I. The Current Situation of Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

In Italy, the practice of psychotherapy is limited to psychologists and to medical doctors (if they have a specialization in psychotherapy), to psychiatrists, and to child neuropsychiatrists. The pursuit of psychological and psychotherapeutic practice remained without regulation until 1989, when the state passed a law establishing the Register of Psychologists (National Order Psychologists, www.psy.it). This law defines the responsibilities of psychologists as follows:

The profession of psychologist comprehends the use of cognitive instruments and interventions in the areas of prevention, diagnosis, habilitation-rehabilitation and support within the psychological field in favor of individuals, groups, social organisms and the community. It also comprehends experimentation, research and didactic activities within the same field.

In addition, it also defined the following requirements for practice as a psychologist:

1. A qualifying State examination in psychology must be passed and enrolment in the appropriate professional Register is necessary to practice psychology.

2. The State examination is regulated by a decree of the President of the Republic, to be issued within 6 months of the coming into force of the present Act.

3. Graduates in psychology may be admitted to the State examination if in possession of adequate proof of training, in compliance with the formalities
determined by a decree of the Ministry of Education, to be issued not later than one year after the coming into force of the present Act.

This legislation also defines the criteria for the operation of a psychotherapeutic practice. However the law just regulates the enrolment criteria, but there is no definition of what psychotherapeutic interventions are; about such regulations, no definition of the prerogatives of the psychotherapist has been established. This happened probably due to an initial difficulty in establishing similarities and differences between psychotherapists with a psychological or a medical background.

Currently the law states as follow:

1. The practice of psychotherapy is subordinate to a specific professional formation, to be acquired after graduating in psychology or in medicine and surgery through specialization courses of at least 4 years, providing adequate formation and training in psychotherapy, held according to the decree of the President of the Republic No. 162, 10/3/1982, in schools (programs) of university specialization or in recognized institutes in compliance with the procedure specified in article 3 of the aforesaid presidential decree.

2. Any purely medical intervention is forbidden to psychotherapists who do not hold a degree in medicine.

3. With the consent of the patient, the psychotherapist and the doctor of medicine shall exchange information.

Despite this well-defined regulation for the access to therapeutic practice, there is no common definition of the profession of psychotherapist or of the skills required for practice. Obviously the fact that psychotherapy is not recognized as an independent profession per se but
only as a specialization under the umbrella of these well established professions (medical or psychological) is not helpful.

Deriving directly from what is written above is the observation that it is very difficult to assess the real number of psychotherapists in both professions. The number of psychologists in Italy is growing steadily and at 31 December 2006 the number of subscribers in the national Register had reached 58,300 people (a ratio of 0.99 per 1,000 inhabitants, among the highest in Europe). Of these, approximately half (25,482) are also entitled to practice psychotherapy, representing a ratio of 0.45 per 1000 inhabitants. The number of psychotherapeutically qualified medical doctors is estimated to be 12,500, bringing to 0.65 per 1,000 the ratio of psychotherapists in the population.

Different theoretical orientations coexist in Italy, but there are no reliable data on their distribution and prevalence. Considering the distribution of training schools as representative of the prevailing orientations, we estimate that about 33% are psychoanalytic-psychodynamic, 19% cognitive and cognitive/behavioral, 21% systemic-relational, with the remainder divided among other orientations (transactional, gestalt, etc.) (Bani, Strepparava & Rezzonico, 2010). Thus even with a greater presence of the psychodynamic orientation, there is still a good representation of other major theoretical orientations. In fact, every framework has the same dignity and there are no indications that favor certain guidelines in light of efficacy data. However, one of the recommendations given about training schools is that the approach should have adequate scientific validity and be supported by the research literature (but generally this remains only a recommendation).

Besides psychotherapists, physicians and psychologists, there are other types of support and intervention figures, such as family mediators or counselors who are not formally qualified
to do psychotherapy or clinical psychology, but offer a more generic support intervention or counseling. Courses to access these occupations are very diverse and sometimes do not require any university degree (http://www.counsellingcncp.org/, http://www.assocounseling.it/, http://www.sicoitalia.it/).

2. Relations among the psychotherapeutic professions.

The coexistence of the two professions of psychology and medicine has not been always peaceful. Recently they clashed on the subject of university specialization in clinical psychology. In the past, many specialization programs in psychotherapy were operated by medical faculty and were open both to psychologists and to medical doctors. Others were operated as a joint venture between psychological faculties and medical faculties. For some years the situation had been balanced, but recently (due to a reorganization of the medical specializations) psychologists claimed that specialization in clinical psychology was a prerogative of psychologists and not of medical doctors.

