submitted to EJPC on Jan 10, 2009

EUROPEAN JOURNAL FOR PSYCHOLOGY AND COUNSELING

LEGAL STATUS AND TRAINING OF PSYCHOTHERAPISTS IN EUROPE

*by **Serge Ginger** [1] (Paris,France)*
Registrar of EAP
Chairman of the TAC

Introduction

With each passing year, psychotherapy has developed regularly throughout Europe's fifty countries, most notably in the 27 countries that constitute the European Union (EU). This appears to be due to a growing *offer* that parallels the growing *demand* for therapy.

The need for psychotherapy has increased with the deep crisis of our post-industrial society: an economic crisis, technological and informational mutations, a political and sociological crisis with rapidly changing mores. These diverse elements lead to the loss of traditional bearings that induce a higher level of *anxiety,* coupled with a helpless feeling of *impotence*.

Depending on countries, around 5 to 10 % of the population within the EU has recourse to psychotherapy, at one or the other moment of his/ her life — which represents 40 million patients/clients out of about 500 million persons living within the European Union. This statistic begs a sociological question that needs to be addressed.

We estimate that there are 120,000 professional psychotherapists

[1] **Serge Ginger**:
• Clinical psychologist, psychotherapist, teacher and guest trainer of Gestalt Therapy in 15 countries;
• General Secretary of the French National Federation of Psychotherapists and Psychoanalysts (FF2P);
• Chair of the European Training Accreditation Committee (TAC) for Training institutes;
• Author or co-author of 20 books — among which *Gestalt Therapy, The Art of Contact,* Karnac Books, London, 2007 *(translated into 12 languages).*

currently in practice, coming essentially from three professions: psychologists, psychiatrists, and psychotherapists — the last group may or may not include psychoanalysts, who sometimes consider themselves as a separate category. These three groups are often engaged in some form of corporate rivalry.

The *European Association for Psychotherapy* (EAP) was created in 1991, on the basis of the *Strasbourg Declaration* (October 1990) which defines psychotherapy as "an independent scientific discipline, the practice of which represents an independent and free profession" in the field of human and social sciences.

Psychotherapy is found at the crossroads of several disciplines: medical, psychological, social and educative. Around 20 methods based on scientific principles are commonly practiced in the European Union. They can be grouped in several mainstreams: psychoanalytical, cognitive-behavioural, humanist and body oriented, systemic, transpersonal, and integrative.

The EAP created a *European Certificate of Psychotherapy* (ECP) in 1997 that requires a 7 year training program (3,200 hours) of which a minimum 4 years are *specific* to psychotherapy. This certificate insures a comparable level of competence regardless of the method chosen and regardless of the country of practice. It eventually could permit professional mobility within the EU. To date, 5,000 ECPs have been awarded to practitioners within 40 countries. More than 50 *training institutes* have been accredited. After a process of selection based on rigorous criteria[2], they are granted the right to qualify as EAPTIs *(European Accredited Psychotherapy Training Institutes),* preparing their students for the ECP.

However, at this moment, the movement for European certificate remains a *private* undertaking that has not been recognized officially by

[2] Concerning the program, periodic assessment, final examination and jury, training staff, ethical rules, etc.

any European governmental decrees. *Only 8 European countries* — Austria, Finland, Germany, Holland, Hungary, Italy, Malta, and Sweden — have a national law that regulates the practice of psychotherapy... and each of these countries' laws *vary greatly* from one another.

Countries such as Germany and Italy limit professional training to medical doctors and psychologists, while others such as Austria or Finland accept a much broader base from which they select candidates, but requires a *specific* training that includes a *personal therapy*, a *theoretical* and *practical* training, a *supervision* and a commitment to an *ethical* code.

In many countries and at different stages of completion, a national project towards official regulation is being discussed – at least in Belgium, Bulgaria, France, Great Britain, Ireland, Poland, Romania, Russia and Slovenia.

In the European community, the politics of public Health benefits from the *"principle of subsidiarity"*, which is to say each country conserves its independence in light of its particular situation and that no European directive supersedes it; it explains the *disparity of laws*. However this conservation of liberty is nuanced by the principle of "free circulation of goods and of people" that implies a professional has the right to maintain his or her qualification when changing countries. Thus, the *Brussels' Commission* of European Union is now studying a "common platform" defining equivalencies between the levels of training, taking into account the criteria similar to the CEP… Yet there are 27 member countries who must agree to sign this text, and we are far from seeing this happen.

General training program

This program is intended for High School graduates who have already completed a minimum three years university studies in the domain of social sciences (with a BA degree or equivalent). It requires studying a

recognized method and it lasts a minimum of 4 years part-time.

