

The Irish Council for Psychotherapy

<http://www.psychotherapy-ireland.com>

A submission to the

Expert Group on Mental Health Policy

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INTRODUCTION

The Irish Council for Psychotherapy, as the organisation representing the broadest range of psychotherapies in Ireland, welcomes the initiative of the Expert Group on Mental Health in inviting submissions from professionals in relation to future planning of mental health services.

The past 20 years has seen a period of unprecedented social and economic change in Ireland. Traditional institutions such as church and family have undergone a huge metamorphosis. Greene and Moane (1999) highlight this:

"We have moved from a society characterised by homogeneity, consensus and traditional religious values to one which is more heterogeneous characterised by diversity and plurality of values and more in thrall to the values of the consumer society. The rigidity and authoritarianism of the Irish Society of the middle decades of this century with its accompanying stability and predictability, is undergoing such rapid change that it is difficult to be clear about future directions. While other industrialised societies experienced these changes over a generation or more, allowing them time to develop the psychological and social resources to adopt to complexity, diversity and uncertainty, Irish Society is undergoing the same changes in a small number of years."

The high prevalence and increase in suicide rates particularly among young males and disclosure of sexual abuse and sexual violence, the increased vulnerability of older people, family and relationship breakdown and youth alienation are all social indicators of increasing anxiety and other emotional disturbances in Ireland.

Psychotherapy can make sense of some of the societal issues that are presenting in people's lives. The changing patterns of religious and social beliefs and behaviour, the consequences of social deprivation, and the challenges from issues arising from ethnicity in a multi-cultural Ireland together with general disillusionment with many of the traditional institutions of the State have increased a sense of alienation in the relational contexts of people's lives. There is a need for accessible, people friendly services, in mental health settings, where distressing issues in people's lives can be discussed confidentially, with ease and respect for the individuals concerned.

However without a planned and resourced psychotherapy service within the Mental Health services to address these issues the full range of psychotherapies considered essential to modern psychiatric and psychological care are not available. It is important to develop the health services in a planned way in areas where needs have been identified. Significant levels of increased demand are continuously reported by the psychotherapists represented by the Irish Council for Psychotherapy.

THE RIGHT TO MENTAL HEALTH:

In a recent report from Amnesty International 'Mental Illness The Neglected Quarter' it is stated that "while much progress has been achieved in the Irish mental health services in recent years, Irish mental health care policy and service provision remain out of step with international best practice and, as such, fail to comply with international human rights law." The UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Care (the MI Principles) were adopted in 1991, and elaborate the basic rights and freedoms of people with mental illness that must be secured if states are to be in full compliance with the international covenant on civil and political rights (ICCPR) "Ireland has ratified the (ICCPR).

Principle 1 of the MI Principles lays down the basic foundation upon which State's obligations towards people with mental illness are built: *"that all persons with a mental illness or who are being treated as such persons, should be treated with humanity and respect for the inherent dignity of the human person."*

It also provides that all persons have the right to the best available mental health care. These principles apply to all persons with mental illness whether or not in in-patient psychiatric care, and to all persons admitted to psychiatric facilities, whether or not they are diagnosed as having a mental illness. They provide criteria for the determination of mental illness, protection of confidentiality, standards of care, the rights of people in mental health facilities, and the provision of resources.

At this time in Irish society, where there is increasing fragmentation and complexity in the psychosocial context of people's lives, and where reliance on traditional structures of caring i.e. family, and institutions are more fragile, the mental health professions have a huge task and challenge presented to them.

THE IRISH COUNCIL FOR PSYCHOTHERAPY (ICP)

BACKGROUND

In 1990 Professor Michael Fitzgerald, an expert in Child & Adolescent Psychoanalytic Psychotherapy, invited fellow professionals engaged in the provision of training in other psychotherapeutic modalities (therapeutic models) to join him in forming an umbrella organisation. The group was named The Irish Standing Conference and this later became The Irish Council for Psychotherapy. At the time the groups represented were Psychoanalytic Psychotherapy, Systemic Family Therapy and Humanistic and Integrative Psychotherapy. The aims were to regulate both the training and practice of psychotherapy so as to safeguard public interest and to promote excellence in the profession and to produce a register of psychotherapists working in Ireland.

The Irish Council for Psychotherapy (ICP) was founded in 1990. It has a membership in excess of 850 with members distributed across five separate psychotherapy sections. In all approaches, the psychotherapist has to use both his/her theoretical and personal skills in this engagement.

A DEFINITION

ICP defines psychotherapy in its broadest sense as focusing on the potential and dynamics of human relationships and facilitates the individual, couple, family or groups' possibilities to create more satisfying relationships and outcomes in relation to dilemmas in their lives. The central aim is to establish a therapeutic relationship and stance in relation to the client be it individual, group or family, that will lead to an personal/ internal change and/ or external adaptation..

The European Association for Psychotherapy describes the practice of psychotherapy as follows:

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 the above; independent of whether the activity is in free practice or institutional work.

MEMBERSHIP OF ICP

Currently, the Irish Council for Psychotherapy has a membership of 850 professional psychotherapists. Members have diverse backgrounds, many from the core professions of Social Work, Psychology and Medicine, but including many others who have come to psychotherapy through other primary professional routes e.g. education, nursing. All have lengthy psychotherapy training (see page 10) consisting of academic and clinical dimensions, as well as supervision of practice, and have undergone their own reflective process. The ICP is a Limited Company, and two representatives (see Figure on Page 5) represent each Section on the Board of Directors of ICP.

There are now five sections in the ICP representing the major psychotherapeutic modalities in Ireland.

- *Cognitive and Behavioural Psychotherapies*
- *Constructivist Psychotherapy*
- *Humanistic and Integrative Psychotherapy*
- *Psychoanalytic Psychotherapy*
- *Systemic Psychotherapies*

Scientific foundation of modalities in psychotherapy

All modalities represented by the Irish Council for Psychotherapy have:

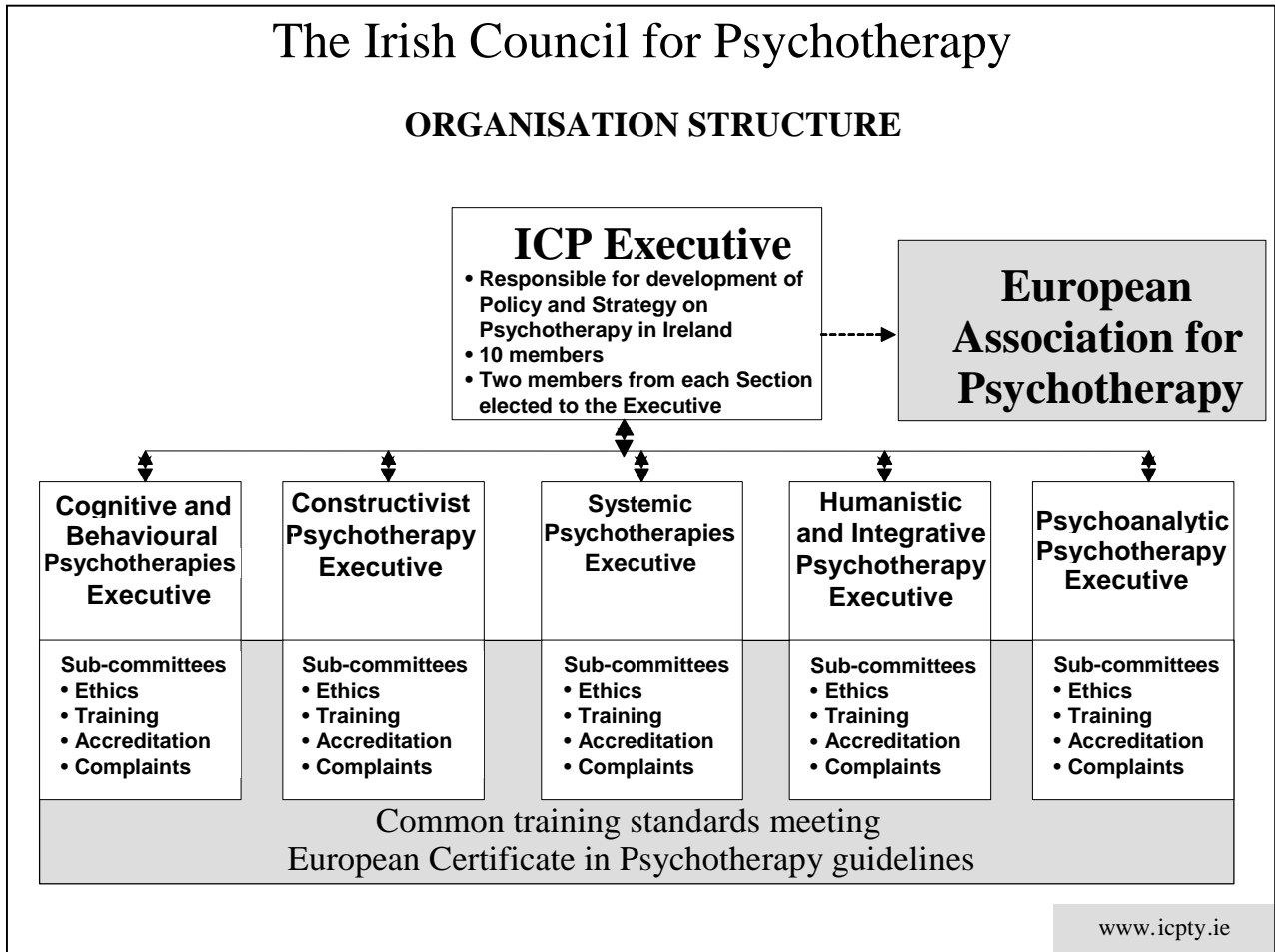
- a theory, which is integrated with the practice, is applicable to a broad range of problems and has been demonstrated to be effective.
- a method, which is well defined and has a clear theoretical basis in the human sciences. Each method has been scientifically recognised by the European Association of Psychotherapy and has been recognised in several European countries as valid by relevant professional organisations.

All the modalities fulfil the following criteria:

1. Have clearly defined areas of enquiry, application, research, and practice
2. Have demonstrated its claim to knowledge and competence within its field tradition of diagnosis/ assessment and of treatment/ intervention
3. Have a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness
4. Have methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/ intervention.
5. Includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication
6. Offers a clear rationale for treatment/ interventions facilitating constructive change of the factors provoking or maintaining illness or suffering
7. Have clearly defined strategies enabling clients to develop a new organization of experience and behaviour
8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice
9. Have a way of methodically describing the chosen fields of study and the methods of treatment/ intervention which can be used by other colleagues
10. Is associated with information which is the result of conscious self reflection, and critical reflection by other professionals within the approach
11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy

12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground
13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/ intervention and results
14. Has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/ assessment and treatment/ intervention

Figure 1



The Irish Council for Psychotherapy publishes the Guide and Directory of Psychotherapy and it is now in its fourth edition. The directory is available on the internet <http://www.psychotherapy-ireland.com> thus enabling access to regularly updated information about ICP accredited practitioners to the public and to health care professionals. The directory lists psychotherapists according to their modality and section. While each of the modalities have differences between them, comparative research studies and the accumulated wisdom in the field indicate that psychotherapists in different orientations may have more in common in the manner in which they work than they have differences. Personal and relational factors such as trust, empathy and listening skills consistently emerge among the most significant aspects of the process.

