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newsletter

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EDITORIAL

Dear colleagues,

The IFP board is glad to send you our latest Newsletter.
Newsletter editor and board member Stephan Zipfel has been given the highly honorable yet demanding task of being President of the "Deutsches Kollegium für Psychosomatische Medizin (DKPM)" which made it impossible for him to continue to edit the IFP Newsletter. For this reason, I have been appointed to undertake the challenging task of being new editor and I sincerely thank the IFP board for entrusting this important responsibility to me.

The present issue is dedicated to the discussion related to the new Mental Health Law of People's Republic of China, a big step forward for the provision of psychotherapy in this dynamic country. Kaiwen Xu, Ph.D. in Clinical Psychology at Peking University, and Xudong Zhao, psychiatrist and family therapist at Tongji University of Shanghai, illustrated the great advantages of the new Mental Health Law of the People's Republic of China, which took effect on May 1, 2013. For example, one of the highlights is that the human right of the patients suffering from mental disorders is legally emphasized and protected. Another great progress is that psychotherapy and psychological counseling is defined as lawful professional mental health services, which is an historical milestone in China where psychology had not been seen as a branch of sciences until 1978. It is regrettable though that the law does not give psychologists the status they should have in view of their competent and absolutely necessary contribution in other countries such as the USA (where psychiatrists have generally a very limited interest in psychotherapy) or Germany, where most psychotherapy is delivered by psychologists, not to speak of the fact that most psychotherapy research is done by psychologists.

This issue also reports on the extraordinary experience in the UK of revising the delivery of psychotherapy as part of their National Health Service system. Professor Chris Evans and Dr. Jo-Anne Carlyle comment on the recent government initiatives taken to increase the availability of psychological therapies to people experiencing mental health problems. Although they approve the growing willingness to use state funding to support provision of psychological therapies for people with mental health problems, they

argue that serious problems stem from government overvaluing the results of randomized clinical trials (RCT) as the only credible evidence of effectiveness and from falsely equating absence of RCT-based evidence with evidence of absence of therapeutic value.

In addition, you will find an obituary for Prof. Didi Bachtiar Lubis written by Limas Sutanto, Chairman of the Section Psychotherapy of the Indonesian Psychia-tric Association, and Sylvia Elvira, Former Chairman of the Section Psychotherapy of the Indonesian Psychiatric Association. His death is a big loss, especially for his prominent and unceasing contributions to the whole society of Indonesian psychiatrists, especially in teaching and developing practices of psychotherapy.

A laudatio to our Board Member David Orlinsky, Professor Emeritus of Human Development at the University of Chicago, is included marking his receipt of the new 2013 Society for Psychotherapy Research (SPR) Lifetime Contribution Award. David Orlinsky is definitely one of the long-time leaders in modern psychotherapy research noted not only for his objective contributions but also for his great humanity and gentleness of spirit. The award is well deserved and we are proud to have him on board !

Finally, we announce the 2014 IFP congress in Shanghai with a specific theme and dates. We are glad that the Asian Pacific Association for Psychotherapy (APAP), member of IFP, will be a co-organizer of the conference. Please save the conference dates ! Shanghai is a thrilling city and we look forward to seeing you there !

For the next Newsletter we can, among other things, announce a discussion related to training in psycho-therapy, a big issue which has been anticipated in this issue by Evans and Carlyle, and which is so differently approached and managed in different countries.

The IFP board wishes all of you a pleasant reading,

Fiammetta Cosci (IFP Newsletter Editor)

Fiammetta Cosci, MD, MSc, PhD
IFP Newsletter Editor
fiammetta.cosci@unifi.it

Obituary for Didi Bachtiar Lubis

Limas Sutanto* and Sylvia Elvira**
***Chairman of the Section Psychotherapy of the Indonesian Psychiatric Association**
****Former Chairman of the Section Psychotherapy of the Indonesian Psychiatric Association**

Wednesday, July 24, 2013 in the evening, Mrs. Wimurti Lubis, the wife of Prof. Didi Bachtiar Lubis sent me (Limas) a message via one of Prof. Lubis's former students. The message was a sad message, not only for me, but also for the majority of psychiatrists in Indonesia. Bachtiar Lubis has passed away in Jakarta, at 6.45 p.m., after a heart attack. Just only some minutes after receiving that message, there were more than 50 short messages of condolences in my cellular phone's inbox, from colleagues in Surabaya, Bandung, Medan, Manado, Malang, Yogyakarta, and many other cities all over the country. I personally felt a deep loss, and suddenly I remembered Prof. Lubis's clear and joyful voice when he was talking to me by phone just only a week before his death. At that time, he told me that his health was getting better because of some herbal medicines, and that he would have a chance to attend the 7th National Conference of the Indonesian Psychiatric Association which is planned to be carried out in Surabaya, October 30 to November 2, 2013. The scientific committee of the Conference invited Prof. Lubis to deliver a plenary lecture on ethics and professionalism in the context of contemporary psychiatric practice. Although he was 80 years old, but his death still felt as a big loss and deep sadness because of his prominent and unceasing contributions to the whole society of Indonesian psychiatrists, especially in teaching and developing practices of psychotherapy. Prof. Lubis was a very dedicated teacher, educator, and motivator as well, for his students. That character was naturally and consistently realized until his death.

