EAP NEWSLETTER

AN OCCASIONAL COMMUNICATION FROM THE EUROPEAN ASSOCIATION FOR PSYCHOTHERAPY

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Dear EAP Psychotherapist,

Transitions and New Beginnings

There is something in the air of the EAP, about transitions and transformations.

Over the last couple of years, we have seen a partial generational shift - as some of the early 'founders' have left us and new talent has taken root. It has happened at a time when many of the original tasks of the EAP have been largely completed: training standards agreed, the ECP well-established, Ethical Guidelines firmed up.

As a result, we have taken time, in the Board, to think creatively of how EAP should unfold in its next phase - a task well on the way but not yet finalized.

Another 'tease' is the work coming to a conclusion to identify the 'Core Competences' of a European psychotherapist. More of this (probably!) in the next Newsletter.

But much of our regular developmental work goes on.

One example is the support being given by the EAP, to the huge number of ECP holders in Germany, who are looking to develop a new national professional body, more suited to the requirements and challenges of the times. Interesting developments in 'Direct Training' might lead the way in breaking the log-jam of, "who should be able to train as a psychotherapist?", which bedevils much of the way forward in Europe.

The EAP is being proactive in this task, by hosting **a major consultation in Berlin, on 12th April, to explore the possibility of colleagues in Germany creating a new NAO.**

All psychotherapists in Germany are welcome to attend - and the event is free. You can find out more about this conference on the EAP website.
You may Register at: eap.headoffice@europsyche.org

In another ending, my 2-year Presidency of the EAP draws to a close at the next AGM, which will be held at the Congress in Moscow, at the beginning of July.

It has been the most tremendous honour to be President; I am deeply grateful to the Board for giving me that distinction. The EAP is a great organisation. It has made an exceptional difference to the place of psychotherapy in Europe - and its future looks even brighter.

Your next President will be Dr. Eugenijus Laurinaitis, from Lithuania. I interviewed him briefly for this news-letter. He will be a fine President!

In the meantime, I am still here! And I look forward to meeting many of you at the Congress in Moscow. Will this, indeed, be the best ever, EAP Congress?

Come along and find out! And please make yourselves known to me - and to my successor.

Adrian M. Rhodes,
EAP President.

Find DETAILS OF THE MOSCOW CONGRESS at:
www.eurasian-psychotherapy.com/main-en.html

Dr. Eugenijus Laurinaitis - incoming President - EAP

After the Moscow Congress, in July, EAP will have a new President. I interviewed my successor:

1) *Dr. Laurinaitis - can you tell us a little about yourself?*

I was born in 1951 in Klaipėda, a port city of Lithuania and grew up till 5 years of age in Šiauliai, a little town in the north of the country. Since 1956 lived, I attended schools and worked in the Lithuanian capital, Vilnius.

In 1975 I graduated from the Faculty of Medicine of Vilnius University – the oldest university in this part of Europe, established in 1579. While in University I married my wife Rasa in 1971, and we are very still much together. I have two daughters and 5 grandchildren.

Almost all my working biography is connected with Vilnius University: from 1978 for 12 years I worked at Department of Cardiovascular Surgery as psychotherapist, preparing patients for the operations and making psychological rehabilitation after surgery. This was also a topic of my Doctoral dissertation, defended in 1986 in Bekhterev's Institute of Psychiatry and Neurology in St. Petersburg (then Leningrad) in Russia.

Since 1989 I am on the staff of the Department of Psychiatry of Vilnius University, teaching medical students Doctor Patient Communication Skills, Psychosomatics and Psychotherapy, teaching course of Psychotherapy to psychiatry residents, and leading three post-diploma courses for specialisation in psychotherapy: Individual Psychodynamic Psychotherapy (since 1992), Psychodynamic Group Psychotherapy and Group Analysis (both since 1995).

2) *What brought you into psychotherapy? Where did you train?*

My interest in medicine from the very beginning was towards completely other goals – I actively worked in Students Scientific Society's Cardiosurgery section, operating on dogs, and dreamt of a career as a surgeon.

Our future leader relaxing in Vilnius

But two people made a fateful impact on my development. One was my mother in law, whom we lived together for some years in the beginning of our family life. She knew I read Polish, and she was cutting some "provocative" articles of psychological nature from Polish weeklies "Kultura" and "Polityka" she subscribed to. These two sources were, in my opinion, the most free press in all Soviet-ruled territory, and I was indrawn by topics and depth of understanding of human being in these articles.

