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Experiences with a psychotherapy out-patient clinic at the Sigmund Freud Private University Vienna (revised version of a lecture given at the conference of the Slovenian Institute for Psychotherapy in April 2011 in Ljubljana)

Izkušnje s psihoterapevtsko ambulanto na Univerzi Sigmunda Freuda na Dunaju (dopolnjena verzija predavanja na konferenci Slovenskega inštituta za psihoterapijo aprila 2011 v Ljubljani)

Abstract

This paper discusses motives and experiences at the Sigmund Freud Private University of Vienna (SFU) in respect of the establishment of a psychotherapy out-patient clinic within the framework of a study course in psychotherapy. This out-patient clinic is supported mainly by the students, both from an organisational point of view and in terms of treatment of patients. As such, the students experience their entire study course in a clinical psychotherapy environment.

Opomba uredništva

V naši reviji smo že poročali o ambulanti Univerze Sigmunda Freuda (USF) na Dunaju, v kateri lahko fakultetni študentje psihoterapije na prvi in drugi stopnji opravljajo kvalitetno psihoterapevtsko prakso pod supervizijo (glej Vanja Gajšt /2007/. Zgodba o uspehu: psihoterapevtska ambulanta Univerze Sigmunda Freuda na Dunaju. Kairos, letnik 1, št. 3/4, str. 103-107). Poudarili smo že, da gre za zgodbo o uspehu. Na Dunaju je ponudba psihoterapevtskih storitev velika, pa vendar je ambulanta v šestih letih svojega delovanja postala ena najbolj znanih. Še posebno pa gre za zgodbo o uspehu, če jo pogledamo iz slovenske perspektive, kjer je za specializante oz. edukante psihoterapije eden največjih problemov, kako priti do pacientov in kje opravljati psihoterapevtsko prakso pod supervizijo. Prorektor USF Heinz Laubreuter je 9. aprila 2011 predaval o ambulanti USF na Dnevu za psihoterapijo, ki ga je organiziral Slovenski inštitut za psihoterapijo (glej Darja Trivan /2011/. Dan za psihoterapijo Slovenskega inštituta za psihoterapijo: Centri za psihoterapijo včeraj, danes, jutri. Kairos, letnik 5, št. 1/2, str. 147-150). Menimo, da je to zgled dobre prakse, za katero upamo, da se bo kmalu prenesla tudi v Slovenijo.

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The Sigmund Freud Private University of Vienna, founded in 2005, has been offering a study course in Psychotherapy since the 2005/2006 academic year. The objective of this study course is to integrate the requirements for psychotherapy training into the academic studies. This study course is actually structured more like a medical study course than a psychology course, in the sense that it is practical scientific preparation for a concrete career. The former as a medical practitioner, here as a psychotherapist.

Students are required to complete 1 660 hours of practical training in five years (three years for Bachelor, two years for Master): 1 030 hours of internship in psychosocial and clinical institutions, 30 hours of attending psychotherapy sessions as observer and 600 hours of supervised therapy work with clients.

A psychotherapy out-patient clinic was founded at the Sigmund Freud Private University of Vienna to coincide with the start of the academic programme. From the onset of their studies, students may do their internship in this out-patient clinic. In the course of their Master's degree, the students complete practical therapy work under supervision. This is compulsory for the students to serve at the out-patient clinic.

In a 2008 statement on psychotherapy training, the German Association for Psychiatry, Psychotherapy and Neurology (Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde; DGPPN) suggested the following: "to relate practical experiences to the theoretical and practical content of psychotherapy training" (W. Gaebel, 2008, Empfehlungen der DGPPN, Nervenarzt 5: 632-634).

The establishment of an out-patient clinic at the university directly allows studies and practical training to be interlinked. The psychotherapy students move between lecture hall and out-patient clinic as naturally as medical students move between their lecture hall and the university hospital..

Clinical internships in psychiatric departments, which for good reason are a mandatory part of psychotherapy training in Austria as in other countries, cannot satisfy one particular demand: Training in professional clinical conduct in an environment where psychotherapy specifically is the focal point. It is essential in psychiatry to direct the focus on its specific issues. Clinical internships particularly also serve to familiarise adjoining fields of psychotherapy, such as the psychiatric or psychosomatic departments, for instance. The studies cover topics on cross-linking in the psycho-medical field and the experiential knowledge covers psychopathology and differential diagnostics. All this is very important to the career of professionals practicing in the psycho-social-medical field. Although this does not foster concentration on genuine psychotherapy activities. As important as gaining knowledge on the boundaries to other areas such as psychiatry is, students will ultimately be paid for their personal ability to treat patients in their field. It appears sensible therefore to structure the clinical study environment of the student to mirror that of their future profession. This is where the psychotherapy clinic comes in. This promotes socialisation of the independent profession of psychotherapy.