This conflict has been solved by a judicial recognition of the right of only psychological faculties to open clinical psychology specialty. Any specialization linked to medical faculty is now closed (sentenza n. 4483 del 23 agosto 2007 la Sezione VI del Consiglio di Stato; http://www.opl.it/news/leggi_area.asp?ART_ID=4196&MEC_ID=301&MEC_IDFiglie=277).

The situation is complex, confused and a bit paradoxical: there are several specialty programs, based in the psychological faculties, with different names (e.g., neuropsychology, counseling, life cycle), that lead to qualification for the delivery of psychotherapy interventions. The specialization programs in psychiatry and child neuropsychiatry also offer this habilitation but only to medical doctors. By contrast, the private training schools admit and habilitate both.
Thus, while in the public schools medical doctors and psychologists are kept strictly separated, in private educational settings they are mixed together.

In Italy, public training courses in clinical psychology and private training courses in psychotherapy are considered as equivalent for participation in public selection, but the former are more focused on clinical psychology with less attention to psychotherapy practice, while latter are more focused on psychotherapy with less attention to clinical psychology.

Another core problem is the relation with counseling. While in other countries there is a long history of development of psychology and counseling as two kinds of professional activities with clear boundaries between them, in Italy the situation is much more confused, also due to the very recent development of a counseling culture, and also because while psychotherapy is well regulated, counseling is not regulated at all (Rezzonico & Bani, 2010).

Currently there is no shared regulation of the professions that sets out their respective competences, although there are some professional societies that include the associations of counseling. Thus difficulties appear in defining specific responsibilities of psychologists and the risks of abuse of profession. Recently, in fact, a counselor has been condemned for such an abuse (http://www.opl.it/news/leggi_area.asp?ART_ID=3001&ARE_ID=1&MEC_ID=3). Among the possible causes of the complex relation between the mental health professions, we can add also the economic variable linked to the excessive saturation of the labor market, which makes the established professions suspicious of any intrusion by new professions.

3. Relation of the professions to the health care and/or social service systems.

The national health system in Italy is mainly public with a good level of care. There are also private services that have passed a formal check and whose interventions are reimbursed by the National Health Service.
Mental health services include many kinds of care (consultation, rehabilitation, etc.) but psychotherapy in Italy is essentially delivered by private practitioners, and only in a few cases is it reimbursed by private insurances. Most psychotherapists are engaged in the private sector.

The psychologists who practice mainly within hospitals work essentially as clinical psychologists but, given the limited resources, psychotherapeutic interventions generally are practically limited to a few tens of sessions, and beyond a certain period courses of treatment are not held in public facilities.

In any case, admission to public facilities for psychotherapy, mainly for child and adolescent psychotherapy, is subject to long waiting lists. Nevertheless there are no restrictions about the number of sessions a client can have or on the theoretical approach admitted in the health services.

Specialization in psychotherapy is a necessary condition for psychologists to go to positions in the National Health Service, while for all the other professions (e.g., counselors) the only outlet is private practice, failing to have any recognition at this time.

II. Future Prospects of the Psychotherapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

At the moment there are some critical points:

a) Redefinition of responsibilities and relationships between medical doctors and psychologists as psychotherapists;

b) The counselor’s role, in Italy, needs better defined criteria establishing clear boundaries with psychotherapists. A clearer definition for potential clients is needed in describing the type, quality, limits, and scope of these interventions.

The fact that about 30% of private schools of psychotherapy also provide
counseling courses creates a climate of ambiguity (Bani, Strepparava & Rezzonico, 2010; Di Fabio, 2008).

c) Studies on the effectiveness of psychotherapeutic interventions: mostly in the public services, this requirement is gradually becoming an issue in determining the quality of services.

At the moment, at least, in Italy the delivery of psychotherapy, both public or private, is only partially reimbursed by the insurance companies and therefore the Italian health system is under only a soft pressure toward the assessment of effectiveness.

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

While in the medical schools (e.g., in psychiatry) there’s a well established and shared common core of abilities and skills that must be learned during training (mainly related to psychiatric and pharmacological competences), there are no common indications on how to teach psychotherapy and what to teach.

It would be desirable to have a common set of skills to be acquired, and to have greater homogeneity in the training courses for psychotherapists, but there are no works that permit comparison of the training programs among medical and psychological specialties, and there is an overlap between clinical psychology and psychotherapy.

Due to our specifically Italian history, there is a deep confusion between clinical psychology and psychotherapy that makes it difficult to define the specific skills that characterize the two modes of intervention. In addition, the public programs for psychological specialization are insufficient to meet the demand for training, and are characterized by an approach focusing more on clinical psychology than psychotherapy, generally with a number of theoretical approaches. This situation has led to the opening of many private schools, recognized
by the Ministry of University and Education, that are characterized by a more narrowly defined
theoretical orientation and that focus mainly on psychotherapy rather than clinical psychology.

