

## **Report of the Section of Psychiatry**

### **TRAINING IN PSYCHOTHERAPY AS PART OR TRAINING IN PSYCHIATRY**

#### **Background**

The European Section of Psychiatry completed in April 1994 a survey on requirements for psychotherapy as part of training in psychiatry for the EEC-countries and the EFTA countries. Answers were obtained from eleven EEC countries (Italy) and the EFTA countries: Norway, Sweden, Finland, Switzerland, and Austria. The results are presented in details in a report.

In all countries, theory of psychotherapy was an integrated part of the postgraduate training curriculum.

In most countries, case supervision was part of the curriculum. Personal psychotherapeutic experience was mandatory in the Netherlands and Germany.

The European Forum for all Psychiatric Trainees on 26 March 1993 gave out the following statement concerning psychotherapy training:

*“A working knowledge of psychotherapy is an integral part of being a psychiatrist. Training must reflect this.*

*A basic training must include supervision by qualified therapists of clinical practice, as well as theoretical training in a broad range of psychotherapies.*

*Skills should be gained in at least one of the forms of psychotherapy. Sufficient experience should be gained in the other psychotherapies to allow the trainee to evaluate suitability for referral to a specialist psychotherapist.*

*A personal psychotherapeutic experience is seen as a valuable component of training and training schemes should provide an opportunity for this.”*

Thus, psychotherapy is clearly a part of the psychiatric self-understanding in Europe today.

Based on this information the European Board of Psychiatry are proposing the following recommendations.

## **RECOMMENDATIONS**

### **Passed by the European Board of Psychiatry and agreed by The National Societies**

- The National authorities should consider psychotherapy as an integral part of training in psychiatry recognised as equal with the biological and the social dimensions.
- The purpose of training in psychotherapy for a psychiatrist is to enhance their clinical practise.
- Psychotherapy should be understood as a psychological method of treatment, based on a systematical theory and where efficacy should be scientifically proved.
- The National authority should be responsible for a system of financing of psychotherapy training as well as responsible for other kinds of training in psychiatry.
- Psychotherapeutic theory including at least psychodynamic theory and cognitive/behavioural theory should be part of the postgraduate curriculum. Other theories might be included when scientifically proved.
- The number of hours for theoretical training should be defined.
- Research methodology should be included in training.
- In the course of postgraduate training individual psychotherapy cases should be brought to supervision for a defined number of hours.
- Instruction in training in psychotherapy (theory and supervision of cases) can be individual or in a group.
- Personal psychotherapeutic experience as an integral part of the training programme is highly recommended, but not mandatory. The purpose of the training is to place the postgraduate student in the position where the impact of his/her thinking and feeling as part of the interpersonal contact with patients can be explored and used therapeutically.
- Teachers of psychotherapy are required to have training in psychotherapy and its teaching recognised by National authorities. In recognising that the purpose of training is for psychotherapy in psychiatry it is essential that the director of the training programme is a psychiatrist.

## REPORT

### PSYCHOTHERAPY IN THE TRAINING IN PSYCHIATRY

#### Introductory remarks

One of the primary tasks of the Section of Psychiatry is to obtain thorough knowledge of training programmes in the different member countries. Based on this information the Board works with the issue of harmonisation of postgraduate education through the making of recommendations of standards for training and for evaluation of training.

In order to obtain as specific information about training programmes as possible, it has been decided to look into different areas of training in psychiatry. The issue of psychotherapy as a part of training in psychiatry was chosen very early. The reason was among others a wish to know whether the three-dimensional approach to psychiatry - psychology, sociology and biology - was part of the official definition of the speciality in the different member countries.

#### Method

A questionnaire was mailed out including three questions:

- I. Is training in psychotherapy a compulsory part of training in psychiatry?  
If yes, specify requirements for training.
- II. Does there exist an authorised training and recognition for psychotherapy in your country?  
If yes, specify what kind of professionals can acquire authorisation and describe the requirements for training.
- III. Is it possible for an authorised psychotherapist to practise under a National Health Service thus having a public refund for psychotherapy consultations?

The written comments were elaborated at several meetings. Before the final report was drafted, the members had opportunity to correct the answers.

#### Results

Answers were received from all EEC countries except Italy and from Norway, Sweden, Finland, Switzerland and Austria.