OBJECTIVES OF THE IRISH COUNCIL FOR PSYCHOTHERAPY

The main objectives of ICP are:

- To promote the wider provision of Psychotherapy to the public.
- To contribute to public health by encouraging high standards of training, practice and ongoing education by the members of the company
- To encourage the exchange and understanding of the different theories and practices within psychotherapy
- To encourage education and research in Psychotherapy in order to more fully inform the professional field and the public
- To establish and monitor both a National Register and a European Register of Accredited Psychotherapists in Ireland and make these Registers available to the general public for purposes of regulation and advertisement

The achievement of these objectives requires the Executive of the ICP to:

- *Act as a voice for the growing profession of psychotherapy in Ireland*
- *Meet with Government and other agencies to further this aim*
- *Publishing a Register of fully trained psychotherapists in the country*
- *Liase with other national and -European bodies towards standardisation of psychotherapy practice in the European Union*
- *Ensure best practice through designing and implementing codes of ethical practice and behaviour*

A BRIEF DESCRIPTION OF THE FIVE MODALITIES OF PSYCHOTHERAPY

COGNITIVE-BEHAVIOURAL PSYCHOTHERAPIES

Cognitive Behavioural Psychotherapies are based on the application of both behavioural and cognitive psychology. This form of therapy is characterised by its structured and goal focused nature, its psychoeducational and empirical basis and emphasis on a time limited, collaborative approach between therapist and client. It aims to empower the individual to improve his or her quality of life by developing effective strategies to resolve dysfunctional behaviours and beliefs, which are a source of distress for the client. The application of psychoeducation helps the client to develop the skills, which will assist in the resolution of future difficulties. The model operates on basis of informed consent with interventions tailored to meet the specific needs of the individual client. Progress towards achieving is evaluated the end every session through a system of structured feedback.

CONSTRUCTIVIST PSYCHOTHERAPY

The emphasis on an invitational approach to ways of making sense of experiences is the clearest hallmark of Constructivist Psychotherapy. Constructivist psychotherapy draws on Constructivist and social constructionist ideas, research and practices, both within and outside of psychology. Constructivism takes the position that the stories we experience and live out are informed by the variety of ways we have of making meaning of our lives. Constructivist psychotherapy is mindful that such sensemaking, both verbal and non-verbal, emotional as well as cognitive, happens in relational, social and cultural contexts. The invitation in Constructivist psychotherapy is to draw on our capacity to enquire, make and narrate something new, using our many and unique ways of being together.

HUMANISTIC & INTEGRATIVE PSYCHOTHERAPY

This perspective is based on a philosophy, which holds, among other assumptions, that the individual is seen as a whole person living out their present level of integration through their body, feelings, mind, psyche and spirit. Integrative psychotherapy embraces an attitude towards the practice of psychotherapy that affirms the inherent value of each individual. It is a unifying psychotherapy that responds appropriately and effectively to the person at the emotional behavioural, cognitive and physiological levels of functioning. The aim of integrative psychotherapy is to facilitate wholeness so that the quality of the person's being and functioning in life is maximised with due regard for each individual's own personal limited and external constraints.

PSYCHOANALYTICAL PSYCHOTHERAPY

This section is composed of six organisations:

- Irish Forum for Child and Adolescent Psychoanalytic Psychotherapy
- Irish Forum for Psychoanalytical Psychotherapy
- Irish Group Analytic Society
- Irish Analytical Psychology Association
- Irish Psycho-Analytical Association
- Northern Ireland Institute of Human Relations

As well as treating the surface of personal problems, psychoanalytic psychotherapy endeavours to reach the underlying, often unconscious, sources of a person's distress. Together with the therapist, the client can explore feelings, memories, fantasies, free association and dreams, relating to both past and present. In the reliable setting of the therapy, the interactions between the therapist and client are explored, thus achieving a new and better understanding of long-standing difficulties. Psychoanalytic psychotherapy is not of fixed duration.

GROUP ANALYSIS

Group analysis is a form of psychotherapy in small groups and also a method of studying groups and the behaviour of human individuals in their social aspects. It is a method of choice for the investigation of many problems and for the treatment of many disturbances (Foulkes). Group analysis applied in a clinical setting is described as group analytical psychotherapy. It takes place in a group of up to 8 people who meet for 1½-hour sessions once or twice weekly over a period of time with a group therapist. The group relies on verbal communication, the individual member is the object of treatment, and the group itself is the main therapeutic agency. The client groups, which are currently being referred to members for group analytical treatment, have broad-based health problems.

CHILD AND ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY

Child and Adolescent Psychoanalytic Psychotherapists provide therapy for children and adolescents who are experiencing psychological disturbances of behaviour, thinking, feeling and relating which impact on their daily lives and which may interfere with the achievement of appropriate developmental tasks.

SYSTEMIC PSYCHOTHERAPIES

Couple and Family Therapy, also known as Systemic Psychotherapy, understands emotional, psychological and interpersonal problems to arise in how people understand their experiences, how they make sense of reality and in their patterns of social engagement and exchange. The therapist and client seek to understand how these patterns arise and are maintained through discussion, reflection and exploration in sessions and between sessions. There may be more than one client involved in this process. This usually provides other options in making sense of one's situation and generates greater choice in how to respond and relate. Goals are usually achieved over a relatively small number of meetings with intervals of two to four weeks between appointments.

GENERAL ASPECTS

Each section has its own:

- Organisational structure;
- Code of ethics
- Complaints & Disciplinary procedures.
- Training Standards which are common across all modalities - see page 10 for more details

Each Section is a limited company and retains autonomy over the following:

- accreditation procedures
- ethics codes
- complaints procedure

THE EUROPEAN CONTEXT

The European Association for Psychotherapy (EAP) was formally founded in 1990 by prominent psychotherapists from Austria, Switzerland, Hungary and Germany, with Janos Harmatta from Hungary elected as the first President. Subsequent presidents were selected on an annual basis from the United Kingdom, Switzerland, Italy, Austria, France, Ireland and Germany. The European Association of Psychotherapy has rapidly grown. It has national member organisations in 30 European countries. The most significant single contribution to the success of the organisation has been the introduction of the European Certificate, which will provide a common platform for training standards in psychotherapy throughout Europe. (see Appendix 1).

The criteria for the awarding of this certificate will form the minimal training requirements and entry criteria for all modalities of psychotherapy. Existing established practitioners would be grand-parented on to this new Register.

IRISH COUNCIL FOR PSYCHOTHERAPY AND THE EUROPEAN CERTIFICATE

The Irish Council for Psychotherapy holds a seat on the Board of the EAP, and on both the National Umbrella/Awarding Organisation committee and the influential Training Standards Committee.

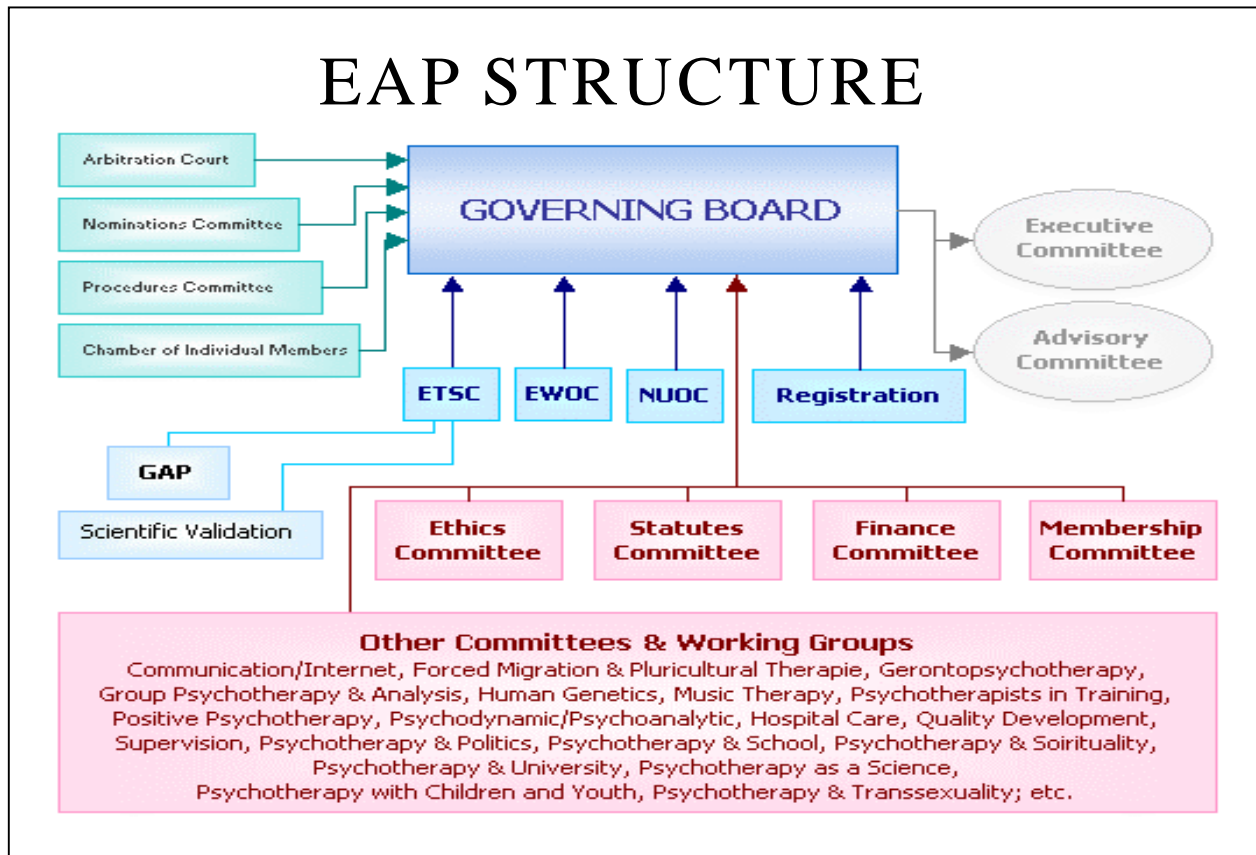
European Certificate of Psychotherapy

The ICP has been involved in the development of the European Certificate of Training in conjunction with the European Association for Psychotherapy, as well as the European Commission. The European Certificate stipulates that the total duration of the training for psychotherapists is 3,200 hours spread over a minimum of 7 years. This 7-year period comprises an initial under-graduate component, or equivalent, followed by specific psychotherapy training.

The European Certificate of Psychotherapy (ECP) is awarded by the EAP through the National Awarding Organisation in the respective country. The ICP, as the organisation in Ireland representing the broadest range and greatest number of practitioners, was granted national awarding status in June 1999. We are currently in the process of accrediting our existing practitioners in relation to the European standards and ensuring that all training courses in Ireland are meeting the standard of the European Certificate. Over 230 psychotherapists in Ireland have been awarded the ECP to date and many more are in process.

The European Commission promotes the recognition of common standards of training for psychotherapists throughout Europe, and will ensure their mobility across member states. While the European Commission does not have power to legally implement the certificate before it is adopted by member states, they have recommended it to the national co-ordinators of member states and welcome it as an initiative in establishing joint platforms which will facilitate the employment of migrants within the European Union.

Figure 2



TRAINING STANDARDS

All modalities represented by the Irish Council for Psychotherapy have:

- a theory, which is integrated with the practice, is applicable to a broad range of problems and has been demonstrated to be effective.
- a method, which is well defined and has a clear theoretical basis in the human sciences. Each method has been scientifically recognised by the European Association of Psychotherapy and has been recognised in several European countries as valid by relevant professional organisations.

The necessary training to become a psychotherapist varies greatly from one country to another; and yet, it is possible to trace certain basic elements which they have in common. The three levels of training are now standard for all psychotherapy trainings: self experience, theory and practice. There is a consensus of opinion that several years of training constitute a necessary requirement.

The **training standards** for becoming a member of the Irish Council for Psychotherapy include the following:

- 1) ***Adherence to the Strasbourg Declaration on Psychotherapy*** which states:
 - Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.
 - Training in psychotherapy takes place at an advanced, qualified and scientific level.
 - The multiplicity of the methods of psychotherapy is assured and guaranteed.
 - Psychotherapy training includes theory, self-experience and practices under supervision. Adequate knowledge is gained of further processes of psychotherapy.
 - Access to training is through various preliminary qualifications, in particular in human and social sciences.

- 2) ***Length and content of psychotherapy training***: The total duration of the training for psychotherapists is 3,200 hours spread over a minimum of 7 years.

