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COMPETENCES NEEDED TO CONDUCT PSYCHOANALYTICAL AND PSYCHODYNAMIC THERAPIES IN POLAND

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[2] Institute of Group Analysis „Rasztów”

[3] Polish Psychoanalytic Society

[4] Polish Society for Analytic Psychology

[5] Cracovian Psychoanalytic Circle – New Lacanian School

[6] Polish Society for Psychodynamic Psychotherapy

[7] Institute for Psychoanalysis and Psychotherapy in Warsaw

[8] Pomeranian Center of Psychotraumatology

psychodynamic psychotherapy
psychoanalytic psychotherapy
psychotherapeutic competences

Summary

The article contains a systematic description of the qualifications necessary to conduct psychoanalytic and psychodynamic psychotherapy in adults. Specialists with such qualifications use the current knowledge in the field of psychoanalytic theory and psychopathology and have technical skills to conduct psychoanalytic / psychodynamic psychotherapy. They independently diagnose the mental state of the patient and conceptualize it in relation to psychodynamic knowledge. According to the knowledge of the effectiveness of psychotherapy, they are able to qualify for the most effective and efficient form of help. They can formulate a psychodynamic diagnosis and clearly convey it to the patient. They use competence and therapy techniques supporting emotional processes that effectively solve the patient's problems. They use interpersonal skills in contact with the patient, respecting his/her freedom and autonomy. They cooperate with other specialists in the field of therapy and prevention of mental disorders. A person qualified to conduct psychoanalytic and psychodynamic psychotherapy of adults uses supervision and improves their working methods so that their actions are consistent with modern knowledge, professional principles and a professional code of ethics.

I. Introduction

In this article, we present a description of the competences and qualifications necessary to conduct psychoanalytic and psychodynamic psychotherapy, developed by a group of representatives of professional circles. The authors of the work are representatives of the Polish Psychoanalytical Society, the Polish Society for Psychoanalytical Psychotherapy, the Polish Society for Psychodynamic Psychotherapy, the Institute of Psychoanalysis and Psychotherapy in Warsaw, the "Rasztów" Group Analysis Institute, the Polish Society for Analytical Psychology, the New Lacanian School Psychoanalysis Society in Kraków and the Pomeranian Center for Psychotraumatology Foundation. The authors therefore represent both the most numerous professional associations (PTPPd, approx. 1,600 members; and PTPP, approx. 500 members) and the association most closely associated with the international psychoanalytic community (PTP, which is part of the International Psychoanalytic Association), as well as smaller centers for the development of psychoanalytic and psychodynamic psychotherapy. The aforementioned associations officially delegated their representatives – the authors of this work – to deal with the definition of common psychodynamic and psychoanalytic competences for the broadly understood community of psychotherapists and possible methods of their verification. In addition to the systematization of key competences to conduct one of the most popular forms of psychotherapy in Poland (according to the research of Suszek [1], therapists describing themselves as psychodynamic and psychoanalytic constitute the vast majority of Polish psychotherapists), the additional value of this work is to outline the area common to representatives of the psychoanalytic and psychodynamic psychotherapists community – professional groups where the mutual discourse has so far been dominated by divisions rather than common grounds. The authors of this work, representing both psychoanalytic and psychodynamic environments, have made an effort to precisely define a common pool of competences necessary to conduct psychoanalytic and psychodynamic therapies. We hope that in the future this will lead to mutual recognition and better understanding between representatives of both environments and to treating psychoanalytic and psychodynamic therapists also by the external environment as specialists with the same set of key competences.

We also hope that our work will prove to be a contribution to bringing together individual environments identifying themselves as psychoanalytic and psychodynamic. We perceive it as an activity analogous to the Core Competencies study carried out in Great Britain [2].

It should be noted that the presented description concerns the agreed qualifications to conduct psychoanalytic and psychodynamic psychotherapy, considered by the authors as therapeutic effects based on uniform qualifications, but it does not include the qualifications necessary to conduct psychoanalysis – a method based on long-term work with the use of a couch with high intensity (several sessions in the week). The authors agreed,

however, that training in psychoanalysis gives competence to conduct psychoanalytic and psychodynamic psychotherapy, while training in psychodynamic and psychoanalytic psychotherapy does not give competence to conduct psychoanalysis. This regularity is described in detail in part IV of this study. The study on the competences necessary to conduct psychoanalysis can probably be based on a similar scheme, however, this is not the task of this publication.

