The Psychotherapeutic Professions in Austria

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I. Current Situation of the Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

The possible pathways towards ‘psychotherapeutic profession’ in Austria

[Training according to the law on psychotherapy. (See attached .ppt file I-1a by A. Pritz)]

Legislation in Austria recently has focused on psychotherapy. In a first step, in 1990, the law on psychotherapy has been passed and thus a new profession: “psychotherapist”.

(Psychotherapiegesetz, BGBI. Nr. 361/1990) was created. By including other professions than medical doctors in the group eligible for a professional training as psychotherapists (pedagogues, psychologists, social workers, nurses, theologists and others), a first step was undertaken to open up psychotherapy to a larger public of prospective patients: a change towards a lower threshold for access to psychotherapy was to be expected as a result.

In 1992, a second step towards the same direction was undertaken by the authorities: the cost of psychotherapy, provided by a psychotherapist trained under the new law is partly refunded by the health insurance system (§ 131 b ASVG).

In 1995, in a third step, psychotherapeutic treatment had to be approved by the medical board of the health insurance organisations prior to its onset, in order to be refunded, (§ 31 Abs 5 Z 10 ASVG). Although this legal change was a potential restriction of the ongoing process opening psychotherapy to a larger population in need, we still believe that a general process can
be observed in Austria, according to which access to psychotherapy has been broadened since 1991 in Austria.


- Created a new Profession “Psychotherapist”
- Includes professions other than medical doctors eligible for a professional training as psychotherapists (psychologists, pedagogues, social workers, nurses, theologists ...)
- Established obligatory guide lines for the curricula of the training institutes 1992:
  Unlimited refunding of costs of Psychotherapy (almost all Austrians are covered by health insurance.
  The costs of Psychotherapy provided by a psychotherapist trained under the conditions of
  the new law are partly refunded. The amount of the refund is considerably higher if the
  Provider is a psychiatrist (almost 3 times higher)

1995: Restricted refunding of costs of psychotherapy

- Psychotherapeutic treatment has to be approved by the medical board of the health
  insurance organisations prior to onset of psychotherapy.
- Further restrictions for long-term psychotherapy: has to be accounted for by the therapist
  after a certain amount of sessions.

Training is provided by private organisations like the Viennese Psychoanalytical Society. The training has to adhere to certain standards, which are predefined by law. The Patients/Clients of Psychotherapists, who are officially registered by the Council of Psychotherapy, a counselling body to the federal ministry of health, may claim refunding of costs. The law included provisional regulations for individuals who had practiced whatever ‘psychotherapy’ without a specific training….meaning, that at present in Austria a wide range of services is provided
concerning knowledge and skills of therapists, frequency of sessions, cooperation with other professions (med dr., etc). The 'Österreichischer Bundesverband für Psychotherapie’ is the umbrella organisation for Psychotherapists. Names, contact and Method are listed by the ministry and available on the net.

Figures: Academic background: 2866, no 1900 (1.3.2008)

**The Module system for medical doctors**

The Medical Doctors Association has created a Module system, which enables medical doctors (general practitioners, psychiatrists, specialists in internal medicine, gynecology…etc) to finally become ‘Medical Doctor for psychotherapeutic medicine’.

- Module I gives a ‘Diploma for psychosocial medicine’ (duration 1 year);
- Module II ‘Diploma for psychosomatic medicine (duration 2 years).
- Finally, Module III gives a Diploma for ‘psychotherapeutic medicine’ (duration 4 years).