- 3) The training meets the criteria for basic professional training and includes the following elements: Personal psychotherapeutic experience or equivalent. This should be taken to include training analysis, self-experience and other methods involving elements of self-reflection, therapy and personal experience.

- 4) ***Theoretical Study***: There will be a general part of University or professional training, and a part, which is specific to psychotherapy. University or professional courses leading to a primary University degree, or its equivalent professional qualification in subjects relevant to psychotherapy, may be allowed as a part of, or the whole of, the general part of psychotherapy, but cannot count towards the four years of specific psychotherapy training.

Theoretical study during the four years of training specific to psychotherapy should include the following elements:

 - Theories of human development throughout the life cycle.
 - An understanding of other psychotherapeutic approaches.
 - A theory of change
 - An understanding of social and cultural issues in relation to psychotherapy.
 - Theories of psychopathology
 - Theories of assessment and intervention.

- 5) ***Supervision***: This will include sufficient practice under continuous supervision appropriate to the psychotherapeutic modality and will be at least 2 years in duration.

- 6) ***Completion of Training***: By the end of the training, the trainee (now a practitioner) will have to have demonstrated personal, social and professional maturity and a commitment to working to professional code and ethical standards.

ICP ensures that appropriate standards of training and practice are adhered to, in addition to providing a Register of suitably qualified psychotherapists.

FIELDS OF ACTIVITY OF PSYCHOTHERAPISTS

Psychotherapy is practised by most psychotherapists in private practice or in institutions such as psychiatric wards/clinics or agencies in the voluntary sector. People who present with emotional difficulties 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.

There are other areas in which psychotherapists are also active. For 10 to 15 years the need to provide supervision for psychotherapists, counsellors and other professions has been increasingly recognised as being of great importance. For instance in the Addiction Services professional psychotherapists supervise addiction counsellors and in many of the health boards systemic psychotherapists and group psychotherapists supervise teams of health professionals from other allied health professions. Thus, many psychotherapists also work as supervisors. Others make their knowledge and skills available to people in specialist areas such as eating disorders, crisis pregnancy, and in the areas of drug and alcohol addiction. Of course, many psychotherapists are active as teachers and trainers.

VALUE OF PSYCHOTHERAPY TO THE HEALTH SERVICE

The value of psychotherapy is well documented in the literature. Specific benefits accrue not just alone to the client/ patient but also to the health service in terms of capital and financial resource utilisation. For example Linehan et al. (1991) state that:

Twice-weekly psychotherapy over a 12-month period is highly cost effective with borderline personality disorder patients because it decreases use of psychiatric inpatient services, emergency room care, and appointments with other medical specialists. Work performance is also improved. Savings have been calculated at \$10,000 per patient per year

There is also a recent study on the effectiveness of drug treatment compared with systemic couple therapy, which found that systemic couple therapy is as effective and more acceptable than that drug treatment and no more expensive. (Leff 2000).

Financial performance of the health service is also improved.

A review of the English-language literature between 1984 and 1994 found that in 88% of studies, psychotherapy contributes to cost savings when used for patients with severe psychiatric disorders and substance abuse by reducing hospitalizations, medical expenses, and work disability (Gabbard et al. 1997)

The economic advantage of embedding psychotherapeutic services within the health system is significant. If for example, the number of psychiatric patients as reported by the Inspector of Mental Hospitals for ending 31st December, 2001, is costed at €250 per bed-day (a conservative estimate), this would result in a cost of almost €1 million per day. Based on the assumption that even 5% of these patients could be at least treated with equal effectiveness by out-patient psychotherapy care, which would cost approximately €10,000, this would result in a saving of €40,000 per day.

VALUE OF PSYCHOTHERAPY TO THE CLIENT/ PATIENT

Mental health services for adults, adolescents and children experiencing psychological/psychiatric difficulties have been developed in Ireland over many decades and, indeed, continue to be developed. It is only within the last ten to twelve years that psychotherapy has emerged as a specific therapeutic professional discipline in its own right. During past decades, despite the significant contribution from a small number of dedicated psychotherapists, services to those experiencing emotional difficulties were primarily staffed by teams, consisting of psychiatrists, psychologists and social workers who may, or may not, have received specific training in psychotherapy. Since the early 90s, there has been a growing recognition in Ireland, and elsewhere, of the contribution that psychotherapists can bring to working with those experiencing psychological difficulties.

EFFECTIVENESS OF PSYCHOTHERAPY

- A recent (2001) in depth review of research commissioned by the Department. of Health in the U.K. entitled "Treatment Choice in Psychological Therapies and Counselling – Evidence Based Clinical Practice Guideline" concluded that there is considerable accumulating evidence for the efficacy of psychotherapy and psychological treatments. (Dept. of Health, U.K. 2001)They concluded that cognitive and behavioural therapy was effective across a range of disorders. Other psychotherapies such as family therapy, psychoanalytic psychotherapy, interpersonal therapy and person centred approaches have also been shown to be effective in psychological difficulty.
- The effectiveness of all types of therapy has been extensively studied. The results of these studies have been summarised and synthesised using a method known as meta-analysis, which involves reducing all results to a common denominator – known as the effect size. Two remarkably consistent findings have emerged from over 50 meta- analytic studies, synthesising over 2,500 separate controlled studies. (Asay and Lambert 1999). The first finding is that psychotherapy works and the second is that all psychotherapy is effective.
- An American Psychiatric Association committee has come up with the following significant points in relation to psychotherapy.
 - Frequency of psychotherapy and length of treatment is positively correlated with better outcomes. (Fonagy, P. and Target, M. 1996, 1994)
 - At the end of psychotherapy, the average treated patient is better off than 80% of untreated patients. (Lambert, M.S. and Bergin, A.E. 1994).

DEMAND FOR PSYCHOTHERAPY

There has been a big increase in the numbers of those seeking to train as psychotherapists and, paralleling this demand, there has also been an increase in the number of schools/training institutions offering training in psychotherapy. In addition to this professional interest in psychotherapy, there has been an increased demand by people seeking to avail of psychotherapy services. This may in part reflect a better understanding of the role which psychotherapy can play in alleviating psychological distress and promoting better mental health by those wishing to access such services. More significantly, the increased demand may reflect the increased stresses and strains of modern day living and the diminution of traditional support services such as the extended family and reliance on church structures. Welcome as is this increase in the numbers seeking to access psychotherapy services, it is essential to ensure that potential clients, who are often very vulnerable, receive the most professional and effective service possible. Similarly, for those wishing to pursue a career in psychotherapy, it is important that training schools meet the highest standards of training.

We would also note that the increased media coverage in relation to issues such as sexual abuse and disclosure, drug and alcohol abuse, suicide, marital breakdown, and stress create a context where people are more aware of emotional distress in their lives and are more willing to seek help.

VALUE OF PSYCHOTHERAPY IN PRIMARY HEALTH CARE SERVICES

Given the financial and capital resource benefits of psychotherapy we believe that there is a role for psychotherapy interventions at various levels within the health service. Psychotherapy can have a significant impact at a number of levels including:

- **provision of psychotherapy services;**
- **preventative aspects** - education, training and development of people who are at risk;
- **health care policy formation** - insights from psychotherapy have informed policy-making bodies

The Deloitte and Touche Report, *Value for Money – Audit of the Irish Healthcare System* (p.201) – commissioned by the Dept. of Health, recommends the intensification of psychotherapy/counselling services at a primary care level, which could be developed as part of a general medical practice along with other primary disciplines. Women favour a “one stop shop” for access to all services (National Women's Council 2001).

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The service provides first-level contact that is fully accessible by self-referral and has a strong emphasis on working with communities and individuals to improve their health and social wellbeing.

Primary care includes the range of services that are currently provided by general practitioners (GP's), public health nurses, social workers, practice nurses, midwives, community mental health nurses, dieticians, dentists, community welfare officers, physiotherapists, occupational therapists, home helps, health care assistants, speech and language therapists, chiropodists, community pharmacists, psychologists and others. (DoHC 2001). In further planning of these services, the range and level of interventions that can be offered by psychotherapy need to be addressed.

SERVICE PROVISION

CRISIS INTERVENTION AND ACCESS TO SERVICES

There is a need for appropriate models of crisis intervention in primary and secondary intervention services. For example recently it was reported that the ERH Procurement Service provided a vital service at times of crisis. It provided counselling and a communication strategy to bereaved Irish families in the wake of the terrorist attack in the US in September 11th (Irish Times October 2002). The South Eastern Health Board moved swiftly to provide services for young people who committed suicide in Wexford in November (Irish Times November 2002). All modalities within the psychotherapy profession have models of crisis intervention. These instances illustrate the ability of the health care system to respond to urgent demands but the opportunities for health care may be lost if not integrated in to a therapeutic model of care.

EQUITY AND ACCESS TO SERVICES

Population trends will have a significant impact on the demands and pressures on the Health system in the years to come. Rural depopulation contributes greatly to increased isolation in vulnerable groups. Rural living and physical isolation are barriers that have been cited for women (DoHC 1995), men (CSO 1995) and older people (NCoOP 1998) accessing health services. The Irish Health system is not sufficiently decentralised. It would be essential to develop appropriate intervention programmes to overcome these barriers.

It is important to identify the barriers in accessing mental health services, particularly in relation to the dynamics of shame and embarrassment.

- Adolescents because of their developmental stage, are often reluctant to approach adults with their problems. Many others simply do not know who or how to approach services for help with psychological and psychiatric problems. The services should be equitable, accessible and adolescent friendly, taking into consideration the developmental level of the age group involved.
- Over one quarter (27.6%) of the respondents to a research study on sexual violence reported that they would not know where to go to get professional help for sexual violence if they needed it. Men were significantly less likely than women to be able to identify where they could go for help and young adults of both sexes, 18 – 24 were less likely than others to know where to seek help. Half of young men, under aged 30, reported that they would not know where to find professional support or services. (Savi report 2001)

There are many myths and misconceptions associated with mental illness and any service provision should be able to provide accessible user-friendly material to invite people to avail of psychological services, if necessary.

In the Amnesty International report (Mental Illness: The Neglected Quarter), they reveal that services in Ireland are slow, inadequate, inconsistent in their application throughout the country under-resourced in terms of staff, money and available therapies. The report highlights the following areas as cause for concern:-

- 1) Inadequate provision and under resourcing of **community based mental health services**. This has, in turn, led to people being admitted inappropriately to psychiatric hospital beds, leading to a very high rate of admission to in patient care, contrary to the right to be treated in the least restricted environment.
- 2) The Irish Inspector of Mental Hospitals, in his annual report, has indicated that many patients may be subjected to **living conditions**, which are inconsistent with international law. Many people in in- patient care are found by the Inspector not to be aware of their rights and how to exercise them .The importance of the role of the advocate is obviously essential in this situation.
- 3) The Inspector also comments in his report 2001 that the “physical examination of in patients is often infrequent and superficial in nature”. This **lack of adequate physical health care** for psychiatric inpatients results in their enjoyment of poor health and higher mortality than the general population.
- 4) There is a **shortage of rehabilitation** and occupational therapy for people with mental illness.
- 5) **Prisoners:** The European Committee for the Prevention of Torture, in its last report in Ireland, recommended that the provision of prison psychiatric services be reorganised as a matter of urgency. There is no special psychiatric unit for prisoners. The only psychiatric hospital that deals with them is the Central Mental Hospital which does not have sufficient beds for the demand and many prisoners are consequently returned to prison from the Central Mental Hospital before they are well.

Because community care services are so inadequate, with a particular shortage of community based residential care accommodation, the de-institutionalisation of psychiatric services has led to many people with mental health problems becoming homeless. At least 1,500 homeless people in Ireland have mental illness.

The ICP welcomes the recommendation of Amnesty International to conduct a comprehensive needs based, service -user- led review of mental health care services.

PSYCHOTHERAPY AND MEDICATION

There has been a welcome shift in the means of delivering treatments, from a focus on institutionalised care in the past, to a new focus on community based care. It is regrettable, however, that there is still a widespread lack of availability of therapies other than medication. This has an effect on general practice in relation to mental health. This situation tends to promote the view that the only way to treat mental suffering is the one that is most prevalent i.e. by way of medication, even when this prevalence is due to a failure to provide any other form of treatment, or indeed, even to conduct research into any alternatives.

