

MANAGEMENT OF HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	PSYCHOTHERAPY AS INTEGRAL PART OF COMPREHENSIVE HEALTH CARE
Module 5.10	ECTS (suggested): 0.2
Author	Miran Možina, MD, MSc President of Slovenian Umbrella Association for Psychotherapy, Maribor, Slovenia
Address for correspondence	Miran Možina Ulica Metoda Mikuža 16, 1000 Ljubljana, Slovenia miran.mozina@guest.arnes.si
Keywords	psychotherapy, Slovenia, Austria
Learning objectives	After completing this module students and public health professionals should have increased knowledge of modern psychotherapy as autonomous profession which is integrated as part of the public health service. Through the comparison of developed psychotherapy services in Austria and undeveloped psychotherapy services in Slovenia, they should be aware of the different phases and challenges with which modern psychotherapy is confronted in its endeavours to become an integral part of comprehensive health care.
Abstract	This module describes the history and present status of psychotherapy in Austria and Slovenia. Austrian psychotherapy is one of the most developed in the world and a good example of positive development. Slovenian psychotherapy is confronted with many problems of a country in transition.
Teaching methods	Teaching methods include lectures, exercises, individual work, interactive methods such as small group discussions, seminars etc. Plenary lectures are followed by discussion and project work in exercises. The work is done partly individually and partly in small groups.
Specific recommendations for teachers	<ul style="list-style-type: none"> • work under teacher supervision/individual students' work proportion: 50%/50%; • facilities: a computer room; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • training materials: recommended readings or other related readings; • target audience: master degree students according to Bologna scheme.
Assessment of students	Assessment is basing on structured essay, seminar paper, case problem presentation, oral exam and attitude test.

PSYCHOTHERAPY AS INTEGRAL PART OF COMPREHENSIVE HEALTH CARE

Miran Možina

THEORETICAL BACKGROUND

Introduction

In this module following topics will be shortly covered: basic terms, historical development and expansion of psychotherapy, psychotherapy as a profession, fields of activity of psychotherapists, psychotherapists' organisations, training, and economic aspects (1), as well as significance of psychotherapy for public health.

Definitions and explanation of basic terms

Psychotherapy

According to European Association for Psychotherapy (Appendix 1 to the Board Minutes, Siracuse 17th to 18th of October 2003) the profession of psychotherapy is defined as (2):

- the practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education,
- the independent practice of psychotherapy consists of autonomous, responsible enactment of the capacities described in paragraph 1; independent of whether the activity is in a free practice or institutional work.

Psychotherapy approaches

The main psychotherapy approaches and schools are: psychoanalytic-psychodynamic, cognitive behavioural, systemic family, existential-humanistic, person-centred and related experiential approaches, postmodern and integrative approaches. All these approaches can have different modalities: individual, marital, family and group therapies (3). There is an ongoing discussion about whether methods should be applied in a »pure« way or whether »integrative« models are not perhaps better. 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 approach or school (1).

Historical development and expansion of psychotherapy

The foundation of modern psychotherapy was systematically developed at the end of 19th century and in the first decades of 20th century with the work of Sigmund Freud (1856–1939). Psychoanalysis was for many decades the only psychotherapeutic approach, but after the Second World War many new approaches were developed (for example, cognitive behavioural, humanistic, systemic family approaches and many others). Over the last

twenty years the term psychotherapy has become an international “supra-term” for different psychotherapeutic approaches to describe a curative influence of the relationship between psychotherapist and patient/client on neurotic, psychotic, psychosomatic and somatopsychic disorders.

Psychotherapy became globalised since it expanded all over the world. It can be estimated that there are about 700.000 psychotherapists worldwide (most of them, about 300.000, in Europe and about 200.000 in North America) (1).

Characteristics of psychotherapeutic profession

Psychotherapy as a profession

Psychotherapy as an autonomous profession is practised during last 20 years. In 1985 the first Law on Psychotherapy was passed in Sweden, and other European countries followed (for example Italy, Austria, Germany, Netherlands and others). These laws have the effect of promoting the development of psychotherapy as a profession. There are professional regulations in other countries, such as USA, Argentina and Chile, which, however are subsumed under the vocational group of psychologists, psychiatrists and clinical social workers, and in which psychotherapy as a profession in its own right does not always appear. Within the framework of these professions there have been reimbursements of psychotherapy services from insurance schemes for many years in the USA and Canada (1).

Fields of activity of psychotherapists

Psychotherapy is practised by most therapists in private practice or in institutions such as psychiatric wards/clinics or counselling offices mostly on two large areas:

- treating mental disorders, and
- encouraging personal growth by clients who have no psychiatric diagnosis.

So, psychotherapy is effective as primary, secondary and tertiary prevention, what will be discussed later on.

Patients are treated usually in sessions lasting one hour, either individually, in groups or in a family context. The most important form used is the psychotherapeutic interview, sometimes in connection with exercises designed to stimulate new experiences with healing effects (1). Psychotherapists have also developed effective practice on the interfaces with social work, schools and management. And increasingly, psychotherapists are being called upon to take care of acute trauma patients in the wake of catastrophes, refugees etc.

Psychotherapists' organisations

Until far into the 20th century, only specialists and those within the inner circle were aware of the existence of different forms of psychotherapy. Not until the founding of umbrella organisations was it possible to extend the scientific and developmental dialogue and thereafter to be perceived in a serious fashion by the public at large. In the meantime, umbrella organisations have been set up on all continents with the aim of developing psychotherapy in their countries and on their continent in general (1). The most representative umbrella organisation in Europe is European Association for Psychotherapy (EAP) (4). The EAP represents 128 organisations (28 national umbrella associations, 17 European-wide associations for psychotherapy) from 41 European countries and by that

more than 120.000 psychotherapists. Membership is also open for individual psychotherapists.