Didi Bachtiar Lubis completed his medical doctor at the University of Indonesia in 1958, and then went through a period of specialization in psychiatry under the supervision of Prof. Slamet Iman Santoso and Prof. Kusmanto Setyonegoro – two prominent psychiatrists and psychiatrist educators in Indonesia, who are usually considered as founders of modern Indonesian psychiatry. A part of his psychiatric training was carried out at the Department of Psychiatry of McGill University in Montreal, Canada. He was certified as a psychiatrist in 1963. In 1977, he completed his doctoral dissertation about psychotherapy implementations in clinical psychiatric practices. In 1984, he was inaugurated as a professor at the University of Indonesia. During the period of 1984-1989, he was the chairman of the Department of Psychiatry, Faculty of Medicine, University of Indonesia. In 1971-1973, Lubis was a guest lecturer of psychotherapy at the Victoria University, Canada. He was a visiting professor at the University Kebangsaan, Malaysia, from 1990 through 1991.

Bachtiar Lubis was also an activist in national as well as international professional organizations. He was the chairman of the Indonesian Psychiatric Association 1984-1988. He was associate member of Academy of Psychoanalysis and Dynamic Psychiatry, and also member of the editorial board of the American Journal of Psychotherapy. Lubis was one of the initiators of the Asia Pacific Association of Psychotherapists which was founded in 1996. In 2000, Lubis was the honorary president of that association. In 2008, International Federation for Psychotherapy in Zurich, Switzerland, honoured him as a honorary member as an acknowledgement of his merits for international cooperation and development of psychotherapy. In 2011, Bachtiar Lubis published his last book, Understanding that Heals, which was editored by Limas Sutanto. The book contains many of Lubis' ideas which underline the importance of listening and understanding in healing patients with psychological and psychiatric problems. Some years before the publication of that book, he cooperated with Sylvia Elvira to publish a book about psychodynamic interview. All of the books were deeply dedicated to Indonesian medical students and psychiatrists. Undoubtedly, throughout his life, Prof. Didi Bachtiar Lubis was one of the most prominent and important educators for Indonesian medical students and psychiatrists.

The Chinese Academic communities of psychiatry and psychology held a series of academic conferences and discussions on the rules concerning psychological counseling and psychotherapy in the Mental Health Law

Kaiwen Xu* and Xudong Zhao**
***Attending psychiatrist, Ph.D. in Clinical Psychology, Peking University**
****Psychiatrist and family therapist, Tongji University, Shanghai imas Sutanto* and Sylvia Elvira****

The Mental Health Law of the People's Republic of China was issued on Oct. 26, 2012 and took effect on May 1, 2013. The legislation is an important event in China for the practices of mental health professionals as well for the daily life of people. For example, one of the highlights is that the human right of the patients suffering from mental disorders is legally emphasized and protected. Another great progress is that psychotherapy and psychological counseling is defined as lawful professional mental health services, which is an historical milestone in China where psychology had not been seen as a branch of sciences until 1978.

Facing to the new law, the professionals with various backgrounds are experiencing a mixed feeling of excitement and confusion. There has been a lot of debate among scholars about the role of psychologists and their relation to psychiatrists. The major problems include: (1) psychotherapy is defined as a "medical treatment applied only for patients suffering mental disorders and only within medical institutions", which limits the already widely practiced psychotherapeutic works outside the medical institutions. Many professionals believe that they have been practicing psychotherapy until now even if they are not staff of hospitals. (2) Psychologists have difficulties to enter into medical institutions due to unclear status and career track in the hierarchical structure of medical institutions. (3) Psychological counseling is defined as non-medical methods of mental health promotion that is allowed to apply only for general population, which means that the counselors must take risk to be subject to punishment if they cannot differentiate patients and non-patients. (4) Psychiatrists are the only specialists to diagnose mental disorders but the physicians of other medical specialties as well as psychologists and psychological counselors are not allowed to diagnose mental disorders.

The government officials, legislators, and professionals are now trying to develop consensus and solutions through a series of conferences on the implementation of the law from July to August 2013 with the following aims: (1) to promote closer collaboration between the academic communities of psychiatry and psychology, (2) to formulate administrative regulations concerning psychological counseling and psychotherapy in accordance to the Mental Health Law, and (3) to improve the mental health and well-being of Chinese citizens as their common goal.

On July 21, 2013, in the Third Annual Conference of the Registry System for Professionals and Professional Organizations in Clinical and Counseling Psychology of the Chinese Society of Psychology, talks on the topic of "Interdisciplinary Collaboration on Mental Health after the Enactment of the Mental Health Law" were given by government officials, leaders of the Chinese Society of Psychology, psychiatrists, and psychologists. On the second day of the conference, a subsequent symposium was held to deliberate the same topic. A social scientist and a lawyer joined this symposium, too. Some of the speakers have played active roles in the legislation of the Mental Health Law.

Dr. YAN Jun, the official who is in charge of mental health in National Health and Family Planning Commission, introduced the ideal service-system structure of mental health services at the summit forums. She emphasized the importance of interdisciplinary collaboration between various specialties and stressed the determination of the Chinese government to improve coordination between psychological counseling, psychotherapy, social work, and psychiatric one. She also confirmed that the Mental Health Law specifies psychological counseling and psychotherapy as the approach and technique adopted by the mental health services in China, and that the law also identifies psychotherapy and psychological counseling as a part of the national mental health service system.