RECOMMENDATIONS OF THE WORLD HEALTH ORGANISATION

While one must not discount the usefulness, in particular, of medication, it is clear that the role of the large drug companies in dominating the field of research into mental health has tended to lead to an exaggerated and unhelpful reliance on their products. This over reliance on medication alone runs against the principle of best practice and contravenes the World Health Organisation's (WHO) recommendation of multi-disciplinary approaches. The WHO recommends the inclusion of psychotherapy as an essential element in treatment. In the 2001 report of the Irish Inspector of Mental Hospitals, caution is urged in relation to drug prescribing, a frequent review of the necessity for prescribed medication and a regular monitoring of any side effects deriving from it. This report also recommends that prescription of medication should last only for the minimum term required by the nature and severity of the illness and should be discontinued in the appropriate way, as soon as possible.

PATIENT PREFERENCE AND PSYCHOTHERAPY

It is likely that the number of people presenting to the mental health services for treatment will increase in the coming years, due in part to the modernisation of the services and the reduction in the stigma associated with these. In the Health services, psychotherapy is often not offered as an option. The ageing population and the increased incidence of social problems such as alcohol abuse, drug abuse and family breakdown are also likely to contribute to increasing demands on the services in the future.

There is little research evidence on the effect of patient preference. Failure to take account of patient preferences on treatment type, length and therapy can damage commitment to therapy. There is a need for referral sources such as GP's etc. to explore the options open to a person presenting for psychotherapy. It also raises the question of how to proceed when a person's initial response is to reject the therapy option most strongly supported by research evidence. After discussion, many people are willing to attend for initial consultation and to give the approach a fair trial.

Particular attention needs to be given to issues of ethnicity in a changing Irish context. Ethnic and cultural identity should be respected by referral to psychotherapy services, which are sensitive to these issues.

POTENTIAL/ FUTURE ROLE OF PSYCHOTHERAPY IN THE HEALTH SERVICE

The role of psychotherapy in the future is likely to be driven by a number of factors:

- The emergent definition of health
- The mission of the health services in Ireland.
- The emerging demand for psychotherapeutic services.

The WHO defined health as "a resource for everyday life, not the objective for living, it is a positive concept emphasising social and physical resources, as well as physical capacity" (Nutbeam 1998). Given this definition, health services will need to examine their resources and programmes for ensuring that the public know about and have access to the knowledge and skills to help them influence their social domain thereby enabling them manage their own health.

The National Health Promotion Strategy states that "The achievement of physical and mental well-being is not the responsibility of the individual alone. People's ability to pursue good health is limited by varying degrees of skills, information and economic means. The way these determinants of health interact and the linkages between them can be of major importance" (DoHC, 2001).

ICP recommends that:

- **Policy**: The Department of Health/Health Boards develop a policy regarding the role of the psychotherapist within the mental health adult services.
- **Strategic Planning**: In relation to the above objective, we would recommend the appointment of these professionals to working parties to advise on the development of strategies in matters relating to psychotherapy service provision in these areas.
- **Training**: The Health Boards promote the development of trained and accredited psychotherapists to the provision of training posts, sponsorship of trainees, or similar methods.
- **Research**: That Health Boards Executive ensure that resources are in place to facilitate research and audit of psychotherapy services, leading to effective accounting and evaluation of same in order to ensure best practice to young people, families and adults who have psychological and psychiatric problems.

CLIENT GROUPS WITHIN THE HEALTH SERVICE TO BENEFIT FROM PSYCHOTHERAPY

EXTENT OF THE NEED FOR PSYCHOTHERAPY

More than one in four adults will suffer from mental illness at some point in their lives. 25% of families are likely to have one member who suffers from mental illness.

The WHO has estimated that globally approximately 20% of all patients seen by primary health care professionals have one or more mental disorders.

In Ireland, it has been estimated that 10-% of the general population suffers from depression (DoHC 2001).

CHILD, ADOLESCENT AND FAMILY

“Epidemiological studies show that psychological disturbances of varying intensity exist in up to 20% of adolescents. However, only two to five per cent of the total adolescent population have moderate to severe disabling conditions such as major psychiatric disorders. This is the specific target group that adolescent psychiatry services should deal with. Milder psychological problems may be dealt with by a primary child care service”. (Dr. C. Halpin. Irish College of Psychiatry – Position Statement on Psychiatric Services for Adolescents.

In Ireland, 29% of the population is under the age of 18 years. Research has indicated that one in five children up to the age of 16 suffer significant levels of behavioural distress and psychological difficulties. Psychiatric disorders increase in incidence and prevalence during adolescent years. The incidence and prevalence of deliberate self- harm and attempted suicide also increase with increasing age through the adolescent phase.

A large proportion of this figure is seen within the Child and Adolescent Mental Health Services. There are ensuing difficulties for the families of which that child is a part. Following multi-disciplinary assessment, there is a need within the Health Services to have access to Family Therapy, Child Psychotherapy and other specialist psychotherapy services to enable appropriate interventions take place.

Early intervention is necessary to alleviate presenting emotional distress in the short term, to maximise the potential for the child and adolescent to achieve appropriate developmental tasks and for families at times of transition or crisis to move on and shape new ways of relating to accommodate change

Mental Health services for adolescents should include the following:

- Multi-disciplinary out patient teams
- Day Hospital Services
- In patient services
- Rehabilitation services
- Liaison to general hospitals

As outlined in the career structure (Page 29) that follows, ICP would envisage a role for the employment of psychotherapists at every level within these services.

We note from many studies that young people with disturbed family background, who drop out early from school, are one of the groups at high risk of suicide and parasuicide. The National Task Force on Suicide recommends that in relation to educational initiatives for young people, educationalists and youth workers in these areas be trained appropriately to respond to suicide risk. This involves recognising danger signs, identifying the people at very high risk and making appropriate interventions, which include referrals to specialist services on behalf of these young people.

We would support broader initiatives proposed in the Health Strategy in relation to enhancing a better quality of life in relation to this particular group. We would support strongly the promotion of mental health awareness in relation to eating disorders and body image. We look forward to the report of the working group on child and adolescent services in relation to this topic.

We would also support the Springboard projects, family support strategies, and positive parenting initiatives.

Family support service developments include the establishment in 17 pilot sites of Springboard, a community –based early intervention initiative to support families. The Springboard documents of 2000 and 2002 state clearly the importance and benefits of psychotherapy for families, individuals and couples.

These all can enhance a preventative approach to children which would involve high support to families and individual children and which would avoid the need for further and more serious psychological interventions later on.

WOMEN AND MENTAL HEALTH

The life expectancy of Irish women has consistently exceeded that of men since at least 1950. In terms of externally reported health status, Irish women compare unfavourably to women in other European states (National Women’s Council 2001). A curious phenomenon arises in that Irish women perceive their health to be at a higher level. This may reflect an inability to speak out and to complain. Taking note this and the strong correlation between levels of distress and seeking access to psychotherapy necessitates careful planning of access to services for this particular group.

“Women, by social arrangement, represent the majorities of carers in society and need child care and respite support so that they can attend to their own wellbeing” National Women's Council 2001

The Report from the National Women’s Council “Hear our voices –Meet our needs” suggested that the successful implementation of a plan for women’s health should include four principles:

- Reorienting the health service to promotion and not just acute care.
- Creating supporting environments in which to make healthy choices.
- Strengthening community action – incorporating community development approaches to health.
- Developing personal skills to consultation with individuals about their needs.

WOMEN AND SEXUAL VIOLENCE

The psychological consequences of sexual violence in relation to men and women are comprehensively researched in the SAVI report (a national study of Irish experiences, beliefs and attitudes concerning sexual violence). Key points made in this report are:

- Approx. one in three (30%) women and one in four (18%) men reported that their experiences of sexual violence (either in childhood, adulthood or both) had had a moderate or extreme effect on their lives overall.
- One quarter (25%) of women and one in six (16%) men reported having experienced symptoms consistent with the diagnosis of post traumatic distress disorder (PTSD) at some time in their lives following, and as a consequence of, their experience of sexual violence.
- Those who had experienced sexual violence were significantly more likely to have used medication for anxiety or depressions or to have been a psychiatric hospital inpatient than those without such experiences. For instance, those who had experienced attempted or actual penetrative sexual abuse were eight times more likely to have been an in patient in a psychiatric hospital than those who had not been abused.
- The most common reason people gave for not telling about their abuse as children was feeling ashamed and blaming themselves.

In an article in the British Journal of Psychiatry (2002) 180. Pg.234, it was stated that child abuse and child sexual abuse (CSA) are important risk factors for subsequent mental health problems. “Although considerable efforts have been devoted to the identification and investigation of abuse, concern has been expressed about the limited treatment resources for dealing with its mental health consequences and the lack of knowledge as to which treatments are most effective, for whom they should be provided, and the symptoms or problems that are most likely to be influenced by treatment.”

Follows up studies of sexually abused children have investigated both short term and long term effect. Beitchman et al 1991 reviewed 42 studies for short-term effects with the following conclusions:

- * Sexually abused children are more likely to develop some form of inappropriate sexual and disturbed behaviour than those not abused.
- * The greater the frequency and duration of sexual abuse, the more pronounced the effects.
- * CSA involving force and/or penetration, or sexual abuse perpetrated by the child’s biological father or step-father, is associated with poor outcome and greater psychological problems.

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- * Sexually abused children are more likely than those not abused to come from families with a higher incidence of marital separation or divorce, parental substance misuse and psychiatric disorder.

These facts are particularly important in the planning of service provision for people presenting with symptoms related to sexual abuse. Particularly that given the overall emphasis in the health system is the move from in-patient psychiatric care to the provision of community based services and the associated financial and social implications.

WOMEN AND CRISIS PREGNANCY

- A comprehensive psychotherapy service needs to be provided for women who present with a crisis pregnancy. Supportive therapeutic contexts need to be developed for women who have had an abortion. Women's physical and somatic, as well as emotional health needs, need to be addressed, particularly in a post-abortion situation.
- Referral to skilled and experienced psychotherapists could be particularly indicated where women present with a crisis pregnancy as a result of sexual abuse, sexual violence and rape.
- Particular attention needs to be given to intervening and planning services to address the psychological and emotional needs of young and older men who are becoming fathers.
- Different psychological issues are presented depending on the age and life stage of the women presenting e.g. in the instance of a teenage pregnancy, particular dilemmas can arise vis a vis the family of origin where a new child needs to be cared for. This is in contrast to women in an older age group who present with crisis pregnancy and are at a different developmental stage in their lives and in their relationships.

We would propose that women presenting with crisis pregnancy should be provided with a direct generic service that could be located in terms of future service delivery within both primary and secondary health care settings. Future planning of such services needs to include the employment of psychotherapists within these contexts.

PSYCHOLOGICAL AND SOMATIC COMPLAINTS

Psychological intervention and a careful assessment made by a psychotherapist should be considered for somatic complaints, which present with a psychological component such as irritable bowel syndrome and gynaecological complaints.

As depressive disorders are the most common cause for females being admitted to psychiatric hospitals (Health Research Board 2000) particular attention needs to be given to the needs of women in relation to their psychological well being.

THE AGING POPULATION AND MENTAL HEALTH

In a report from the Working Group on Elder Abuse, it emerged that nearly one quarter of calls to a Dept. of Health funded helpline are from elderly people suffering various types of abuse. In some cases, older people are being subjected to physical violence, which might be linked to alcohol abuse, and around 20% of the calls were due to loneliness. The study highlighted how psychological abuse and neglect are among the most common problems. The Irish Council for Psychotherapy would see this group in society as being particularly vulnerable due to the change in the context of meaning in their lives as the social fabric of community and traditional family life changes.

