

**The struggle for legal recognition of the education of psychotherapy and an autonomous psychotherapy profession in Europe.**

- The question of licensing of professional groups
  - Which methods of psychotherapy can be accepted
  - Are there specific trainings for specific groups of patients, for example for children and adolescents
  - Education in private institutes, organizations and at universities
  - Essential educational contents- the European Certificate for Psychotherapy and similar regulations
  - The attempts at regulation and actual regulations in the European Union
  - Previous legal regulations in the European Union
- The question of licensing from different related professional groups of psychotherapeutic education. In 1926 Sigmund Freud released an essay with the title “Zur Frage der Laienanalyse” (“Regarding the question of layperson analysis”). An intense public debate preceded this essay regarding the allowance of Theodor Reik, a psychologist, to head the psychotherapeutic Clinic in the General Hospital in Vienna. He was reported by the Medical Association to appear in court, because he was practicing psychoanalysis in a medical center as a psychologist, which was not considered a medical profession at the time. This position was reserved only for medical doctors. Reik relinquished the position and immigrated to Berlin. Hence, the discussion of who is allowed to complete the education and practice psychoanalysis (and later then for all psychotherapy) was opened. With this publication, Freud took the standpoint that only those who enjoyed the required training for psychoanalysis would be allowed to practice it. He meant that doctors are considered laypeople in respect to psychoanalysis and its practices and they must go through the training just like people who come from other professional backgrounds. He clearly opposed the monopolization of psychotherapy by medical doctors. US American psychoanalysts were against this position, because a medical diploma was required up until the 1970’s as a condition for the allowance for a psychoanalytic training. This discussion was brought back to life in the second half of the 20<sup>th</sup> Century and the first psychotherapy law was passed in 1986 in Sweden, which expanded the list of professional groups beyond the boundary of medical doctors. According to this law, psychologists and nurses, as well as social workers, physiotherapists and priests were also legally entitled to acquire a psychotherapy qualification (see Globalized Psychotherapy, 2001, page 303). This trend has thus continued: in the mean time a number of psychotherapy laws exist in Europe, which differ in many aspects, but one question remains the same, if the doctors monopoly should or should not be maintained in regard to the allowance of psychotherapy education: every law includes at least psychology (in Italy) up to a further diversification of access professions (in Austria and Finland, see also the tables from Colden and Strauss). The battle over the control of psychotherapy through other professional groups was struck, although there are always new skirmishes. At the same time, different legal regulations in this regard show that lobby groups, which normally prevail in their respective country, are not able to directly correlate with psychotherapy. Since 2010, a legal regulation in France allows doctors, psychologists and psychoanalysts to call themselves psychotherapists, excluding graduates of other psychotherapy methods. Strauss et. al compiled the following “Chart of Licensure” for a research report for the Republic of Germany’s ministry of health:

(Chart 1), Strauss page 297:

**Figure E8-1:** Regarding the education of licensed professional groups in 21 EU-countries

	N=21	n
Psychologists		21
Medical Doctors		21
Social Workers		15
Pedagogues		11
Nurses		12
Social Pedagogues		5
Teachers		3
Theologians		3
Other Professions		8

This chart is however not complete, because in Austria people can be admitted due to a special aptitude for psychotherapy training (the ministry of health uses their own testing procedure). In Germany alternative medicine practitioners (“Heilpraktiker”) with the appropriate psychotherapeutic training are allowed to practice with a General Certificate of Secondary Education. In most EU-countries there is no legal regulation of psychotherapy and therefore no public regulations of the admission to psychotherapy education. Psychotherapeutic training exists however in every EU-country and because it is not legally regulated, each have their own conditions of admission. These vary from “everyone suitable” to a restriction only for doctors and psychologists. There are also training associations, which admit virtually no medical doctors or where doctors are flagrantly outnumbered.

2. Which methods of psychotherapy find legal acceptance

The range of legally recognized methods of psychotherapeutic training vary from 4 in Germany up to 22 in Austria (Italy also has a large range of recognized methods). Naturally a variety of psychotherapeutic methods exist in Germany, which are mediated through further education courses. But Germany has a state approval process for medical and psychological psychotherapists, which have a variety of officially

recognized methods, thus eliminating psychotherapy covered by health insurance. One can essentially determine that psychoanalytic methods just as behavioral therapy, as well as methods based on humanistic psychology have experienced recognition. A grouping of psychotherapy methods can be found in "Globalized Psychotherapy", published in 2001, on page 16 under point 7:

„Modalities

There are many different psychotherapy methods; some books describe hundreds. In fact, these countless methods can be divided into just a few main groups, whereby the following list makes no claim to be complete, any one could draw up the groups differently:

- a) Psychoanalytic-psychodynamic modalities
- b) Behaviour therapy
- c) Systemic family therapies
- d) Humanistic modalities
- e) Hypnotic modalities
- f) Relaxation modalities
- g) Integrative modalities

There is an ongoing, animated discussion about whether methods should be applied in a „pure“ way or whether „integrative“ models are not perhaps better. Both sides put forward valid reasons. In any case, it would be cultural impoverishment if the many psychotherapy modalities were to disappear; they are, after all, creations of the human mind which, only in their variety, adequately approach and grasp the many different personalities who seek psychotherapeutic support. Nevertheless, many common basic elements can be perceived which today contribute to our understanding of the effectiveness of psychotherapy over and above the specifics of a particular school.“

- Are there specific trainings for distinct patient groups, for example for children and adolescents  
In Germany there is a legal standardization of an independent training for child and adolescent psychotherapists. These psychotherapists are not allowed to treat adults! Other than that, there is no legal standard for the treatment of specific target groups in all of Europe. This is troublesome, as there are numerous offers for further training and specialization for target groups of patients, which have quality assurance, but have not yet been legally regulated. Thus, quality assurance is just at the beginning.
- Education in private institutes, associations and at universities

The history of modern psychotherapy and thus also the education was predominantly carried out by private establishments in the 20<sup>th</sup> century. Due to the almost explosive development of psychotherapy in recent decades, an increasing interest has arisen from the academic world for psychotherapy and its education. There are now many Masters programs at universities, further education, as well as a private university, the Sigmund Freud University Vienna-Paris, which offers a bachelor of psychotherapy science (Bachelor, Master and PhD psychotherapy science).

The advantage of private institutions is their flexibility in regard to the subjective conditions of training and meager social control. This also implies certain disadvantages: it is rumored that these institutes become arbitrary, have too little quality control, and have too little scientific research. At the university level there is again the danger of a lack of practical experience and the depletion of content through severe "scientification": because psychotherapy can be viewed as a "science of subjectivity" (Pritz 1996), it requires feedback with practical experience.

In any case, it can be stated in summary that studies at universities in the field of psychotherapy currently exist in almost every country in the EU. Of these studies, not every one finds itself in accordance to legal regulations, if nothing else, because this sector has only in recent years markedly grown. It is not surprising that an academizing of psychotherapy is particularly feared in private institutions .

It is to be expected that psychotherapy studies at universities will increase and therefore also quality control and scientific requirements (still unresolved is for example, the question of differential effectiveness of different psychotherapeutic methods). Nevertheless, private institutions will continue to exist, because a certain percentage of those interested in psychotherapy often come across psychotherapy training too late and rather prefer to do the training at private institutions. However, a discussion about common training standards has already begun. This process can be observed throughout Europe, far beyond the borders of the European Union.

- Essential educational content - the European Certificate of Psychotherapy and similar regulations  
In 1991 the European Association for Psychotherapy (Europäischer Verband für Psychotherapy) was established. It was founded on the basis of the Strasbourg Declaration for Psychotherapy of 1990:  
„(In accordance with the aims of the World Health Organization (WHO), the non-discrimination accord valid within the framework of the European Union (EU) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services, the undersigned agree on the following points:

1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent

and free profession.

2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
3. The multiplicity of psychotherapeutic methods is assured and guaranteed.
4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.
5. Access to training is through various preliminary qualifications, in particular human and social sciences.

**Strasbourg, October 21st, 1990)**

The association of now 120 psychotherapeutic institutions across Europe led to decision in 1997 to create a common training standard for Europe, the European Certificate of Psychotherapy (see website of the European Association for Psychotherapy [www.europsych.org](http://www.europsych.org), section “European Certificate of Psychotherapy”). This was the first comprehensive attempt at standardization in Europe. Meanwhile, there are over 6000 psychotherapists, who have endured a quality review of their education. The European Association of Psychologists followed suit and has now also produced standards for psychotherapy training (only for psychologists).

The main feature of the ECP is: 3200 hours of training. This includes theory, self-awareness and supervision. Every well-designed psychotherapy method is accepted after a review process.”