Based on the "Strasbourg Declaration on Psychotherapy of 1990" (5), the EAP represents high training standards for a scientifically based psychotherapy and stands for a free and independent practice of psychotherapy. The declaration has following five points:

1. Psychotherapy is an independent scientific discipline, the practice of which amounts to an independent and free profession.
2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
3. The multiplicity of the methods of psychotherapy 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 in human and in social sciences.

One of the most important endeavours of EAP at the moment is to create a common platform of Psychotherapy Regulations in the EU, with the eventual goal of central legislature and licensing procedures. Benefits of such platform would be:

- EU-wide recognition of psychotherapy as a profession,
- freedom of movement for psychotherapists,
- uniform training standards and licensing procedures,
- overall increase in quality of psychotherapeutic standards.

Training

The necessary training to become a psychotherapist, which lasts several years, has three main pillars:

- self experience,
- theory, and
- practical work under supervision.

The EAP requires for its "European Certificate of Psychotherapy" a minimum of 3200 hours training, both in introductory (so called propaedeutics) and an approach specific training. Most training takes place in private institutions as a postgraduate training or as a "second profession" education. During last years there is a growing interest of the universities for psychotherapy programmes. For example, in October 2005 private university Sigmund Freud in Vienna opened the three level (bachelor, master and doctoral) psychotherapy study where different approaches are integrated under the same roof.

Economic aspects

Psychotherapy has also become a market. The fees range from gifts to hourly fees of 100 Euro and more depending on the economy of the country in which psychotherapist practises. In countries with a higher degree of regulation of psychotherapy, public institutions and social securities are providing more and more public money for psychotherapeutic treatment. In many countries in which psychotherapy has not reached this status yet, only the richer patients have access to it (1).

Significance of psychotherapy for public health

As mentioned above, psychotherapy is effective on several levels of disease prevention, being from primary to tertiary.

1. Primary prevention.

The role of psychotherapy in primary prevention is keeping mental disorders from ever occurring. Already Freud's way of doing psychoanalysis had this dimension because he has shown that every person who is interested to improve the quality of her or his life can profit from psychoanalysis before some recognizable mental disorder appears. Freud's message is still modern: "Live more conscious life! Be more aware of the complexity of mental functioning and realize your potential in work and love!" During the last 40 years this message was spread to millions of people in different psychotherapy approaches, especially in working with groups, for example in sensitivity training (6), or encounter groups (7), especially in dealing with endangered and vulnerable population groups (e.g. adolescents, pregnant women, unemployed people, disabled, old people etc.). Many psychotherapists developed programmes that are combined with psychoeducative approach:

- for children and families (8,9),
- for mothers with infants to support them after childbirth with counselling and practical help (10),
- for groups where members learn how to cope with stress or be more assertive in everyday life situations
- for child-abuse awareness and preventive programmes,
- preventing violence
- somatic disease prevention, since chronic somatic illness increases likelihood for ill mental health
- drug and alcohol free parenting programmes in endangered groups, etc.

2. Secondary prevention.

The role of psychotherapy in secondary prevention is in early detection of mental disorders and early intervention to reduce the risk of chronicity, disability and suicide. Especially important is this kind of prevention in the field of depression, and alcohol disorders. Psychotherapists are well educated for recognising signs and symptoms of depression and alcohol problems. Early recognition is of course to be followed by evidence based treatment being mostly parallel - psychopharmacological, psychotherapeutic and educational.

Psychotherapists contribute also to health risk assessment. Self examinations and self help are routine techniques to be transferred and encouraged with patients with mental disorders, especially when reoccurring. The educational courses, group and individual counselling on recognising warning signs of disorder and coping strategies are valuable therapeutic tool in the hands of the patient and his or her relatives. Already during 1970's many psychotherapists found ways to spread psychotherapeutic methods in self-help groups (11,12).

2. Tertiary prevention.

The role of psychotherapy in tertiary prevention is in the treatment and care for people with clinically expressed mental disorders in acute, primary, or early phase, and chronically, late or rehabilitation phase. Since the prevalence of mental disorders in Europe is increasing (13) and because psychotherapy is especially effective in treating the most common mental disorders (anxiety, depression and substance abuse disorders) (14) the significance of including psychotherapy as integral part of comprehensive health care is also becoming more and more important. During last

30 years psychotherapists have proven the effectiveness of psychotherapy in treating all kinds of mental disorders in general and that different approaches have relative similar efficacy (15).

CASE STUDY: PSYCHOTHERAPY IN AUSTRIA AND SLOVENIA

INTRODUCTION

In the following section the comparison will be made between developed Austrian psychotherapy services which are integrated in the health system and undeveloped psychotherapy services in Slovenia. The comparison makes clear that psychotherapy must overcome different challenges and develop through different phases to become an integral part of comprehensive health care.