Prof. XIE Bin, one of the drafter of the Law, put forward the idea of establishing independent medical service wards/units. The requirements for operating these units would be lower than standard hospitals (e.g., a small unit with several practitioners and a few assistants or nurses). It could be called a "mental care center" or a "psychotherapy center". Prof. Xie clarified that any counseling and psychotherapy not prohibited by law should be allowed. In particular, the Mental Health Law does not

prohibit counselors from providing either psychological counseling to patients with mental disorders or psychological counseling services in medical units.

Prof. ZHAO Xudong, a psychiatrists advocating psychotherapy, spoke about the classification of psychological counseling and psychotherapy. He pointed out that psychotherapy is defined in the Mental Health law as an exclusive mental treatment provided by a medical unit, while psychological counseling is a service to improve the mental health of the public, rather than patients in a medical unit. Thus, clients eligible for psychological counseling could be individuals from any organization, institution, or local community. However, the distinction between psychotherapist and psychological counselor is not based on the commonly academic or technical definition but one based on the present administrative regulations, especially on the system regarding professional identity and certification of mental health practitioners and the institutions to which these practitioners belong. He also pointed out that just as there are doctors and nurses employed on a contractual basis, psychologists should be similarly employed. In fact, more than two thousand licensed psychotherapists were approved by the former Ministry of Health as of 2010, but few of them were psychologists. The minimum requirement for a psychotherapist is a college degree. According to the present regulations, psychologists have already access to this entrance of medical institutions. They can take the medical professional qualification examination if they are willing to accept the condition that psychologists would fall in the category of technician. However, on one hand this regulation is pitifully not consistently implemented in many provinces, as most practitioners with a background in clinical psychology are barred from taking the examination (only practitioners with a medical degree are eligible to take the examination). To solve this problem, Dr. Yan is organizing a group of experts who are drafting the regulations of the mental health service, which will specify detailed rules for the issue above. On the other hand, some psychologists consider the status of “technician” to be an inferior status. Therefore, they don’t want to utilize the access but want to struggle for an equal status as physicians.

Prof. HAN Buxin, one of the leading psychologists in China, expressed the opinion that in the mental health care system, all potential clients should be categorized according to their needs. He specified that there are optimistic groups, healthy groups, and high-risk groups, and that the mental health care system should come up with an effective technique for working with each of these groups and providing them with the appropriate service. The above idea also sheds light on how clinical psychology and counseling psychology could develop within the general framework of the Mental Health Law, as well as meets the challenges of the future. It suggests how potential clients can be identified and served in a reasonable, legal, and satisfactory way. In doing so, clinical psychology and counseling psychology will have sustainable development and will meet the huge national demand. The present Mental Health Law covers the medical system, education system, community system, and cooperation system. These four systems compose the mental health counseling system. In addition, he questioned the competence of psychiatrists who are “automatically authorized” by the Mental Health Law but actually lack of systematic training in clinical psychology. He criticized that this is unfair that psychologists who can do psychotherapy are limited to practice psychotherapy while the most arrogant psychiatrists in China don’t know much about psychotherapy.

Prof. WANG Wenxiu, a psychologist from Taiwan, China, introduced the enactment, development, and status of the Mental Health Law and Counselor Law in Taiwan. Some Mainland’s colleagues value the practices in Taiwan.

In order to make the items of the Mental Health Law more workable, three academic organizations, namely the relevant sections of the Chinese Mental Health Association, Chinese Society of Psychology, and Chinese Psychiatrists Association, organized further summit forums on the important legal topics that influence the development of psychological counseling and psychotherapy in China. These forums took place on August 22, 2013 in the Department of Psychology of Peking University (the top-ranked psychology department in China) and the Institute of Mental Health at the Sixth Affiliated Hospital of Peking University (the leading psychiatric hospital in China).

Senior officials from the National Health and Family Planning Commission and the Ministry of Education attended the forums to discuss with a group of leading psychiatrists and psychologists. The Summit Forum on Mental Health Service took place on August 22 to discuss the important legal issues of psychological counseling and psychotherapy in China. The Summit Forum addressed the following three main topics:

(1) How can Chinese universities provide adequate psychological counseling services to students with mental disorders within the legal framework of the Mental Health Law? The experts and senior officials agreed that the state should offer excellent mental health services to university students (e.g., the suicide rate of Chinese university students is much lower than that of their American counterparts or of Chinese citizens in general). Mental health providers in universities have formed a very strong team of mental health service and should not be constrained. But, of course, they should also comply with the regulations of the Mental Health Law. Therefore, mental health service should be defined by service locations (i.e., the mental health service conducted on campus is mainly in the domain of psychological counseling). Students who need professional psychiatric treatment could be referred to a psychiatric hospital or other medical unit. But the qualified counseling centers at universities could also apply for certification as registered medical units, so that the good psychologists would be authorized to do psychotherapy.

Meanwhile, as a measure to avoid violation of the Mental Health Law, the counseling centers at universities should notify their clients of the content of their service and ask them to sign informed consent letters.

(2) How can the status and professional qualifications of the psychological counselors working in medical units be clarified? Experts in the forum all agreed to improve and integrate the professional qualification system of psychotherapists, and to employ more professionals with a background in clinical psychology, who could then provide psychological counseling and psychotherapy in the medical system.

