



## The Irish Council for Psychotherapy

### POSITION PAPER ON STATUTORY REGISTRATION AND THE DISTINCTION BETWEEN THE RELATED PROFESSIONS OF COUNSELLING AND PSYCHOTHERAPY

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The purpose of this document is to put forward the ICP position on statutory registration, particularly with respect to the distinction between the related professions of Counselling and Psychotherapy.

1. The Irish Council for Psychotherapy (ICP) is strongly in favour of preserving the distinction between the two related professions of Counselling and Psychotherapy, and in retaining the professional title of Psychotherapist.
2. ICP is in strong opposition to the invention of a generic professional title, which will have no history, credibility, status or recognition outside Ireland.
3. ICP accredited psychotherapists are currently on a par with the highest European wide standards for psychotherapy, as evidenced by their eligibility for the European Certificate for Psychotherapy. ICP argues for the retention of these current academic, training and accreditation standards, as to lower them would be a retrograde step, with serious consequences for the standing of the profession internationally, and would mean that Irish psychotherapists would no longer be eligible for the ECP.
4. Level 9 on the National Framework of Qualifications represents the minimum current academic qualification for ICP and ECP accredited Psychotherapists. It would be an extraordinary paradox if regulation of a profession resulted in lowering the standards of training rather than preserving current rigorous and internationally recognised standards.
5. Many European wide regulatory organisations recognise the distinction between Counselling and Psychotherapy. The European Association for Psychotherapy, for example, represents psychotherapy exclusively, while the European Association for Counselling is the representative body for Counsellors.
6. We operate increasingly in a European context – professionally, economically, politically and socially. Numerous countries, like Russia, Ukraine, and many Eastern European countries, are working with energy and commitment to develop Psychotherapy training standards in line with the European Association for Psychotherapy (EAP) standards. To lower minimum training standards here would undermine, isolate and (in the case of the replacement of the title of Psychotherapist by a generic title, not recognised in other European countries) entirely dismantle the gains made and recognition earned internationally for the profession in Ireland.
7. Laws governing the regulation of psychotherapy have been passed in several countries in Europe, namely Austria, France Finland, Germany, Hungary, Italy, Netherlands, Sweden and recently Belgium. The Irish Council for Psychotherapy maintains close co-operation with these countries through our membership on the NUOC (National Umbrella Organisations Committee).

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## STATUTORY REGISTRATION OF PSYCHOTHERAPY

ICP is fully supportive of statutory registration of psychotherapists, and sees statutory registration as providing many advantages for patients and clients, the professional psychotherapists themselves and employers. 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, urges timely action in advancing towards statutory registration.

## THE IRISH COUNCIL FOR PSYCHOTHERAPY (ICP)

The Irish Council for Psychotherapy is the national umbrella body for psychotherapy in Ireland, representing over 1,250 psychotherapists and represents the five major psychotherapeutic modalities in Ireland, as follows:

- *Psychoanalytic Psychotherapy*
- *Constructivist Psychotherapy*
- *Humanistic and Integrative Psychotherapy*
- *Couple and Family Therapy*
- *Cognitive Behavioural Therapy*

## THE EUROPEAN CONTEXT

Psychotherapy as a distinct profession and practice is recognised internationally. ICP is a member of the European Association for Psychotherapy (EAP). The EAP represents 128 organisations (28 national umbrella associations, 17 European-wide associations for psychotherapy) from 41 European countries and more than 120,000 psychotherapists. Membership is also open for individual psychotherapists. Based on the "Strasbourg Declaration on Psychotherapy of 1990" the EAP demands high training standards based on scientifically proven criteria and stands for a free and independent profession of psychotherapy. The most significant single contribution to the success of the organisation has been the introduction of the European Certificate for Psychotherapy, whose goal is mutual recognition and equal conduct of psychotherapy in Europe, and which provides a common platform for training standards in psychotherapy throughout Europe.

ICP, as the organisation in Ireland representing the broadest range and greatest number of practitioners, is both the National Umbrella Organisation (NUO) for Ireland and The National Awarding Organisation (NAO) for the European Certificate for Psychotherapy (ECP). Participation in, and access to, the rich and diverse resources of a European wide organisation has enormous benefits for the development and maintenance of excellence in standards of training and practice, and in access to and participation in academic and research activities.

The criteria for the awarding of the ECP, *forms the minimum training requirements and entry criteria* for all modalities of psychotherapy represented by ICP.