MEN AND MENTAL HEALTH

MEN AND SUICIDE

The Minister for Health and Children stated in September 2001 at the opening of the 6th Annual Conference of Irish Association of Suicidology that the ability of people, especially young males, to cope with life is a crucial factor in relation to their mental health. Regarding suicide, it has become clear that young men who have committed suicide have had a history of long lasting emotional problems such as:

- depression,
- anxiety,
- unhappy relationships,
- alcohol and drug related problems,
- feelings of loneliness and guilt and
- problems with family relationships.

In order to understand why people commit suicide, it is important to understand the individual's coping abilities, social support and the impact of recent life events.

MEN AND FAMILIES

Particular attention needs to be given to the role of fathers in changing family contexts. In Minister Mary Hanafin's introduction to the Department of Health Research Report on Fathers and Families by Ciaran Mc Keown, she stated that," in traditional families, fathers had a clear role as the family patriarch. He was head of the family, protector and provider for the family's material needs. With the increased participation of mothers in the labour force and the growing number of one parent households, fathers are no longer the exclusive providers. These changes have confronted fathers with the need to redefine their role and function within the family and, in particular, their role as parents."

The development of services for fathers faces a number of specific challenges:

- * Finding out the needs of fathers, particularly the needs of different types of vulnerable fathers, adopting and promoting a strength based perspective to work with fathers as with families generally, training professionals to see fathers as part of the family even where they are not living in the same household as the mother and child.

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- * Recruiting more men into the care professions and promoting awareness of family services in a way which is seen as supportive of men and fathers at every stage of their life cycle, from childbirth to old age.

“There is a growing appreciation, supported by research, of the significance which fathers have in the lives of children, as well as the value which involved fathering has for fathers as well as mothers. Being a father is also about helping young boys and girls develop conceptions of themselves in relation to men as well as women and encouraging them to understand and be comfortable with masculinity and maleness. It is about helping young people understand the dynamics of relationships in general and close relationships in particular... The consequences of fathers being absent from children’s lives can... be severe for children and parents alike”.

(Ceridwen Roberts)

The importance of fathers to family life generally, and to children in particular, is clearly demonstrated by research. A summary of key findings of research by (Lewis & Warren, 2001) shows:

- Most fathers say they enjoy having close relationships with their children – indeed, fathers from a diversity of social and ethnic backgrounds usually say that fathering is the most important part of their lives.
- A parent’s gender is far less important in affecting child development than broader qualities such as warmth and kindness.
- Men feel deeply moved by the experience of childbirth. 9 out of 10 fathers attend the delivery of their babies. Men who feel positive about their work are especially able to cope with the demands of a new baby.
- How fathers spend time with their young children is more important to the father/child relationship than how often they are with them. Some studies suggest that fathers help, particularly in preparing the child for the outside world and developing “social skills”. When fathers are involved at the point with their children before the age of 11, these children are more likely to escape having a criminal record by the age of 21.
- Most studies have shown that the children who fare best after divorce are those that see their father most often. However, a good father/child relationship usually reflects a harmonious relationship between the parents.

Good mental health care practice would indicate that the psychosocial needs of this group particularly in relation to their changing role in society be addressed.

DRUG AND ALCOHOL ABUSE

Males under the age of 35 from urban areas are most likely to have used drugs of some type. (Slán Survey 1999). The majority of those presenting for treatment for drug abuse are male, under 30 years of age and unemployed. Over half those presenting for treatment have left school by the age of 16. In the Eastern Region, there are 12,500 persons with significant addiction to opiates and although harm reduction measures have been reasonably successful, the underlying addiction has not been addressed in the majority of intravenous drug misusers. Psychotherapists are well placed to address the deeper issues that underlie addiction issues.

The rise in the use of cocaine in Irish society is of concern. Pharmacological interventions have not proven to be useful in this area and we rely largely on psychological interventions as a way to intervene with persons who have significant problems from cocaine misuse. General hospitals are increasingly facing significant health issues in relation to cocaine misuse - including myocardial infraction in relatively young males to stroke, deep venous thrombosis and pulmonary emboli in both males and females. There is an urgent need to address cocaine misuse in our society. There has been a 41% increase in alcohol consumption in Ireland over the last 10 years. The rise has been particularly high in younger age groups, where the report for 2003 from European Monitoring Centre for Drug and Alcohol Addiction (EMCDDA) notes the worrying rise in binge drinking in adolescents across Europe. This rise has also been seen in Ireland with 46% of 15-16 year olds bingeing on more than 5 occasions in the past 30 days. The need to provide appropriate interventions for this vulnerable age group regarding alcohol abuse has been identified in a number of reports. The Eastern Regional Health Authority has recently released a strategic report, which highlights the need for early intervention with alcohol misuse in this vulnerable group.

The percentage of Irish students who experimented with a range of substances is higher than the EU average particularly in relation to cannabis (Slán Survey 1999). Ecstasy use in Ireland is reported to have increased and to be one of the highest in Europe (EMCDDA 2003).

Psychotherapists by their training and community based practice are well placed to assist parents and adolescents to navigate the rapids of adolescence in times of highlighted risk of drug misuse and addiction.

POSITIVE MENTAL HEALTH

Mental health is equally important as physical health to the overall well being of a person. Poor mental health has a significant impact on a person's quality of life and their contribution to society.

The ICP would propose that a proactive programme of measures be put in place to enhance the emotional wellbeing of the Irish population focusing particular attention on health promotion activities for vulnerable groups.

The World Health Organisation (WHO) defines health as...*a complete state of physical, mental and social well being, and not merely the absence of disease or infirmity.*

While considering a plan for the development of mental health services it is also essential to incorporate a perspective on positive mental health. We are currently looking at the consequences in relation to increasing levels of adult obesity due to wrong eating habits in childhood. We do not wish to be faced with a similar situation in relation to emotional and mental health in the next few years.

This would involve:

- Working towards a re-orientation of the health services to advocate for positive mental health.
- Incorporating community development approaches into mental health interventions so that communities are empowered to take control and improve their emotional health collectively. For example the importance of the value of neighbourhood contact with older people to alleviate loneliness and to acknowledge and access the wisdom of this particular population.
- Developing personal skills by consulting individuals and families to identify their needs, involving them in the process of planning and evaluation of local mental health care services
- Providing educative initiatives to help people identify lifestyle factors that lead to patterns of distress and loss of coping.

The Irish Council for Psychotherapy agrees with the proposal in the Health Strategy, which focuses on the implementation of existing policy prioritising health promotion activities for vulnerable groups.

WHAT PSYCHOTHERAPY HAS TO OFFER

People present to psychotherapists with a range of problems and dilemmas including mental and physical health problems, alcohol and addiction, relationship and family problems, sexual abuse, post-traumatic stress and commonly presenting problems like depression, anxiety, social anxieties, phobias and obsessive compulsive disorders. Psychotherapy as a profession in its own right can make a unique contribution to health care planning and delivery because:

- Psychotherapy training is at a post graduate level and includes grounding in basic neuroscience's, developmental psychology, psychopathology and mental health functioning. This training equips psychotherapists to work effectively with an array of mental health disorders.
- Different modalities will have varying emphasis in the way of facilitating and understanding this process based on their particular insight into the nature of the human person, the theory of change and the underlying tradition of their practice.
- Psychotherapists bring to the therapeutic relationship the skill and competence based on their training. This involves the capacity and willingness to listen to the unfolding narrative of the individual, family or group and the facility to create a safe space so that the client's level of distress can be addressed within a trusting, confidential environment. Within this therapeutic context, change can take place.

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- The research evidence supports psychotherapies as effective in disorders of mental health. A recent review by the Department of Health's in the United Kingdom " Treatment Choice in Psychological Therapies and Counselling Evidence Based Clinical Practice Guideline" (DoH, 2001) concluded that there is considerable accumulating evidence for the efficacy of psychotherapy and psychological treatments. (Dept. of Health, U.K. 2001)
 - In considering psychological therapies, more severe or complex mental health problems should receive specialist assessment and require a more skilful therapist . The clinical consensus stated in the review by UK DoH (2001) is that it is safer practice for people in severe and complex difficulties and greater risk of self-harm to be treated by therapists who are more skilful.

For example as indicated in the earlier definition on page 4, the kernel of psychotherapy and 'what works' (McKeown 2000) is the therapeutic relationship. "The therapeutic relationship and therapeutic alliance is the single best indicator of benefit. A good working relationship in psychotherapy does not necessarily mean the absence of conflict or difficulty, but a fundamental agreement on the goals and tasks of therapy and a level of commitment to the relationship" (DoH 2001).

The UK review, referred to above concluded that psychological therapies should be routinely considered as treatment options when assessing and treating mental health problems. There is strong research evidence of the potential benefit of psychological treatment to individuals with a wide range of mental health problems. The evidence on the combined effects of medication and psychological treatments suggest that they are synergistic. Further it concluded that drugs are not a contra indication to psychological therapy, or vice versa.

INTEGRATION OF PSYCHOTHERAPY WITHIN THE HEALTH SERVICE

As a profession in its own right, it is important to be able to make a career in the health services attractive for psychotherapists. While not wanting to focus on human resource policy and strategy at this point it is important to recognise that psychotherapists will require career advancement opportunities if they are to be attracted to and retained by the health services. Figure 3 (Page 32) illustrates how ICP would envision a grading structure and a line management structure for psychotherapists.

Parallel to this reporting structure would be the participation in multidisciplinary teams at all levels of the health service by psychotherapists. This would enable the benefits of psychotherapy to be coupled with the insights of other health care professionals thereby giving clients/ patients access to high efficacy interventions - thereby enhancing their health.

CRITERIA/QUALIFICATIONS ESSENTIAL FOR ELIGIBILITY FOR EMPLOYMENT AS A PSYCHOTHERAPIST

Essential Requirements:

- 1) The candidate must meet the criteria to be eligible for registration as a psychotherapist with ICP. The candidate must therefore have completed a minimum of seven years education at third level, comprising 3 years at undergraduate level or equivalent and at least four years training at post-graduate level in the theory and practice of psychotherapy.
- 2) The candidate must meet the core components of training specific to their therapeutic modality, when it is identified as essential in recruitment information – cognitive behaviour therapist, family therapist etc.

Desirable Requirement:

The candidate's experience ensures that he/she can adequately undertake the duties and responsibilities outlined in the job description.

Employment of Psychotherapists:

On completion of their training in psychotherapy, psychotherapists are deemed competent to practice independently, while recognising that ongoing clinical supervision is an integral part of a psychotherapist's ongoing professional development. Within organisations, psychotherapists may be employed to undertake work in a variety of capacities – for example to practice as a member of a multidisciplinary team, to practice as a tertiary source of intervention, to act as a consultant to a team or system, to work as a clinical supervisor for other practising psychotherapists or to members of other professional disciplines, to provide training specific to psychotherapy and to conduct research.

A PROPOSED STRUCTURE FOR PSYCHOTHERAPY

PSYCHOTHERAPIST

A psychotherapist is eligible for employment within this category after having achieved the appropriate standard of training in psychotherapy to ensure eligibility for registration with ICP. In addition, the candidate must satisfy the core components of training pertinent to that candidate's specific therapeutic modality.

SENIOR PSYCHOTHERAPIST

A psychotherapist is eligible for employment within this category, as a senior practitioner, on completion of at least two years post accreditation practice as a psychotherapist. Training in clinical supervision and line management would be advantageous.

PRINCIPAL PSYCHOTHERAPIST

A psychotherapist is eligible for employment within this category on completion of at least five years post accreditation practice as a psychotherapist. The individual will normally have demonstrated leadership and management competencies.

DIRECTOR OF PSYCHOTHERAPY

A psychotherapist is eligible for employment within this category on completion of at least seven years post accreditation practice as a psychotherapist and has overall responsibility for the delivery of a psychotherapy service within an organization. Training in management and a commitment to research (demonstrated through published work) would be advantageous.

