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Teaching Psychotherapy to Psychiatric Residents in Israel — The Residents' Point of View

Renana Eitan, MD, Aviva Cohen, MD, and Ayelet Budick Sharon, MD

Department of Psychiatry, The Hebrew University — Hadassah Hospital, Jerusalem, Israel

> ***It is not incumbent upon you to finish the task, but neither are you free to absolve yourself from it.***
> *(Ethics of the Fathers, Chapter 2, verse 21)*

Biological psychiatry is not considered revolutionary to the recently trained doctor. Quite the opposite, the medical based classification of mental disorders, evidence based medicine and the constant search for pathophysiological mechanisms responsible for mental disorders is a natural progression of today's training of the medical student. With this in mind, the choice of a medical student to dedicate his career to the study of mind and soul is often associated with a halo connected with partaking in psychotherapy. Psychotherapy is considered a fascinating area that combines a unique relationship between therapist and client, combining therapeutic skills with rich theory that allows glances and occasionally the opportunity to reach the inner world of the client.

As trainees, we are witnessing an ongoing battle in the understanding and treatment of mental health patients that vacillates between biological psychiatry and psychotherapy. But we should always remember that both biology and psychodynamics are models, often temporary and changing, of the vast scope of human behavior, emotion and cognition. At our stage in the training process we obviously do not have the ability to win this battle, but the desire to know as much as possible about both biological psychiatry and psychotherapy remains strong. Moreover, given the great amount of "unknowns" even in contemporary psychiatry, we should not aim to develop one authoritative approach to mental health but rather to obtain as broad a basis of information as possible to enable us to discuss and contemplate the complexity of each patient, in conjunction with the psychological and biological knowledge at our disposal.

Looking ahead to the next decade when we will function as independent psychiatrists, we have a responsibility to the survival of both psychotherapy and biological psychiatry, within the psychiatric realm. The future contribution of our research in biological psychiatry by psychiatrists is essential. By the same token our future contribution to the maintenance and development of psychotherapy in the psychiatric context is also crucial and cannot be replaced by non-medical therapists.

Teaching psychotherapy presents one of the most central challenges in the residency program of psychiatry. The onus on residents beginning their residency is to integrate into the treating team of psychiatrists, psychologists, and other mental health workers familiar with psychotherapeutic jargon. Psychiatry residents, almost without exception, begin their training within active departments of psychiatry catering to patients suffering from mental conditions requiring an emphasis on psychopharmacological treatment. They are therefore exposed to the world and language of psychotherapy from an encounter with severely ill patients, many times with partial and vague understandings of even the basic psychotherapeutic foundations. After completing this phase in their training, residents continue their training in an outpatient setting, and within a short time are required to and find themselves practicing psychotherapy despite the process being very unclear. The relative ease with which the medically trained resident can learn chapters of psychiatry, psychodiagnostics and psychopharmacology, coupled with the fact that the initial phase of training was (rightly) carried out in inpatient settings, adds to the struggle involved in learning psychotherapy leading to a disparity in the accumulated body of knowledge in favor of biological psychiatry. Furthermore, residency in psychiatry is organized in a way that will most likely draw out the residents' skills and mastery in the biological aspects of psychiatry, leaving behind the need to maintain and develop the art of psychotherapy.

The supervision generally provided in teaching psychotherapy is mainly psychodynamic in orientation. This type of teaching is very demanding, often new and unfamiliar to many residents, requires much time and often involves overcoming resistance and employing emotional and other resources not often used in practicing other medical disciplines. In contrast, more practical approaches with perhaps more straightforward principles, such as those of cognitive behavioral therapy, may be more tenable to short-term structured teaching, and have recently been included in the psychiatric residency program. The psychotherapy related conflicts described above often surface while preparing for the psychiatric examinations. There is then an expectation on behalf of the examiners for in-depth knowledge regarding psychotherapy. Residents then try filling in the gaps in a haphazard way due to the absence of a structured teaching of psychotherapy throughout the residency program. The halo that once surrounded the learning of psychotherapy before residency fast becomes a heavy burden. This quite naturally leaves a lasting impression, often negative, which thereby discourages residents seeking out future training and skills in the field of psychotherapy.

To avoid the above-mentioned situation, creation of a current teaching program by the Israel Psychiatric Association is vital. This program needs to clearly define the main topics that cover the theoretical and practical learning of psychotherapy and also needs to include references to relevant reading material in current and traditional texts. This program also needs to be directed towards Israeli residents and cover topics likely to be encountered among us, such as therapy for Holocaust survivors and their families, treatment of soldiers and victims of terror, with texts available in Hebrew.

The amount of information required to practice medicine today has expanded significantly. The same holds true for psychiatry. The attempt to condense the level of information required by the resident through removing non-relevant parts (such as psychodynamic psychotherapy) of the program is misleading. Furthermore, the allocation of time of the resident has changed and the prioritization is different than in the past. An example is the balance between commitment to the profession, to family and to free time, or finishing work in the morning following a night on call. It seems that having to learn more information in a shorter space of time has brought about changes in the way the medical institutions relate to residency programs in all parts of the world. The perception that residency is basically a training program and a continuation of medical school is fast replacing the concept of its being the main source of "cheap labor" in hospitals. This is evidenced by the designing of an integrated teaching program for residents in hospitals while reducing their heavy workloads. In order to revamp the system and allow residents to gain the vast amount of information they require, there needs to be a focus on teaching and training as being the driving forces and a reduction in the work load.

Our hopes as residents are to acquire a broad and

balanced base of knowledge in the various domains of psychiatry. After residency is complete, some of us may choose to specialize in particular aspects of this broad discipline, such as psychopharmacology, biological research, psychodynamic or cognitive psychotherapy. However, we strongly feel that the residency program should provide us with an acquaintance and skill with which to provide a high level of care in all aspects of psychiatry and enable us to continue and develop in any of the major domains. We believe psychotherapy is one of those areas. Therefore, we see of utmost importance the combination of biological psychiatry and psychotherapy in the teaching program and request not to have these topics censored due to claims of time constraints. We are asking for the time to learn. Even though after residency each of us will choose our own area of expertise, strong foundations built during the training program are essential and likely to shape the way we practice psychiatry in the future.