The principal theoretical and practical content generally taught are as follows:

- Basic principles of psychotherapy, personality theories, general and developmental psychology, rehabilitation, psychological diagnosis and evaluation, and psychosocial intervention;
- Basic principle of somatology and medicine;
- Theory of the normal and pathological personality development;
- Methods and techniques; basic methodological principles of research and science;
- Personality and interaction theories;
- Ethics; social and legal framework;
- In-depth familiarisation with psychotherapeutic literature.

- Self-experience, individual or in a group;
- Attendance of supervised practical exercises;
- Practical experience in a health or psycho-social facility, with professional instruction and supervision;
- Supervised independent psychotherapeutic experience with behaviourally disturbed or ill persons.

Criteria for accrediting a training Institute

Here is an extract from the *Training Accreditation Committee* (TAC) of the EAP for accrediting a training institute:

Training program

- ***Total length: 3,200 hours, spread over a minimum of 7 years.***
- ***First 3 years of general training*** *in human sciences (medical, psychological, social, educational, etc.) or equivalence. Estimated length = 1,800 hours.*
- ***Minimum of 4 years of training in a specific modality*** *= 1,400 hours for example, divided into:*

- *250 hours of personal psychotherapeutic experience, or equivalent, in individual or group setting;*
- *500 to 800 hours of theory or methodology, including psychopathology, in accordance with the usual standards of the modality;*
- *300 to 600 hours of clinical practice with clients/patients- either within a mental or social health setting, or equivalent- either with individual clients/patients, families or groups, under regular supervision.*

Even if this practice is not directly organized by the institute, it remains under its responsibility.

- *150 hours of supervision of an effective clinical practice of the trainee.*

Practice does normally not take place in the first two years of the training.
***Note**: Exceptions must be justified by the training institute if the student has prior knowledge of practice, or if the institute offers special conditions to take into account such practices.*
Each institute gives written account of the training hours.

The curriculum must include *ethics and deontological* training, followed by a written commitment to respect the obligation of professional *secrets*, the agreement not to exploit affective dependence, and in particular, a complete *abstinence of sexual relations* between the therapist and his or her client/patient.

This engagement must also entail an obligation of 250 hours of *Continuous Professional Development* (CPD) every 5 years, via participation in workshops, seminars, conferences, regular supervision, classes, readings, etc. This implies that each practitioner remains an active member of a *professional organization*. These diverse measures aim to limit the number of charlatans who call themselves "psychotherapists" without having undertaken enough training or supervision.

These measures also aim to limit the possibility of infiltration from sects demanding an ideological or financial dependence, while the goal of psychotherapy is, on the contrary, to enhance and maximize

independence.

Main trends in different countries

In each European country there are psychotherapeutic trends, in accordance with the local politics and local culture and under the influence of certain pioneers in the field.

For example, *Cognitive-Behaviour Therapy*, or CBT (*Evidence Based Psychotherapy*) seems particularly well-developed in the Anglo-Saxon countries with a strong pragmatic tradition. So is *Client-centered Therapy* (C. Rogers), to the detriment of classical psychoanalysis.

Psychoanalysis and its Freudian and Lacanian variants remain strongly anchored in Latin countries where the spoken word is highly valued (France, Italy).

In Central European and Eastern European countries, where poetry and imagination are appreciated, the humanistic and transpersonal approaches are more popular.

It is therefore difficult to globally enumerate the relative importance of these diverse trends, but we have attempted an approximate estimation:

• *Psychoanalytic* and Psychodynamic approaches: 10 % to 30 %, depending on the country;
• *Cognitive-Behavioural approaches*: 10 % to 30 %, depending on the country;
• *Humanistic or Existential approaches* (Client-centered therapy, Gestalt therapy, transactional analysis, psychodrama, Ericksonian hypnosis, therapeutic NLP, existential analysis, psycho-organic analysis, body oriented and emotional therapy...): 20 % to 40 %, depending on the country;
• *Systemic* and interactional approaches, family and couple therapy: 10 %

to 15 %, depending on the country;
• *Transpersonal* approaches (yoga, holotropic breathing, etc.): 5 % to 10 %, depending on the country;
• *Integrative* approaches: a combination of many of the preceding approaches. More and more psychotherapists associate, more or less explicitly, different methods or techniques, making these percentages difficult to determine.

Therapies in small *groups* are frequently practiced within different modalities (psychodrama, transactional analysis, Gestalt therapy) and within certain institutional structures (hospitals, schools, retirement homes), as well as in different countries of the ex-Soviet Union.

Individual therapies remain by far the most common occurrence: on the average, they last *one year* with a *weekly session* of about 50 minutes.