(3) What is the most effective way to collaborate between psychiatrists and counselors in medical units? Prof. TIAN Chenghua, Director of the Psychosomatic Medicine in the Mental Health Institute of Peking University, and Dr. TONG Jun, President of the Wuhan Mental Hospital, introduced their initial and successful efforts to involve psychologists in the daily clinical works in their hospitals.

Dr. Ed Wang from Harvard Medical School, who is a member of the policy-making group for matters of mental health in President Barack Obama's Health Care Reform, was invited to give a special talk on the concepts of `integrated medical home" and the Behavioral Health Care System in the U.S.

Many of the problems facing the major groups in the field of mental health service, the Chinese academic communities of Psychiatry and Psychology, were clarified through this series of thorough and frank discussions. Moreover, the two communities are in a better position to understand and support one another, and some important agreements were put in place. These conferences are beneficial to mature national legislation and administrative regulations, and they will also greatly support the development of the mental health system in China.

The UK government and psychological therapies

Chris Evans* and Jo-Anne Carlyle**

***Consultant Medical Psychotherapist, Nottinghamshire Personality Disorder & Development Network and Professor, University of Nottingham**

****Consultant Clinical Psychologist, Psychoanalytic Psychotherapist, Organisational Consultant, PSYCTC.com**
Visiting Senior Research Fellow, Open University
Visiting Research Fellow, Tavistock Clinic

Introduction

We were very pleased to be invited to comment on the recent UK Government initiatives to increase provision of psychological therapies to those people experiencing mental health problems. There are challenges and opportunities for psychotherapies in the globalised world of the 21st Century: things are developing fast and differently in different countries so it is hard to keep an overview of the pace and process of change. However, the internet means that most countries and therapists can look, at least to some extent, at what is happening elsewhere in the world and can learn from that.

We felt it would be helpful to go back over the history of UK governmental initiatives impacting on psychotherapy and to explain our own, perhaps rather skeptical, view, of the latest stages of all of this. We should start out with localisation and disclaimers: personal localisation and personal disclaimers then background on the UK.

Personal localisations

CE is a medical psychotherapist: a psychiatrist who specialized in psychotherapy and had a three year specialist psychotherapy training in the National Health System (NHS) after a three year basic training in psychiatry (after, in his case, 2.5 years of hospital medicine). He has also done private trainings in Group Analysis through the Institute of Group Analysis and in family/systemic therapy through the two NHS based family therapy clinics (Prudence Skynner Family Therapy Clinic and then the Tavistock and Portman Trust) and has a Master in Science (MSc) in systemic therapy linked to that training.

JC is a clinical and forensic psychologist, with additional specialist training as a group and individual psychoanalytic psychotherapist and as a process consultant in organisational consultancy. She worked in high secure mental health hospitals before moving to the Tavistock Clinic where she worked for over 10 years before setting up PSYCTC.com and working mainly in self-employed private practice as a clinician, organisational consultant, supervisor, and researcher.

These are our personal views. We have referenced things lightly to enable readers to get more information.

Localisation: what is the UK?

The United Kingdom (UK), is rather more complex than many in or outside it realize. “UK” and “Great Britain” (GB) are often used interchangeably with “Britain” but Britain is a geographical entity: the big island containing England, Wales, and Scotland (and over 1,000 smaller islands and islets), geographically distinct from Ireland, its neighbour island. Great Britain and the UK are perhaps both misnomers: is Britain so great?; it is not a Kingdom though it currently has a queen; and it is perhaps not as united as “UK” would suggest!

The UK is the political units and populations of England, Wales, Scotland, and Northern Ireland. It has a total population estimated at 63.7M in mid-2012 in four distinct political and geographical units: England (53.5M), Scotland (5.3M), Wales (3.1M), and Northern Ireland (1.8M, all population figures from the Office of National Statistics, 2013). All share one government based at Westminster in London, but Scotland, Wales, and Northern Ireland each have some degree of political separation from that with Scotland having a Parliament of its own (since 1999) and historically a significantly different legal system from the other areas. Wales has a government and “assembly”, also since 1999 and Northern Ireland has an Executive and Assembly (since 1998). Since 1948 the UK has had a universal health care system funded from tax income: the National Health Service. Historically the NHS has been largely driven by what happened in England but it is made up of the four geographical components with considerable actual differences across the four political units. That differentiation is increasing with the shift in the last twenty years to more devolution for Scotland, Wales, and Northern Ireland (S,W&NI). The differences are particularly noticeable in relation to mental health and to provision of psychological and social interventions and care services in the four areas.

Historical background

In all of the UK a considerable, but unknown, proportion of psychological therapies delivered have been delivered outside the NHS. A small amount of this non-NHS provision is through the charitable (“third”) sector and a small amount

through the increasingly powerful but still relative small provision of health care through private hospitals and companies; the main proportion of non-NHS psychotherapies, however, has been delivered through independent practitioners working in small scale private practice, alone, or in partnerships. Probably until the early 1980s the majority of psychological therapies in the UK happened within that largely self-employed private sector though this proportion is almost certainly dropping.

