

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM  
MINIMAL COMPETENCY DOCUMENTATION – SUPPORTIVE  
PSYCHOTHERAPY**

Dear Dr. Cowley:

This letter is written to document that \_\_\_\_\_ has met the criteria for minimal competency in supportive psychotherapy according to Departmental criteria, which follow:

- \_\_\_\_\_  
Instructor's initials
1. Completed the Introduction to Psychotherapy or Supportive Therapy course satisfactorily.
- \_\_\_\_\_  
Supervisor
2. The resident has met minimal competency criteria in satisfactorily treating a chronically mentally ill patient with supportive therapy.
- \_\_\_\_\_  
Supervisor
3. The resident has met minimal competency in satisfactorily treating an additional patient using supportive therapy.

Case Information:

Site of case: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Length of treatment: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Instructor/Supervisor

\_\_\_\_\_  
Date