



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

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Report of the UEMS Section for Psychiatry

PSYCHOTHERAPY

Introduction

Psychiatry is defined as a biopsychosocial discipline. The last 10 years have seen a great development in the understanding of the mind/brain issue with a new and more complex understanding of the brain and the way biology and psychology interact, affecting both the brain morphology and complex developmental processes. The understanding of psychotherapy is developing as psychological interventions seem to be used in a more and more structured, focused and evidence-based way in the treatment of psychiatric disorders. That puts even more emphasis on training issues as the knowledge of fundamental mechanisms of psychological change is crucial for a psychiatrist.

Psychiatric disorders are not isolated entities but parts of complex and dynamic wholes. The symptoms take place within a unique person with a personality, affections and a specific cognitive and relational style.

Psychotherapy is used as a treatment tool by a number of professions. Their aims, however, range from treating specific disorders to improving lifestyle experiences and relieving emotional suffering thus promoting personal development.

Three theories still seem to be fundamental for the development of psychotherapeutic treatment interventions: psychodynamic theory, behavioural theory, and systemic theory. These theories, combined with a number of less defined theories, have led to the appearance of a large number of different psychotherapies.

However some common factors seem to be essential for outcome, transgressing schools of treatment.

They are:

- (a) establishing a relationship;
- (b) establishing the therapeutic alliance;
- (c) building up hope;
- (d) explanations to help understanding;
- (e) better self esteem;
- (f) release of emotion;
- (g) empowerment.

The position of psychotherapy in psychiatry is changing, as more evidence recently has come out on the effect of specified psychotherapeutic interventions on defined diagnostic categories. Also, the importance of a proper evaluation prior to a treatment plan and a choice of the most useful method of treatment for a specific patient with a specific personality and a specific disorder have become prevalent. From an era where ideological issues seemed prevailing in terms of choice of treatment method, more integrative and complementary approaches seem to be in use.

Psychodynamic theory is important for the understanding of the subjective experience and the search for meaning from the patient's point of view and for the understanding of the therapist's own emotional reactions as well as for the patient-therapist relationship. Thus Psychodynamic Therapy focuses on personal development of the person with the disorder and supports the ability to cope with the illness either by overcoming it (relief of symptoms) or by diminishing the impact of the symptoms on the patient's life.

Cognitive Behavioural Therapy (CBT) has the relief of symptoms at its focus, the raising of awareness of alternatives to symptoms and the structured collaboration between the patient and the therapist with homework assignments and stressing the recovery potentials and self assertiveness of the patient. CBT has proved the effectiveness of structured, focused and time-limited interventions.

A number of new therapies with an integrative approach, such as Interpersonal Therapy (IPT) and Cognitive Analytical Therapy (CAT) combining understanding and methodology of psychodynamic and CBT, seems to be effective. Thus psychotherapy can be used and evaluated. More emphasis is given to short-term focused psychotherapy as a more cost-effective treatment modality within the public psychiatric services.

Before any psychotherapeutic intervention can begin the following points must be addressed:

- (a) Assessment according to needs. This includes:
 - symptom relief
 - behaviour
 - cognition
 - affective and emotional style
 - self esteem
 - attachment
 - ability to form relations
 - search for meaning
- (b) Goal definition
- (c) Establishing the therapeutic alliance
- (d) Defining the setting

The evaluation of effect must be carried out during and at the end of the treatment period.

Thus psychological understanding of psychiatric disorders should be part of everyday clinical practice and the use of specific psychotherapeutic interventions applied whenever appropriate.

Definition of psychotherapy

Psychotherapy is understood as a specific and systematic way of psychological treatment, scientifically based. As such, it includes at least psychodynamic, cognitive and behavioural psychotherapies. There should be a contract between the patient and the therapist. The aim is to treat psychiatric symptoms, to gain better emotional and social functioning and to facilitate personal growth.

Background

Chapter 6 of the UEMS Charter on Training of Medical Specialists in the EU (*“Requirements for the Speciality of Psychiatry”*) clearly states that psychotherapy is an integral part of postgraduate training in psychiatry. In order to assess the position of psychotherapy and revise the content of specific training and practice in different European countries changes that have taken place during the recent years need to be clarified. It includes the knowledge of authorisation, availability, accessibility and financing, especially concerning trends and specific changes. To achieve this aim the UEMS Section for Psychiatry has recently carried out a survey of all European countries represented in the Section.

The previous survey on the position of psychotherapy was carried out in 1994. Since then Europe has expanded and several of the East European countries have joined the UEMS.