The Curricula, laid down by the doctor’s academy, a body of the Austrian doctors Association, are difficult to compare with the requirements of the law on psychotherapy. This has different reasons: there are some curricula, which just marginally fulfil the requirements and others – like the module III offered by the Clinic of Psychoanalysis and Psychotherapy, Medical University of Vienna - with a high profile standard, concentrating on clinical work with patients suffering from borderline or psychotic conditions, which include supervision of the training personnel by members of the British Psychoanalytical Society, the University College, London and of the Tavistock Clinic and Trust.
Obligatory training in psychotherapy for psychiatrists

In 2007, psychotherapeutic training has been included as obligatory into the curriculum for doctors specialising in psychiatry. This is work in progress: many questions are open, such as funding costs for training therapy, supervision outside the institution….etc

So far, 4 theoretical orientations will be offered: psychoanalytical (psychodynamic); systemic, cognitive behaviour therapy and humanistic approach.

The image that each has among members of the general public

A recently finalized study on ‘Attitudes and connotations of the public towards psychotherapeutic methods (Löffler-Stastka, Blüml, Ponocny-Seliger, Jandl-Jager, Ruhs, Springer-Kremser; submitted) based on 175 persons – including prospective psychotherapists – showed a remarkable deficit concerning information with regard to different theoretical orientations. Psychoanalysis and cognitive behaviour therapy are fairly well known compared to client-centered therapy.

Acceptance as ‘therapeutically helpful’ varies according to social strata. Stigmatisation is declining and combination of psychotropic drugs with psychotherapy is increasing, partly due to pressure from patients. Reluctance and aversion against therapy with psychotropic drugs exclusively is increasing. A recent inquiry by a medical rainbow press how to counsel a patient who has read about selective publication of antidepressant trials and its influence on apparent efficacy and consequently is totally unsettled, whether she should follow the doctors advice and take the antidepressive medication prescribed, could be taken as an example for this trend.

Other forms of guidance or coaching for personal development

• ‘Clinical Psychology’ provided by psychologists.
Post graduate course, curriculum specified by law approximately one year, including a one year practical training. Life-

- Counseling (Lebensberatung)

Training open to everybody, legal minimum training requirements approximately two years includes nutrition-counseling, counseling in sports science, coaching, mediation, sexual counselling, etc. Courses are offered by different contracting parties (legal entities); social recognition is attained by licensing. Counselors are not permitted to treat patients,

2. Relations among the psychotherapeutic professions.

Relations among the professions

Cooperation in Institutions: In several Institutions, personnel trained in different orientations are cooperating (e.g., child guidance clinics, Vienna). In our Clinic different orientations are represented as well: Psychoanalysis, Psychodrama, Person-Centered Psychotherapy, Systemic therapy (till recently).

Cooperation and conflict

Cooperation in these institutions – as far as possible to assess from outside – works fairly well, partly due to regular team-supervision. Conflicts seem to be confined to theoretical / conceptual issues – possibly as a screen, behind which personal conflicts are hidden.

In academic institutions: Faculty of Psychology, Vienna University and Medical University, Vienna: There is a tendency to devaluate any psychoanalytical orientation, by e.g. methodologists (psychologists) and by predominantly biologically orientated clinical psychiatrists, who seem to tolerate only behavior therapy to some extent and favor strongly ‘psychoeducation’.
Neuro-linguistic programming

The former minister of health on her last day of office has officially accepted this concept,’ against the decision of her advisory committee for psychotherapy. This committee has requested and received expertise from neuropsychologists, psychotherapists with an international reputation; the adverse positions of all these expertise had been totally neglected by the minister. This created resistance and ongoing discussion and thus a difficult situation for the person now officially representing the Neuro-linguistic programming in this advisory committee.

There no explicit hierarchy of legal privilege, but there is one implicit in the social security system. Slowly but clearly a tendency emerges towards favoring short-term cognitive behavior therapy and increasingly refusing to reimburse costs for psychodynamic therapies, especially psychoanalysis (4-5 weekly sessions) and even psychoanalytic psychotherapy with a frequency of 2-3 weekly sessions. Cases are pending with a court and reports by so called ‘experts’ are required and then mostly overruled.

