

# **The Psychotherapeutic Professions in Denmark**

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## **I: Current Situation of Psychotherapeutic Professions**

### ***1. Identity of the psychotherapeutic professions.***

In Denmark, the title “psychotherapist” is not protected nor is the profession of psychotherapy the subject of any official legislation, and thus anyone can call himself a psychotherapist and even practice psychotherapy without proper training. Due to the lack of regulation and protection of the title, the total number of psychotherapists in Denmark is unknown. For the same reasons, it is hard to give a description of all Danish psychotherapists. However, most psychotherapists do have psychotherapeutic training as well as relevant professional education before entering on that training. The following describes the numbers, specialities, and levels of training for therapists trained in psychology, medicine, and other fields.

#### **The Psychologists**

The majority of professionals practicing psychotherapy are psychologists. Their professional organization is the Danish Psychological Association (DPF). A vast majority of all Danish psychologists -- 6,148 active members (DPF, 2008) -- are organized here. They provide a broad range of psychotherapeutic services, mental health services, counselling, guidance, etc. A rough estimate would be that around 3,000 to 3,500 psychologists are practicing psychotherapy as their major work activity. The main theoretical orientations are (a) psychodynamic/psycho-

analytic<sup>1</sup> and (b) cognitive behavioural (CBT), but there are also many with (c) a humanistic/existential orientation or (d) a systemic frame of reference (especially when working with families in the social welfare system). Many are integrative or eclectic and, by now, a lot of psychotherapists are trained in both psychodynamic therapy and CBT.

Psychologists provide psychotherapeutic services in different public and private settings. Amongst the public settings are (1) mental health institutions such as psychiatric hospitals, community psychiatry centers and similar institutions. The majority of the 720 psychologists employed in various psychiatric settings practice psychotherapy and similar mental health services. They are the most important profession within the psychiatric settings. The treatment is mostly outpatient psychotherapy, but a limited extent of inpatient psychotherapy is also offered. All these are free services. Currently, short-term psychotherapeutic interventions gain ground, but still some patients are offered long-term psychotherapy. Unfortunately, patients are seldom seen for more than one weekly session though often more is needed in long-term psychotherapy. (2) The social welfare system can offer interventions regarding children or families with children or perhaps rehabilitation work. These services are often rather limited in time (typically a range of ten sessions) and mostly offered by psychologists. Unfortunately, for more than a decade, there has been a disastrous lack of supply of proper child psychotherapy and a lack of well-trained child therapists too. Finally, there are (3) a variety of public institutions specialized in treating persons for specific problems such as misconduct or juvenile delinquency, trauma and torture survivors, or acquired brain damage. Many psychologists here offer psychotherapy as part of these programs. These public services are sponsored by the state, the regions, or the municipalities in Denmark.

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<sup>1</sup> While there are only approximately 35 psychoanalysts in Denmark, psychoanalytically-oriented psychotherapy plays a major role.

Most of the 2,115 psychologists working as private practitioners (DPF, 2008) practice psychotherapy, counselling and psychotherapeutic oriented guidance. Most psychologists<sup>2</sup> (Cand.Psych.) have taken a five-year university degree (3 years bachelor degree and 2 years master degree, both in psychology). The universities offer primarily academic training leaving room only for 2½ month of obligatory practicum. Candidates do not do any formal specialization but are all generalists in the psychological field. However, they do receive a little skill training and some theoretical knowledge on psychotherapy. The Danish doctoral study (Ph.D.) focuses only on training in research methodology and other academic skills. No clinical training is included. Thus, most Danish psychologists with a Ph.D. degree have less knowledge and skills in clinical work and practical psychotherapy than Cand.Psych. psychologists doing clinical work, and a PhD degree is not required to work as a clinical psychologist or to practice psychotherapy.

General ‘authorization’ as psychologist can be attained after at least *two* years of post-graduate clinical work and 160 hours of clinical supervision. The ‘authorization’ is a public certification given by the Ministry of Social Affairs (not the Ministry of Health). The law for psychologists regulates the professional functions of an ‘authorized’ psychologist. After ‘authorization’, the psychologist can specialize within eleven different fields. Of the 1,584 psychologists with a specialization, 799 have specialized in psychotherapy with adults which takes at least *three* extra years of postgraduate training (360 hours of theory courses, 160 hours of clinical supervision, and 80 hours or more of personal therapy). With an additional *two* years of training (30 hours theory on supervision, and 40 hours of supervision on their own supervisory work), psychologists can qualify as supervisors on the specialist level. The government endorses neither the specialization nor the supervisor certificate of approval. It is only a certification given by the Danish Association for Psychologists (DPF) and gives no privileges or is subject to any

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<sup>2</sup> The title “psychologist” has been protected since 1994.

legislation beyond the ones given for members of that association.<sup>3</sup> The Danish Psychological Association and The Danish Psychiatric Society mutually recognize each others' specialists in psychotherapy, meaning that a psychologist can be used as teacher or supervisor for a psychiatrist in his/her psychotherapy training and vice versa.