The out-patient clinic as a care facility

It took only a few years for the SFU out-patient clinic to grow to the largest psychotherapy out-patient clinic in Austria. To begin with, this fact is interesting because: psychotherapy care

in the metropolis of Vienna is regarded as among the finest in Europe. The great number of patients in this out-patient clinic nevertheless suggests that many people in need of therapy do not receive the requisite care. The care facilities appear to be inadequate, the shortfall remaining unnoticed until a new facility comes up. This shortfall of care manifests itself through the fast and intense use of the new facility. One can only surmise at this point how many people in need still have no access to the treatment they need.

Clinical psychotherapy environment

The basic concept of the studies focuses on: students gaining practical experience in a clinical psychotherapy environment from the onset.

Interlinking of studies and clinic enables, among other: students may witness therapy sessions and immediately follow up with discussions with the therapist.

The students move within this clinical environment during their entire studies. This environment initially appears quite unspecific and external. The students encounter patients which are strangers to them in the elevators or corridors. They observe young patients having a smoke by the main gate. They see socially downgraded people, insecure and shy, looking for the registration desk. They witness the faces of patients leaving the treatment room.

Such experiences and observations are pre-clinical, in a way. The students initially observe the patients outside the strictly psychotherapy session. They experience the potential patient, so to speak, before getting to know the actual patient later, when they start with the therapeutic exercise.

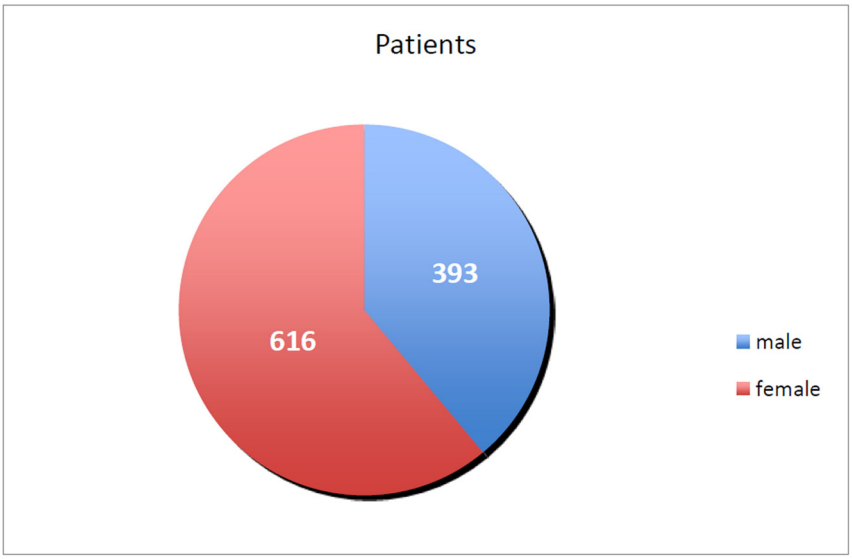
The patients

To the patient, the cost of treatment at the out-patient clinic is low. The statutory health insurance covers treatment by a trained psychotherapist in full. Treatment by a student – who is not entitled to invoice this to health insurance –costs a patient about 20 Euros on average.

This cost structure – together with a clinic staffed by many established psychotherapists and centrally located in a metropolis – ensures that: a large proportion of patients hails from a so-called socially deprived and uneducated background. Not many patients fall within the category formerly described as typical “middle-class therapy clients”.

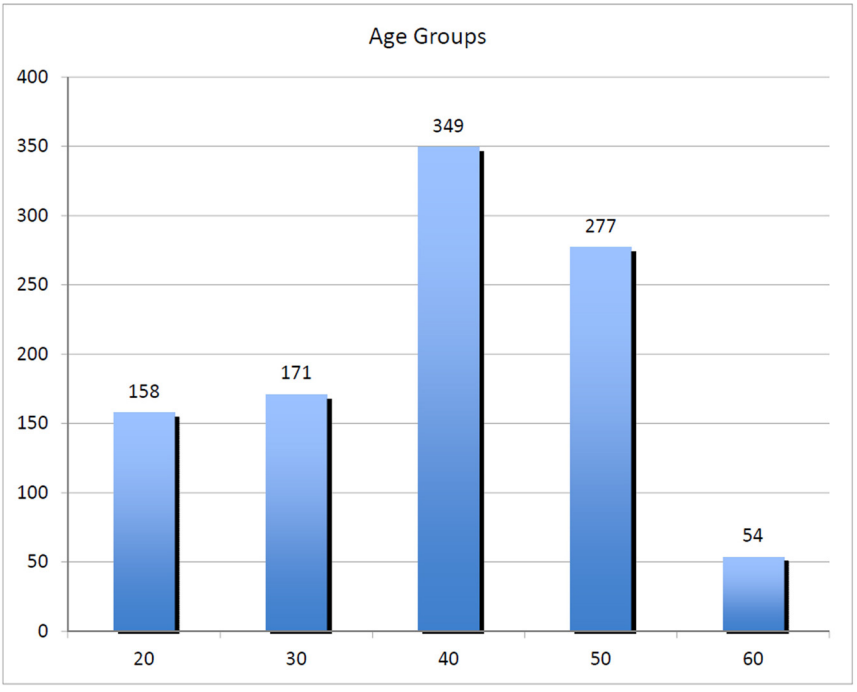
Compared, for instance, to records of health insurance funded psychotherapy clients of established therapists, the gender distribution is skewed towards males. Around 40 percent males in this case, compared to around 30 percent in the established sector (see picture 1).