Austria: psychotherapeutic service as integral part of comprehensive health care

Historical perspective

Pritz outlined the brief history of psychotherapy in Austria (16). Vienna is the cradle where at the end of 19th century Freud laid foundations of scientific psychotherapy. Freud called his method “psychoanalysis”. It became popular all over the world and even today it is still often used as synonym for psychotherapy. Several other psychotherapy methods were developed in Austria as a result of contacts with Freud, for example Individual Psychology, developed by Alfred Adler (1870-1936), and Logotherapy, developed by Viktor Frankl (1904-1997). The era of National Socialism (1938-1945) put an abrupt end to the sensational development of psychotherapy in Austria but after 1945, signs of new life in psychoanalysis began to stir.

Towards a new concept

In the 70's there was a boom in new psychotherapy approaches (for example person-centred psychotherapy according to Carl Rogers, psychodrama, Gestalt therapy, autogenic training, hypnosis, systemic family therapy, etc.). An enthusiastic phase of development ensued, reinforced when departments bearing the word “Psychotherapy” in their title were set up at the medical faculties of the Universities of Vienna, Graz and Innsbruck. Since 1980 there have been regular introductory lectures and seminars at the Departments of Psychology and Pedagogy at the above mentioned universities.

An important step was taken in 1981 with the foundation of the Umbrella Organization of Austrian Psychotherapeutic Associations. This organization first united 7 associations who set their sights on promoting psychotherapy in Austria. The legal situation at that time was such that only medical doctors were permitted to practise psychotherapy as a curative treatment. However, nearly 80 % of those carrying out psychotherapy did not come from medical background, but from other psychosocial professions, in particular psychologists, social workers and teachers. This led to a public discussion about quality control in psychotherapy in combination with the will of the Umbrella Organization to push through legal regulations for psychotherapy as a profession in its own right.

The beginning of self-standing track

After intensive and controversial discussions both among public at large and the psychotherapy associations, the Law on Psychotherapy was finally passed of in July 1990. This Law, which requires a 7-year training and enables psychotherapy practised as a profession in its own right, had far-reaching consequences for the development of psychotherapy in Austria. In 1991 the General Social Security Law was changed to include the provision that every Austrian citizen who is in need of psychotherapeutic treatment for an illness must be provided with such treatment as a part of public health service. Since then work is ongoing to ensure that this Law is actually put into practice, and today in all 9 Federal provinces insurance companies have made possible to obtain psychotherapy within public health service (which was before normal for other forms of medical treatment). Today around 5500 trained psychotherapists in Austria are active in the health care service and the social services.

So one of the consequences of the new Law was an exponential growth of the expenditure by Health and Social Insurance for Psychotherapy (source: Hauptverband der österreichischen Sozialversicherungsträger, 28th May, 2002, cited by Pritz (16)) (Table 1). The whole psychotherapy market (private and public together) in 2002 in Austria had a volume of approximately 200 millions Euros per year.

Table 1. Exponential growth of the expenditure by Health and Social Insurance for Psychotherapy in period 1992-2000 in Austria.

Year	Millions Euros
1992	3.20
1993	6.90
1994	8.43
1995	10.54
1996	11.85
1997	12.79
1998	14.17
1999	15.70
2000	16.13

Also, the psychotherapy training is regulated by a law. All education and training institutes and facilities require an accreditation from the Health Ministry for which a Psychotherapy Board is responsible. This Board, made up of representatives of all psychotherapy approaches, university professors and other representatives of psychotherapy, consists almost entirely of psychotherapists, and its members number approximately 60 persons. It is the Board's task to examine the applications for training accreditation, which is granted only after a rigorous examination of scientific qualifications and abilities of the trainers.

Current position in relation to health care system

Today psychotherapy is integrated in the health care system in whole of Austria. All public health insurance associations have a system of supplementing payment for treatment; in certain cases they underwrite the whole amount. Treatment is carried out in private practises and also in public institutions belonging to the health insurance associations and

in counselling offices which are subsidised from public funds, of which there are approximately 500 in the whole Austria. Psychotherapy is expanding within hospitals, too.

International significance

It is not a surprise that recently Austria as one of the most developed countries in psychotherapy field in the world gave another three very important contributions for the development of globalised psychotherapy: the foundation of the World Council for Psychotherapy, the foundation of faculty study of psychotherapy and the foundation of European Psychotherapy Universities Network.

With the foundation of the World Council for Psychotherapy in 1995, in Zurich, Switzerland, psychotherapy attained a new quality of communication which had never existed previously (17). International professional congresses had been held for many years, but a synoptic view was missing and the importance of overcoming prejudices towards other modalities and developments in the profession had not received enough attention. The unified view creates new insights and new hierarchies of importance; at the same time the situation is stimulating for all questions relating to psychotherapy. At the World Congresses which have been held so far, in 1996, 1999 and 2002 in Vienna, and 2005 in Buenos Aires, approximately 4000 delegates from more than 150 countries took part each time and contributed to the dialogue.

Training

The integration of psychotherapy to the academic world of universities is crucial for its affirmation as the autonomous scientifically based discipline and as the autonomous profession. In October 2005 Sigmund Freud University (SFU) (18) from Vienna started with the faculty study of psychotherapy (the enrolment is possible immediately after the secondary school) which is organized in accordance with Bologna process (three levels - bachelor, master, doctor). This is the first project of faculty study in psychotherapy in the world which enables students to choose psychotherapy as the first profession providing a Bachelor's and Master's degree in psychotherapy science and that also integrates different psychotherapy approaches under the same roof. While psychotherapy training was offered exclusively at postgraduate level by psychotherapy training institutions in the past, SFU blends academic training for psychotherapists with comprehensive research activities previously carried out at various research institutes separately. The University cooperates with a number of psychotherapy training institutions in various areas. The project has also symbolic meaning because it takes place in Freud's town and under his name opens new chapter in the development of psychotherapy.