Evaluating the effects of psychotherapy

Since the 1950's, numerous amounts of research have been undertaken, especially in the United States, to evaluate the results of psychotherapy. In general, they have been given positive evaluations in 75 % of the cases, but 90 % of the patients/clients declare themselves to be satisfied or very satisfied, and half of them recovered a behavior considered "normal". The improvement comes rapidly: 50 % of the patients see improvement after 20 sessions, and 75 % after 50 sessions.

The intake of psychotropic medicine drops by about half, towards the end of psychotherapy.

According to studies based on patients' interviews, the principal *motivation for undertaking* a therapy are: depression, anxiety, marital, family or professional conflicts, psychological trauma (sexual abuse, aggression, sudden death of a someone close...).

The factors that are attributed to success have been a subject of controversy, but the *common factors* of diverse approaches seem essential (30 %) : the quality of the therapeutic relationship, work alliance, empathy, a positive outlook and optimism on the part of the psychotherapist, the expectations of the patient (15 % of the effect).

Some people often criticize the *large quantity of psychotherapies* offered on the market, the "galaxy of psychotherapies", but such a criticism seems ill founded: do we think of criticizing the available quantity of medicine, clothes, fruits, cheeses or wines?

It's important to find an approach adapted to the client, at the moment of intervention, and what matters most is the right match of the client's profile to *the psychotherapist's personality*.

Of all the questions that have been a subject of debate, one always solicits controversy: does the fact of paying one's own psychotherapy contribute to its effectiveness?

Does this effort add value and encourage accepting personal responsibility? The studies concerning this subject seem contradictory. Would it be desirable to generalize reimbursement by an assurance company or social security?

The policy regarding this point of view vary from one country to another, but we are forced to admit that when psychotherapy is underwritten by the taxpayers, it costs dearly... and the temptation is to make the cure as short as possible, often ending prematurely. Moreover, this generally makes psychotherapy dependent on a medical diagnostic, which is often alienating.

Corporate rivalries

In most countries, the diagnosis and treatment create a potentially explosive corporatist rivalry. Each of the principle professions concerned

claims supremacy:

Medical doctors, in particular psychiatrists, often consider psychotherapy as simply one aspect of mental health, and this naturally implies that they are responsible for treatment in this medical domain. Some doctors think that psychotherapy can only be undertaken under *medical prescription*. This is indeed justifiable in the case of hospital care, but experience shows that in most cases, in therapists' offices, it is the client/patient himself or herself that directly solicits help, in order to alleviate internal suffering that is often subjective. Moreover, *medical* studies, and even *psychiatrists'* training, do not always include the professional training related to a precise *method of psychotherapeutic* intervention; medical doctors are not necessarily required to undertake their *own personal psychotherapy* — such a requirement offers protection from the risk of making projections onto their patients.

Psychologists consider themselves better prepared to assume the entire responsibility for psychotherapy. They claim a certain monopoly as well as a certain autonomy vis a vis medical doctors. However, in most European countries, the basic training of a psychologist, even a *clinical* psychologist, *does not include effective* and practical professional training in a *psychotherapeutic* method.

Besides which, the *European Federation of Professional Psychologists Associations* (EFPPA) requires, in addition to the 5 or 6 years necessary to obtain a university diploma, 2 years of field work, followed by 3 years of complementary specialization in *psychotherapy*, including undergoing a *personal therapy*. In many countries (France, Germany, Italy, Poland, Romania, Spain, Sweden, etc) the associations of *psychologists* (and the *university professors* who train them) have shown themselves to be strongly opposed to psychotherapists who are *not psychologists* (for example, those coming from social or paramedical background) to engage in the practice of psychotherapy. Thus we observe conflicts, sometimes violent, on the subject of competence.

Psychoanalysts on the other hand, consider themselves in a superior category to other psychotherapists, and in several countries,

notably in France, they belong to independent associations, bestow particular privileges upon themselves, and look upon their non-analyst colleagues with a certain *condescending* attitude.

Even though most of these professionals from diverse backgrounds are *cooperatively collaborating* with one another during their *practice* within institutions, the associations and federations who represent them in the *political arena* are engaged in merciless political struggles of influence.

Sociopolitical dimension

For a long time, psychotherapists have practiced their profession in a discrete manner within the privacy of their offices, and the broader social dimension of their activity was of little concern to them. However in the last few years, the progressive extension in this field has mobilized public officials to assume responsibility for the security of their citizens, especially those with psychological difficulties, rendering them vulnerable.

And this is not happening only in Europe, but throughout the world (USA, Canada, China, Japan) — the political dimension has emerged and legal constraints are coming into existence. This in turn gives rise to heated debates, oftentimes one-sided.