Picture 1: Male and female patients at the SFU out-patient clinic



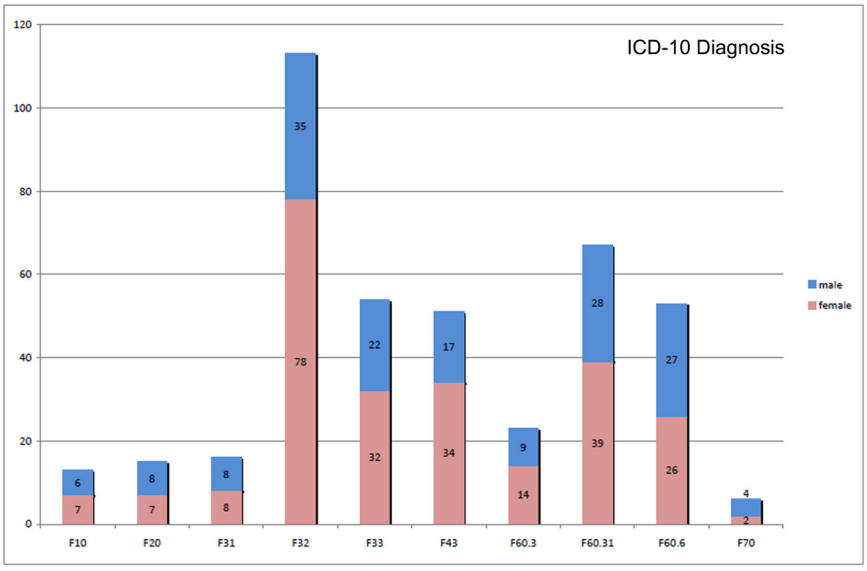
The distribution of the age groups of patients is shown in picture 2.

Picture 2: The distribution of the age groups of patients at the SFU out-patient clinic



The distribution of diagnoses (see picture 3) exhibits two main groups: affective disorders and personality disorders. Various forms of addiction disorders are less well represented. This relates to the fact that this group of patients has a broad range of special services on offer in Vienna.

Picture 3: The distribution of the patients' diagnoses at the SFU out-patient clinic



It is evident from first interviews that the majority of patients – approx. 80 percent – have been in contact with the psycho-medical system already. They are either referred here or arrive on their own volition after earlier contact with psychiatrists, socio-psychiatric institutions and hospitals.

The students thus largely gain their first practical experience treating patients who have previously sought help elsewhere. And for a large number of these patients the students will not be their last professional helper in their lifetime. This is because many patients suffer from such extensive or severe disorders that they will continue to need professional help for life.

Seen from an educational perspective, this relieves the students in an apparently paradox way. They are dealing with so-called severe, often chronic disorders. Stress on the students is relieved, because the patients' health or illness is not determined by this actual treatment alone.

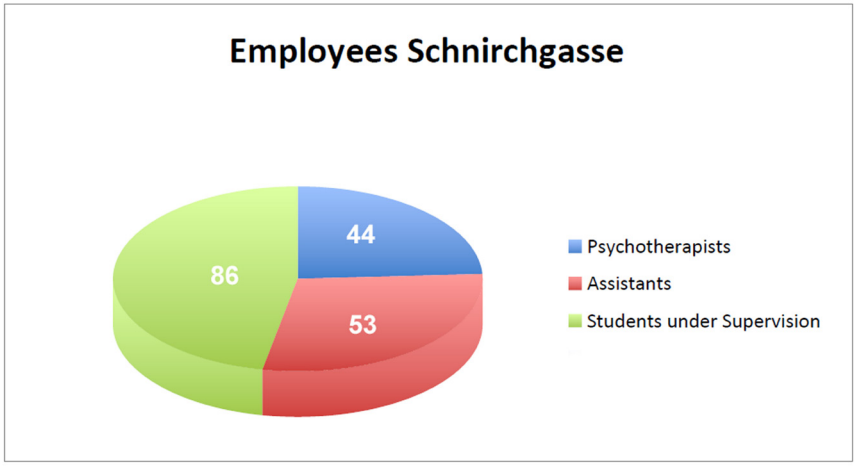
Prospects are furthermore good that the special involvement of the young colleagues and the careful and intensive supervision of the treatment they administer may be beneficial to the patients in a special way. This kind of experience has also been reported in psychiatric institutions.