A hierarchy related to social status could be deduced from the fact, that obviously patients of psychotherapists lacking an academic background more often seem to have difficulties with getting a written agreement from the social security system that the costs of psychotherapy will be adequately refunded either; or the reimbursement of costs by the social security system for an ongoing psychotherapy is restricted by limiting the number of sessions or the general duration of the therapy. The more sophisticated the explanatory statement for the necessity of psychotherapy for the patient in questions, the more likely it is accepted by the social security system. The umbrella organization ÖBVP (Österreichischer Bundesverband für Psychotherapie) is continuously offering courses to help with these explanatory statements.
3. Relation of the professions to the health care and/or social service systems.

Inpatient psychotherapeutic treatment – as provided by psychiatric clinics in Vienna, Graz and Innsbruck to some extent - is covered by health insurance. Outpatient psychotherapeutic treatment is covered in those institutions, which are accepted as out-patient clinics and have special contracts with the health insurance system (child –guidance clinics, community of Vienna institute for family therapy; university clinics and psychiatric hospitals; 2 recently (2005) established psychosomatic clinics; the outpatient-clinic of the Viennese Psychoanalytical Society) Restrictions concerning duration of therapy or influence on the method to offer have not been reported by any of these institutions so far.

Coverage of Psychotherapy in private practice by the health insurance is organized differently.

The law on Psychotherapy, passed in 1990, as mentioned above has created the Profession ‘Psychotherapist’ as an additional qualification: in addition to a basic profession. In Vienna at the moment we have between 2,500 and 3,000 officially registered psychotherapists, whose clients can claim refund of costs, as determined by the law. Approximately 50% of psychotherapists offer less than 10 sessions/week. Obviously the Market could not adequately react to the number of psychotherapists more or less rather suddenly coming into the market.

At the moment clients/patients have two possibilities to make use of the health insurance system for financing costs for psychotherapy:

- Pay the bill received by the therapist and get a certain sum of money refunded from the health insurance system (the sum differs from one insurance company to an other and from one province to an other). The sum refunded to patients of psychiatrists is almost 3 times higher than for non medical psychotherapists
The biggest insurance company in Vienna (Wiener Gebietskrankenkasse) refunds 60,000 sessions of psychotherapy per year, if the Psychotherapist in question has a corresponding agreement with the insurance company. But the number of sessions is usually used up by May.

The Viennese Psychoanalytical Society together with the Austrian Society of Individual Psychology (‘Alfred Adler-Society’) and a senior psychoanalyst from our clinic have founded an umbrella organization of Psychoanalysts and had been fairly successful in negotiations with the insurance companies to ensure the refunding for long-term psychotherapy, so far.

But, recently, major obstacles have been observed: Patients are ‘invited’ by the insurance company for an investigation by a medical doctor, who could be an orthopedist e.g., employed by the insurance company, with no knowledge and skills concerning psychotherapy, and questions are asked about the psychotherapeutic process, the efficiency, etc. (This procedure is also can happen in other medical specialties).

II. Future Prospects of the Therapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

External sources

Initiatives by the Austrian Medical Doctors Association

- An effort to integrate professional psychotherapeutic training for Psychiatrists has been made by the Austrian Doctor’s Association as stated above. But to date, there are many questions open: how to integrate training requirements into the rotation-system; e.g. what training regarding psychotherapy could be provided during the internship in internal medicine or neurology, where no psychotherapists or supervisors are available, but patients who might be in need of psychotherapeutic support. There is no unanimity among the
members of the committee in regard to the components of this psychotherapy training, the
didactic concepts and requirements, no financing has been provided so far. Potential
resources and barriers for incorporating the training practices within the psychiatric units
have not been assessed sufficiently. The whole procedure is an example for the difficulty to
bridge the gap between research, practice and political ambitions: the researchers in the
committee plead for adherence to certain standards and are often being overruled by the
‘politicians’.

- An ‘Additional specialisation’ in Psychosomatics, including psychotherapy for
  Pediatricians, Gynecologists, Internal specialists and general practitioners, which should
  include basic psychotherapeutic competence – whatever this means – has been in discussion
  for years.