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ICP has signed up to the Strasbourg Declaration on Psychotherapy which states that;

- 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 other modalities of psychotherapy.
- Access to training is through various preliminary qualifications, in particular in human and social sciences.

*The scientific foundation of modalities in psychotherapy.*

**All modalities** represented by the Irish Council for Psychotherapy have:

- A theory which is integrated with the practice and 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. Include processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.
6. Offer 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.

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8. Are 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. Are associated with information which is the result of conscious self reflection, and critical reflection by other professionals within the approach.
  11. Offer new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.
  12. Are 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. Describe and display a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/ intervention and results.
  14. Have theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/ assessment and treatment/ intervention.
  15. Have investigative procedures, which are defined well enough to indicate possibilities of research.

## **DEFINITION OF THE PROFESSION OF PSYCHOTHERAPY**

The practice of psychotherapy is the comprehensive, conscious and planned treatment of emotional, psychosocial, psychosomatic and behavioural disturbances or states of suffering which human beings can experience at any stage of their lives. It may include facilitating a client to engage with unconscious elements underpinning troublesome moods or behaviour. The treatment provided for the presenting individual draws upon scientifically proven psychotherapeutic methods. It requires both a general and a specific training/education on the part of the therapist.

ICP defines psychotherapy in its broadest sense as focusing on the potential and dynamics of human relationships. It 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 relational stance in relation to the client, be it individual, group or family, that will lead to a personal/ internal change and/or external adaptation.

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## TRAINING STANDARDS FOR PSYCHOTHERAPY

The total duration of the training for psychotherapists is 3,200 hours spread over a minimum of 7 years.

The first 3 years of general training in human sciences (medical, psychological, social, educational, etc.) or equivalence. Estimated length = 1,800 hours

Minimum of 4 years of training in a specific modality = 1,400 hours, divided into:

- 250 hours of *personal psychotherapeutic experience*, or equivalent in individual or group setting
- 500 – 800 hours of *theory or methodology*, including *psychopathology*, in accordance with the usual standards of *the modality*
- 300 – 600 hours of *clinical practice* with clients/patients - either within a mental or social health setting, or equivalent - either with individual clients/patients, families or groups, *under regular supervision* Even if this practice is not directly organized by the institute, it remains under its responsibility.
- 150 hours of *supervision* of an effective clinical practice of the trainee.

Practice does normally not take place in the first two years of the training.

### Accreditation

To be registered as a fully accredited ICP member, additional hours of post-training clinical practice and supervision are required, as specified by individual modalities.

## TRAINING STANDARDS FOR COUNSELLING

The following are the standards required by both the European Association for Counselling, and the IACP.

### Training Requirements

- 450 hours course work, including theory and skills.
- 450 hours supervised counselling practice (supervision ratio/hours not specified).
- 50 hours personal development, consistent with the model of practice.
- Training hours to normally be completed in a minimum of 3 years and a maximum of 6 years

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## COMPARISON OF TRAINING HOURS BETWEEN COUNSELLING AND PSYCHOTHERAPY

	<b>Counselling</b>	<b>Psychotherapy</b>
<b>Prior Academic Study:</b>	N/A	3 yrs/1,800 hrs
<b>Specific Training:</b>		
Theory/methodology	450 hrs	500 – 800 hrs
Clinical Practice	450 hrs	300 – 600 hrs
Personal Development/ Personal Therapeutic Experience	50 hrs	250 hrs
Supervision	not specified	150 hrs
<b>Minimum Time:</b>	950 hrs + supervision hours / 3 years	3,200 hours / 7 years

### SOME DISTINCTIONS BETWEEN COUNSELLING AND PSYCHOTHERAPY

- The length and depth of training.
- The length of the requirement for personal therapy or equivalent reflective practice.
- Psychotherapists are trained to work with deep-seated problems including mental illnesses and personality disorders.
- Counselling can be a shorter therapy addressing adjustment difficulties, situational or personal problems.

Working psychotherapeutically with patients with more serious mental illness or character disorders, or working in depth over time with any patient, can place a great strain on the psychotherapist, who may have to manage intense pressures in the therapeutic relationship. The length, breadth and depth of training, and the extensive requirement for personal therapy aims to equip the psychotherapist to manage and negotiate these difficulties safely.

More severe or complex mental health problems should receive specialist assessment and require a more highly trained and skilful therapist. The clinical consensus stated in the Department of Health's Treatment Choice in Psychological Therapies and Counselling Evidence Based Clinical Practice Guideline (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.