In 2007 Austrian psychotherapists gave initiative for establishing the European Psychotherapy Universities Network (EPU) (19). EPU has the following mission statement:

- has a pluralistic perspective on emotional topics, psychotherapeutic approaches and practice;
- cooperates in psychotherapy research, psychotherapy education and treatment activities;
- promotes psychotherapy as an academic discipline and profession in its own rights;
- promotes public founding of psychotherapy;
- provides scientifically based information on psychotherapy to the public.

Slovenia: psychotherapy in a country in transition

Slovenia in transition

In the Communist period (1945-1991) Slovenian state welfare system had advantages in securing easy access to child care, education, employment, entertainment, health, housing, maternity leave and pensions on a universal basis. Yet the standard of services was unsatisfactory in many instances, choice was very limited, and inequality was introduced by the privileges given to members of a large number of elites. Formally the Yugoslav Federation had moved to a policy of "self-management" in industry and policy areas such as housing in the 1970's. In reality, this meant that employees had a lot to say in *how* services were run, but policies and budgets were imposed from above. Nongovernmental organizations were frowned upon, despite the fact that in the pre-Communist period there were many such small scale organisations in operation. Self-management was not introduced even formally to traditional welfare services at that period. In line with other Communist countries, the prevalent mode of handling long-term health and psychological problems was institutionalization. Institutions exist(ed) for people with learning difficulties, physical disability and mental illness, side by side with orphanages. While the physical state of these institutions was reasonable, if poor the social segregation was almost total (20).

Although better off economically than other East European and ex-Soviet Union states, Slovenia has experienced an increase in unemployment and a parallel decrease in growth of real wage and Gross Domestic Product (GDP) in the beginning of the nineties. In spite of the revival of economic growth after 1993, the inequalities of income nevertheless increased, and the unemployment remained relatively high. At the end of the 1990's Slovenia had ad per capita annual GDP of approximately \$10,000 and the unemployment rate of approximately 14.5. Under the circumstances of economic restructuring, the system of social security has functioned relatively efficiently. The share of funds devoted to various cash benefits for the population increased from a total of 15.9% of the GDP in 1992 to 17.6% of the GDP in 1999. In 1999 GDP was 20 billion US\$. A cause of greater concern are the data, which are showing a considerable growth in the number of individuals and families whose assets had been so reduced after the 1993 that they were not sufficient for subsistence. At the end of 1990's the investment of money in health care is approximately 7.5% of the GDP and in social welfare system approximately 17.5% of the GDP (21-23).

After the democratic shift private practice in the health and social care system became allowed. Since then the number of private practises has been increasing, posing numerous questions on how to structure and regulate relations between the public and the private sectors.

At the end of the 1990's Slovenia has been confronted with many difficult challenges on the macro level:

- the number of recipients of various cash benefits and other social transfers is rising,
- the share of elderly inhabitants is rapidly increasing,
- there is a growing number of children and young people suffering from violence and sexual harassment,
- due to economic uncertainty short-term conditions for creating a young family are not improving,
- the proportion of people with various addiction problems is on the increase, etc.

The development of psychotherapy in Slovenia

When psychoanalysis spread greatly after World War One, its influence also reached Slovenia. Especially the generation of young artists, born around 1900, showed great interest in the new science. However, after 1934 interest in psychoanalysis was diminished and no psychoanalytic circle was formed (24). In the “hard years” of Communist period psychoanalytic works were discouraged. For example, the only book related to Freud’s work that was translated into Slovenian language in the seventies was Emil Ludwig’s *Der Entzauberte Freud* which was extremely critical. During the 1950’s and 1960’s the conditions for development of psychotherapy slowly improved, especially in the line of psychiatric services. All over former Yugoslavia (which Slovenia was part until 1991), dispensaries of mental health became part of the outpatient medical service. Professional collaboration among psychiatrists and psychologists in these dispensaries slowly became an everyday need. At first, the task of psychologists was to develop psychodiagnostic measures, but they grew increasingly more involved in the clinical therapeutic work, as well. Among psychiatrists and psychologists, a growing need for additional education emerged. Though possibilities for postgraduate education in Slovenia improved, a systematic psychotherapeutic training was available only abroad.

In Slovenia, psychotherapy as an organized professional movement began at the end of the 1960’s when the endeavours of some psychiatrists and clinical psychologists fruitfully joined. The year 1968 was a turning point in the development of psychotherapy in Slovenia when first systematic training of clinical psychologists and psychiatrists interested in psychotherapy started. Thus, the first Slovenian psychotherapy training was designed as a sub-specialization for psychiatrists and clinical psychologists. Since it took place within the health service, it was organized as a psychotherapy section of the Slovenian Medical Society. Renowned Croatian and Serbian psychoanalysts participated as guests. The one-year psychotherapy course (propaedeutics) comprising theory, self-experience, and practice under supervision, soon became an integral part of specialization for clinical psychologists and psychiatrists.

At the end of the 1960’s, on the grounds of cooperation with professionals from Austria (Otto Wilfert, Raoul Schindler), sensitivity trainings were introduced to Slovenia, which led to an increase of interest in group dynamics on the part of various professionals (e.g. in education, psychiatric and care-taking institutions). Some Slovenian psychologists fruitfully combined knowledge of group dynamics and psychotherapy with counselling in the context of social work. They also found possibilities to combine psychotherapy and voluntary work in the area of psychosocial help to children and adolescents with psychosocial problems (25).