- Efforts at a general guideline in the European Union  
 In 2004 the European Parliament in Brussels voted on an amendment on the sectoral professional regulation, which provided for the regulation of psychotherapy as an autonomous profession. This concept received the majority.  
 But because no previous laws were present in most EU countries, there was no approval of the Commission and the Council of Ministers of the EU countries. The consent of all three bodies is necessary for the force of law initiative. Thus this bill stayed at long last in Parliament. Meanwhile there are intensive efforts from the Commission to create regulations that will allow all professional groups to be active beyond their national borders within the EU. This applies not only to psychotherapists, but also to numerous other professional groups. With the directive 2005/36/EC on the recognition of professional qualifications, there are now many examples of transnational recognition of psychotherapists in their respective host countries. In recent years, the migration (see homepage of the European Commission, Internal Market, Department Recognition of Professional Qualifications) of psychotherapists has increased significantly. This guideline has so far proven to be quite useful: it states that a psychotherapists’ education acquired in one EU country, will also be recognized in a host country. The host country may require adaptation courses, but is not allowed to reject the entire education. There is already a jurisprudence based on judicial proceedings in certain countries (Italy, Germany). In Italy, a psychotherapist obtained the recognition of his acquired psychotherapy training in Austria from the Supreme Court in Rome.
- Previous legal regulations for psychotherapists in the European Union  
 As already noted, there are, according to COLDEN, 12 European countries that have a legal regulation for psychotherapy. The attached chart from Strauss (Appendix I) completes the chart from Colden (Appendix II), however both charts are not complete. The chart from Strauss, for example, lacks the legal regulation in France. A detailed interpretation is difficult as legal regulations aim at the interpretation of the respective legal system, which is not always intelligible from an outside perspective. The charts give though an overview of the developmental trend in the legal world. Colden has also completed a survey as a part of the EAP, in which she addressed several questions to the psychotherapy associations of the EAP and processed the information in the form of a chart. Here it is clear that many issues relevant to psychotherapy are already in agreement with the European dimension. In 2009 the EAP developed a proposal for a framework law for psychotherapy practice, which can be availed by the associations and governmental institutions (see Appendix III).

Appendix I Prof. Bernhard Strauss, Research Report for the Republic of Germany’s ministry of Health

**Figure 82:** Summary of information regarding psychotherapy(education) in 23 European countries (21 of them EU), for details see attachment

	<i>n</i>	%	<i>Comments</i>
Legal regulation	11	47	New or advancements in legal regulations are planned in at least 7 countries

Existence of a central regulatory authority/ institution	10	47	
Existence of the chamber	6	26	
Existing title protection	7	30	
Full compensation for psychotherapeutic services from the health system	9	39	Partially reserved for selected professional groups, normally doctors, partly limited (sessions) or rather dependent on the regulation
Delegation principle of doctor / psychological psychotherapist	9	39	
Licensed Professions (excluding doctors and psychologists)			
Social (pedagogues)	20	87	
Nurses	11	47	
Without limitation	3	13	Often as a result of insufficient regulations
Clear separation of medical/ psychological psychotherapy	9	39	Legal or in the praxis
Separation PP KJP	6	26	
Differences in licensure	1	4	Only in the BRD!
Bachelor-Degree is enough for the admission to begin training	4 (5)	16	This will be discussed in a country
Existence of a universal training program	12	52	
Explicit age limit for admission	3	13	
A selection process is common	21	91	Normally interviews
Recognized psychotherapy "methods"			
No official recognition of a method	9	39	
Comparable situation like in the BRD (5 Methods)	5	21	
More methods (up to 22)	7	31	
Decision of recognition			
State authorities	6	26	
Organizations/ scientific establishments	4	16	
Place of education			
Universities and private institutes	11	47	
Only private/public institutes	10	43	
Scientific organizations	2	8	
Trends toward an independent methodological education	2 (3)	8	Finland, Sweden (partially in the NL)
Length of the education	2-7 Years		Very variable, also dependent on method
Tests will be conducted	17	74	Different forms, partially dependent on method
Licensure/registration	11	47	Through different institutions
Cost of education	Min. 4000, Max. >50000 Euro		Very variable
License to prescribe medication	0	0	Will be discussed in 4 countries
<b>License to institutionalize</b>	6	26	

Appendix II Brief Summary of Country Tables for Legally Regulated Countries – Presentation Albina Colden  
EAP Board meeting Brussels July 2008