Another crucial encounter happened on my training in psychiatry – our group was trained by then Assistant, now Professor Algirdas Dembinskas, who just came back from his 6 months long scholarship at Department of Psychiatry of Brussels University, and was completely "intoxicated" by all new therapeutic ideas he got there. This was in 1973, and he was a first post-war professional from Lithuania allowed to travel for such a long time to the West. Inevitably he "intoxicated" some of us as well, and this happened to influence my life for good.

I finished my specialisation in Psychiatry at Vilnius University in 1977, and then in 1978 was trained for some 3 months at the Leningrad's Institute of Postgraduate Education for Doctors. Of course, it was too short and too little, but then we had a group of

Eugenijus Laurinitis - Contd.

12 – 14 enthusiastic young people (doctors and psychologists) keen to learn art and craft of psychotherapy. We had begun our training by self-experience groups led in round by members of this group, based on some therapy books of Rogers, Perls, and others, which have been smuggled into Lithuania by our emigrants on their visits to homeland. I have counted later, that in these self-led groups we have spent approximately 400 hours in self-exploration activities.

Only since "perestroika" in 1985 we were in contact with our Western colleagues, and even later we got access to more traditional training schemes, and restrictions to travel to the West, imposed by the Soviet system were of big importance in this delay. Therefore only in 1995 I have finished training in Group Analysis in Warsaw (joint project of Heidelberg Institute of Group Analysis and Warsaw IGA "Rasztow"), and in 1998 – training in Individual Psychoanalytic Psychotherapy, led in Vilnius by members of Amsterdam Institute of Psychoanalysis, the Netherlands.

3) What is the best - and what is the most difficult - thing about being a practicing psychotherapist?

The best in our profession is a possibility to help a suffering person to change and grow to more happy and fulfilling life. But this for me risks 'suffering' as well – if I could not help him or her in their suffering and turmoil. Another important source of joy in our profession is a constant need to grow and develop personally, and this pressure helps to see one's life constantly anew, with a hope to find and keep friends, and enjoyment of a beauty of every passing day.

4) When you're not involved in psychotherapy, what do you enjoy?

Most enjoyable part outside therapy for me is my family, especially grandchildren. When they grow up, we started together visit different sites, listen to music I love, discuss their important life issues – what else are grandparents for?

Present and future EAP Presidents discuss serious international affairs.

5) You and I both know that I will be a hard act to follow as President.
What do you hope to do in your time as President?

Two years of presidency is a short time to perform, but a long time to be responsible. I am happy to follow you, dear Adrian, and continue some big ideas you have introduced in our organisation's life. I see two main things I will try to achieve: first - to utilise the energy and skills of every member of the EAP to push the development and effectiveness of our organisation to new level, and second – to try to combine skills and knowledge of our practitioners and scientists to enrich both fields of our profession in order to better serve our patients and better persuade decision-makers.

6) Where is the EAP going?

I am sure EAP is a strong and developing organization, but we not always use all its potential. However, I see more and more young people actively involved in our job, and surely a generational change will come in EAP. I hope to help this change to take place. I have my own idea which direction will appear for EAP most crucial in near future (3 – 5 years) – it is to persuade policy makers on different levels (countrywide and on EU level) to include psychotherapy as integral part in national health services and have a strong scientific basis for this claim collected.

RESEARCH

Reporter: Prof Vesna Petrovic, EAP's Research Committee member, psychotherapist from Serbia

Psychotherapist might be interesting in recent research which shows that the progress in psychotherapy is non linear. How it comes? The answers to this question could be found in the next research article:

Lutz, W, Ehrlich, T., Rubel, J., Hallwachs, N., Röttger, M.A., Jorasz, C., Mocanu, S., Vocks, S., Schulte, D. & Tschitsaz-Stucki, A.

The ups and downs of psychotherapy: Sudden gains and sudden losses identified with session reports

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Patient-focused psychotherapy research is concerned with the description, prediction and evaluation of individual treatment progress during the course of therapy (Howard, Moras, Brill, Martinovich, & Lutz, 1996**)** . This is done by repeatedly assessing outcome variables which are then evaluated via decision rules. These results can be communicated via instant feedback to therapists and patients throughout treatment .