A fact increasing students’ disorientation is that in the public training programs for clinical
psychology a wide range of psychotherapeutic approaches are presented in a general way, while
in the private schools only one approach or few are discussed in depth.

The title acquired at the end of private training programs is recognized as equivalent to that
of public programs, although there are considerable differences in the type of training. Currently
the number of schools recognized by the Ministry of the University is 341 (with 201
headquarters and 140 branch offices). From 2002 to 2007, 88 programs were approved,
representing an increase of more than 40%. The maximum number of students per school varies
between 10 and 20, leading to a potential number of about 6,000 therapists in training each year.

The 1998 law describes in more detail the general requirements listed in the 1989 law.
Every new school has to obtain an official approval from the Ministry of University. The
recognition process requires the submission of an application from the school which has to send
a formal request for approval to the national commission—a group of experts, university
professors and representatives of the psychological and medical doctor registers—that checks all
the needed requirements, evaluates the quality of the school, the theoretical model, the coherence
of teaching activity, and the adequacy of practical activity dedicated to the students. Each school
must submit to the commission an annual report certifying the activities done. To gain
recognition, institutions must first "send to the organization, the records relating to the validity of
your methodological, theoretical and cultural orientation and scientific evidence demonstrating
its effectiveness, documentation of the existence, for vocational training, of agreements with
public and private facilities ... the availability of qualified personnel and staff and suitable
facilities and equipment necessary for the effective conduct of courses.”

The general requirements are the following:

a. four year duration (at least);

b. at least 500 hours per year;

c. 100 hours at minimum must be done in practical activities (internship in external
settings) and every school is free to augment this amount (the average hours are 140);

d. 400 hours have to be dedicated to theoretical and experiential teaching, which must
include two areas:

1. “a large part of general psychology, developmental psychology, psychopathology and
clinical psychodiagnosis, the presentation and critical discussion of the major
psychotherapeutic orientations”; and

2. "a widening of the methodological, theoretical and cultural orientation followed in the
school.”” The theoretical section must be articulated in at least 15 different courses.

Concerning the period of practical work, the law highlights that this must be "consistent
with the type of psychotherapeutic orientation adopted by the institution; the training will include
specific moments of learning, supervision of psychotherapies carried out by the students during
the practical training," and " ... documented internship experience in public and private facilities
and services in order to verify the effectiveness of the methodological and theoretical-cultural
orientation.”

Formally the decree underlines the need for verification of efficacy procedures but the text
does not state clearly if it is the specific psychological orientation of the school that must be
certified, or it is the specific model of the proposed training that must be verified. This is a very
critical point, for while the “verification culture” of effectiveness of therapies is well developed in the international context (Lambert, 2003), it is not yet widespread in Italy. This is so for many reasons, not least being the lack of empirical data in Italy; and, although there are some good groups working on this topic, they are still the exception (Dazzi et al., 2006; Di Nuovo et al., 2003). Still less explored is the evaluation of the effectiveness of training models.

A recent reorganization of the specialization schools in the medical area has increased the duration of courses up to 5 years. It is expected that there will be an adjustment also for recognized private psychotherapy training programs whose duration is currently 4 years (with few exceptions). This event will probably be an important occasion for renegotiating the training plans and defining some shared requirements between medical doctors and psychologists.

6. Relation of psychotherapy research to the psychotherapeutic professions.

Despite the large number of psychotherapists, training courses, and SPR members in Italy, psychotherapy research is still under-represented and basically unknown to clinicians. In the last 10 years, only 5 articles on psychotherapy evaluation have been published in *Psychotherapy Research* by Italian authors (Nicolò & Salvatore, 2008), even though in the past Italy was involved in some important European projects on psychotherapy (Cesa-Bianchi et al., 1996, 1998).

Our feeling is that there is a deep lack of links between clinicians and researchers. The reasons for this are complex and unclear but among them one probably is the double system of training that characterize the two professions (specialization in psychotherapy for clinicians *versus* PhD programs for researchers), and that are seen as independent of each other (unlike the early scientist-practitioner model that was advocated in the USA).
Reconciliation between the two areas of practice and research would definitely be desirable, with the introduction of psychotherapy research in training programs, but currently there are no rules on this matter, except for the requirement to take refresher courses (e.g., by participating in conferences or other training events), but without requiring a direct involvement in research projects. On the one hand, the allocation of psychotherapy training mainly to private institutions encouraged the emergence of schools of many different orientations; but, on the other hand, the distance of these private institutions from the academic world has limited the interest and investment in research, since there is no obligation in this matter.

**Bibliography**


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