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<b>Legislat ure</b>	German Psychotherapy Law (Psychotherapeuten gesetz; PthG 1999); Heilpraktiker Law (HPG 1939)	Law 2004-806; Regarding Public Health Policy; Art. 52 ("The usage of the title of PT")	?	Civil Code for Profession of Psychologist (Law No. 561989); Decree No. 5091999	Order of Welfare Ministry, No. 11, 2002: "On approving regulations for medical professions"	Act XII: Health Care Professions Act; Third Schedule: Professions Complementary to Medicine, 2003.	The Individual Health Care Professions Act (Wet BIG), 2001, Article 6	Austrian Psychotherapy Law (PthG, BGBL No. 361/1990, 1991)	Act Concerning Health Care Professions No. 559/94, 1994; Decree Concerning Health Care Professions No. 564/94, 1995	Law 1998:531; Ordinance 1998:1513: "On Regulated Professions within the Health Care System"; Higher Education Ordinance 1993:101	Mental Health Act, 2007; [White Paper on Trust, assurance and safety: the regulation of health professionals]	Decree No.1 On Medical Activities: Concerning Persons Suffering from Mental Disorders, 2008
<b>Profession of Its Own?</b>	yes	yes	no	no	no	yes	yes	yes	yes	yes	yes	no
<b>Wider regulation?</b>	no	yes	yes	yes	yes	no	yes	no	no	yes	yes	yes
<b>Definition?</b>	yes	no	yes	yes	yes	yes	no	yes	no	no	no	yes

<b>Academic Requirement</b>	Master's in Psychology, Pedagogy or Medicine	Bachelor's	MD; or Postgraduate Degree in Psychology	MD, or Doctorate in Psychology	MD	Bachelor's	Master's in Psychology, Psychiatry, Pedagogy, Mental Health Care Sciences, or Medicine	High school diploma	Bachelor's	4-year univ. degree in Psychiatry, Psychology, Social Work, Nursing, or Divinity	not specified	Master of medicine or Clinical Psychology; Master or Bachelor in social pedagogy; Medical nursing degree
<b>Training: Years</b>	3-5 years	4 years	4 years	4 years	4 years	4 years	4 years	5-11 years	3-6 years	6 years	not specified	not specified
<b>Training: Hours</b>	4201 hours	not specified	1850 hours	2000 hours	not specified	3200 hours	3680 hours	3125 hours	380 hours	2000 hours	not specified	not specified
<b>Training: Content Specified?</b>	yes	no	?	yes	yes	yes	yes	yes	no	yes	no	no
<b>Minimum Age?</b>	no	no	no	no	no	no	no	29	no	no	no	no



<b>PT:</b> Psyc hoth erap (y/ ist) <b>MD:</b> Medi cal Doct or; <b>Psy          An:</b> Psyc hoan alyti c <b>Psy          Dn:</b> Psyc hody nami c <b>CBT</b> :Cog nitiv eBeh avior al													

Appendix III Template for a National Psychotherapy Law,  
*Pritz & Colden, voted by EAP Board in Vienna on February 21, 2009*  
*Revised version including voted parts EAP Board Lisbon, July 2, 2009*

## TEMPLATE FOR A NATIONAL PSYCHOTHERAPY LAW

### Table of Contents

<b>Section 1</b>	<b>Definition of the Profession</b>
<b>Section 2</b>	<b>Educational and Training Requirements</b> (1) Basic Training in Psychotherapy (2) Advanced Training in Psychotherapy (3) Requirements to Begin Psychotherapy Training
<b>Section 3</b>	<b>Recognized Modalities</b>
<b>Section 4</b>	<b>Certification</b>
<b>Section 5</b>	<b>Professional Title</b>
<b>Section 6</b>	<b>Registration</b>
<b>Section 7</b>	<b>Exercise of Profession</b>



	(1) Prerequisites for the Independent Practice of Psychotherapy
	(2) Professional Duties of Psychotherapists
	(3) Obligation of Confidentiality
	(4) Expiry of Authorization to Exercise the Profession
<b>Section 8</b>	<b>Advisory Council</b>

## TEMPLATE FOR A NATIONAL PSYCHOTHERAPY LAW

### Section 1. Definition of the Profession

(1) The practice of psychotherapy shall be a comprehensive, deliberate and planned treatment or therapeutic intervention on the basis of a general and special training of disturbances of behaviour and states of disordered condition, or wider personal developmental need, connected to psycho-social as well as psychosomatic factors and 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 behaviour and attitudes, and to promote a process of maturation, development, sanity and well-being in the treated person.

(2) The independent practice 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 practiced on a self-employed basis or in the framework of an employment relationship.

### Section 2. Educational and Training Requirements

The independent practice of psychotherapy shall require the completion of specialised training programs, which shall include theoretical and practical components.

The total duration of the training to become a psychotherapist will be 3200 hours. The first component of training may be a basic training in psychotherapy or an initial degree in a relevant subject, particularly in human and social sciences.