Most of this research is based on the assumption that treatment progress in psychotherapy is linear, or log-linear & follows some form of regular dose-response relationship, either as a negative accelerated pattern of change or based on a good-enough level of change (Stiles, Barkham, Connell, & Mellor-Clark, 2008**).**

However, in recent years several studies have investigated the non-linearity and discontinuity of individual progress in psychotherapy (Barkham, Stiles, & Shapiro, 1993; Thompson, Thompson, Gallagher-Thompson, & Alto, 1995**).**

The present study explores the frequency of sudden gains and losses during the course of outpatient psychotherapy. The sample includes 1500 patients treated at three different outpatient centers. The patients were 57.4% female, and suffered primarily from anxiety and depressive disorders. Progress was measured by session reports. Significant sudden shifts in both directions were prevalent for 28.9% of the patients. Patients with early sudden gains showed the highest effect sizes and patients with sudden losses showed the smallest at the end of treatment. The therapeutic relationship was significantly better after the sudden gain sessions.

References: 1. Barkham, M., Stiles, W.B. and Shapiro, D.A. 1993. The shape of change: Longitudinal assessment of personal problems. *Journal of Consulting and Clinical Psychology*, 61: 667–677.
2. Howard, K.I., Moras, K., Brill, P., Martinovich, Z. and Lutz, W. 1996. The evaluation of psychotherapy. *American Psychologist*, 5: 1059–1064.
3. Stiles, W.B., Barkham, M., Connell, J. and Mellor-Clark, J. 2008. Responsive regulation of treatment duration in routine practice in United Kingdom primary care settings: Replication in a larger sample. *Journal of Consulting and Clinical Psychology*, 76(2): 298–305.
4. Thompson, M., Thompson, L., Gallagher-Thompson, D. and Alto, P. 1995. Linear and nonlinear changes in mood between psychotherapy sessions: Implications for treatment outcome and relapse risk. *Psychotherapy Research*, 5(4): 327–336.

The research article can be found at :
http://www.ncbi.nlm.nih.gov/pubmed/?orig_db=PubMed&doptcmdl=DocSum&cmd=Search&cmd_current=Limit&db=PubMed&pmfilter_EDatLimit=No%20Limit&dispmax=20&term=Schulte+D

http://www.ncbi.nlm.nih.gov/pubmed/22708586

http://www.library.nhs.uk/booksandjournals/results.aspx?t=Psychotherapy&stfo=True&sc=bnj.pub.MED&p=1&sf=srt.publicationdate&sr=&sfld=fld.title&tab=

THE CREATIVE PARADOX OF INTEGRATIVE PSYCHOTHERAPY

Integrative Psychotherapy faces a dilemma, or paradox, which is at the heart of its identity. This needs to be faced at the outset, because it also positively enables us to bring into view the unique character of Integrative Psychotherapy. The apparent paradox is that, arguably, *it is a meta-modality, rather than a modality*. There are two related dimensions of the definition of Integrative Psychotherapy. Firstly, there is the Generic dimension, that which relates to Integration in the sense of Integration of the Personality or the Person. This is the dimension of the *'unitive'* aspect (Scott et al, 2008) of Integrative Psychotherapy, relating to 'the emotional, spiritual, cognitive, behavioural and physiological levels' of the person (*EAIP Statement of Philosophy*, 2013). Secondly, there is that aspect which relates to *theoretical Integration*, the principled theoretical unification or welding together of two or more diverse approaches.

Both these elements are essential, since, if *only the former* were exclusively present, it would immediately develop into a new modality. Person-Centred Therapy, TA, and NLP, did this in their time. All of them turned generic common factors elements into distinctive new modalities. The positive and special, indeed unique, dimension of Integrative Psychotherapy lies in the constant trend *within all modalities* to *generalise* their modality approach elements. No element of any psychotherapy approach is entirely an island, unique and incommunicable, despite tribal tendencies to behave as if that were so; any element of any approach forms a potential generic part of human existence, and so can potentially be integrated into a more widely based approach.

If the element in question is powerfully effective in relation to particular human situations, then it will be used. It will be used implicitly and spontaneously by the seasoned practitioner who is open to use whatever works. Well-known data from research shows that generic elements, especially the relationship, are the most powerful in effecting change. This is increasingly supported in other ways from neuro-psychology. Familiar experience shows that practitioners become more generic, more comprehensive, less intrusive in their use of any unique technique and so more seamless in their approach.