#### ***Question number one: Is training in psychotherapy a compulsory part of psychiatric training? (figure 1)***

Where possible training requirements are specified in terms of hours required in the field of

- A Theoretical studies.
- B Supervision of own cases (for some countries required number of case sessions are mentioned).
- C Personal psychotherapeutic experience.

Fig.1.

Requirements for psychotherapy in training in psychiatry (per hour – if known).

<b>Country</b>	<b>Theoretical studies</b>	<b>Supervision of own cases</b>	<b>personal therapeutic experience</b>
UK/Ireland	Yes	Yes	No
France	No	No	No
Greece	Yes	(no)	No
Spain	(yes)	(yes)	No
Netherlands	200	150	50
Belgium	(yes)	No	No
Portugal	Yes	1 year (3 cases)	No
Switzerland	2 years	100 (200 p/t hours)	Strongly recommended
Denmark	60	60	No
Finland	200	50	Strongly recommended
Germany	100	45 (180 p/t hours)	Balint Group – 70 hrs Self-awareness – 40 hrs Relaxation – 32 hrs
Norway	100	70	No
Sweden	120	60	No
Austria	Yes	Yes (several)	No
Luxembourg	No national specialist training		

## **UNITED KINGDOM AND THE REPUBLIC OF IRELAND**

Training programmes for psychiatrists are alike in the two countries. Standards are made by The Royal College of Psychiatrists.

Psychotherapy is a compulsory part of psychiatric training as stated in the guidelines for training. There are no formal requirements as to the number of sessions, neither for theoretical seminars nor for supervision. Knowledge of the theory of psychotherapy is a part of the written specialist exam. The distribution of qualified psychotherapy consultants in the United Kingdom is centred around a few of the major cities. Thus sufficient facilities for training does not exist. In addition, although psychotherapy training is a principle in the standards from The Royal College, it is in fact not effectuated for all trainees.

## **FRANCE**

Psychotherapy training is not a part of psychiatrist training, and psychotherapy is not an integrated part of the psychiatric service. Psychodynamic psychotherapy plays the most important role in psychotherapy practice. It is taught in special bodies (cadres) within the psychoanalytic or psychotherapeutic societies, but completely separated from universities and training centres for psychiatrists. However, some psychiatric services use systemic and cognitive psychotherapeutic methods in treatment, but this is never taught as a compulsory part of training.

## **GREECE**

Psychotherapy training is not a compulsory part of psychiatrist training. In University settings supervision of psychotherapy cases is offered on a voluntary basis. Psychotherapeutic theory, however, is a compulsory part of training programmes. Interest in, level of and emphasis to teaching in psychotherapy vary widely from training centre to training centre. In some centres training seems satisfactory, in others like in large state hospitals training is hardly existing.

## **SPAIN**

National guidelines for specialist training in psychiatry mention supervision of psychotherapeutic cases. However, no formalised requirements are described. It is left to individual training centres to make specific requirements. There is no official control whether or not requirements are fulfilled.

## **THE NETHERLANDS**

In training for psychiatry there is an extensive compulsory programme on psychotherapy. Theoretical courses are taught for 200 lessons comprising psychodynamic theory, behavioural theory, techniques concerning individual treatment, and family treatment. 150 hours of supervision of own psychotherapy cases are required. Personal therapy is required for at least 50 sessions.

## **BELGIUM**

Psychotherapy training is not a compulsory part of psychiatrist training. There is, however, a wish to make it so. In some universities it is possible to get a degree in psychotherapy as a postgraduate certificate.

## **PORTUGAL**

Training in psychotherapy is not a formal requirement. However in several training centres different modalities of psychotherapy are being taught. It is felt amongst psychiatrists, that the lack of adequate

training in psychotherapy is a draw back to their clinical practise.

## **SWITZERLAND**

Psychotherapy is an integrated part of psychiatrist training as reflected in the specialist title: "*Specialist in psychiatry and psychotherapy.*"

Theoretical courses on psychotherapy must be attended for at least 2 years. Furthermore, a minimum of 100 hours of supervision is required for a minimum of 200 psychotherapy sessions. The training must last at least 2 years and include at least 3 psychotherapy patients. There is an ongoing written evaluation of psychotherapy skills. For the moment the preferred target for psychotherapy is the individual. In future, also training with family and groups will be required. Personal therapy is not compulsory but "strongly recommended." Recently a new reform on training for psychiatry is being implemented introducing four different "accents" for training, one being the "accent" of psychotherapy. This means that every psychiatric trainee still needs to have some basic knowledge in the field of psychotherapy, but for some on choice, the education is more elaborated.