No official definition of psychotherapy has succeeded in gathering a worldwide consensus. One of the most popular definitions is that proposed by Porot in 1952:

"Psychotherapy is the set of ways by which we act on a sick mind or a sick body, by the intervention of the mind".

But this definition is hardly specific. We cite also Strotzka's definition (*1975):*

"Psychotherapy is a deliberately planned interactional process for changing abnormal behavior and suffering conditions, in consensus between patients, therapists and society by psychological means, with a defined objective (reducing symptoms or changing the personality) on the basis of a teachable or learnable technique. Generally this necessitates a

solid emotional relationship."

Finally, here is the definition proposed by the EAP:

"*The exercise of psychotherapy shall be the comprehensive, deliberate and planned treatment, on the basis of a general and a special training, of disturbances in behavior and states of disease conditions, due to psychosocial or psychosomatic causes, by means of scientific, psychotherapeutic methods, in an interaction between one or several treated persons and one or several psychotherapists, with the objective of mitigating or eliminating the established symptoms, to change disturbed patterns of behavior and attitudes, and to promote a process of maturing, development and sanity in the treated person.*

The independent exercise of psychotherapy shall consist in the practical implementation, at the therapist's sole responsibility, of the activities described in paragraph I, irrespective of whether the activities are exercised on a self-employed basis or in the framework of an employment relationship."

We can thus ascertain that the first definition is too simple… and the following ones are too complex to be used with on a large scale!

Anyway, psychotherapy is more and more integrated in our daily environment and it is no longer reserved to treat the "sick" or the "crazy"! It is at the junction between the medical, psychological, and social domain: mourning is not an illness, no more than is finding oneself unemployed, being an immigrant, getting divorced, or living in a bad neighbourhood in a state of anxiety of being attacked.

A recent French study (CSA, 2006) has shown that *8 % of the adult population has undertaken — or is currently undergoing — psychotherapy*. It appears that in other countries such as Austria, for example, the percentage is much higher. If we retain the *minimal* percentage of 5 %, this would represent a density of *30 to 50 qualified psychotherapists for 100,000 inhabitants* (if we consider that on the average, each therapist

treats a hundred clients per year — in short or long term therapy, individual or group). However, at this time, the *average* density of psychotherapists in the European Union appears to be inferior to 30 therapists for 100,000 inhabitants.

This is a small number compared with the density of other professionals in the health professions: 180 doctors, 110 pharmacists, 100 physical therapists, 70 dentists, 70 psychologists…

Future perspectives

It would therefore seem appropriate to count on an *important growth* (perhaps as much as double) in the number of professionally accredited psychotherapists during the next decade.

This implies the multiplication and the accreditation of qualified *training institutions*, the protection of the *profession* and of the *citizens* by appropriate *legislation*, guaranteeing both the quality of the *training* and the *ethical* practice of the profession.

A *European coordination* of needs, requirements and resources would be very desirable. One such coordination, the *European Association for Psychotherapy* (EAP), created twenty years ago, has proven to be successful: the EAP Board of Directors meets regularly three times a year for two full days, gathering about sixty experts from 40 European countries.

Serge Ginger
s.ginger@noos.fr

References

- CHAMBON O. & MARIE-CARDINE M. (2003) : *Les bases de la psychothérapie,* Dunod, Paris.
- EAP website: *http://www.europsyche.org/*
- ELKAÏM M. *& al* (2003) : *A quel psy se vouer ? Psychanalyses et Psychothérapies : les principales méthodes,* Le Seuil, Paris.
- GINGER S (2001) : *Le vrai visage de la psychothérapie,* présentation aux *États généraux de la Psychothérapie* d'une enquête auprès de 8 000 Français par l'Institut national de sondage BVA.
- GINGER S (2007): *Gestalt Therapy, The Art of Contact*, Karnac Books, London.
- GINGER S (2008): *The Evolution of Psychotherapy in Europe,* presentation at the *5th World Congress of Psychotherapy*, Beijing, China.
- GOODHEART CD, KAZDIN AE, STERBERG RJ (2006): *Evidence-based psychotherapy: where practice and research meet.* Washington DC, American Psychological Association.
- LAMBERT MJ, ARCHER A (2006): Research findings on the effects of psychotherapy and their implications for practice, *in* GOODHEART CD, KAZDIN AE, STERBERG RJ (2006): *Evidence-based psychotherapy.*
- THURIN JM. (2000) : *Clés pour l'évaluation des psychothérapies, in* Pour la Recherche, N° 25.
- THURIN JM. (2000) : *L'évaluation des changements en psychothérapie, in* Pour la Recherche, N° 25
- VILLAMAUX M. (2000) : *La recherche sur l'efficacité des psychothérapies au 20e siècle, in* Pour la Recherche, N° 25 (juin 2000).

(3,180 words)