Their approach will, precisely at the same time as it becomes more generic ideologically, become more unique to the individual practitioner. It will be integrated their own original practice and way of being as a therapist.

The second implication of this appears, then, to be that Integrative Psychotherapy is not a first order modality, but the transcendence of modality. Integration is thus a dimension of all approaches. 'We are all Integrative Psychotherapists now.' Integrative Psychotherapy is a movable feast! It is inherent change, backed by much research. But if we think about it, no modality at all is in that fixed sense a modality, since all modalities are transformationally committed to development and the assimilation of new conditions. Thus, for instance, psychoanalysis, from being supposedly initially inherently intera-psychic and anti-relational, has now moved to embrace relationality and object relationship at the very heart of its vision. Therefore, whilst Integrative Psychotherapy may be a little harder to define as a first order modality than other approaches, functionally it is at the heart of the development of the psychotherapy field. In effect, Integrative Psychotherapy has got it right about the increasingly generic depth development of the processes of psychotherapy. This is why it is now a steadily expanding modality and meta-modality, backed by wide research, on both sides of the Atlantic and indeed worldwide.

Scott, Tricia, et al, 2008, *Draft Document defining Integrative-Humanistic Psychotherapy on behalf of Humanistic and Integrative Psychotherapy College of UKCP for Peter Fonagy, UK Skills for Health Working Group*, S4H Working Group Archives.

European Association for Integrative Psychotherapy (EAIP), *Statement of Philosophy* on EAIP website: http://www.europeanintegrativepsychotherapy.com/

PSYCHOTHERAPY IN LATVIA

Psychotherapy in Latvia has long and not so simple history.

After WW1, during first independent republic there was some enthusiasts, who brought psychoanalytic ideas from Freud to Riga - as perhaps every other European capital. Unfortunately, most practitioners were Jewish, so during WW2 all existing beginnings was destroyed.

In Soviet times psychotherapy started to born again - by one or two doctors-psychiatrists. Tehno developed their own approach on non-pharmaceutical treatment of psychiatric patients, but this work was not supported by administration or officially recognised. So nowadays we just have memories - yes, we had such beginning.

Third attempt - successful one was after collapse of Soviet regime - in nineties, when at once more than one modality started to emerge, mostly imported from western Europe. At the same time training in psychology started in Latvian universities - first graduates was just in 1993. So this was beginning of modern psychotherapy in Latvia.

After the first groups of psychotherapy trainees graduated their training, they founded professional associations - one for each modality. And, in 1997 we have developed so far, that all existing associations come together and established "Latvian Psychotherapy Association Union", uniting 11 modalities, and 117 psychotherapists. First statutes, training standards and code of ethics were adopted.

In 1998 LPAU joined EAP, and in 2005 we got NAO status. After re-registration in 2004 LPAU changed title to "Latvian Psychotherapists association" (LPA) - partially due to political reasons, to stand side-by side with associations of other professions - so we can stress idea of psychotherapy as independent profession. During the same period we also officially established "Register of Latvian psychotherapists", which we maintain until now

Ansis Stabingis (left) relaxes with Traudl Szyszkowitz, Renée Oudijk (Chair and Co-chair of the European Training Standards Committee) and Eugenijus Laurinaitis, Vice-President

Today we unite psychotherapists from 8 different modalities: Existential psychotherapy, Psychodrama, Gestalt, Systemic Family therapy, Psychoanalytic psychotherapy, Psychodynamic psychotherapy, Psycho-organic analysis, and Hypno-psychotherapy. We have more than 150 full members - certified psychotherapists. LPA ensures that all our members follow continuous professional development by re-certifying each 5 years. For our members we are conducting professional conferences 2 times a year.

On the legal level psychotherapy in Latvia is semi-regulated. There is legally recognised sub-speciality for medical doctors "psychotherapist", and doctors, who got their training in local medical institute are united in Latvian doctors-psychotherapists association. At the same time psychotherapy outside medicine is not regulated but also not forbidden - as long as non-doctors are not using word "treatment".
Until last year we had arguments with medical doctors, as some of them were claiming, that only medical doctors can be psychotherapists. But things luckily changed, so on April 13 we will have common conference on work with sexuality - so we are living in really historical moment.

President LPA
Ansis Jurgis Stabingis