## **DENMARK**

Training in psychotherapy is a compulsory part of training in psychiatry. Requirements are at least 60 hours of theory covering psychodynamic theory as well as other scientifically proved theories. There is a requirement of 60 hours supervision corresponding to at least 60 hours of psychotherapy sessions. Forty sessions should be with individual patients, and twenty sessions with group or family psychotherapy. It is recommended that there is only one individual case and no more than 2 individual cases can be recognised.

## **FINLAND**

Psychotherapy training is a compulsory part of psychiatrist training. It is the aim that every trainee should at least meet a standard ("Finnish standard of specialist level and psychotherapy training"}, which has a duration of at least 2,5 years. Theoretical training consists of at least 200 hours seminars with additional study of literature. Supervision covers at least 50 hours of individual supervision, or 100 hours of group supervision. Sufficient experience of personal therapy is recommended. Every specialist training programme includes a national written examination, in which questions concerning psychotherapy are included. It is estimated that of all practising psychiatrists in Finland, more than 50% have gone through a psychotherapy training meeting the above giving criteria. Every specialist in Finland has gone through an extensive training programme for at least 2 years with seminars and supervision of own cases.

## **GERMANY**

Psychotherapy is a compulsory part of psychiatrist training. The requirements are 100 hours of theoretical seminars. 100 hours of individual psychotherapy sessions with patients in two recognised psychotherapeutic methods: Behaviour and/or cognitive as well as insight oriented psychodynamic psychotherapy. Supervision is provided with 1 hour for every 4 patient sessions. Altogether 45 hours of supervision. Personal therapeutic experience is also required with 70 hours of Balint group, 140 hours of self awareness training, and 32 hours of relaxation training.

## **NORWAY**

Psychotherapy is a compulsory part of psychiatrist training. The requirement is at least 100 hours theoretical seminars plus 70 hours of supervision of psychotherapy cases. One supervision session a week is given for 2 years. The frame of reference is psychodynamic individual psychotherapy.

Personal therapeutic experience is not required.

## **SWEDEN**

Psychotherapy is a compulsory part of psychiatrist training. The requirement is 120 hours theoretical seminars. It is concluded by a written examination. There is a requirement of one or more patient cases under continuous supervision either 60 hours individual supervision or 120 hours supervision in groups (maximum four participants). The theoretical background for supervision and therapy is mainly psychodynamic, sometimes cognitive or behavioural. There are no requirements for personal therapeutic experience.

## **AUSTRIA**

Psychotherapy is part of the curriculum for psychiatric training, however no formalised requirements exist.

## **LUXEMBOURG**

No specialist training is provided in Luxembourg.

***The second Question asked was whether there exists an authorised training and official recognition of psychotherapy and psychotherapist in the countries.***

***The third Question was whether there was a public refund for psychotherapy consultants.***

It is difficult to provide an unequivocal picture, since authorisation can be given by many different bodies, and the structure of the health service system differs largely between the countries in question. The results are described.

## **UNITED KINGDOM**

There are several recognised psychotherapy training possibilities. The Royal College of Psychiatry provides training in psychotherapy for doctors as a subspeciality. Different private institutes provide psychotherapy training for professionals from a variety of backgrounds. The National Health Service recognises different kinds of training and training institutes. Thus it is possible for an authorised psychotherapist to practise under the National Health Service salary. The conditions for practise are employment inside the National Health Service through legally defined procedures in a recognised post.

## **FRANCE**

No publicly authorised training and recognition of training is given. Clinical psychologists trained in psychological methods of treatment work to some extent in public institutions under the responsibility of a doctor. Training is provided in private institutions, some belonging to international societies.

## **GREECE**

There is no authorised training or recognition of psychotherapy. Some private institutions though, first of all the Hellenic Psychoanalytical Association, provide an international recognition which, however, is not official. In an informal way, psychotherapy is given an indirect recognition. Civil servants have a special kind of health insurance paid by the government. In the agreement on this health insurance, psychotherapy is mentioned as a treatment modality for which a refund can be given.