And, last but not least, the students feel secure because an experienced therapist may be called in for support at any time during a treatment session. This option is seldom exercised, though.

The structure of the psychotherapists, assistants and students under supervision is shown in

the picture 4.

Picture 4: The structure of the psychotherapists, assistants and students under supervision who work at the SFU out-patient clinic



Assignment of the patients

Following an initial therapeutic interview, the patient is introduced to the regular out-patient clinic sessions. A patient is assigned to a student who volunteers to handle the patient. The student's therapeutic studies are not considered here. We do not promote a concept of assigning a specific disorder to a specific school of therapy. Psychotherapy research has also not yet produced convincing results in support of such a concept.

Patients requesting high frequency analytic treatment or who were advised to seek such treatment are the only exception.

Our experience to date shows that the students' self-evaluation is sufficiently reliable in this respect.

Intensive supervision is available for cases – not many, but they do occasionally occur, of course – where a student struggles to cope with a patient. There have been a few cases where a student decided to hand back a patient.

Observing the lecturers

One detail bears mentioning here. To date, education in psychotherapy is largely organised as follows: students see their lecturers hardly ever, if at all, whilst they are working with patients. Candidates experience their therapy lecturers whilst working with them, but not when the lecturer works with his patients.

It may, in fact, be difficult to organise this otherwise within the framework of non-university

study courses. A university system including an affiliated out-patient clinic offers opportunities for:

- students being able to observe their lecturers as they work with patients;
- teachers incorporated in the clinic and available for treatments;
- students observing through a one-way mirror or being present in the room during some sessions, depending on the situation. This is quite possible with group therapies. It is also practiced with individual therapies, provided the patient consents.

Such direct observation prevents exaggerated idealisation from developing. The lecturer no longer appears in the role of supervisor only, as a confident expert facing the insecure student and aspiring professional. But the student now also experiences the teacher in precarious situations of therapeutic counselling technique. In this way, the interactive micro-processes in therapy – which is increasingly of interest to psychotherapy research – can become a subject of discussions between students and lecturers.

Admission of patients

The process from the first appearance of a patient to the start of treatment is briefly as follows. The out-patient clinic is open for twelve hours on work days. No appointment is required. Student co-workers are always present in sufficient numbers to discuss admission with every new patient.

The client is informed about options, duration and costs of therapy as offered by the SFU. The patient then completes a medical history form, a declaration of consent, a questionnaire containing his/her biographic data and a SCL-90 form.

In the declaration of consent, the patient agrees to his/her recorded and anonymised data being used for research purposes, to SFU students being present as observers or co-therapists and to video and sound recordings being used for teaching and research purposes.

The patient is invited for a diagnostic interview approximately one week after his first appearance. A SCL-90 is once again filled in and an IIP questionnaire (Questionnaire on self-evaluation of interpersonal problems) is completed.

The SCL-90 is repeated within seven days, for an improved assessment of a patient's physical and mental symptoms.

The analysis is followed by an oral diagnostic interview according to the Mini-DIPS guideline. This DIPS (Diagnostic Interview for Mental Disorders) is an abbreviated diagnostic interview. It quickly captures and provides an overview over the most important mental disorders in the psychotherapy field, applying the DSM-IV and ICD-10 criteria.

All these discussions during the registration phase, tests and interviews are handled by students. The initial psychotherapy session is led by a trained therapist. Within the framework of regular out-patient clinic discussions, the patient is then handed over for treatment either to a student or to a trained therapist.

Conclusion

The SFU Psychotherapy study concept is based on the understanding of psychotherapy as a profession with science at its side (Michael B. Buchholz, 1999, Psychotherapie als Profession, Gießen). Profession and science act side by side in a non-hierarchical relationship.

This imparts a special meaning to the type and quality of professional socialisation of this profession. Just as the inner characteristics of psychotherapy are many-faceted, so are the concepts of education and socialisation.

If psychotherapy is considered as a profession in its own right, the logical conclusion would be to organise the corresponding education firstly on an academic basis and secondly in a clinical psychotherapy environment.