Professional identity, legal status of and regulation of psychological therapies in the UK

There has never been a legally defined profession of psychotherapist or counsellor in the UK nor legally protected title. It is legal for anyone to call themselves a psychotherapist, counsellor, or psychoanalyst, despite a long campaign to restrict the titles and to define a profession or professions. The specialist training in psychotherapy within psychiatry/medicine is a recognised specialty in European law to which UK law aligns; that allows freedom of movement within the European Union (subject to language ability testing). A title of "Child Psychotherapist" has been nationally recognised within NHS pay and conditions for some decades restricted to members of the Association of Child Psychotherapists (ACP: http://www.childpsychotherapy.org.uk/). The ACP is recognised within the NHS as the designated authority for the recognition of qualifications for child and adolescent psychotherapists from the UK, and for child therapists from European Union countries who wish to work in the UK. This, by default, restricts child therapists, at least in the NHS, to analytically / psychodynamically trained practitioners though there are moves to challenge that restriction. Since 2009, the title of "practitioner psychologist" (and seven other protected titles including Clinical, Counselling, Educational, and Forensic Psychologist) has been recognised and regulated by the Health and Care Professions Council (HCPC, formerly the Health Professions Council; http://www.hcpc.org.uk/). These titles are restricted and cannot legally be used by anyone who is not registered with the HCPC. In addition, the HCPC and its forerunners have recognised arts psychotherapies though only Art, Music and Drama therapies and not Dance/Movement therapy nor Psychodrama.

A number of professional bodies have sought protected professional status for psychotherapy and counselling and currently the big four, in alphabetical order, are the British Association for Counselling and Psychotherapy (BACP: www.bacp.co.uk), the British Association for Behavioural and Cognitive Psychotherapies (BABCP: www.babcp.com), the British Psychoanalytic Council (BPC: http://www.psychoanalytic-council.org/) and the UK Council for Psychotherapy (UKCP: http://www.psychotherapy.org.uk/). In the last few years the current coalition government has created the opportunity to have "Accredited Voluntary Registers" (AVRs) for professions who don't otherwise have legal standing. AVRs will be approved by the Professional Standards Authority (http://www.professionalstandards.org.uk/) and all four of the psychotherapy umbrella bodies are seeking to have their membership lists defined as AVRs. As the organisations have not come together to create a single registering body it would appear that there are likely to be many registers of therapists and so no single list for the public to check to find out whether someone is appropriately trained and espousing agreed standards of practice. Whilst AVRs may provide some assurance for the public, the subtle differences in names, differences in standards, etc., and the separation from the statutory regulation of medical psychotherapists, psychologists, and arts therapists make it very hard for anyone not very familiar with the world of psychotherapy to understand this emerging regulatory system.

Trainings in psychological therapies in the UK

All medical psychotherapy trainings (numerically a very small number) are in the NHS. All Clinical Psychology training placements and funding is within the NHS. By contrast, Counselling Psychology trainings are not funded by the NHS and there is no definitive overview of training locations though they would appear to be very varied with the NHS providing perhaps only around half. Historically, and still in 2013, probably the vast majority of psychotherapy and counselling trainings are in small private, usually charitable, training organisations, though there has also been a significant delivery of courses through the further education sector. All trainings can have part or all of their delivery within universities or other higher education institutions, or independent training organisations may work in partnerships with universities so successful trainees receive university certificates, diplomas, masters degrees, or professional doctorates. Counselling Psychology training is a masters training and Clinical Psychology training is a professional Doctorate in university terms. In the last decade there has been a strong move to define psychotherapy as a "masters equivalent" training and some universities now offer professional doctorates in counselling, psychotherapy, or counselling psychology. However, recent university funding changes, following the 2008 banking collapse ("austerity"), have increased university course fees markedly and withdrawn grants for second degrees. Both these changes are leading to a shift back from university based or affiliated trainings in an attempt to keep psychotherapy trainings affordable to many, not just to the wealthy.

Governmental initiatives before 2011

The first really important initiative was the "review of strategic policy" on "NHS psychotherapy services in England" (Parry & Richardson, 1996). This was a historical turning point linked with a voluminous and influential review

"What works for whom" (Roth & Fonagy, 1996; updated 2005). A key building block in Parry and Richardson's review was a distinction between three "frameworks" of "psychotherapeutic treatments": A, those integral to wider mental health care programmes; B, eclectic psychological therapies and counselling; C, formal psychotherapies. The review argued that services should be integral to and throughout the NHS in England and should be: comprehensive, co-ordinated, user-friendly, safe, clinically effective, and cost effective. The review had sensible recommendations for how the NHS(E) should organise and pay for therapies and about research.

Interestingly, perhaps the most influential part of the review has been its support for evaluation of therapies based on randomised controlled trials (RCTs) of different therapies for specific diagnoses/conditions. The RCT is undoubtedly excellent for pharmacology but very limited in evidential value for psychological and psychosocial therapies. However, that RCT driven model was congruent with "evidence based medicine". Since 1996 "evidence based practice" defined as practice seemingly congruent with RCT evidence, has swept the board in the UK. It has linked with the Cochrane collaboration, which supports systematic reviewing of RCT evidence, and with NICE, the National Institute for Clinical Excellence which has moved from aspiring to advise NHS clinicians to its current status in which it essentially defines which medicines, interventions, and therapies will be available within the NHS. (NICE is now strictly the National Institute for Health and Care Excellence but still universally referred to as "NICE", even in its own web site: http://www.nice.org.uk/).

Interestingly, both the 1996 review and the Roth and Fonagy book were careful to warn that absence of RCT (or other) evidence of effectiveness was not the same as evidence of no effectiveness. However, the preponderance of RCT evidence, largely supportive, that evaluated Cognitive Behavioural Therapies (CBT) against "treatment as usual" or against other therapies, became equated with the idea that CBT was the only evidence based treatment or the best treatment.