## **SPAIN**

There is no official authorisation for psychotherapy and no public funding. However psychiatrist working in the NHS may treat their patients with psychotherapy if they choose to do so and this is tacitly assumed by the NHS. So the practice of psychotherapy stands in the same position as the practice of psychopharmacology or the practice of rehabilitation, they are all practised but none of them is specifically recognised.

## **THE NETHERLANDS**

The government provide an authorisation for psychotherapy. It can be given to a number of professionals including doctors, psychologists, social workers with higher training, ministers with pastoral psychological training, and others. There exists minimum standards for training in psychotherapy which includes personal therapy for at least 50 sessions plus theoretical training, practical training, and supervision. Furthermore, there is a requirement for working experience in the field of mental health for at least 2 years. The work as psychotherapists can only take place under the responsibility of a psychiatrist. As yet, there is no possibility for a public refund for psychotherapy consultation in private practise.

## **BELGIUM**

Even though there is no public recognition for psychotherapy training, there exists a number of training institutes which trains psychiatrists and psychologists in psychotherapy. These are recognised by international associations. In one university, there is a postgraduate certifying training course in psychotherapy issued by the faculty of psychology in connection with department of psychiatry in the faculty of medicine. Psychiatrists can have a public refund for psychotherapy consultations. On certain 'conditions, psychologists with a psychotherapeutic education can have public refunds for psychotherapy consultations under a psychiatrist supervision. This applies to EEC employees and patients in rehabilitation centres.

## **PORTUGAL**

There is no public recognition for psychotherapy training and no public refund. Only psychiatrists can work in private practise.

## **SWITZERLAND**

Most doctors training for psychiatry seek psychotherapy training in addition to the compulsory psychotherapy training as described above. Often, they get a diploma from private training institutes. In Switzerland there is not a national health service, all medical services are private, but an insurance system is at work. Psychotherapy is recognised and paid by all insurance companies. Sixty therapy sessions are paid over 2 years without any medical report. Exceeding that, a report to a company doctor is needed. However, there is no final limit to the amount of sessions which can be given.

## **DENMARK**

No official recognition for psychotherapy training exists in Denmark as yet. However, official requirements for psychotherapy training on a highly specialised level have recently been put forward by the Danish Psychiatric Society and by the Association of Psychologists. Different training institutes working as members of international associations provide diploma training in Denmark. There is an indirect public acknowledgement of psychotherapy as a tool for psychiatric treatment since psychiatrist working in private practice under the National Health Service can get a refund for psychotherapy consultations.

## **FINLAND**

Since 1984 the National Board of Health has recognised standards for contents and qualifications of psychotherapy training on a highly specialised level aiming at independent practise in a defined form of psychotherapy (in example psychoanalytic, group, family, cognitive). In all training programmes there are requirements for a personal therapeutic experience. Psychotherapy may be refunded as any other form of health care by the National Health Insurance System. For long term psychotherapy a special group assesses the indications and makes decisions for paying for psychotherapy continuing for more than 200 hours. Psychotherapy may be refunded by hospitals as well. In a national rehabilitation scheme, psychotherapy is also refunded. Other professionals than doctors may be paid for psychotherapy in hospitals and in rehabilitation schemes.

## **GERMANY**

Authorised training can be acquired in recognised training institutes of which most are private. The official requirements differ between the different German countries. In the National Health Service, a board of psychotherapists is appointed with the task to give approval to applications from psychotherapists who want to make a contract for psychotherapy with the local health services and health insurance. Psychologists can work in private practise but only under supervision from a psychiatrist.

## **NORWAY**

As well psychiatrists and clinical psychologists can work in private practise but under a contract with the National Health Care System and thus being refunded. There are no formal requirements for practising as a psychotherapist and no formal limitations as to how many psychotherapy consultations can be refunded for an individual patient. However, there are economical limitations, and thus in reality, only a very small proportion of psychotherapy consultations are paid publicly. For some years there has been a public institute for psychotherapy training. Mainly psychologists and psychiatrists are educated by this institute, but also other professionals can get the training providing that they have profound knowledge in psychology and psychopathology.

## **SWEDEN**

Psychotherapy is a recognised profession authorised by the National Board of Health and Welfare. Mainly clinical psychologists and psychiatrists are authorised after fulfilment of a specific training curriculum including personal psychotherapy. Other professionals can be authorised provided they have en knowledge in psychology and psychopathology. To some limited extent authorised psychotherapists practise under the National Health Service with a public refund . The limitation is made in economical terms as a specific amount is allowed every year for this activity.