During the last fifteen years, there as been a considerable growth in the numbers of Danish psychologists and, at the same time, there has been a significant drop in the unemployment rate to a point where practically no one is unemployed. This development mirrors the increasing popularity of psychologists, who have a very positive image among the general population and whose professional skills are both respected and frequently requested. In psychiatric settings, many patients request sessions with a psychologist.

#### The Psychiatrists and the General Practitioners

Among the physicians, psychotherapy is most frequently offered by psychiatrists. In contents, these services are comparable with the ones given by psychologists in psychiatric settings. But there are major differences between the psychiatrists and the psychologists in the psychiatric settings. One is that the psychiatrists are in charge of the treatment and with rights to refer to psychotherapeutic treatment. Another is the current and long-term shortage of psychiatrists. The Danish Psychiatric Society (DPS), where psychiatrists are currently organized, has 904 members (including those who are undergoing training to specialize as a psychiatrist) (DPS, 2007), but still approximately 25 % more are needed. Only 157 members work primarily in private practice, and thus the numbers of psychiatrists and psychologists working in

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<sup>3</sup> For example in order to train other specialists one must at least be a specialist undergoing training as a supervisor. Some workplaces give a bonus to psychologist with a specialization and some positions require it. This might change in the future. The National Examination Comity have reached the conclusion that the Danish specialization meets all requirement of the European "Certificate of Specialist Expertise in Psychotherapy" (ECSEP) and this conclusion has been accepted by the European "Standing Comity". This could in years from now this lead to more official recognitions.

psychiatric institutions are quite comparable. However, only 144 psychiatrists are recognized as specialized in psychotherapy (124 specialized in adult psychotherapy, and the others in child and adolescent psychotherapy).

Nevertheless, only one in six psychiatrists specializes in psychotherapy, and their total number is only 16% of the number of psychologists specialized in adult psychotherapy. There are many reasons for this: The shortage of psychiatrists leads to huge caseloads and does not leave much time for psychotherapy. Some focus more on biological psychiatry and pharmacological treatments. Additionally, with prolonged duties, constantly changing working hours, and frequently changing work places, the pre-registration years in psychiatry makes regular psychotherapeutic treatment very difficult. The diagnostic system in use also fosters an orientation towards description of symptoms and not towards a deeper understanding of the individual person. Finally, many courses – but not the psychotherapeutic ones – are sponsored by pharmaceutical firms.

Thus, for trained psychiatrists, proper psychotherapeutic education and experience can only be achieved with great personal costs. Furthermore, in times with an orientation towards biological psychiatry and neuropsychiatry, there seems to be a tendency towards a lessening of interest in psychotherapist training among psychiatrists (cf. DPS, 2008, p. 3). This is especially so for those below 50 years of age, while a more psychotherapeutic orientation is seen among the older psychiatrists.

From the point of view of psychologists and other psychotherapists working in psychiatric settings, this situation is problematic. While the psychiatrists are in charge of treatment and refer to psychotherapy, the next generation seems to be less capable of making

proper psychotherapeutic assessment or of understanding of what a successful treatment takes in terms of setting, frame, and treatment process.

Another line of development concerns theoretical orientation. Among the 144 psychiatrists specialized in psychotherapy, 124 have a psychodynamic orientation, while 19 have a cognitive-behavioural therapy (CBT) orientation, and one follows a systemic model. However, at the moment there seems to be a huge interest in CBT.

A major caseload for psychiatrists working in private practice is patients with affective or anxiety disorders. While some have a very biological approach, others are excellent psychotherapists. Finally, some general practitioners (GPs) offer psychotherapeutically orientated consultations as one of their many free services. Only a few have a proper psychotherapeutic training, while the majority have only very limited or no training.

Students of medicine receive no instruction at all in psychotherapy, but some basic training in psychotherapy is included in the physicians' specialization in psychiatry. This includes 10 hours of theory on general psychotherapy (research, ethics, assessment, etc.), 25 hours of psychoanalytically-oriented theory, and 25 hours of theory on CBT. Furthermore, one must practice psychotherapy for at least 60 hours and receive the same amount of supervision (DPS, 2008). As a new initiative, the specialization now includes an equal amount of training in psychodynamic therapy and CBT. Although the Danish Psychiatric Society aims to strengthen training in psychotherapeutic treatment and increase the level of basic training to meet the European Board of Psychiatry's (UEMS) criteria, this goal is currently beyond the realm of possibility with respect to psychotherapy for adults.