### EFFECTIVENESS OF PSYCHOTHERAPY

Evidence based approaches

It is unfortunate that it had become a truism in public discourse and in the health service, that the only evidence-based therapies are short-term approaches, such as CBT.

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To some extent, this is understandable, since short-term, problem or symptom focused approaches lend themselves uniquely to short-term control studies, central to quantitative research. It is ethically more feasible to assign a group of patients to a control group, where they receive no treatment, a placebo, or a potentially less effective treatment, for a specific number of weeks, than to do so for a year or more.

Likewise, it is easier to measure simple, behavioural or symptom-based outcome measures, than wider ranging, developments in personality function.

In spite of this, there is a growing body of outcome research on long-term psychotherapies, and a body of evidence has emerged supporting both short- and long-term psychotherapy as effective in the treatment of both mild and complex mental health problems.

It has rightly been pointed out that there is not a great deal of research comparing Counselling and Psychotherapy. This is probably a consequence of these having developed as two distinct professional practices, since there is, in contrast, a vast volume of research comparing different modalities of psychotherapy. **However, there is a very significant and growing body of research on the effectiveness of psychotherapy, and recent studies offer compelling evidence that long-term, in depth psychotherapy provided significant improvement in general and specific symptoms (somatic, depressive and anxiety), and that the improvement not only tended to endure, but *increased* on long-term follow-up** ( Leichsenring, F. & Rabung, S. 2011).

*The Effectiveness of Psychotherapy: A Review of Research*, prepared for the Irish Council for Psychotherapy by Professor Alan Carr, Director of Clinical Psychotherapy and Training at UCD, shows that psychotherapy is an effective treatment for an extensive range of psychological problems associated with physical illness and major life stresses in both adults and children. It was published by the ICP in June 2007 and highlights the following:

- Effects of psychotherapy double the effect of placebos.
- 3 out of 4 psychotherapy clients fare better than 75% of patients who get no treatment.
- Patients who avail of therapy were found to use fewer medical services in general at primary, secondary and tertiary levels including a reduction in levels of hospitalization and/or use of A & E departments. (Carr: 28)
- Enhancing factors: Long-term treatment led to considerable better outcomes than short-term. (Seligman 1955 in Carr: 17-18)
- Evidence is overwhelming for the effectiveness of psychotherapy.

An 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)

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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).

### **The Sleeper Effect**

All of the following studies define psychotherapy in terms of (at least) the minimum training standards of the modalities represented by ICP. A number of these studies are giving evidence of an interesting and exciting phenomenon, *the sleeper effect*, in which significant symptom improvement following long-term psychotherapy was shown to *increase* on long-term follow-up, in contrast to shorter term treatments, where improvements were shown to decrease over time.

A number of studies of short-term & long-term psychotherapy outcomes have found that effect sizes for general and specific symptom improvement (somatic, depressive and anxiety symptoms) not only tended to endure, but **increased** on long-term follow-up. (Abbass, A.A. et al (2006); Anderson, E.M. et al (1995); Leichsenring, F., et al (2004; 2011)

A meta-analysis by de Maat *et al.* (2009), for instance, found that overall effect sizes for long-term psychotherapy increased at follow-up and concluded that treatment effectiveness was maintained years after treatment termination.

Shedler (2010), suggested that long-term, psychoanalytic psychotherapy triggers a range of psychological processes, which lead to on-going change, long after therapy has ended

Beutel and colleagues (2004), in a study based on health insurance records, inferred that long-term psychotherapy treatment led to considerable long-term savings, through analysed factors such as reduced absenteeism from work.

### **Neuroscience**

There is exciting and cutting edge research into the relational basis of the link between neurological and emotional development, which is lending support to the potentially profound effect of the psychological and emotional changes resulting from psychotherapy. (Schoore 2003, 2009].

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Recently, there is emerging evidence of neurobiological changes that appear induced by intensive psychotherapy in a variety of disorders. Buchheim *et al.* (2012) showed altered cortical activation in un-medicated patients after 15 months of psychotherapy, particularly in brain regions involved in appraisal of emotional stimuli, such as the hippocampus and amygdala and prefrontal cortices. In the case of depression in particular, neuroimaged brain changes following psychotherapy were similar to those noted after successful treatment with antidepressant medication.

### 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 also 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)

Psychotherapy should be routinely considered as a treatment option when assessing 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. Pharmacological treatments are not a contra indication to psychological therapy, or vice versa.

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