

A comparison of psychotherapists in Poland to other European countries: A survey of selected psychotherapeutic centres

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Selected results of a study conducted as part of the European Union DG XII Program are presented. Psychotherapists from seven countries throughout Europe were compared for education and therapeutic orientation, current psychotherapeutic practice and methods used in treatment. Results suggest that psychotherapists from selected psychotherapeutic centres in Poland did not differ very much from psychotherapists in other countries. The only differences involve fewer years in training, a lower ratio of psychologist to psychiatrist and less frequent treatment of affective disorders.

Key words: psychotherapists, Poland, comparison

Introduction

Psychotherapist variables are usually recognised as important factors in the therapeutic change process. Beutler et al. [1] reviewed the research on the relationships between psychotherapist variables and psychotherapy dynamics and arrived at a number of conclusions which are stated below:

- the psychotherapists' training and their experience in the practice of psychotherapy are very important predictors of the outcome of psychotherapy;
- the psychotherapist's theoretical orientation is not very relevant for the quality of the therapeutic outcome, perhaps because different psychotherapeutic approaches do not differ from one another in any unequivocal way and it is difficult to pinpoint therapeutic procedures typical for one particular psychotherapeutic orientation;
- no significant relationships have been found between psychotherapists' personalities and their therapeutic effectiveness.

In 1989, David Orlinsky and his collaborators teamed up to gather data on the portraits of psychotherapists working in various countries. By 1997 they had collected information about 3, 800 psychotherapists worldwide [2] and they began to analyse the data which yielded that:

- the vast majority of psychotherapists were either psychologists (46.7%) or physi-

- cians (35.6%), mostly psychiatrists; very few of them were social workers or nurses (7.8% and 2.9% respectively);
- most of the psychotherapists in the database of Orlinsky et al. (59.2%) referred that they mainly used a psychoanalytic or psychodynamic psychotherapeutic framework but 66% of them used more than one theoretical orientation when working with patients;
 - individual psychotherapy was the most frequently practised form of therapy (93.2%) but the respondents also used other forms as well: group therapy (36.5%), marital therapy (30.6%) or family therapy (24.8%).

Orlinsky et al. [2] did not interview Polish psychotherapists but Polish therapists were included in another international research project and the findings of this study are reported in this article.

Material and Method

The present study was part of a larger project known as DG XII Biomed “Psychotherapy in Europe”. This project was run on 181 psychotherapists from 15 psychotherapeutic centres in 7 European countries (Belgium, Italy, Portugal, the United Kingdom, Sweden, Switzerland, and Poland). All respondents were employed in the public health service. The main objective of this project was to obtain a picture of how psychotherapy is practised in public facilities, as opposed to private sectors.

Three psychotherapeutic centres have been chosen in Poland: the Department of Neurotic Disorders at the Institute of Psychiatry and Neurology in Warsaw, the Department of Psychotherapy at Collegium Medicum, Jagiellonian University in Cracow and the Centre for the Treatment of Neurotic Disorders in the Department of Psychiatry, Szczecin Medical School. These centres have been chosen because they use different theoretical approaches and are diverse. In total, 24 Polish psychotherapists were interviewed with the study.

The Psychotherapist’s Questionnaire [3] was used in all the participating countries in this study. The Polish version was back translated by Mroziak.

This questionnaire has 49 open-ended or forced choice items tapping different areas:

- socio-demographic information,
- education and therapeutic orientation,
- current psychotherapeutic practice,
- methods used.

Results

Education and therapeutic orientation

The vast majority of the psychotherapists in the study had an academic degree and post-graduate training in psychotherapy.

Table 1

The psychotherapist's profession

Table 1 shows both the respondents' learned professions and their psychothera-

Profession	Poland N	Poland %	Other countries N	Other countries %
Psychiatrist	13	52	59	38
Psychologist	11	44	78	50
Psychoanalyst	2	8	9	14
Psychotherapist	23	92	116	75
Counsellor	0	0	23	15
Social worker	0	0	9	6
Nurse	1	4	11	7

peutic specialities. Respondents were free to choose more than one item from the list of occupations. Since various "psychotherapeutic" occupations were listed it was possible to determine the psychotherapists' identification with the occupation of "psychotherapist".

As can be observed in Table 1, regardless the country, the majority psychotherapists were either psychiatrists or psychologists. In Poland slightly more psychiatrists than psychologists work as psychotherapists. This pattern is reversed in the other countries. For example, in the United Kingdom and Sweden not one psychotherapist in the studied centres was a psychiatrist.