After the basic psychotherapeutic training and *two* years of clinical work in psychiatric settings, the psychiatrist can specialize in psychotherapy. This includes 80 hours of

psychotherapeutic practice, 80 hours of supervision, and 60 hours of theory. If the theoretical orientation is psychodynamic, it also takes 60 hours of personal therapy (100 hours in group). If CBT is the theoretical orientation, one must instead receive 20 sessions of feedback on personal style. Finally, one can undergo supervision training (40 hours of theory courses and 40 hours of supervision of one own supervisory work). This qualifies for a teacher function in the specialization in psychotherapy.

### Other Psychotherapists

In this section, I will deal with those psychotherapists with other educational backgrounds than as a psychologist or physician. In Denmark, there is more than one association for such psychotherapists. Here I will focus on the Association for Psychotherapists (Psykoterapeutforeningen), which imposes some reasonable demands for membership and organizes many members. Founded in 1993, the latest years have shown a huge growth in the total numbers from 279 members in 2003 to the current 704 members in 2008 (inclusive of members undergoing training – maybe 10 %).

To attain membership, one must have (a) a relevant prior professional training (at least *three* years) with a psychological, pedagogical, social or health orientation, plus (b) 250 hours of personal therapy, (c) 150 hours of supervision, and (d) 300 hours psychotherapy theory. The duration of psychotherapeutic training must be at least *four* years. Alternatively, one must have undertaken a psychotherapeutic training program certified by the Association for Psychotherapists.

A survey (van Deurs, 2003) found the educational background of 29% was social work, while 22% had some other academic background (of those 7% were either psychologists or physicians), and 14% were pedagogues. Other members had backgrounds as nurses, teachers,

educational therapists, etc. Usually, the members have different theoretical orientations than psychologists and psychiatrists: about 25 % primarily do body work/therapy (e.g., biodynamics), another 23 % have gestalt therapy as their main orientation, only 11% have a psychodynamic orientation, and even less follow a CBT model. Half of the Associations' members (49%) work in an independent, private psychotherapeutic practice, while 24 % are employees either in public services or in private practice. As the training of psychotherapists other than psychologists and psychiatrists is very varied, and some of their theoretical orientations are rather dubious, so also is their image in the eyes of the public.

## ***2. Relations among the psychotherapeutic professions***

Obviously, the relations among the different psychotherapy professions are rather complex and depend in part on the specific individuals involved, but in general, there is a hierarchy between physicians and other professions due to the fact that psychiatrists are in charge where they are employed as management persons in psychiatric settings. Thus they have the right to make decisions about the treatment (referral, type of treatment, termination, medication, etc.). Another contributing factor is their better access to public funding (see below).

The relationship between psychiatrists and psychologists is characterized both by mutual respect, recognition and collaboration and by competition, some frustration or occasionally even envy and discredit. Psychologists working in psychiatric settings would often like to have more authority. Due to this, quite a few psychologists choose to leave for work in private practices once they have acquired sufficient experience. The huge caseloads of psychiatrists do not leave as much time for them to concentrate on the psychotherapeutic treatment as they might like. Psychologists can be annoyed that they often have the experience and expertise but not the authority, while psychiatrists may long for the ability to concentrate on fewer patients over time.

Currently, both at the political level, in professional associations and workplaces, a central issue for discussion is whether to increase the charge and assignments of the psychologists in times of shortage of psychiatrists. While the physicians seem to have a higher social status, the psychologists are generally being recognized as having the best psychotherapeutic training and skills. In general, however, the relationship between the two professions is quite good, as reflected in the fact that their two professional associations arrange many common courses, accept each other as teachers and supervisors, and are trying to harmonize their specialist training programs.

### ***3. Psychotherapeutic professions in relation to the health care and/or social service systems***

A major issue is the access to public funding. Working in private practice, GP's are paid by the National Health Service for brief psychotherapeutic treatments, even without having any formal training in this field. Psychiatrists in private practice are likewise paid by the Regions for even prolonged psychotherapeutic treatments. While patients can consult physicians free of charge, they have to pay when consulting a psychologist or a psychotherapist in private practice. However, it may occur that the social welfare system funds a client's treatment by a psychologist. While many psychologists in private practice are still fully paid by their clients/patients, an increasing number now have a contract with the National Health Service which pays for 60 % of the treatment to a maximum of 12 sessions<sup>4</sup>. Only a limited numbers of