  These initiatives and all steps taken are observed critically by members of the medical
profession .and the umbrella organisation of psychotherapists as well, where the majority of
members are non medical psychotherapists.

**Utilization of research on therapy and therapists in the Austrian Medical Doctors Association**

*initiatives:*

Establishing and maintaining the ‘gold – standard’: seminars, supervision and clinical
training - is constantly discussed, due to leading psychiatrists, who are activists in the Medical
Doctors Association, who themselves have acquired the title ‘psychotherapist’ only according to
provisional regulations.

*Initiatives by the government:*
• Two Psychosomatic clinics in Austrian rural area: Bad Aussee (Styria) and Eggenburg (Lower Austria) with ca 120 beds each have been established. In these clinics, psychotherapy is offered by trained psychotherapists: cognitive-behaviour therapy, psychodynamic orientation and family therapy.

These clinics have raised a lot of criticism by psychiatrists, claiming psychosomatics as a genuinely psychiatric domain: though slowly and secretly psychosomatic departments in psychiatric units have been closed down. Open discussion with all the parties involved have helped to give a more realistic approach to this new situation.

• An Evaluation Project of Psychosomatic Psychotherapy, provided in these new clinics, is financed by the ministry of health.

• A governmental institution, the ÖBIG (Österreichisches Bundesinstitut für Gesundheit = Federal Institute for Health) has worked out details of a structural concept regarding the integration of psychosomatic/psychotherapeutic departments in general hospitals in Austria, which has not been implemented so far.

**Utilization of research on therapy and therapists in respect of the Initiatives by the government**

In these Initiatives research on demand of psychotherapy, on consulting/liaison psychotherapy (C/L), further research on therapist’s prerequisites concerning C7L services has been included from the beginning.

**5. Basic skills to be required for training and practice in the psychotherapeutic professions.**

**Skill sets required for psychotherapists**

In addition to the Basic skill set as codified in the law on psychotherapy, mentioned above, more emphasis should be laid on:
• Professional initial diagnostic interviewing: assessing the emotional competence, the cognitive competence of the patient; exploring the biography including ‘childhood catastrophes’ and stressful life-events the socioeconomic situation, kind and quality of object relations with important others.

• Gender-related differences, e.g., experience with physical/sexual violence.

• Listening without judging, observing transferential and countertransferential phenomena.

• The training to compose reports for the social security system, on one hand protect the patients intimacy and on the other hand offer sufficient information in a ‘sophisticated’ but understandable language.

• Managing socioeconomic deprived patients, patients with severe personality disorders and sociopaths: e.g. context orientated working with this population.

The Context-Oriented Model Development in Psychotherapy Planning (COMEPP) as a useful adjunct to diagnosis and therapy of severe personality disorders has been developed at the Clinic of Psychoanalysis and Psychotherapy (Fischer-Kern et al, 2004)

Pathogenic interfamilial relationships and reference styles can compromise treatment efforts in these patients. The integration of family- and individual centred starting points served as an adjunct to concomitant pharmacological and psychological treatment strategies in so-called ‘therapy-refractory’ patients. The fact that more patients from socio- economically deprived areas are not being assessed for psychotherapy may be due not to their lack of referral but instead to their not attending their assessment. In addition to geographical access other factors appear to affect the initial attendance by more socio-economically deprived patients. In a study by Self et al. (2006) it was noticed that 13 percent of patients did not attend their first appointment and subsequent appointments after referral, and there was a
significant difference between those attending and those not. The more deprived attended less. This is an area that needs further investigation because little is known about why lower social economic status individuals should be less likely to attend their first appointment for psychotherapy and how the problem can be addressed. The under-representation in psychotherapy for those with lower SES may also be a result of the decision of referees.

- knowledge of indication, contraindication, limitations of psychoactive drugs for medical and non-medical psychotherapists.
- To read and understand the research-methodology in scientific papers (mostly printed in very small letters, which is a seduction to overlook these parts of the paper).