In the 1970’s first psychotherapy publications appeared and new inpatient psychotherapeutic facilities developed in Ljubljana, the capital of Slovenia, such as a psychotherapeutic centre, a psychotherapeutic ward in the psychiatric hospital, a centre for the treatment of alcoholism, etc. The contacts of Slovenian psychotherapists with psychotherapy associations in the former Yugoslavia (The Association of Yugoslav Psychotherapists was also established in 1968) and abroad expanded. The psychotherapeutic training (psychodynamically oriented) was advanced and included theory, self-experience in the group, and practice under supervision. The 1970’s brought progress in the field of alcoholism treatment as well. Besides the therapeutic-rehabilitative approach which developed in the network of health organizations, there was an extensive growth of self-help groups (so-called “Clubs for alcoholics in treatment”). Psychotherapy (principally group psychotherapy) was given an important role in the integrative approach to treatment and rehabilitation of people with alcohol addiction (26).

In the 1980's a group of Lacanian oriented theoreticians played an important role in popularizing psychoanalytic concepts through intensive translation work and through writing original papers mainly on theoretical psychoanalysis. The leading figure of this group, Slavoj Žižek (27), is nowadays the most popular and translated Slovenian author in the world. He linked psychoanalytic theory with philosophy and the critique of ideology and art.

During the same period, in the 1980's and 1990's, a blossoming of different psychotherapy approaches took place. In the years 1986-90, new psychotherapy approaches or schools began entering Slovenia, usually with initial seminars, designed to offer an introduction and motivate possible candidates for further trainings. The scope of these new offers with qualified foreign teachers increased and so did the number of interested candidates, especially from the ranks of professional helpers, who in psychotherapy saw either a chance to build on their professional competence or an alternative activity for personal fulfilment.

The collapse of communism and the Balkan wars halted the initial development of new approaches. The reasons were that some foreign teachers considered Slovenia – also after the ten days' war in 1991 – a dangerous area, and that the disintegration of Yugoslavia decimated some training groups comprising members of different nations of the formerly uniform state.

The socio-political change in Slovenia in the beginning of 90's coincided with the founding of EAP and its efforts to define psychotherapy as an independent profession on a high professional level. In 1998 the Slovenian Umbrella Organisation of Psychotherapy (28) was founded which united seven associations and became a member of EAP. At the same time Psychotherapists' Society of Slovenia grew out of the above mentioned psychotherapy section of Medical Society and united individual psychotherapists (mostly psychodynamically oriented clinical psychologists and psychiatrists).

Current state of psychotherapeutic service

Organization

Individual approaches or schools of psychotherapy in Slovenia are mostly organized as societies, some operate as institutes. The training consists of three basic parts: personal experience, theory and practical work with clients under supervision. However, some of the societies have not been offering their members a sufficient quantity of integral training in accordance with the European Certificate of Psychotherapy (ECP) as yet, therefore it is their priority to supplement their training possibilities and to bring them in accordance with the training standard of the ECP. As far as training is considered, all societies depend more or less on foreign teachers because they do not have enough teaching staff themselves. Therefore, one of the societies' priorities in the near future is: how to develop training programmes with more Slovenian teachers.

Number, structure, and qualifications of psychotherapists

At the moment it is still difficult to say how many psychotherapists there are in the Umbrella Organisation and in Slovenia in general. The Umbrella Organisation does not have a complete register of psychotherapists of single societies yet. In the register of Psychotherapists' Society there are around 50 psychotherapists and approximately 150 associated members. Most societies only have a small number of fully trained psychotherapists: some of them are "grandparents" and some have completed their training abroad. The majority of members in the societies are without completed training. Besides, most therapists are employed in their original professions i.e. as (clinical) psychologists,

psychiatrists, social workers, education workers, and their possibilities to work as psychotherapists differ: they dedicate only a small part of their working hours or a part of their free time to psychotherapy. So psychotherapy training improves their professional competence in their primary professions, but they use it to a much smaller extent to practise psychotherapy in the narrow sense of the word. Thus, only estimates of the total number of psychotherapists are possible for the time being: we believe that in the Umbrella Organisation and in the Psychotherapists' Society there are from 200 to 250 people with the professional identity of a psychotherapist.

Since psychotherapy in Slovenia was founded in the seventies as a sub-specialization for clinical psychologists and psychiatrists, these two professions are still the prevailing among the psychotherapists. Only more recent approaches, in the late eighties, began training other professions as well: social workers, (social) education workers, occupational therapists, teachers and others. In the recent years when the Umbrella Organisation as well as the Psychotherapists' Society have been offering propaedeutics, also representatives of professions other than beside humanities have gained access to a psychotherapeutic training. There is an agreement that basic professions of psychotherapists can be first of all: medicine, psychology, education – pedagogy/andragogy, rehabilitation – occupation therapy, sociology, social work, theology, and anthropology.

Research

There is no scientific research institute for the time being, though there have been initiatives in this direction for quite some time. Given that single societies i.e. approaches have neither sufficient personnel nor financial means for operating such an institute, it is intended to be operated by the Umbrella Organisation and also serve the needs of the individual approaches.