TRAINEE PSYCHOTHERAPIST

A person undertaking training in psychotherapy could be eligible for placement/ employment as a *Trainee Psychotherapist* within an organisation when:

- 1) there is provision for clinical practice (as prescribed by the training school)
- 2) there is regular supervision by an appropriately qualified supervisor
- 3) the employing organisation clearly wishes to promote the development of psychotherapy training by making such positions available.

JOB DESCRIPTION - DUTIES AND RESPONSIBILITIES

Individual organisations must specify the duties and responsibilities pertinent to their own needs. The following is a generic outline, for guidance.

PSYCHOTHERAPIST

- a) Will be professionally responsible for all aspects of the postholder's own work (or alternatively) will be responsible for his/her own professional development.
- b) Will assess the therapeutic needs of clients referred for treatment and provide advice/opinion regarding appropriate intervention..
- c) Will plan, deliver, monitor and record the assessment, planning, implementation and evaluation of suitable psychotherapeutic interventions/ treatments.
- d) Will conduct practice in a manner consistent with ethical guidelines, both professionally and organisationally.
- e) Will maintain and contribute to audit and evaluation within the service.
- f) Will co-operate in research and evaluation (as appropriate) and contribute towards the development of that research and evaluation..
- g) Will ensure that clinical records are properly and accurately maintained and that appropriate statistical information is available when requested.
- h) Will report to the Senior Psychotherapist.
- i) Will participate in external and internal teaching and training where appropriate

SENIOR PSYCHOTHERAPIST

In addition to the duties and responsibilities of a Psychotherapist, a Senior Psychotherapist will undertake the following functions:

- j) have responsibility for the provision of clinical supervision to other psychotherapists within the service, undertake a training function and/or may be involved in research
- k) will report to the Principal Psychotherapist.

PRINCIPAL PSYCHOTHERAPIST

- l) In addition to the duties and responsibilities of a Senior Psychotherapist, a Principal Psychotherapist, in conjunction with other senior managers, will undertake the following functions:
- m) Have a primary role in identifying specific psychotherapy needs within a service.
- n) Ensure that psychotherapy services are planned, implemented and evaluated in accordance with best practice.

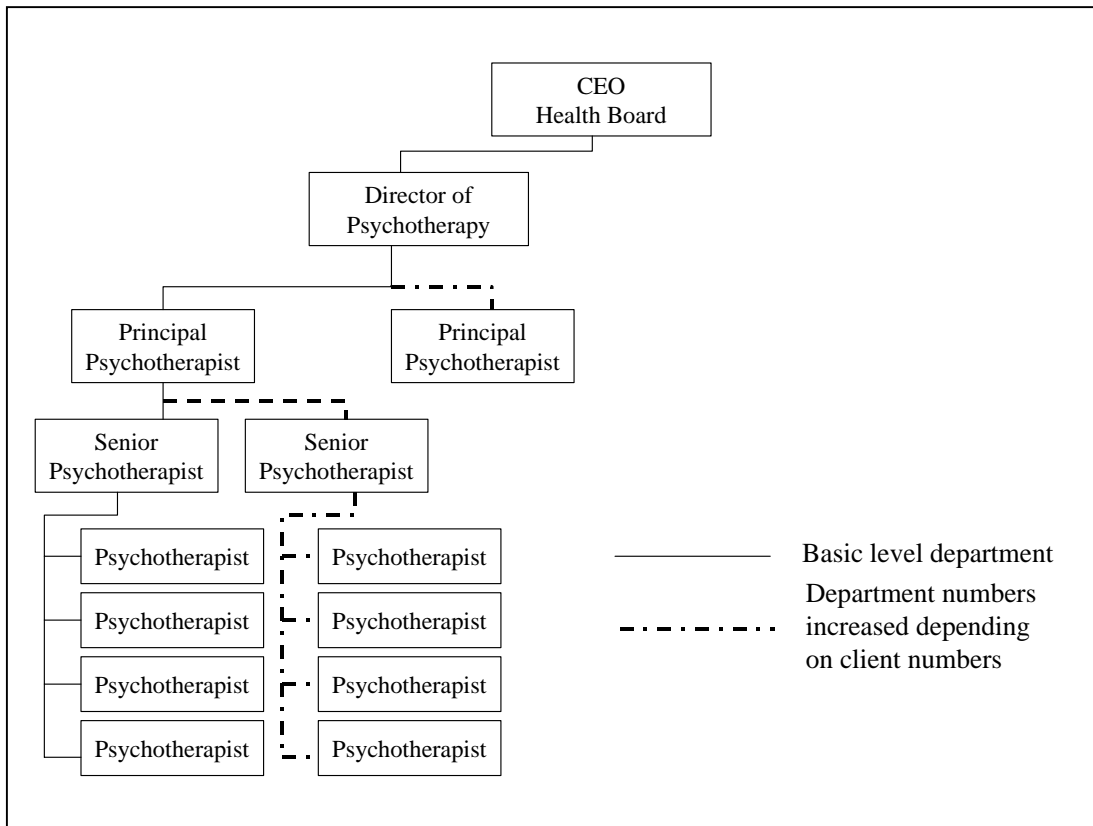
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- o) Ensure that the training, clinical supervision and case management needs of psychotherapists within a service are met.
 - p) Contribute to the development and maintenance of effective audit and evaluation systems within the service.
 - q) Participate in the planning and policy development of the service.
 - r) Have a senior management role in relation to other psychotherapists within the service.
 - s) Report to the Director of Psychotherapy or to the director or chief executive of a service.

DIRECTOR OF PSYCHOTHERAPY

In addition to the duties and responsibilities of a Principal Psychotherapist, a Director of Psychotherapy will undertake the following functions:

- (t) Be responsible for the systematic provision of psychotherapy services within a health service.
- (u) Act as the senior line manager for all psychotherapists within a service.
- (v) Ensure that all of the services provided by psychotherapists are the most appropriate and effective for the client group.
- (w) Oversee the development and maintenance of appropriate liaison and joint working arrangements between psychotherapists and other disciplines within and external to a service.
- (x) Act as consultant to other professionals, teams and agencies as is appropriate for the proper running of a service.
- (y) Manage and develop the supervision and training opportunities for the psychotherapy service.
- (z) Provide consultation, training and (where appropriate) clinical supervision to members of other disciplines who wish to develop their psychotherapeutic skills.
- (aa) Undertake research in consultation with management and other disciplines within a service.

Figure 3



SALARY SCALE

It is proposed that the salary scale for all psychotherapy grades be linked with those of clinical psychologists, whose length of training approximates that of psychotherapists.

However, in recognition of the amount of personal psychotherapy and individual supervision integral to the training requirements and ongoing professional development of psychotherapists, it is proposed that the starting point of the salary scale (for the grade of “Psychotherapist”) be at the mid-point of the salary scale for a basic grade psychologist.

TRAINING/ CLINICAL QUALIFICATIONS ESSENTIAL FOR REGISTRATION/ EMPLOYMENT AS A PSYCHOTHERAPIST

To be eligible for registration and employment as a psychotherapist individuals would need to meet the training/ accreditation requirements as stated above.

STATUTORY REGISTRATION FOR PSYCHOTHERAPISTS

ICP is fully supportive of statutory registration of psychotherapists. In fact ICP has been very proactive in seeking to have the profession of psychotherapy included in the first wave of statutory registration for health care professionals. We see statutory registration as providing many advantages for patients and clients, the professional psychotherapists themselves and employers. Through statutory registration ICP believes the general public will not only be assured of that psychotherapists will be adequately trained to provide the required service; they will also have a voice in directing the process of statutory registration through membership of the Registration Council (DoHC 2000: .9)

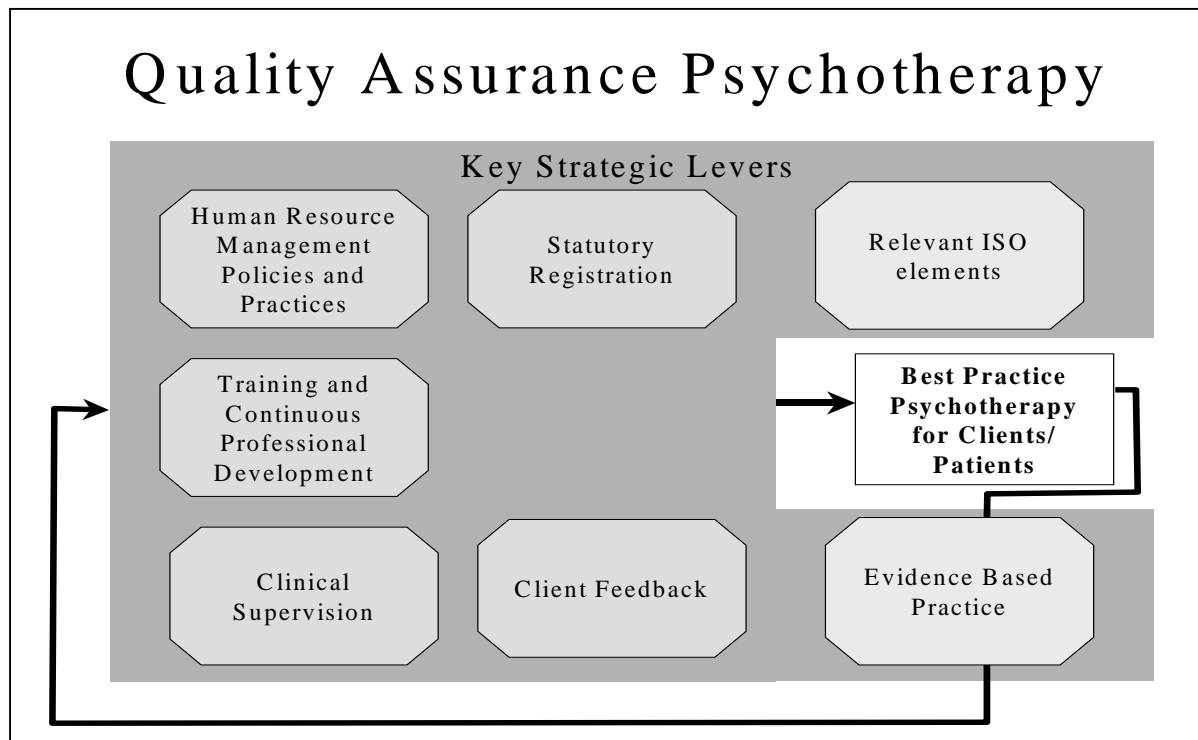
It was with some dismay that the ICP received the decision from the Dept. of Health and Children in October 2002 that psychotherapy would not be included in the first wave of registration for Allied Health Professionals. The Irish Council for Psychotherapy, as a united group speaking on behalf of psychotherapists and psychotherapy training schools, which operate to rigorous standards of competence and professionalism, had anticipated being involved in this first wave of statutory registration. ICP will continue to lobby for involvement in statutory registration on behalf of the profession of psychotherapy.

ACCOUNTABILITY AND QUALITY OF SERVICE

A MODEL FOR QUALITY ASSURANCE - KEY FACTORS

ICP believes that there are several key factors, which will determine the quality of client/ patient service. These factors are interdependent and therefore need to be seen in a systemic perspective. Focus on any one element needs to be at an appropriate level to gain optimum benefit from the system. The model is shown in figure 4 (Page 34).

Figure 4.



The models uses 7 strategic levers in assuring quality:

1. Statutory Registration

ICP believes that statutory registration is essential for the monitoring and maintenance of psychotherapy services.

2. Human Resource Management Policies and Practices

Central to the effective delivery of psychotherapeutic services by the health Services will be the effective implementation of the DoHC Human Resource Strategy.

While all organisations claim that their human resources are their most valuable asset, nowhere is that more accurately reflected than in the health service. Medical and technological developments continue to improve the provision of health care, but ultimately health care is provided through people. The demands on these people are very significant, with ever-increasing services, changing demographics, new treatments and a continual need to stay abreast of important developments. Furthermore these services are delivered 24 hours a day, 365 days of the year. That is the context in which the health service operates. (Action Plan for People Management in the Health Service - forward by M. Martin - <http://www.doh.ie/pdfdocs/appm.pdf>)

3. Training and Continuous Professional Development (CPD)

While we have emphasised earlier in this submission the importance of training and development, we mention it again to emphasise the on-going requirement for training and development. Without this clients/ patients will not be able to benefit from emergent developments concerning theoretical and clinical developments/ research in psychotherapy.