By the end of the training, the following elements will be covered:

(1) The theoretical component shall include:

1. basic principles of psychotherapy, personality theories, general and developmental psychology, rehabilitation, psychological diagnosis and evaluation, and psychosocial intervention;
2. basic principles of somatology and medicine;
3. basic methodological principles of research and science;
4. an understanding of ethical practice; and
5. an understanding of the relevant social and legal framework;
6. theory of normal and pathological personality development;
7. methods and techniques;
8. personality and interaction theories; and
9. an in-depth familiarisation with psychotherapeutic literature.

(2) The practical component shall include:

1. self-experience, individual as well as in a group;
2. practical experience in a health or psychosocial facility, with professional instruction and supervision; and
3. attendance of supervised practical exercises.
4. familiarization, via supervised observation and assistance of persons with behavioural disturbances and illnesses, in a health or psychosocial facility;
5. attendance of practical exercises under supervision; and
6. supervised independent psychotherapeutic experience with behaviourally disturbed or ill persons.

At the end of such training, the trainee must be able to demonstrate the advanced functional competencies of the profession.

The outcome of training shall be at Masters level.

The content of training will be at the level of the European Certificate for Psychotherapy (ECP) of the European

Association of Psychotherapy.

### **Section 3. Recognized Modalities**

Psychotherapeutic modalities that fall into the following groups shall be recognised:

1. psychoanalytic/ psychodynamic modalities;
2. behavioural and cognitive psychotherapy modalities;
3. systemic/ family psychotherapy modalities;
4. humanistic psychotherapy modalities;
5. hypno-psychotherapeutic modalities;
6. body-oriented psychotherapy modalities;
7. relaxational psychotherapy modalities;
8. integrative psychotherapy modalities

### **Section 4. Certification**

Completion of the preparatory instruction in psychotherapy and of the special instruction in psychotherapy shall be evidenced by certificates, which shall contain an evaluation of the respective training objectives according to Section 2.

### **Section 5. Professional Title**

(1) Persons authorized to exercise psychotherapy independently shall hold the professional title "Psychotherapist".

(2) Any title shall be prohibited that may create the pretence of having the authorization to practice the profession of psychotherapy independently.

### **Section 6. Registration**

(1) There shall be a mandatory public Register (list) of persons authorized to exercise psychotherapy independently. Psychotherapists shall apply for admission to the Register and shall submit all required proof of their qualification prior to beginning to practice psychotherapy independently.

(2) The Register may be requested and inspected by all interested persons and shall function in the following capacities:

1. as a means for consumers to obtain adequate information about psychotherapists; and
2. as a quality control instrument for psychotherapy services.

### **Section 7. Exercise of Profession**

#### ***(1) Prerequisites to Practice Psychotherapy***

Persons shall be authorized to **practice** psychotherapy independently, who

1. have successfully completed the preparatory and specialised training in psychotherapy,
2. have the appropriate legal capacity,
3. practice according to the ethical standards of the profession
4. have been admitted on to the Register of Psychotherapists

#### ***(2) Professional Duties of Psychotherapists***

1. Psychotherapists shall exercise their profession to the best of their knowledge and belief, according to the ethical standards of the profession, with the appropriate continuation of professional development, giving due consideration to the development of research findings by means of regular participation in conferences and training activities domestically or internationally.

2. Psychotherapists may perform psychotherapeutic activities only with the approval of the treated person or his/her legal representative and according to the ethical standards of the profession.

3. Psychotherapists shall be obliged to provide the treated person or his/her legal representative with full information of the treatment, including its type, scope and costs.

4. Psychotherapists who wish to withdraw from the exercise of their profession shall inform the treated person or his/her legal representative in due time so that he/she can obtain further psychotherapeutic treatment.

**(3) *Obligation of Confidentiality***

Psychotherapists, as well as their auxiliary staff, shall be obliged to keep all secrets shared with them or becoming known to them confidential in accordance with the practice of their profession.

**(4) *Expiry of the Authorization to Exercise the Profession***

The authorization to practice psychotherapy independently shall cease to be valid:

1. if a prerequisite for the independent practice of psychotherapy is no longer complied with,
2. if the independent practice of psychotherapy has been discontinued for a period of more than 5 years.

## **Section 8. Advisory Council**

A Psychotherapy Advisory Council shall be set up with government or statutory authorisation, which shall advise the government on all matters relating to the Psychotherapy Law.

Literature:

Sigmund Freud, Die Frage der Laienanalyse 1926.

Alfred Pritz, Globalized psychotherapy 2002

Alfred Pritz, Psychotherapie, eine neue Wissenschaft vom Menschen 1996

Bernhard Strauss, Research Report for the Republic of Germany's ministry of Health, 2010