Only in Belgium and Italy did social workers conduct psychotherapy whereas the nursing profession is more widely represented in the United Kingdom (fifty-percent of the interviewed psychotherapists were nurses). They were all qualified psychotherapists according to the national standards and most of them had an academic degree.

Table 2

Psychotherapeutic training

Most of the Polish psychotherapists stated that they had been trained in cognitive-behavioural and behavioural therapy. In comparison with other countries a larger

Type of therapy	Poland N	Poland %	Other countries N	Other countries %
Psychoanalysis	6	24	52	34
Cognitive-behavioural and behavioural therapy	16	64	45	29
Psychodynamic therapy	9	36	22	14
Humanistic therapy	7	28	10	6
Family and marital therapy	12	48	54	35
Group therapy	12	48	20	13

proportion of Polish psychotherapists had been trained in group therapy, family/marital therapy or humanistic therapy. Even though fewer Polish respondents had been trained in psychoanalysis more Polish therapists than therapists in other countries had been trained in psychodynamic therapy.

In comparison with other countries Polish psychotherapists had the briefest training (2.8 years on the average as compared with 5.1 years on the average in other countries). Of all the other countries Switzerland trained its therapists the longest (10.2 years).

Psychotherapists were supervised in all countries involved in this study. Supervision in Poland lasts 3.1 years (mean value) as compared with 6.5 years in the remaining countries.

Current psychotherapeutic practice

The psychotherapists were interviewed about their current psychotherapeutic practice within the last month. They were asked about the following information:

- Type of patients treated (diagnosis),
- Mode of psychotherapy used,
- Theoretical frameworks within which they worked
- Forms of professional co-operation in connection with their psychotherapeutic practice.

Table 3

Type of patients in treatment (respondents were asked to rate the frequency of treatment of the listed disorders on a three-point scale: never – 1, sometimes – 2, often – 3.

The mean scalar values are given in the Table).

As can be seen from Table 3, anxiety disorders and personality disorders are the conditions most often treated by psychotherapists, despite the location. Also, in countries aside from Poland, affective disorders are treated just as often, whereas Polish

Diagnosis	Poland	Other countries
Anxiety disorders	2.79	2.61
Affective disorders	1.96	2.60
Personality disorders	2.62	2.48
Psychotic disorders	1.54	1.81
Eating disorders	2.20	1.75
Substance use disorders	1.58	1.70
Psychosomatic disorders	2.29	1.86

psychotherapists treat eating disorders and psychosomatic disorders more often than do psychotherapists in other countries.

Table 4

Forms of psychotherapy (proportions of patients treated with different forms of psychotherapy)

Group monotherapy is a more frequent practice in Poland than in other countries,

perhaps due to the fact that this is the only form of therapy provided in one of the studied centres. Individual and family therapy are also practised less frequently in Poland than in other countries. Other forms of therapy are so rare that they have not

Form of psychotherapy	Poland (%)	Other countries (%)
Individual therapy only	46.0	62.5
Family therapy only	3.2	5.8
Group therapy only	13.2	7.0
Individual therapy + marital, family or group therapy	19.2	19.5

been specified in Table 4.

Psychotherapists were asked to state what psychotherapeutic framework they employed in their current practice. The responses are presented in Table 5.

Table 5

**Psychotherapeutic frameworks used in the psychotherapists' practice
(mean scores on a six-point rating scale range from 0 – not at all, 5 – very much)**

As can be seen in Table 5, both in Poland and in other countries psychodynamic and cognitive-behavioural frameworks are the modalities which psychotherapists use most frequently. Although Polish psychotherapists have less formal training in psychodynamic therapy than therapists in other countries they nevertheless refer to psychodynamic theory in their psychotherapeutic practice. The majority of the respon-

Theoretical framework	Poland	Other countries
Psychoanalytic/psychodynamic	3.04	2.52
Cognitive-behavioural	2.96	2.31
Humanistic	1.16	0.74
Systemic	1.08	1.34

dents (96% in Poland and 76% in other countries) report that they change theories depending on the patients' needs.

Also determined from this study was the number of patients psychotherapists had treated within the last month. These figures differ from country to country. For example, Belgian therapists saw 24 patients on the average whereas Polish therapists saw just over 10 patients. The mean for all other countries except Poland was 16 patients per month.

Despite the country studied, psychotherapists reported that they often (but not always) have a therapeutic contract specifying the predicted number of sessions.

Depending on the country, psychotherapy sessions last on average, from 43.4 minutes (Belgium) to 55.8 minutes (Italy). The mean for Poland is 55 minutes.

Respondents were also asked to report how many patients terminated therapy prematurely for one reason or another. The figures are 11.52% and 18.16% for Poland and other countries respectively.