4. Clinical Supervision

Access to appropriately qualified supervision of clinical work will help ensure efficient use of time and development of professional skills in therapeutic interventions. Teleconferencing could be used as a means of enabling psychotherapists of similar modalities discuss cases and developments in their respective specialisms.

5. Client Feedback

Client feedback helps to maintain a focus by the service provider on the key elements in the service which are important to the consumer and in the context of the health service (the sponsor of psychotherapeutic services) an indication of the satisfaction and efficacy of the services provided.

6. Evidence Based Practice

There is a need for the profession to be aware of continuing developments in relation to research and to integrate these insights into clinical practice. The Department of Health's (UK) Treatment Choice in Psychological Therapies and Counseling Evidence Based Clinical Practice Guideline (DoH, 2001) acknowledged the importance of psychological therapies in helping people with mental health problems. Similar research in an Irish context could be very beneficial.

7. Relevant ISO elements

The adaptation of the key principles and methodology of ISO quality assurance systems should be integrated in the planning, resourcing and assessment of the psychotherapy service.

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Appendix 1

The European Certificate of Psychotherapy

Preamble: In 1991, the European Association for Psychotherapy was founded in Vienna, Austria by a number of European countries. It now brings together nearly 200 organisations, from about 30 European countries, with both national organisations and european-wide organisations in many different modalities, and by that more than 50,000 psychotherapists.

The European Association for Psychotherapy (hereafter, the EAP) is concerned to protect the interest of this profession and the public it serves, by ensuring that the profession functions at an appropriate level of training and practice. One of its immediate aims is to establish an European Certificate of Psychotherapy (hereafter, the ECP), which will help ensure that psychotherapists are trained to the EAP's standards and which will help guarantee the mobility of professional psychotherapists. This is in accordance with the aims of the World Health Organisation (WHO), the non-discrimination accord valid within the framework of the European Union (EU), and the principle of freedom of movement of persons and services. The European Certificate of Psychotherapy is in alignment with the European Standard EN 45013.

The 1990 Strasbourg Declaration on Psychotherapy, established by the EAP, is the bedrock of it's commitment to creating a compatible and independent profession of psychotherapy across Europe.

The Strasbourg Declaration on Psychotherapy

- * Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.
- * Training in psychotherapy takes place at an advanced, qualified and scientific level.
- * The multiplicity of the methods of psychotherapy is assured and guaranteed.
- * Psychotherapy training includes theory, self-experience and practice under supervision. Adequate knowledge is gained of further processes of psychotherapy.
- * Access to training is through various preliminary qualifications, in particular in human and social sciences.

Strasbourg, October 21st, 1990

Definitions: The revised Statutes of the EAP (Feb, 2001) define this document as: "... a European Certificate of Psychotherapy Document (ECP Document) to provide guidelines for the procedure and criteria of training and qualifications". (Statutes: * 2.5); and it is also mentioned in * 4.1.2.1; * 4.1.3.1. There is also mention of: " ... a register of psychotherapists who have qualified for the European Certificate of Psychotherapy". (Statutes: * 13.1); and the European Training Standards Committee (ETSC), the National Umbrella Organisations Committee (NUOC), the European

Wide Organisations Committee (EWOC), and the Registration Committee are established as sub-committees of the Governing Board (Statutes: * 5.2.5).

The Scientific Validation Committee is a sub-committee of the ETSC.

Documents: The By-Laws of the EAP's Governing Board and all its committees & sub-committees are in the process of being clarified (2001-2002) and procedures for accrediting Training Organisations have yet to be worked out by the ETSC. Currently the revised Statutes of the EAP; EAP's Statement of Ethical Principles; the Register of ECP holders; and this document are the main papers of the EAP.

ECP: CRITERIA & PROCEDURES FOR ITS AWARD

1. Bodies involved in the award of the ECP:
 - 1.1. The European Association for Psychotherapy (EAP)
 - 1.1.1. Unless otherwise specified, reference to the EAP should be taken to mean the Governing Board of the EAP, or any body within the EAP authorised by the Governing Board. In matters dealing with the ECP, this would usually be the European Training Standards Committee (ETSC) and the Registration Committee.
 - 1.2. National Awarding Organisation
 - 1.2.1. A National Awarding Organisation (hereafter, NAO) must be an organisational member of the EAP in good standing.
 - 1.2.2. A National Umbrella Organisation (hereafter NUO) is a psychotherapy organisation in a European country which demonstrably represents the broadest range of differing psychotherapy approaches, containing the largest number of practitioners and adhering to the principles of the EAP may be appointed a National Umbrella Organisation by the Governing Board. The organisation must be legally registered and possess an accountable administrative structure as a constitution that is compatible with the constitution of the EAP and a written code of ethics compatible with the ethical guidelines of the EAP.
(EAP Statutes: * 4.1.2)
 - 1.2.3. A National Umbrella Organisation may be appointed a National Awarding Organisation as stipulated below. (EAP Statutes: * 4.1.2.1)
 - 1.2.3.1. To become a NAO, a National Umbrella Organisation (NUO) must be accredited by the EAP as having:
 - (1) Ethical guidelines which are binding on any practitioners which it may recommend for the award of the Certificate;
 - (2) Disciplinary and complaints procedures which may lead to disciplinary action against any practitioners which it may recommend for the award of the Certificate and, if appropriate, their removal from the Register.
 - (3) Training standards, compatible with the EAP, and methods of applying them.
 - 1.2.3.2. The NUO will be referred to the National Umbrella Organisations Committee (NUOC) who has a process to check the details of their application. This process may involve the Registration Committee and the ETSC. If the organisation seems suitable, they will be recommended to the Governing Board for approval as a NAO.

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- 1.2.3.3. Initially, if it is wished to be able to recommend practitioners for the award of the Certificate who have not completed an accredited training and are currently practising, the NAO must also have suitable procedures for 'grand-parenting' those practitioners.
- 1.2.3.4. The NAO must reapply every five years to renew its awarding status. There may be a fee for considering reapplications, which will be set by the EAP. These criteria are in the Procedures for NUOC.
- 1.2.4. NAOs represent psychotherapy in that country, approve Training Organisations, register and recommend practitioners for the ECP.
- 1.3. European Wide Accrediting Organisation
- 1.3.1. The European Wide Accrediting Organisation (hereafter, EWAO) must be an organisational member of the EAP in good standing.
- 1.3.2. A European Wide Organisation (EWO) is a psychotherapy organisation which provides training in, or which represents a training in, at least six European countries in a modality that is recognised as scientifically valid by the EAP and may be appointed as a European Wide Organisation by the Governing Board (EAP Statutes: * 4.1.3)
- 1.3.3. A European Wide Organisation may be appointed a European Wide Accrediting Organisation as stipulated below. (EAP Statutes: * 4.1.3.1)
- 1.3.3.1. The EWAO must have, in each of six or more European countries, either, a training at or above the level required for the ECP; or, have, as members, professional organisations with trainings at this level. It must have the large majority of its members living in European countries.
- 1.3.3.2. To become an EWAO, a European Wide Organisation (EWO) must be accredited by the EAP, which requires that:
- (1) Its accreditation processes must be at or above a standard compatible with the award of the ECP. It must represent a specific modality of psychotherapy as demonstrated by the criteria in * 4.
- (2) This modality must be: either, clearly distinct from any other modality represented by a European Wide Organisation in the EAP; or it must represent the largest number of practitioners in this modality of any European Wide Organisation member of the EAP.
- (3) It must be the only EWAO for that modality.
- 1.3.3.3. The EWO will be referred to the European Wide Organisations Committee (EWOC) who will have a process to check the details of their application. This process may involve the Registration Committee and the ETSC. If the organisation seems suitable, they will be recommended to the Governing Board for approval as an EWAO.
- 1.3.3.4. The EWAO must reapply every five years to renew its accrediting status. There may be a fee for considering reapplications, which will be set by the EAP. These criteria are in the Procedures for EWOC.
- 1.3.4. EWAOs accredit Training Organisations and register psychotherapists in their method or modality of psychotherapy.
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- 1.4. Training Organisations
 - 1.4.1. Training Organisations must be members in good standing of their country's NAO and of the relevant EWAO.
 - 1.4.2. Training Organisations must be appropriately registered, and have their administration and finances in good order. The Training Organisation must have appropriate ethical standards and complaints procedures for its trainees.
 - 1.4.3. A training programme, accepted by the EAP as leading to the ECP, must conform to the criteria of the ECP, must be accredited by the relevant EWAO and must be approved by the relevant NAO.
 - 1.4.4. Only trainees successfully graduating from an accredited and approved 4-year (minimum) training programme in psychotherapy undertaken at such a Training Organisation as defined above will be eligible to apply for the ECP.
 - 1.4.5. Criteria and procedures by which Training Organisations are accepted by the EAP are established by the ETSC.

 2. Conditions for the award of the European Certificate of Psychotherapy:
 - 2.1. The procedure and conditions for the award of the ECP will normally be determined by the European Training Standards Committee (ETSC) of the Governing Board of the EAP.
 - 2.2. The ECP will be awarded to practitioners of psychotherapy (hereafter, practitioners) whose accredited and approved training has been fully completed and who are committed to professional and ethical standards consistent with those of the EAP.
 - 2.3. A register of people who have been awarded the ECP, the European Register of Psychotherapists (hereafter the ERP), will be published and maintained by the EAP.

 3. Psychotherapy modalities:
 - 3.1. The method of psychotherapy used (hereafter, modality) must be well defined and distinguishable from other psychotherapy modalities and have a clear theoretical basis in the human sciences.
 - 3.2. The theory must be integrated with the practice, be applicable to a broad range of problems, and have been demonstrated to be effective.
 - 3.3. The scientific validity of the modality must have been accepted by the EAP and it must have been recognised in several European countries as valid by relevant professional organisations.