There were a series of governmental and other reports and recommendations over the decade after the Parry & Richardson review but the next major real development was led by Lord Layard, a professor of Economics who was impressed by the evidence of the costs of depression and "mild to moderate anxiety" (D&MtMA) and for the effectiveness of CBT as a treatment for depression and MtMA and the evidence that it was a treatment that might be superior to, and perhaps less costly than, the huge rate of prescription of antidepressants for these problems.

Layard lobbied for and succeeded, with many colleagues and co-workers, in persuading the Labour government to invest heavily in increased provision of psychological therapies within the NHS in England. This was the "Improving Access to Psychological Therapies" (IAPT) programme launched in 2008. IAPT only ever applied in England and involved the large scale roll out of new services offering "stepped care": steps for management of D&MtMA from "watchful waiting" through self-help support, "low intensity" CBT (later renamed "wellbeing" interventions) and formal CBT of up to 16 weekly sessions. IAPT provided funding for a large training programme to provide new low intensity and high intensity trained CBT therapists but all of these have had much less training and experience than that which any of the umbrella registering bodies had previously regarded as minimal for qualification as a therapist. One central theme in IAPT was that all contacts with clients should involve the client completing short self-report depression (PHQ-9), anxiety (GAD-7), and social function (WSAS) measures and the idea that therapies, and stepping between therapies, would be guided by scores on these measures.

The current diktat: "Talking therapies: a four year plan of action" (2011)

This is the latest government directive. It specifies continuation and development of the IAPT programme and sits within a general mental health directive called "no health without mental health". It aims to extend the availability of psychological therapies to children and young people, to people with long term physical health problems (and the associated psychological repercussions of this), people with medically unexplained symptoms, and to people with severe mental illness. The aim is to invest £400M into service development with a view to making £700M savings from tax gains, decreased welfare costs and more efficient health utilisation.

It is possible to see the plans as very positive: it aims to have 3.2M people accessing the service; 2.6M completing a therapy of some sort; and for half of these to show measureable recovery. However, it can also be seen as conservative and narrow in its scope. There is no recognition that IAPT largely replaced existing services rather than supplementing them, nor that existing mental health services have been hard hit by "austerity" cuts in the last 5 years. The restriction to NICE recommended therapies perpetuates the idea that absence of evidence of benefit for some other therapies is evidence of lack of benefit, in complete contravention of logic. This is exacerbated as research funds are increasingly focused on RCT evaluations of new CBTs or CBTs in specific diagnostic groups. The focus on RCTs has also arguably led to some re-inventing of wheels: NICE support for Dynamic Interpersonal Therapy (DIT) and Interpersonal Therapy (IPT), and hence their inclusion in the 2011 plan, is laudable but underlines that analytic, dynamic, and interpersonal therapies are having to be re-invented to fit

he manualized therapies with acronyms and RCT testing. This means that huge amounts of both research and therapeutic experience are excluded from all government policy. Even Psychodynamic Interpersonal therapy (PIT, previously known as the Conversational Model) – a therapy based on the generic principles of short term dynamic psychotherapy seems largely overlooked despite a good evidence base and 20 years history of use. Another key concern is the focus on individual therapies. Progress on research using group, couple, and family therapies is scant and funding for research into them seems largely tokenistic and there are real problems fitting them and many psycho-social therapies into the RCT paradigm (Evans 2010 provides a light hearted review of these specific problems for the non-dyadic therapies).

Where does this leave psychotherapies in the UK?

Describing the route to where we are proved much easier than assessing the current state of affairs. We have found it essentially impossible to find current (or historical) data about the numbers of people working as therapists and counsellors and there are no general figures about how many people are seen by them, for how long and with what outcomes. By contrast, some quite clear information is available about IAPT and the IAPT web site reports:

- 142 of the 151 Primary Care Trusts in England had a service from this programme in at least part of their area and just over 50 per cent of the adult population had access,
- 3,660 new cognitive behavioural therapy workers had been trained, and
- over 600,000 people started treatment, over 350,000 completed it, over 120,000 moved to recovery and over 23,000 came off sick pay or benefits (between October 2008 and 31 March 2011)" (http://www.iapt.nhs.uk/about-iapt/).

So the widespread availability of IAPT treatments has been important and changed things. However, it has gone hand in hand with closure or radical cuts to many established psychotherapy services with no evidence that these services are no longer relevant. It seems probable that complex and sophisticated clinical skills and understanding are being lost.

Our personal experience of supervising people, particularly those in trainings, is that those without significant experience of working in mental health or therapeutic settings are not well equipped to identify where more serious difficulties exist and that when they find themselves working with people with significant degrees of complexity, distress etc., the supervisee can easily feel overwhelmed and stressed. There is increasing anecdotal evidence that many IAPT practitioners are experiencing high levels of stress in the work.