Many patients also receive drug therapy while in psychotherapy. This practice is the most rare in Poland (22.08%) as compared with 53.4% in other countries.

Forms of co-operation with other psychotherapists

Respondents were asked to state whether they turned to other psychotherapists for help or consulted them in any way. These forms of collaboration are listed in Table 6.

Table 6

Forms of collaboration with other psychotherapists

Psychotherapists in compared countries described similar forms of collaboration with their colleagues. Analysis of tapes and co-therapy are more frequent in Poland than in other countries.

Form of collaboration	Discussion	
	Poland (%)	Other countries (%)
Informal consultations	84.0	89.0
Formal consultations	84.0	88.0
Observer present	12.8	18.0
Analysis of videotapes	12.0	11.6
Analysis of audiotapes	24.0	5.2
Co-therapy	60.0	31.6

The purpose of this study was to develop some form of understanding of how psychotherapy is practised in public mental health establishments throughout Europe. Facilities in which psychotherapy is the basic method of treatment were selected. Although too few centres were studied to permit any generalisations concerning the practice of psychotherapy in each particular country, it is possible to try to portray Polish psychotherapists vis-à-vis psychotherapists working in other European countries.

Most psychotherapists represent two professional groups: psychiatrists and psychologists. Orlinsky et al. [2] found that slightly more psychologists than psychiatrists practice psychotherapy whereas this ratio is reversed in Poland where 52.0% of psychotherapists are psychiatrists and 44.0% are psychologists. Similar proportions have also been reported in earlier studies [4]. These differences, though not large, may be caused by the specific nature of training in Poland. The Polish Psychiatric Association has offered training for psychiatrists and this probably encouraged many psychiatrists to learn and practice psychotherapy.

All the Polish respondents say that they refer to three basic psychotherapeutic approaches: psychoanalytic/psychodynamic, cognitive behavioural and systemic. Orlinsky et al. [2] report similar findings. Most psychotherapists use the approach in which they were trained; most of them were trained in psychoanalytic and cognitive-behavioural psychotherapy.

It may be worth comparing information on the dependency of clinical approach and type of training. Polish psychotherapists declare that they often use a psychoanalytic/psychodynamic approach even though they were not trained in this approach as often as their foreign counterparts (24% of Polish psychotherapists have psychoanalytic/psychodynamic training as compared with 34% in other European countries). On the other hand 64% of the Polish psychotherapists say that they were trained in cognitive behavioural psychotherapy (29% in other European countries) and 48% say that they were trained in systemic psychotherapy (35% in other countries). This however, does not translate directly into their declared form of psychotherapeutic practice. When asked to state what approach they use in their day-to-day practice they mention psychodynamic and cognitive-behavioural approaches just as frequently. The approach they mention least frequently is systemic psychotherapy although many of them were trained in this therapeutic approach.

Our respondents were probably trained in several different psychotherapeutic approaches and they also use several different approaches in their psychotherapeutic practice. As far as can be determined, 96% of Polish psychotherapists and 76% of psychotherapists in other countries use more than one approach and adjust their approach to the needs of the particular patient. There are the results that Orlinsky et al. [2] found as well. One explanation, perhaps, is that psychotherapists are usually trained in several different theoretical approaches and are therefore more prepared to adjust their approach to the particular problem.

In the countries included in the study, psychotherapy was mainly used to treat patients with anxiety disorders and personality disorders. Polish psychotherapists do not treat as many cases of affective disorders as their colleagues in other countries do, however they treat more cases involving eating disorders and psychosomatic disorders than their foreign counterparts. Other researchers have reported similar findings [4]. The present study was run in psychotherapeutic centres in Poland, which focus mainly on the treatment of neurotic disorders. Patients with affective disorders are treated elsewhere.

Psychotherapy is usually provided individually or combined with group or family therapy, both in Poland and in other countries [2]. In Poland psychotherapy is not often combined with drug therapy (22% as compared with 43.4% in other countries), perhaps because most of the Polish psychotherapists are under investigator work in hospital settings whereas most of the psychotherapists in other countries work in out-patient settings.

Since the clinical samples in this study were small and the psychotherapeutic centres were not representative it is impossible to draw any definitive conclusions concerning the comparison of psychotherapeutic practice in Poland and other European countries. Despite these shortcomings, however the presented descriptions provide valuable insight into the similarities and differences in this particular area. Polish psychotherapists and psychotherapists in other countries have similar training (although it is shorter in Poland), adopt similar theoretical approaches and treat similar patients. Polish psychotherapists differ from their foreign colleagues on the following dimensions: their specialist training is briefer, they do not treat as many cases of affective disorders and

they use group therapy more often as opposed to pharmacological interventions.

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