The survey which informed this report was conducted by means of a questionnaire divided into two sections. Section A contains questions designed to elicit information on the actual position of psychotherapy in psychiatric training and Section B attempts to find out facts about the position of psychotherapy in mental health services.

Result of the survey

Answers were obtained from the following 27 countries: Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and UK.

Section A: Position of psychotherapy in psychiatric training

1. Psychotherapy as an integrated part of training for psychiatry:

- (a) Yes: 16; No: 3; Partly: 8

- (b) Training requirements are specified in 11 countries.
- (c) A formal theory programme is found in 11 countries but the number of hours vary between 60 and 300.
- (d) The number of hours required for patient contact is specified in 6 countries. Numbers differ between 60 and 250 hours.
- (e) The number of hours required for supervision are specified in 10 countries.
- (f) The number of cases to be treated are specified in 7 countries. However, none of the countries have requirements as to the diagnostic distribution of cases.

Comments: In some countries the specification of the curriculum is left to individual training institutions / universities. Two countries (Cyprus and Malta) do not have a full training programme for psychiatry, so students have to go abroad.

2. **National curriculum**

14 countries report the existence of a national curriculum.

3. **The following modalities are reported to be a compulsory part of the training programme:**

- (a) Psychodynamics: 16 countries
- (b) CBT: 14 countries
- (c) Systemic: 13 countries
- (d) Others (CAT, IPT, relaxation therapy): 5

4. **Personal therapeutic experience** is mandatory in 4 countries and highly recommended in 7 countries. Only 2 countries report a public financing of this component of training.

5. **Psychotherapy is a fundamental part of clinical training in psychiatric hospitals** in 10 countries. It is to some extent a part of training in 10 countries but in 7 countries it is not part of hospital treatment at all.

6. **Psychotherapy training takes place in specific training centres** in 10 countries, and furthermore 10 countries report that training can take place in specific training centres and elsewhere. In 14 countries these centres are recognised by the training organisations.

7. 18 countries have specific requirements for the **qualifications for teachers**.

Comments: Several countries report problems due to the lack of adequate numbers of qualified psychotherapists as trainers. This means the lack of possibilities for supervision. It is felt that intentions do not match the reality. Additional burden on training is brought about by problems with funding of training. Diversity in distribution of training is another issue. Local interests can be decisive for the provision of training. Thus the overall picture is diverse. Finally, one country mentioned the lack of interest amongst the trainees.

Section B: Position of psychotherapy as an independent profession in mental health services

The results collected in the this part of the survey describe the role of psychotherapy in mental health services.

- 1. **Psychotherapy is an authorised profession** in 11 countries, partly authorised in 3 countries.
- 2. **The authorisation is granted by** public authorities in 5 countries, by professional bodies in 8 countries, and by training institutions in 3 countries.
- 3. **National plans for mental health** including psychotherapy exist in 14 countries.
- 4. There is a **requirement for a basic profession** before training in psychotherapy in 19 countries.
- 5. **Psychiatrists are automatically recognised as psychotherapists** in 15 countries.
- 6. There is a requirement for **knowledge of psychopathology** in 11 countries.
- 7. **Payment for psychotherapy:**
 - (a) By the national health service in 22 countries
 - (b) By public insurance in 17 countries
 - (c) By private insurance in 12 countries
 - (d) By social security in 6 countries

Comments: In a number of countries the funding of psychotherapy by a national health service is "in principle" but not in reality. There is a great diversity in funding, but it should be noted that in some countries psychotherapy might be funded without any specific assessment or evaluation.

8. **Funding is limited in terms of**
 - (a) length of treatment in 12 countries
 - (b) basic profession of psychotherapists. in 7 countries
 - (c) diagnosis in 5 countries
9. **Other limitations in funding** are reported in 4 countries
10. The funding is estimated as **adequate to meet demands** in 5 countries
11. **Estimating the need for psychotherapy** is possible in 5 countries, but none specify actual surveys.
12. **Assessment and referral** for publicly funded psychotherapy by a non-medical psychotherapist takes place in 14 countries. In 3 countries it can be done by any medically qualified doctor, in 7 countries only by psychiatrists and in 4 countries by GPs.
13. **Psychotherapy is practised** both in private and in public sectors in 25 countries.
14. Psychotherapists are required to **register** in 10 countries.
15. Psychotherapy is practised in the:
 - (a) **Hospital sector** – in 22 countries
 - (b) **Decentralised services** – in 19 countries
 - (c) **Specific clinics** – in 11 countries
 - (d) **Private practice** – in 22 countries
16. In 5 countries the **number** of psychotherapists is felt to be **adequate**, in 15 it is not.

