seen in a positive light, not merely pointing out the shortcomings in current training, but as a tool to help develop consistently better and more pertinent training programs for future child and adolescent psychiatrists.

What is already known on this topic?

There is a decreasing trend in performing psychotherapy and an increasing trend in prescribing psychotropic medications by psychiatrists, including child and adolescent psychiatrist, worldwide, even though psychotherapy is a core competency in child and adolescent psychiatry practice and considered to be the fundamental treatment modality for various psychiatric disorders in children and adolescents.

A national survey of young general psychiatrists in Thailand found that only 69.6% of them were actually practicing psychotherapy for less than four hours per month. And 41.5% had no self-confidence in using psychological interventions, although 67.1% indicated that the training was sufficient. The main factor affecting specific psychotherapy training experiences was the difference in the availability of training courses offered between the institutes.

What this study adds?

It is noticed that child and adolescent psychiatrists' preference towards each type of therapy was influenced by where they completed residency training. Although all board-certified child and adolescent psychiatrists in Thailand are qualified for their competency in performing psychotherapy, they tend to lack of confidence in performing psychotherapy, a core competency in child and adolescent psychiatry practice and an important fundamental treatment for all child and adolescent psychiatric disorders. Their lack of confidence in performing psychotherapy may be due to insufficient psychotherapy training experiences

during residency. Graduates from four training centers differed in receiving psychotherapy training experiences and confidence in performing various type of psychotherapy that resulted in the difference in their psychotherapy practice. Each training centers had their own strength and weakness in training various type of psychotherapy trainings. The findings were of great benefit for each training centers to improve their training experiences in psychotherapy.

Authors' contributions

Hongsanguansri S and Charatcharungkiat N conceived the idea, designed the study, collected data, performed the statistical analysis and interpretation of data, and drafted the manuscript. Alfonso CA and Olarte SW assisted in the design of a survey and critically reviewed the manuscript. All authors contributed to writing, reading, and approved the final manuscript.

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Potential conflicts of interest

The authors declare no conflict of interest.

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