In our view delivering good therapy is based on strong clinical experience; skills to develop a good therapeutic alliance and to manage ruptures in that alliance; a strong awareness of clinical literature and of research; a clear understanding of the differences and overlaps of different therapeutic modalities; a capacity for what in medical terms is called differential diagnosis; and on the opportunity to observe and hear master practitioners present their work and working dilemmas. When working well, stepped care can mean that many people delivering initial steps in the new psychotherapy service model may be safe without this level of skill and experience, although there are risks if they are not contained within a clinical context where this level of expertise is available (Carlyle and Evans 2005 gives some of our views on this). Sadly IAPT and the 2011 plan give no career pathway for people wanting to move beyond "wellbeing" work and 16 session CBT. If the current erosion of non-IAPT services and highly qualified practitioners continues, there is a real risk the NHS could be denuded of nearly all substantial psychotherapy experience. Ultimately of course, we believe that the need for more intensive trainings and for reasonably paid positions reflecting many years of clinical experience will be re-discovered and there will then be another re-invention of the wheel and we certainly do not pretend that existing training models are perfect so that could certainly be a better wheel that the various ones we have now. Nevertheless, the way forward looks desperately wasteful.

Conclusions

So, where are we? It is clearly good that there is a willingness, perhaps a growing willingness, to support provision of psychological therapies for people with mental health problems using state funding. However, there are many problems with the developments of the last twenty years and a very high proportion of these problems stem from overvaluing RCT evidence and from falsely equating absence of RCT research evidence with evidence of absence of therapeutic value. The common sense in the 1996 review has been replaced with rationalist determination to apply the same evaluative framework to everything regardless of whether it fits or not.

This is congruent with a rationalist, commoditised model of all care provision; one driven by bureaucracy and managerialism. This is rationalist rather than rational: it is about a rhetoric, a dominant discourse, of rationality but not about rational epistemology or methodology. The government diktat de-emphasises relational understanding of what goes on in psychological therapies replacing this with a so-called "medical model" in which the therapy is treated as if equivalent to a medication. If we do not argue more strongly for a landscape that allows for a broader and richer evidence base, assessment of the range of therapeutic modalities that are already available and for innovation, then we risk throwing out the baby, actually, a very mature set of children: the growing world of psychotherapies, as if it were dirty bathwater.

References

Carlyle, J., & Evans, C. (2005). Containing containers: attention to the "innerface" and "outerface" of groups in secure institutions. *Group analysis*, *38*, 395–408.

Department of Health (2011) Talking therapies: A four-year plan of action. www.dh.gov.uk/publications.

Evans, C. (2010). Death, taxes, certainties, groups and communities; or NICE and the deathly hallows. *Therapeutic Communities*, *31*, 321–327.

Office of National Statistics (2013) http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/mid-2011-and-mid-2012/index.html

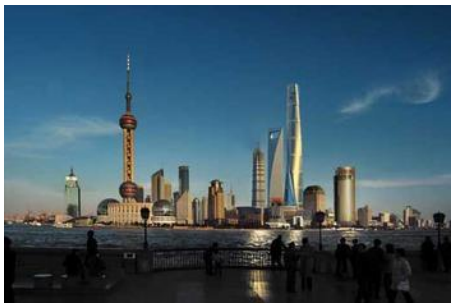
Parry, G., & Richardson, A. (1996). N.H.S. psychotherapy services in England. Review of strategic policy. London: N.H.S. Executive, Department of Health.

Roth, A., & Fonagy, P. (1996). What works for whom? A critical review of psychotherapy research. New York: Guilford.

Roth, A., & Fonagy, P. (2005). What works for whom? A critical review of psychotherapy research. New York: Guilford.cultural psy-chiatry in the world: matters related to China, Shanghai Archives of Psychiatry, 2010,22, p.293-295.

IFP 2014
21st World Congress of Psychotherapy

Psychotherapy Contributing to Global Health



9-11 May, 2014
Shanghai, China

Invitation

The International Federation for Psychotherapy (IFP) will hold its 21st IFP World Congress of Psychotherapy on May 9-11, 2014, in Shanghai (China). The conference aims at highlighting the pivotal role of psychotherapy in health care and public mental health.

The IFP 2014 World Congress in Shanghai will offer opportunities to share the world's latest developments in psychotherapy, integrating clinic and research with particular reference to the on-going political reform and opening policy in China (e.g., psychotherapy services in the Chinese mental health system).

Delegates will have an enriching and rewarding experience by attending key-note presentations and plenary lectures, participating in scientific symposia and discussions on selected topics, and engaging in conversations with authors of poster presentations.

Every effort will be made to ensure that the Shanghai Congress contributes meaningfully to improvement in the field of psychotherapy. By attending, you will enjoy learning about a broad spectrum of scientific and clinical approaches and communicating with old and new friends in one of the world's most energetic and innovative cities.

Welcome to Shanghai and the IFP 2014 World Congress!

Franz Caspar	Xudong Zhao
IFP President	*Congress President*

Deadline abstract submission for papers:
December 31st, 2013

Deadline abstract submission for posters:
January 15th, 2014

Deadline early-bird registration:
January 31st, 2014
http://www.ifp.name/congresses.htm

Topics

· Research methodologies
· New developments in psychotherapy
· Psychotherapeutic process
· Epidemiology
· Psychotherapy and clinical medicine
· Quality of life and well-being
· Health promotion and prevention
· Training in psychotherapy
· Continuing education in psychotherapy
· Psychotherapy: West and East
· Psychotherapy and culture
· Philosophical issues
· Ethical and Legal issues
· And related topics