Also these two last points are covered in the compulsory psychotherapeutic propedeutics, both points should be repeated during the psychotherapy training proper.

Participation in the Post graduate courses, already offered by the umbrella organisation ÖBVP should not be optional, but obligatory.

**Skill sets required for Mental Health ands /or ‘personal helping ‘ services**

More emphasis should be laid on

- realising personal limitations concerning skills and knowledge
- Differences and overlapping between counselling and psychotherapy
- For the private sector. Cooperation with other professionals in these fields.

Licensing should be bound to obligatory graduation of courses in these fields.

For Social Workers, Social-Pedagogues basic skills in counselling is part of the curricula. The market concerning training for other personal helping services like; Mediation, Supervision, coaching offered for: lawyers, judges, teachers, fitness-trainers…etc . is not regulated by law.

What is missing in the law: Regulation of this unclear and even ‘grey’ market.
6. Relation of psychotherapy research to the psychotherapeutic professions.

The diversity of theoretical concepts of psychotherapies (psychoanalytic, behavioral) implicate a wide range of adequate research methodology, which has to be respected.

Psychotherapy research in Austria – for several reasons – is the domain of institutions: universities, training institutes. Some of these institutes have a tradition and the possibilities to encourage members and candidates, others don’t.

According to the law on psychotherapy, it is in the responsibility of the training institutions to include teaching of research methodology into their curricula provided. There we do have problems: Teaching personnel is bound to be trained as psychotherapist, which is often not compatible with profound knowledge in research methodology! An interested and involved methodologist as teacher would be a better option!

The prevailing view on evidence based practice is depending on the so called ‘leading tradition’ in a certain domain: In psychotherapy research projects, carried through at the Department of Biological Psychiatry, Medical University of Vienna, the focus lies on cognitive behavior therapy, ‘psychoeducation’ as one arm in the study compared with psychotropic medication.

What could be of paramount importance to help guiding the psychotherapeutic profession in constructive directions:

a) The scientific management of students (Psychology, Medicine) during work on their obligatory thesis. Thesis topics, e.g. at our Clinic, demand interdisciplinary cooperation with other clinics: oncology, internal medicine, gynecology…etc. (Examples could be shown in a PowerPoint presentation).
b) The scientific management of Students in the Doctorate Programs in Medical Sciences, Medical University of Vienna: Psychoanalysis, Psychotherapy, Psychosomatics and Ethics’ and ‘Mental Health and Behavioral Medicine’.

_The main focuses of the programme ‘Psychoanalysis, Psychotherapy, Psychosomatics and Ethics’ comprise:_

a) Discussion of the problems and methods of qualitative psychotherapeutic and psychosomatic research, particularly in the fields of consultation and liaison psychotherapy and gender-related aspects;

b) Scientific consideration of problems and conflicts produced by modern medicine and the high technology involved in it, which result in fantasies by patients that can hinder successful medical treatment. Since the identification and handling of unconscious processes are of particular importance in this context, psychoanalytic theory provides an essential framework for this focus of study;

c) Fostering independent research capabilities in these areas.

The integration of students as possible future psychotherapists into institutional reality: e.g. offer observation during diagnostic interviews helps to bridge the gap between research and practice.

A major problem is the acquisition of research grants for Projects on Psychotherapy – research. The referees selected by the committee are often totally ignorant of the subject, or even hostile.

Ethical committees as an obligatory institution for all research projects to pass, exist only in the medical system.
The common set of therapeutic skills that ought to be common to the professions as they select practitioners: The ability to realise (diagnose) an affective or cognitive disturbance either in the subjective experience or the objective behaviour of the candidate (psychotherapist to be) If a suspicion in this direction is raised, the professionals should be obliged to seek a second opinion and the final decision about the trainee should be a team-decision – which is ethically justifiable.

References
