I. Current Situation of Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

In Portugal, psychotherapy is not regulated by any special law, but there are specific regulations for some subsystems in the health system (public and non-public bodies).

The title of psychotherapist is not protected by law. There are some efforts both by psychologists and psychiatrists to protect the title and to stipulate minimum standards for training as a psychotherapist.

Besides this, the training as a psychotherapist is now the responsibility of associations of professionals and academics that organize themselves and ask for recognition from the different payers in the health system.

The main associations/societies in Portugal are cognitive, psychoanalytic and systemic and the training is provided by these nongovernmental organizations. In the main directory of associations we can count 15.

Typically when persons with a major degree in psychology or medicine want training in psychotherapy, they should apply for one of this societies. Some others can apply to, namely social workers or nurses.

Each association has an ethical code that is linked with his original profession and professional order.
In Portugal there are clearly two professions that offer psychotherapy: clinical psychologists and psychiatrists.

Psychiatrists have, during the residency years, some training in basic skills of psychotherapy but they should apply for further training (and accreditation) when they want to be recognized as a psychotherapist. The same is true for clinical psychologists who have done their residency years in the health system. They have to undergo formal postgraduate psychotherapy training.

Psychotherapists in Portugal are typically female, with five years of post-graduate training in cognitive or psychoanalytic therapy, who had their own personal therapy and considered it “very important” for their practice. They do therapy in private practice and their patients are primarily adults with minor to severe symptomatology.

The image and sense of efficacy of psychotherapy in the patients/public was tested some years ago by the Portuguese consumer association (DECO) and is, in a way, a replica of the Seligman’s study (1995). The clients are typically married, female (56.7%), urban, between 25 and 44 years old with a higher education. A great number of the responders said they asked for therapy in the last three years (28%). GPs, psychiatrists and psychologists are the professionals they looked to for help.

2. Relations among the psychotherapeutic professions.

The tensions between psychiatrists and psychologists have been greater in the past then they are now. The major tensions are in the way that public medical facilities are administered (only medical doctors can do that).
3. **Relation of the professions to the health care and/or social service systems.**

In Portugal there’s a universal national health system that covers everybody. There are also a number of subsystems (private, social and state) that can provide mental health services to the population (mental health is integrated in the health system).

In the public general system the mental health team is a medical team with different professionals (psychiatrists, psychologists, social workers, nurses, occupational therapists) who cooperate as much as they can with the social system. In the last ten years there have been some major changes in the focus of cooperation and continuation of health care for people working in the community, especially with schizophrenic patients. Psychologists, social workers and nurses can act as key workers and they cooperate with psychotherapists.

The subsystems can pay for a variable number of sessions of psychotherapy if the psychiatrist asks for it. For some private subsystems this is no longer necessary.

II. **Future Prospects of the Psychotherapeutic Professions**

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

The major change in psychotherapy professions (in Portugal) is that there are more and more psychologists doing psychotherapy. There is also a decreasing of medical students who want to pursue psychiatry as a specialization.

The reforms that have been made in mental health in the last years increased the demand for psychotherapy and the health system is being pressed to respond to people more in need who can’t afford a psychotherapist in private practice.

The increased number of psychologists asking for training and the subsequent creation of small firms of psychotherapy are creating some problems too.
5. **Basic skills to be required for training and practice in the psychotherapeutic professions.**

The required training skills that the training schools are looking for are the same that are prescribed internationally (IPA, EAP, EPF, EFTA…) but there is no agreement among them all.

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

In Portugal psychotherapy research is mostly linked to the academic world, but not to psychotherapists. The few of us who are making a bridge between these two worlds in Portugal are normally attached to associations and training centers.

Nowadays there is no training center or association that doesn’t include at least a module of psychotherapy research in its curriculum, and this (in our view) is the beginning of a better relation for the future between professionals and researchers—one that can end what all the papers couldn’t do in the last 30 years, the isolation of practitioners. But as yet there is no true discussion of this problem in our community.

**References**