Keynote Speakers

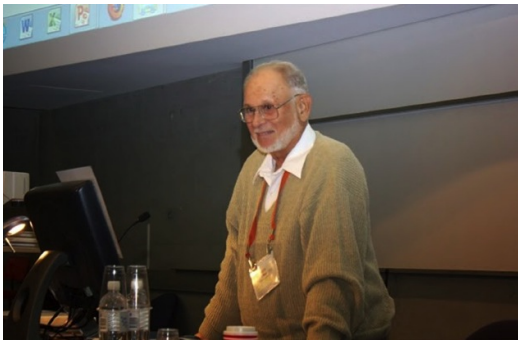
Sartorius, Norman (Switzerland)
Xiao, Zeping (China)
Barber, Jacques (USA)

Plenary Speakers

Braun, Malena (South America)
Caspar, Franz (IFP, Switzerland)
Cierpka, Manfred (Germany)
Jiang, Guangrong (China)
Mwiti, Gladys (Africa)
Qian, Mingyi (China)
Schnyder, Ulrich (Switzerland)
Tomba, Elena (Italy)
Wang, Ed (USA)
Zhao, Xudong (China)
Zipfel, Stephan (Germany)

2013 SPR Lifetime Contribution Award for David Orlinsky, PhD

Professor Emeritus of Human Development, University of Chicago



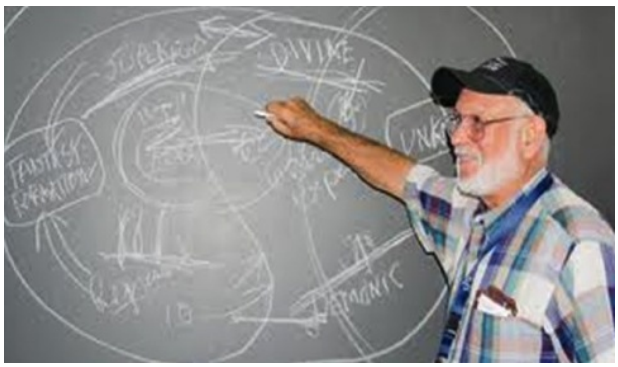
The IFP congratulates its board member David Orlinsky and is proud to have him on board.

We reprint a laudatio with small changes from the SPR Newsletter, 2013:2, p. 15

David Orlinsky is a Professor Emeritus of Comparative Human Development and Social Sciences at the University of Chicago, where he taught regularly from 1960 to 2012. In 1968, he and Kenneth Howard founded the Society for Psychotherapy Research (SPR), of which he was the first President-elect. He also founded and chaired the North American chapter of SPR, and the SPR special interest sections on Culture and Psychotherapy (SPRISCAP) and Therapist Training and Development (SPRISTAD), and chaired the By-Laws Committee for many years. In research journals, books, and book chapters published over the past 5 decades, he has studied patients' and therapists' experiences as they occur during psychotherapy sessions (e.g., Orlinsky & Howard, *Varieties of Psychotherapeutic Experience*, 1975), and also more recently as they are processed and applied in 'intersession' experiences (i.e., the memories, thoughts and feelings that patients and therapists have about one another and the therapy during times between sessions). He contributed a series of influential scholarly reviews of studies relating therapeutic process to outcome (from 1978 to 2004, in four editions of Bergin and Garfield's *Handbook of Psycho-therapy and Behavior Change*), which he drew on as the empirical basis for the integrative theoretical framework Orlinsky and Howard called the 'Generic Model of Psychotherapy'.

In 1989, Orlinsky helped organize the SPR Collaborative Research Network which for 25 years has conducted a large scale international study of psychotherapists, comparing their characteristics, experiences and development across diverse professions, theoretical orientations, and career stages (e.g., Orlinsky & Rønnestad, *How Psychotherapists Develop*, 2005; Geller, Norcross & Orlinsky, *The Psychotherapists' Own Psychotherapy*, 2005). In a separate but convergent area of study, he has also written on the nature and dynamics of love relationships and their function in personality and life-course development. The professional recognitions he has received include awards from the American Psychological Association Division of Psychotherapy, the Illinois Psychological Society, the Society for Psychotherapy Research, and an honorary doctorate from the University of Oslo.

David Orlinsky is definitely one of the innovating men of modern psychotherapy research noted not only for his objective contributions but also for his great humanity and gentleness of spirit. The award is well deserved and we are proud to have him on board!



References

Orlinsky, D. E. (1995). The greying and greening of SPR: A personal memoir on forming the Society for Psychotherapy Research. Psychotherapy Research, 5(4), 343-350

Congress Calendar

Please send announcements of your congresses!

The Psychotherapy Research Arena of the Society for Psychotherapy Research (SPR) - Italy Area Group
January 23 – January 24, 2014
Location: Milan, Italy
www.psychotherapyresearch.org/associations/6344/files/PSYCHO_RESEARCH_ARENA.pdf

The 30th Annual Meeting of the Society for the Exploration of Psychotherapy Integration (SEPI)
April 11- April 13, 2014
Location: Montreal, Canada,
www.sepiweb.org/displaycommon.cfm?an=3

The 21*st* World Congress of the International Federation for Psychotherapy (IFP)
"Psychotherapy Contributing to Global Health"
May 9 – May 11, 2013
Location: Shanghai, China
www.ifpworldcongress.org

The 45*th* Annual International Conference of the Society for Psychotherapy Research (SPR)
June 25 – June 28, 2014
Location: Copenhagen Denmark
www.spr2014.com