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<sup>4</sup> This partly public payment requires that the clients are (1) referred by their general practitioner, (2) the reason of referral has to be one of the following: (a) exposed to robbery, violence or rape; (b) traffic accident or other accidents; (c) being a close relative to a person with severe psychological/psychiatric disorder/disease; (d) having a disabling disease or (e) being a close relative to one; (f) being a close relative to a deceased; (g) having tried to commit suicide; (h) women having an abortion after the twelfth week of pregnancy; (i) having been exposed to incest or other sexual abuse before 18 years of age and (j) having a mild or moderate depression. With the exceptions of (i) and (j), referral must take place within six months of the incident that qualified for referral. Introduced in 1995, both the criteria for referral and the numbers on contract have been increased several times, giving hope that even more persons could be included. Still the maximum amount of 12 sessions remains. As many clients seeking help for a specific incident often turn out to have several previous traumas or personality problems,

those contracts exist. Currently 728 psychologists of a total number of 2,115 psychologists in full-time private practice have such a contract, and to get such a contract the psychologist must be an 'authorized' psychologist (see above).

## ***Part II. Future Prospects of the Therapeutic Professions***

### ***4. Factors instigating change in the psychotherapeutic professions***

Both the Danish Psychological Association and the Association for Psychotherapists are working on attaining a Government endorsement of psychotherapists -- but these endeavours do not necessarily include each other, and this seems to be an unpronounced but potential issue of conflict. Undoubtedly, public protection and certification of the psychotherapeutic profession would enhance its status and could probably lead to better public funding (fully or partly) like the ones to which the Danes are accustomed in many other health professions (GPs, dentists, physiotherapists, etc.). As suggested above, this could activate or push forward lots of conflicts between different professions.

The Danish government does not want to introduce a governmental endorsement for the individual psychotherapists nor for training programs, but in 2004 a governmental work group suggested some general criteria for good quality of psychotherapeutic training programs. The Association for Psychotherapists has engaged an evaluation company to work out more specific guidelines based on the governmental recommendations, and to assess a number of training programs (although not individual psychotherapists), and the first evaluation of training programs was recently published. In five years, the Association for Psychotherapists will only accept members that have undertaken one of those programs. None of the training institutes from which the psychologists or psychiatrists usually receive their training have applied for this

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one could wish that the numbers of sessions could be increased. For example, being a victim of sexual abuse usually takes more than 12 treatment sessions.

approval. Instead, the Danish Psychological Association and the Danish Psychiatric Society try to harmonize with each other's criteria and with the European standards.

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

I find the criteria for specializing in psychotherapy for psychologists and psychiatrists sufficient, although much more training and practice is needed to be a truly expert practitioner. The demands for personal therapy, psychotherapeutic skills, and the like, as criteria for attaining membership of the Association for Psychotherapists, also seem sufficient; but neither their members' basic professional training nor their psychotherapeutic training include sufficient theory on science or personality, developmental psychology, psychopathology, assessment and psychodiagnostics. More courses in these areas should be obligatory. How much to demand from the individual psychotherapist should depend on his/her work setting (when alone in private practice, the demands should be higher than if working in a setting where others with such skills are in charge). Finally, lifelong supervision is recommended.

### ***6. Relation of psychotherapy research to the psychotherapeutic professions***

In Denmark, one finds the usual gap between psychotherapy researchers and the practitioners of psychotherapy. To bridge this, psychotherapy research should include much more clinically meaningful research. Systematic case studies could be one approach. Such endeavours are increasing internationally (e.g., Fishman, 2005), as is a more nuanced view of criteria for practice to be called "evidence based" (Rønnestad, 2008).

Experience shows that a certain percentage of psychotherapists across basic professional training, psychotherapeutic training, and years of practice never really capture what it is all about. One sometimes wishes for a better control, evaluation of skills, and professional abilities.

Perhaps an earlier detection of those unsuitable for this profession as well as an earlier guidance of alternative professional activities might be better for the individual, his/her clients and the reputation of the profession. Research offering precise and reliable ways of identifying those persons might be a good approach to optimize the psychotherapeutic profession as a whole. This points at the importance of good training and support of the clinical supervisors.

However, psychotherapy research is beginning to play a role. This has not so much to do with the different professions in psychotherapy, but has to do with the development of programs for the treatment of different disorders, and especially with the theoretical orientation these treatments should have. Undoubtedly, a consequence of this paradigm is that the Danish Psychiatric Society now regards CBT as equal to psychodynamic treatment in its basic training. This is probably due to the concept of evidence-based treatment, which criteria (in my opinion) are partly unsuitable for designating good psychotherapy. I hope that the international debate and critical scrutiny of these criteria (e.g., Rønnestad, 2008) will also make it an open subject for Danish mental health policy.

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