Availability of psychotherapeutic service

Clients can contact a psychotherapist either on their own initiative or upon recommendation of their general practitioner or psychiatrist. Since the demand is much greater than the supply, many clients remain without psychotherapeutic help. Only a minority of them is lucky enough to reach a psychotherapist working for the public health or social care system or in the private practice. Psychiatrists and clinical psychologists who offer psychotherapy as a part of their daily routine are employed mainly in psychiatric hospitals, dispensaries of mental health and counselling centres for children and adolescents. Social workers at Centres of Social Work offer counselling as a part of their daily routine. Many social workers have received training in various forms of psychotherapy and include this knowledge in their counselling but officially they are not allowed to do so and are not paid to do psychotherapy.

After the democratic shift in 1991 the private practice was allowed in the field of medicine, clinical psychology and social work. Today there are approximately 25 private psychiatrists, 5 pedopsychiatrists, and 15 clinical psychologists. The national health insurance allows them psychotherapy and pays them for it. No other professions (social workers, let's say) can be paid to practice psychotherapy. It is also interesting that only psychologists with the specialization in clinical psychology are allowed to do psychotherapy. Many psychologists who are interested in practicing psychotherapy legally, cannot do it because it is very difficult to get a specialization in clinical psychology in the health care system. There is no part state financing system. There are no more than five psychotherapists in Slovenia who earn their living with psychotherapy alone.

The patients who get psychotherapy from psychiatrists and clinical psychologists in the health system are treated free of charge, i.e. the cost is covered by the national health

insurance which pays the same for psychotherapy in the public or private sector: 35 Euros for individual analytic or behaviour-cognitive therapy (60 minutes), 100 Euros for family and couple therapy (for 2 therapist, 90 min), 100 Euros for group therapy (10 members, 110 min) with one therapist or 180 Euros if there are two therapists, 30 Euro for relaxation techniques (50 min) and 18 Euros for a so called “superficial measure” (30 min). A few others have the luck of possessing sufficient financial means and may find a psychotherapist practising psychotherapy in his free time. The charges for those clients who pay themselves range from 20 to 60 Euros per hour of psychotherapy. Most of the clients can afford the lowest charge and most of the clients can't afford the highest.

The psychiatric hospitals admit mainly people suffering from psychoses and alcoholism. Alcoholism and suicide were rife in the pre-1990 period, and continue to be the two major social problems associated with personal vulnerability. It is estimated that 80,000 people suffer from alcoholism, a huge proportion in a country of not more than two million inhabitants. They constitute approximately 80 per cent of all psychiatric admissions. Like its neighbour Hungary, Slovenia has the highest European/world rate of completed suicide (around 35 persons per 100,000). Famous Slovene psychiatrist Milčinski (29) laid grounds for suicide treatment in Slovenia and attributed an important part of it to psychotherapy. Since most people with alcohol problems are motivated for symptomatic treatment, only a small part of them is included in the treatment of alcoholism in psychiatric hospitals which is based on sociotherapy and psychotherapy (30). The treatment of psychotic patients is based predominantly on antipsychotic drugs, while psychosocial rehabilitation is insufficient. The regime includes formal occupational therapy, therapeutic communities and group therapy. In reality the psychiatric hospitals present a very medicalized environment with many negative effects of institutionalization, where for example even volunteers are often not allowed to enter. In spite of the fact, that “many psychiatrists and psychologists are well educated, not only in their own field but also in areas as philosophy (many of them are distinguished authors), and although in the past 15 to 20 years many health professionals have received training in various forms of psychotherapy, relatively little effect is seen in the day to day running of psychiatric services” (31). The psychotherapeutic model hasn't brought any essential changes to the predominant medical model in psychiatric hospitals. There are also no psychotherapy wards or clinics for psychosomatic problems.

It is encouraging, though, that psychotherapy has found its way to all Slovenian psychiatric hospitals and that it is gradually developing, although there is still a lot of disbelief if not opposition. In the psychiatric hospital, covering the region of Gorenjska, for example, a ward for behaviour-cognitive therapy with eight beds was established in 1998 where mainly anxious-depressive disorders, as well as eating disorders, psychotic and personality disorders, etc. are successfully treated. Given our psychiatric hospitals financing system, this ward is making a loss which is being compensated from the income of classical psychiatric wards. Financially, therefore, there is a paradox - the more involved and high-quality the treatment is, the worse it is paid and vice versa.

In elementary and secondary schools, psychotherapy as a method is officially not allowed. Psychologists, special pedagogues and social workers who work in schools are allowed to use psychotherapeutic elements only in special cases (if there is a need for a brief treatment or a crisis intervention, for example) but they have to direct pupils and families to specialized institutions (counselling centres for children and adolescents, dispensaries of mental health, pedopsychiatric clinics) if they need psychotherapy. In spite of the official guidelines many of the above mentioned professionals take it on themselves to build on their psychotherapeutic knowledge and skills (mostly in Gestalt, reality, behaviour-cognitive and family therapy) which help them in their everyday work.

In the Communist period, Catholic Church was excluded from the political arena but it remained a strong and influential institution. After the democratic shift Caritas was established and has organized psychotherapeutic training for its counsellors in the 1990's. At the moment Faculty for Theology is organizing a two-year postgraduate study in marital and family therapy. In the capital, Ljubljana, there is a Franciscan Family Center which has become quite popular during last years. Namely, its leader, father Gostečnik (32), published some books in which he connects in a popular way relational psychoanalysis and systemic psychotherapy with Christian spirituality.

Slovenian psychotherapy in a quantum leap?

The last three years seem to be especially important for the expansion of psychotherapy in Slovenia. Namely, important new projects promise to bring a quantum leap in its development: faculty study of psychotherapy, initiative for Law on Psychotherapy, national network of centres for psychotherapy and psychotherapy journal. The initiatives for these projects were closely connected to the fruitful collaboration of Slovenian umbrella association with EAP and with Austrian colleagues at the Sigmund Freud University.