Conclusion

The position and recognition of psychotherapy as one of the core treatment methods for psychiatric disorders still seems to be inadequate. It is reflected in the fact that only in 16 out of 27 countries psychotherapy is an integrated part of training, with specified training requirements. Only half of the countries have a national curriculum. And only about one third of the countries surveyed have psychotherapy as an integrated part of hospital treatment and thus of clinical training. Treatment modalities seem to be divided equally between psychodynamic, CBT and systemic psychotherapy and only 5 countries reported the use of integrative therapies. The lack of qualified teachers of psychotherapy is a problem in many countries and in some countries funding is expected to come from trainees. Interestingly enough, one country mentioned the lack of interest amongst trainees to enter psychotherapy training, because of the great interest and optimism within the development of neuropsychiatry.

As far as the role of psychotherapy within mental health services is concerned it is striking that only 11 countries recognise psychotherapy as a profession. The fact that national plans for mental health services including psychotherapy exist only in 14 countries is equally surprising. However 22 countries report psychotherapy being practised within hospital services and in 19 countries it is being practised in decentralised services. The funding is partly provided by the national health service in 22 countries. So there is a gap between the public recognition of psychotherapy and the practice as a tool for treatment. But it is one treatment tool which is not restricted to doctors, not even through referral procedures. A variety of professional and public interests are at stake, and there is a great difficulty trying to regulate the field in more details.

It is crucial for psychiatry that the scope of psychotherapy is well defined and that all psychiatrists are qualified to use psychotherapeutic interventions in everyday treatment of psychiatric patients. The psychiatrist should therefore be familiar with the effective factors common to all psychotherapies and the way of assessing, defining the treatment plan, the setting and evaluation. Any type of psychotherapeutic training – independent of theoretical school - should put emphasis on the above mentioned.

Recommendations for the practice of psychotherapy in the health care system

1. The aim of psychotherapy practice in health care is to treat mental disorders.
2. Psychotherapeutic understanding of psychiatric disorders should be part of everyday clinical practice.
3. Use of specific psychotherapeutic interventions should be applied whenever appropriate.
4. Psychotherapy is an integral part of training in psychiatry.

5. Appropriately trained professionals other than psychiatrists can successfully practise psychotherapy within the health care system.
6. Prior to the beginning of any psychotherapeutic treatment the patient should always be assessed by a psychiatrist. This should include assessment of clinical and diagnostic status and indications of treatment. The psychiatric assessment is necessary whether the treatment is carried out by a psychiatrist or any other professional.

Recommendations for training in psychotherapy

Psychotherapy is an integral part of training in psychiatry. Psychotherapy is the psychological understanding and a method of treatment of mental disorders. It is essential for assessment and treatment of all patients with mental disorders.

Psychotherapy is based on a systematic theory, and good clinical practice. It must be based on established theory and empirically supported.

The aim of training in psychotherapy as part of training in psychiatry is to ensure that the trainee has sufficient knowledge and experience to:

- Establish initial contact with the patient;
- Maintain the contact within therapeutic relationship;
- Establish and maintain therapeutic alliance;
- Establish a diagnosis of the mental disorder and of the psychotherapeutic assessment;
- Establish a treatment plan most appropriate to the diagnosis and personality;
- Assess which psychotherapeutic method is most appropriate;
- Gain experience with the psychological process of the disorder;
- Gain experience with the psychotherapeutic treatment processes and development;
- Gain experience with the role of psychotherapy as part of integrated treatment;
- Evaluate outcome;
- Maintaining the boundaries of the professional relation in an ethical way;
- Gain experience with impact of own thinking and feeling as a part of the interpersonal contact with the patient and of how this can be explored and used therapeutically.

The following content is considered essential for training in psychotherapy as part of training for psychiatry:

- A mandatory part of the training curriculum that takes place within working hours.
- Practical application of psychotherapy should be conducted in a defined number of cases.
- The Theory of psychotherapy should be delivered over at least 120 hours.
- Supervision should be provided on a regular basis for at least 100 hours. Individual but preferably also group supervision should be applied. At least 50 hours of supervision should be conducted on an individual basis.
- Experience should be gained with a broad range of diagnostic categories including psychosis.
- Assessment and evaluation of outcome are integral part of training.
- Experience in psychotherapy should be gained with individuals as well as family and groups.
- As a minimum, psychodynamic, CBT and systemic theory and methods should be applied, but integrative psychotherapies are highly recommended.
- Personal therapeutic experience / feed-back on personal style is highly recommended.
- Research methodology should be included.
- Training should if possible take place within different parts of mental health services.
- Supervisors should be qualified.
- Training should be publicly funded.