 4. Length and content of psychotherapy training:
 - 4.1. The total duration of the training will not be less than 3200 hours, spread over a minimum of seven years, with the first three years being the equivalent of a university degree. The later four years of which must be in a training specific to psychotherapy. The EAP will, in collaboration with NAOs and EWAOs, determine the proportion of the training elements that need to be completed prior to the ECP being awarded.
 - 4.2. The training meets the EAP's criteria for basic professional training, and includes the following elements:
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- 4.2.1. Personal Psychotherapeutic Experience, or equivalent. This should be taken to include training analysis, self-experience, and other methods involving elements of self-reflection, therapy, and personal experience. No single term is agreed by all psychotherapy methods. Any training shall include arrangements to ensure that the trainees can identify and appropriately manage their involvement in and contributions to the processes of the psychotherapies that they practice in accordance with their specific methods.
- 4.2.2. Theoretical Study
There will be a general part of university or professional training and a part which is specific to psychotherapy. University or professional courses leading to a first University degree or its equivalent professional qualification in subjects relevant to psychotherapy may be allowed as a part of, or the whole of, the general part of psychotherapy theory, but cannot contribute towards the 4 years of specific psychotherapy training. Theoretical study during the 4 years of training specific to psychotherapy should include the following elements:
Theories of human development throughout the life-cycle
An understanding of other psychotherapeutic approaches
A theory of change
An understanding of social and cultural issues in relation to psychotherapy
Theories of psychopathology
Theories of assessment and intervention
- 4.2.3. Practical Training
This will include sufficient practice under continuous supervision appropriate to the psychotherapeutic modality and will be at least two years in duration.
- 4.2.4. Placement in a mental health setting, or equivalent professional experience.
The placement must provide adequate experience of psycho-social crisis and of collaboration with other specialists in the mental health field.
- 4.3. Supervision, training and, where applicable, personal psychotherapy should be provided by practitioners whose training meets the criteria of the ECP. Advanced trainings for trainers and supervisors are not covered by these criteria, but will be required.
5. Completion of Training:
- 5.1. By the end of the training, the trainee (now a practitioner) will have to have demonstrated personal, social and professional maturity and a commitment to working to a professional code and ethical standards.
- 5.2. There will be an assessment of both theoretical and practical work.
- 5.3. The practitioner should have completed required university or equivalent training in human or social sciences and the specialised 4-years of psychotherapy training, within organisations training in the same method of psychotherapy.
- 5.4. The practitioner must be in a professional organisation which has an ethical code, complaints and disciplinary procedure consistent with and recognised by their NAO and the relevant EWAO.
- 5.5. The NAOs and EWAOs will determine how Training Organisations finally assess trainees of approved & accredited training programmes.
6. Awarding Procedures:
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- 6.1. The EAP recognises that some aspects of training are confidential and some may be commercially sensitive. Materials used in training may be the intellectual property of the trainers, of the Training Organisation, or of others. Members of the EAP and of the other bodies involved in the award of the ECP have a duty to safeguard the confidentiality and the ownership of such material made available to them under these criteria.
 - 6.2. The ECP will be awarded by the EAP according to these criteria and this procedure:
 - 6.2.1. on the recommendation of the appropriate National Awarding Organisation (NAO);
 - 6.2.2. and with the approval of the appropriate European Wide Accrediting Organisation (EWAO) representing the practitioner's modality of psychotherapy.
 - 6.3. The ECP will be awarded for a period of five years, in the first instance.
 - 6.4. The award of the ECP will proceed in steps as follows:
 - 6.4.1. A suitable organisation will apply to the EAP for recognition as a NAO. (*1.2.3.1)
 - 6.4.2. A suitable organisation will apply to the EAP for recognition as an EWAO in a particular modality. (* 1.3.3.1)
 - 6.4.3. The NAO will submit a dossier to the ETSC on each Training Organisation's programme which it is intended will lead to the award of the ECP. This dossier will specify the training course or programme provided by that organisation and will contain evidence to show that the course(s) and the Training Organisation concerned meet the EAP's criteria for the ECP.
 - 6.4.4. The NAO must ensure that the training programme and the Training Organisation has the accreditation of the relevant EWAO.
 - 6.4.5. Each EWAO must keep a register of practitioners approved by the accredited Training Organisations within that modality.
 - 6.4.6. If the dossier is sufficient, the ETSC will recommend the training programme and the Training Organisation to the Governing Board.
 - 6.4.7. Suitably qualified practitioners who wish to apply for the ECP must submit an application to their NAO. This application will include an outline of their studies, endorsed by the Training Organisation: a photograph, and the fee.
 - 6.4.8. If the NAO considers that the practitioner should be awarded the ECP, It will so recommend to the Registration Committee of the EAP.
 - 6.4.9. The EAP may:
 - 6.4.9.1. award the ECP;
 - 6.4.9.2. reject the recommendation, giving grounds for so doing;
 - 6.4.9.3. request further information, such as the trainee's training dossier.
 - 6.5. For a limited period of time, there will be separate arrangements for the award of the ECP to established practitioners. These are outlined in the "grand-parenting" section (* 9.)
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7. Registration:
 - 7.1. The Registration Committee will be responsible for recording the details of practitioners holding the ECP onto the ERP, in a manner which will satisfy the EAP as to its accuracy and accessibility.
 - 7.2. The Registration Committee will publish the ERP, electronically and otherwise, and will make details of entries publically available.
 - 7.3. There will be a procedure for removing the names of practitioners from the ERP on health or disciplinary grounds, for non-payment of fees, or by special application.
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- 7.4. The schedule of fees for the recognition of organisations, for the award of the ECP to practitioners, and for the inclusion of a practitioner's name on the ERP will be determined by the Governing Board of the EAP, and ratified at the Annual General Meeting.
8. Appeals & Complaints Procedures:
- 8.1. If a NAO refuses to recommend the award of the ECP to practitioners whose training has been within a psychotherapy modality scientifically validated by the EAP and who have otherwise completed all requirements, the EWAO representing that modality can require the EAP to investigate the matter. If the NAO is found to have acted without adequate reason, the EAP may withdraw its status as a NAO.
- 8.2. If an EWAO does not accredit a Training Organisation which has been recognised by an NAO thus preventing the trainees of that organisation from gaining the ECP. The NAO can require the EAP to investigate the matter. If the EWAO is found to have acted without adequate reason, the EAP may withdraw its status as an EWAO.
- 8.3. Training Organisations who are members of a NAO whose courses have not been put forward for approval by the NAO can, in the absence of a relevant EWAO, appeal directly to the ETSC who will investigate the matter and may put that organisation's course forward to the Governing Board for approval, if appropriate.
- 8.4. If an Awarding or Accrediting Organisation (NAO, EWAO) has acted improperly, or has been shown to be at fault, and that this has been clearly established outside of the EAP (as in a Court of Law: an arbitration panel or review body: or by self-admission), then their status as an Awarding/Accrediting Organisation may be reviewed, suspended or removed: appropriate changes may be required to their statutes, ethics, or procedures: or their membership of the EAP may be suspended or withdrawn.
- 8.5. If a Training Organisation which awards the ECP has acted improperly or has been shown to be at fault, and that this has been clearly established outside of the EAP (as in a Court of Law; an arbitration panel or review body; or by self-admission), the EAP will first require matters to be properly investigated by the relevant NAO or EWAO (where they exist) before deciding on any further action.
- 8.6. The suspension or withdrawal of membership of a NAO or an EWAO or the removal of approved status by the NAO or accredited status by the EWAO from a Training Organisation or a training programme will not threaten the status of any practitioner already holding the ECP.
- 8.7. If a complaint is made against a practitioner holding the ECP, it will be directed to the relevant NAO, and possibly EWAO. They must follow their published complaints procedures and deal with the complaint appropriately. If, as a result of any disciplinary process, the NAO or EWAO suspends or removes the practitioner from their Register, they immediately inform the Registrar of EAP, who will take appropriate action.
9. Grandparenting:
- 9.1. The introduction of any new professional qualification means that the status of current practitioners needs to be recognised. This is especially important when the qualification is one whose possession could become necessary for professional privileges to be granted, as may happen with the ECP. It may be appropriate to insist
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that some practitioners demonstrate that they had training which meets the criteria of the ECP, but this would be unreasonable in the case of practitioners who were already recognised as experts in their field but who have acquired most or all of their expertise through professional practice. This is the usual situation in new modalities, or in countries where psychotherapy is in a rapid phase of development. The process of recognising practitioners who have acquired expertise through practice and not necessarily training is known as 'grandparenting'.

- 9.2. Grandparenting is based on the following principles:
 - 9.2.1. The high standards of the ECP are maintained.
 - 9.2.2. The ECP cannot be awarded to a practitioner unless a recommendation to do so is received from a NAO.
 - 9.2.3. The role of the relevant EWAO to monitor training standards within a particular modality is recognised.
 - 9.2.4. The different internal arrangements adopted by different NAOs is recognised.
 - 9.2.5. Practitioners in countries without NAOs must not be disadvantaged by the procedures for awarding the ECP.
 - 9.2.6. The practitioner does not have to submit themselves for examination, nor to undertake further training.
 - 9.2.7. The EAP retains the final authority over the award of the ECP.
- 9.3. The criteria for grandparenting are:
 - 9.3.1. A grandparented practitioner has levels of skill equal or greater than to those of a practitioner trained to the standard of the ECP.
 - 9.3.2. The practitioner is a member of a professional body, usually a member organisation of their NAO, and adheres to a code of ethics which is compatible with that of the EAP.
 - 9.3.3. The practitioner has expertise in a modality of psychotherapy which is recognised by the EAP.
 - 9.3.4. The practitioner has been in independent professional practice for a period appropriate to justify grandparenting and which is in accordance with the provision of the NAO for that country.
 - 9.3.5. Practitioners who are in training, or who have recently completed a training, will not normally be considered for grandparenting, but may have their training recognised retrospectively.
- 9.4. The procedures for grandparenting are:
 - 9.4.1. An NAO has to have satisfied the EAP that their national procedures for grandparenting have been developed and are acceptable.
 - 9.4.2. The practitioner is recommended by their NAO, with the approval of the appropriate EWAO and/or EWO. If there is no specified modality, this approval may be waived by the ETSC on a proposal of the GAP (see * 10.2.2).
 - 9.4.3. There is a recorded process whereby the practitioner's theoretical knowledge and skillful practice of a psychotherapeutic method has been considered by the NAO. This may include a peer-review process, such as an interview by peers, or election by peers into a professional society. Any publications demonstrating relevant theoretical knowledge will be taken into account. Length of practice and types of work will be considered.
 - 9.4.4. The NAO will submit the names of practitioners for the award of the ECP by grandparenting to the Registration Committee.

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- 9.4.5. Each NAO will have three years from the date on which the first name is accepted to complete the submission of all practitioners names to be grandparented from that country. Additional candidates for grandparenting will not normally be accepted by the EAP after that time.
- 9.4.6. NAOs are not expected to submit candidates for grandparenting until all their national procedures are in place, and approved by EAP.
- 9.4.7. Until the procedures for accrediting Training Organizations are agreed by the EAP, an NAO can apply for an extension of its grandparenting procedures to the ETSC.
- 9.4.8. NAO's may propose transitional procedures for granting the ECP, first to NUOC, EWOC, & then to ETSC, for those people trained to ECP standards but who don't fit all grandparenting requirements.
10. Exceptions:
- 10.1. If there is no NAO, no National Umbrella Organisation, or no organisation suitable or willing to act as an NAO, a suitably qualified practitioner may receive the ECP on the recommendation of a NAO in another country so long as the practitioner becomes a member of that latter organisation and so long as that latter organisation is willing to apply the regulations of the ECP to that practitioner.
- 10.2. In the absence of an EWAO, either:
- 10.2.1. an organisation may be recognised by the EAP to represent the modality concerned, or:
- 10.2.2. a committee, appointed by the Governing Board, composed of 2 members of the EWOC and 2 members of the NUOC and the chairperson (or deputy) of the Scientific Validation Committee, shall substitute as an EWAO and act as the Grandparenting Advisory Panel (GAP).
- 10.3. In cases of doubt or complication, the EAP may require and will initiate additional independent expert or scientific comment.
- 10.4. If an EWAO is aware that a NAO is not grandparenting people for that modality in that country then they should ask the NAO to rectify the situation. If the NAO does not do so, the EWAO asks the ETSC to rectify the situation.
- 10.5. If a NAO is aware that an EWAO is not accrediting people for that modality in that country, then they should ask the EWAO to rectify the situation. If the EWAO does not do so, the NAO asks the ETSC to rectify the situation. If there is no relevant EWAO and/or EWO. the application must be accepted by the EAP's Grandparenting Advisory Panel.

Status:

The original document was largely prepared by Digby Tantam and Emmy van Deurzen, co-Chairs of the ETSC upto 1999, resulting from many meetings of the ETSC and the Governing Board. It was accepted in at the General Meeting of the EAP in Rome, 1997, and revised at the General Meeting of the EAP in Vienna, 1999.

This latest version is largely the product of a Task Force, consisting of Hans Krens, Traudl Szyszkowitz, Marlot Rappard, Isabelle Crespelle, Mony Elkaim and Courtenay Young, mandated by the Board in February 2000, and their document was amended and then was approved by the ETSC in Paris in Oct 2000. It was then added to (*9.4.2; 9.4.7 & 9.4.8) by the ETSC in Feb 2001 (Vienna) & June 2001 (Moscow) with revisions from the amended EAP Statutes and the original ECP document (* 1.2.2 & 1.3.2 + 1.4.5) [all in italics]. This version was submitted to the Governing Board of the European Association for Psychotherapy (EAP) in July, 2001 (Moscow) and was accepted by them and their decision was reported to the AGM. This document now replaces all other previous versions.

ETSC : Governing Board : AGM : Moscow : July 2001