Faculty study of psychotherapy

In October 2006 Sigmund Freud University (SFU) from Vienna and Slovenian Umbrella Association for Psychotherapy have started with the faculty study of psychotherapy (the enrolment is possible immediately after the secondary school) which is organized in accordance with Bologna process (three levels – bachelor, master, doctor) (33). Parallel the special project team prepared the application for the accreditation of bachelor, master and doctoral degree in psychotherapy Slovenia. The benefits of Slovenian accreditation would be many, for example student status, the possibility of state concession with the reduction of study costs. The innovative potential of the faculty study of psychotherapy is big and is opening many possibilities for the realisation of new goals, for example the reduction of the insufficient number of psychotherapists in Slovenia, the integration of Slovenian psychotherapeutic scene, the improvement of the quality of the practice (for example in the frame of faculty outpatient department), the shortening and the simplification of the psychotherapy education, bigger emphasis on psychotherapy research etc. Potential employability possibilities for masters in psychotherapy science will be in social and health care system, in schools, health tourism, in the field of psychosocial rehabilitation, psychosocial help programmes, palliative care, psychosocial counselling, in public, private, non-profit organisations and international charity organisations.

Initiative for Law on Psychotherapy

In 2006 the Working group for Law on Psychotherapy from the representatives of Slovenian Umbrella Association for Psychotherapy and from Psychotherapists' Society was established at the Ministry of Health to prepare a draft of Law on Psychotherapy. After many intensive and controversial discussions it seems that the draft will be finished in autumn 2008 and will be opened for public discussions. The consensus was reached on some main points that are in accordance with EAP Strassbourg declaration:

National network of centres for psychotherapy

As described above the accessibility of psychotherapy services in Slovenia is low. According to the increasing number of mental disorders Slovenia would need at least 5000

psychotherapists but there are only about 250 psychotherapists with appropriate qualifications and most of them don't work full time as psychotherapists. Also the students of psychotherapy and trainees don't have enough possibilities for supervised practice. So in 2007 the umbrella organization (stimulated by the psychotherapy faculty study project) gave initiative for establishing the National network of centres of psychotherapy. In spring 2008 centres in Ljubljana, Koper and Nova Gorica started to work and in autumn new centres in Celje, Maribor, and Slovenj Gradec will join. The network will offer psychotherapy at a reasonable price (40 Euros a session) and also free service for socially deprived clients. The centres will be connected to psychotherapy faculty project so that the students could practice under supervision. The network counselling phone line already started and different projects which will embed psychotherapy in local communities are planned.

Psychotherapy journal

In 2007 Slovenian Umbrella organization has launched the first specialized journal “Kairos – Slovenian Journal of Psychotherapy” in Slovenian and English language (34). Articles are published from all fields of psychotherapy, as well as interdisciplinary articles and articles from neighbouring fields. The main aim of the journal is to encourage the development of psychotherapy as the autonomous profession on the scientific basis in Slovenia and abroad.

Trying to compare psychotherapeutic services in both countries

It is quite obvious from the comparison between Austria and Slovenia that the development of psychotherapy has some common characteristics. The main phases of development or the main characteristics that stimulated the development were:

- development of different psychotherapy approaches;
- forming of the umbrella organisation that united different approaches for the sake of promoting psychotherapy as an autonomous profession;
- promotion of psychotherapy through publications;
- regulation of the field through the Law on Psychotherapy: regulation of training through accreditation of training institutions, licence system (register of psychotherapists), ethical control;
- integration of psychotherapy in the public health care system;
- building a global network of psychotherapists and psychotherapy organisations;
- integration of psychotherapy training to the academic world of universities and building a network of psychotherapy universities.

In the future Slovenian psychotherapists have many more steps to do to integrate psychotherapy in the health care system. Good Law on Psychotherapy would be the crucial step. Learning from good Austrian example can help them to make a good strategy that would of course also include the special characteristics of Slovenian context.

EXERCISE

Task 1

Make an internet search on “psychotherapy law” and compare different law regulations of psychotherapy in Europe (for example Austria, Germany, Italy, Netherlands, Sweden, UK)

and try to propose a model for further development of psychotherapy as an integral part of comprehensive health care in your country.

Task 2

Make a list of needed mental health services in your local area and explain the need of psychotherapy as an integral part of these services.

Task 3

Find a psychotherapist in or near your local community and make an interview about his or her practice. Pay special attention to the level of integration of his or her practice in the public health and social care system.