## **AUSTRIA**

Psychotherapy is a recognised profession authorised by the National Board of Health and Welfare. Several professions can be authorised after having fulfilled recognised training programmes which include "personal therapeutic experience."

## **Discussion and conclusion**

It seems that almost everywhere on the European scene, psychotherapy is considered one of the tools of clinical psychiatry. However, it is clear that great differences exist between the countries concerning standards and implementations. In addition, it is clear that inside many of the countries there exists

rather big differences in actual training facilities.

A few obstacles to the implementations of psychotherapy training shall be mentioned.

### **1 Basic ideological issue.**

#### ***Is psychotherapy a pan of psychiatry?***

As seen, there is no clear agreement as to this point. In most countries, psychotherapy is considered an important part of psychiatry but in a few it is not. Psychotherapy does place itself in an intermediate area between medical treatment modalities, and others. It is made obvious by the fact, that other professionals than doctors do exercise psychotherapy,

### **2 What kind of psychotherapy is the "right one"?**

Through the history of psychotherapy this has been continuously debated. The imperialistic attitude claims' that only one kind of psychotherapy is the right one, and the anarchistic attitude claims that all kind of being with another human being can be considered psychotherapy.

A definition of psychotherapy has been made by the Danish Psychiatric Society. It reads:

*Psychotherapy is a psychological method of treatment scientifically based. It is most often applied to alleviate psychiatric suffering. It is done by one or several persons, qualified by their education. They work through establishing a contract with one or several patients with the goal of alleviating pain by symptoms and/or modification of character traits and/or better emotional and social function and to set free healthy potentialities of development.*

This is a very broad definition of psychotherapy, but it stresses the point that there must be a theory which is scientifically based and proven.

Figure 2. shows an overview which combines different psychological theories with psychotherapeutical theories and methods.

**Fig. 2**

Connection between psychological theory, psychotherapeutical theory and method.

Psychological theory	Psychodynamic theory		Learning theory	System theory
Psychotherapeutical theory	Psychoanalytical	Experiential	*)	*)
Method	Psychoanalysis  Psychoanalytical psychotherapy  Short-term psychoanalytical psychotherapy  Group analysis  Play therapy	Art therapy  Music therapy  Existential therapy  Body therapy  Gestalttherapy  Transactional analysis	Behaviour therapy  Cognitive therapy	Structured Systemic Milano

**Note:**

\*) – Psychological theory and psychotherapeutical theory are almost the same.

**Psychological theory:** Basic assumptions on developmental structures and functions of the psyche.

**Psychotherapeutical theory:** Frame of reference in the meaning of theory on the content of the psychotherapy included in which is the theory of what it is that brings out change.

**Method:** Specification of how the therapy is brought into being and who is the target for therapy:

- individual
- couple
- family
- group
- network

### **3 What are the resources for training?**

One great obstacle for providing extensive psychotherapy training courses is the lack of qualified psychotherapists and the uneven distribution geographically. There are different solutions to this problem. One is block training. For example, centralised courses are given 4-6 times a year with supervision and theoretical training. Another solution which has been practised in The Nordic Countries is visiting psychotherapists who in example once every fortnight or once every month, visit training centres and provide theoretical seminars and supervision. It is important to decide on the principle of psychotherapy training, to decide on minimal requirements, and to provide realistic and flexible structures in order to fulfil the requirements.

### **4 What is the position of the authorities concerning psychotherapy training and funding for psychotherapy consultations?**

This question concerns authorities at different levels:

Hospital administrations, county administrations.

The medical societies.

National Boards of Health.

There is a need for arguments in terms of health policy as to the usefulness and needs for psychotherapy training. To make psychotherapy training compulsory in training for psychiatry will strengthen the arguments towards the local authorities. However, this has to be debated in the psychiatric societies and in the medical societies as such.

The question of financing as well psychotherapy training as psychotherapy treatment is closely connected to this.

### **Conclusion**

It is the hope that this report will provide a better basis for further discussion on the issue of psychotherapy training as a part of training in psychiatry in order that the Board of psychiatry can reach a conclusion as to the recommendations for psychotherapy training providing minimal standards for training.

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