REFERENCES

1. Pritz A. Introduction into Globalized Psychotherapy. In: Pritz A, editor. Globalized Psychotherapy. Vienna: Facultas Universitätsverlag: 13-18, 2002.
2. European Association for Psychotherapy. Definition of the profession of psychotherapy. Internet page. Available from URL: <http://www.europsyche.org> (Accessed: Aug 28, 2008).
3. Gurman AS, Messer SB. Essential Psychotherapies: Theory and Practice. Second Edition. New York: The Guilford Press, 2003.
4. European Association for Psychotherapy. EAP – information. Internet page. Available from URL: <http://www.europsyche.org> (Accessed: Aug 28, 2008).
5. European Association for Psychotherapy. Strasbourg Declaration on Psychotherapy of 1990 Internet page. Available from URL: <http://www.europsyche.org> (Accessed: Aug 28, 2008).
6. Schmidbauer W. Sensitivitäts-training und analytische Gruppendynamik. Muenchen: Piper, 1974.
7. Rogers CR. Encounter groups. New York: Pelican Books, 1970.
8. Redl F, Wineman D. Steuerung des aggressiven Verhaltens beim Kind. Muenchen: Piper, 1986.
9. Redl F. Erziehung schwieriger Kinder. Muenchen: Piper, 1987.
10. Stern DN. The Motherhood Constellation : A Unified View of Parent-Infant Psychotherapy. London: Karnac books, 1995.
11. Moeller ML. Selbsthilfegruppen. Reinbek bei Hamburg: Rowohlt, 1978.
12. Moeller ML. Anders helfen - Selbsthilfegruppen und Fachleute arbeiten zusammen. Stuttgart: Klett-Cotta, 1981.
13. Wittchen HU, Jacobi F. Size and burden of mental disorders in Europe – a critical review and appraisal of 27 studies. European Neuropsychopharmacology 2005; 15: 357-376.
14. Grawe K, Donati R, Bernauer F. Psychotherapie im Wandel – Von der Konfession zu der Profession. Goettingen: Hogrefe, 1994, 14- 35.
15. Wampold BE. The Great Psychotherapy Debate: Models, Methods, and Findings. Mahwah: Lawrence Erlbaum Associates, 2001.
16. Pritz A. Psychotherapy in Austria. In: Pritz A, editor.. Globalized Psychotherapy. Vienna: Facultas Universitätsverlag: 27-38, 2002.
17. World Council for Psychotherapy. Internet page. Available from URL: (<http://www.worldpsyche.org/> (Accessed: Aug 28, 2008).

18. Sigmund Freud PrivatUniversität Wien. Über SFU [in German]. Internet page Available from URL: <http://www.sfu.ac.at> (Accessed: Aug 28, 2008).
19. European Psychotherapy Universitites Network (EPU). Internet page. Available from URL: <http://epu-online.org> (Accessed: Aug 29, 2008).
20. Ramon S. Slovenian Social Work: A Case Study of Unexpected Developments in the post-1990 Period. *Br J Social Wk* 1995, 25: 513-28.
21. Hanžek M, editor. Human development report. Slovenia 1998. Ljubljana: Institute of Macroeconomic Analyses and Development and United Nations Development Program; 1998.
22. Hanžek M, editor. Human development report. Slovenia 1999. Ljubljana: Institute of Macroeconomic Analyses and Development and United Nations Development Program; 1999.
23. Hanžek M, editor. Human development report. Slovenia 2000-2001. Ljubljana: Institute of Macroeconomic Analyses and Development; 2001.
24. Lunaček M. Slovenia. *Psychoanalysis International* 1992, 25: 360-3.
25. Možina M, Stritih B. How to help children and adolescents with psychosocial problems? V: Dyck RG, Mulej M, eds. *Self-transformation of the forgotten four-fifths*. Dubuque: Kendall/Hunt Publishing Company, 1998.
26. Zihel S, editor. Collection of papers for the therapist in the self-help groups for alcoholics [in Slovene]. *Psihoterapija* 9. Ljubljana: Katedra za psihiatrijo MF v Ljubljani, 1982.
27. Žižek S. *The Sublime Object of Ideology*. London: Verso, 1989.
28. Slovenian Umbrella Organisation of Psychotherapy. Some facts about. Internet page. Available from URL: <http://marela.uni-mb.si/skzp> (Accessed: Aug 28 2008).
29. Milčinski L. Samomor in Slovenci (Suicide and Slovenes). Ljubljana: CZ, 1985.
30. Kavčič Kumer A. The Approach to the Psychotherapy of Alcoholism [in Slovene]. In: Peternel F, Kramar M, Korenjak R, ur. *Srečanja psihoterapevtov 1990-93*: Ljubljana: Psihoterapevtska sekcija SZD, 1994, p. 31-40.
31. Zaviršek D, Flaker V. Developing Culturally Sensitive Mental Health Services in Slovenia. *Social Work in Europe* 1995, 2: 30-36.
32. Gostečnik C. *Sodobna psihoanaliza (The Contemporary Psychoanalysis)*. Ljubljana: Brat Frančišek in Frančiškanski družinski center, 2002.
33. Možina M. V Sloveniji se je začel fakultetni študij psihoterapije (In Slovenia faculty study of psychotherapy has begun). *Kairos – Slovenska revija za psihoterapijo*, 2007, volume 1, number. 1-2: 83-103.
34. Slovenian Umbrella Organisation of Psychotherapy. *Kairos – Slovenian Journal of Psychotherapy*. Internet page. Available from URL: <http://marela.uni-mb.si/skzp> (Accessed: Aug 28 2008).

RECOMMENDED READINGS

1. Pritz A, editor. *Globalized Psychotherapy*. Vienna: Facultas Universitätsverlag, 2002.
2. Lambert MJ. Bergin and Garfield's *Handbook of Psychotherapy and Behavior Change*. 5th edition. New York: Joh Wiley & Sons, 2004.
3. Norcross JC. *Psychotherapy Relationships that Work*. New York: Oxford University Press, 2002.
4. Gurman AS, Messer SB. *Essential Psychotherapies: Theory and Practice*. Second Edition. New York: The Guilford Press, 2003.
5. Wampold BE. *The Great Psychotherapy Debate: Models, Methods, and Findings*. Mahwah: Lawrence Erlbaum Associates, 2001.