II. The need for competent psychotherapists

In Poland – as in the rest of Europe and the world – mental disorders are a problem of a serious scale. According to statistical data published by the Central Statistical Office [3], in 2014, outpatient clinics for people with mental disorders, addicted to alcohol and other substances, treated almost 1.6 million people, i.e. over 4% of all Poles. Among the treated disorders there were neuroses (1,123 treated per 100,000 people) and mood disorders (845 treated per 100,000 people); these two types of disorders were diagnosed in over 47% of all treated patients. Almost every ninth patient was treated for disorders caused by alcohol use, mainly due to addiction syndrome, and every forty-third – for mental disorders caused by the use of psychoactive substances. According to the results of the epidemiological study of mental disorders (EZOP), carried out with the use of the Complex International Diagnostic Questionnaire (CIDI) on a sample of over 10,000 people [4]. The study showed that 23.4% of people can be diagnosed with at least one disorder in their lifetime out of 18 defined in ICD-10 and DSM-IV. After extrapolation to the population, it gives over 6 million inhabitants of Poland in the working age [5]. Heitzman [6] notes that research comparing Poles with residents of other European countries shows that people living in Poland are exposed to a greater number of negative socio-economic and political phenomena of macro stressor nature. "Subjective health indicators and the level of satisfaction with life, place Poland at the lowest positions in the EU, and psychosocial support (neutralizing stressors) is relatively poor in Poland" [6, p. 56].

A significant problem, both on a global and local scale, is limited access to mental health services, including psychotherapy. According to WHO data, in countries with low and middle economic status, 76–85% of the population remain without access to such benefits, while in countries with high economic status between 35 and 50% of the population is in such a situation [7]. Less than half of the 139 countries surveyed by WHO have any mental health policies, and those that have adopted them often fail to support policies with adequate financial and human resources.

There are no systematic studies on the availability of psychotherapy in Poland, but the authors of the aforementioned EZOP study conclude: "Registered reporting to psychiatric health care facilities in recent years has reached a total of approx. 1.5 million. Comparison of estimates of the number of potential applications (6-7.5 million)

shows a clear gap and can be regarded as an indication that [...] the number of unmet needs is significant "[5, p. 273 – 274]. The EZOP survey results indicate that the health care system in Poland covers approx. 25% of those needing help, but as indicated by Strathdee and Thornicroft [8] support should reach approx. 80% of people with serious mental illness and up to 33 – 50% of people suffering with depressive and anxiety disorders or addictions.

Increasing access to psychotherapy is one of the most important challenges both worldwide and in Poland. One of the four basic tasks of the WHO action plan on mental health for the years 2013 – 2020 was to "provide a coherent, integrated and accessible services in the field of mental health in local communities" [7, p. 13]. The authors of the Polish EZOP study also indicate in their summarizing recommendations: "Effective and cost-effective treatment requires a profound reorientation of the mental health care system. We must move firmly towards community-based care that includes not only specialist services, but also primary health care, social care and NGO services that together would create a support network, a health promoting network and cushioning the destructive interaction between mental disorders and their perceptions. As our research shows, such a model enjoys greater social support than the "hospital-centered" model, which imposes the dominance of large psychiatric hospitals "[5, p. 277]. Report of the Human Rights Defender entitled "Mental health care in Poland: challenges, plans, barriers, good practices" contains a similar recommendation: "The second direction, in fact even more important, is building a support network involving all possible institutions, public and private, and local communities in activities in the field of mental health protection. If this element is neglected, the funds invested in the high development of the specialist mental health service will not translate into sufficient results. In essence, this means the need for a multidisciplinary organization of the mental health system that goes beyond the medical framework "[9, p. 15].

Psychotherapy is an effective method of treating mental health disorders that can be implemented in various social support systems, also outside the health services and hospital conditions. General conclusions from contemporary research on the effectiveness of psychotherapy indicate that psychological therapies can be used to effectively treat mental disorders. Psychotherapy – used both in conjunction with pharmacotherapy and without it – is more effective than placebo, and various psychotherapy paradigms are at least as effective as pharmacotherapeutic interactions, and may also enhance their beneficial effect [10–13].

Psychosocial factors, which are at the center of psychotherapeutic thinking, influence the functioning of genes, and the brain is able to change its neural connections in order to develop new health-promoting habits. Psychotherapeutic effects in the treatment of mental disorders have gained new interest when contemporary research showed that the effectiveness of treatment with antidepressants was significantly overstated for a long time,

and that long-term use of anti-anxiety drugs brings anti-therapeutic effects. In addition, psychotherapeutic interactions cause behavior enhancements that persist long after the end of therapy. Such results do not increase in the case of patients using only drugs, even when the body's response to pharmacotherapy is positive [14].

The results of numerous studies suggest that psychotherapy is a cost-effective method of treating mental disorders [15–19]. Lazar [20] in a cross-sectional article proves that psychotherapy is not only an effective, but also a profitable service, leading to savings related to the reduction of costs of possible additional medical services and social costs associated with mental disorders, even though it is not a "cheap" method in itself. The indirect definition of profitability of psychotherapy indicated by Lazar may be the cause of limited availability of services and difficulties in their dissemination. Despite the scientifically proven effectiveness of psychotherapy in absolute terms, it is a relatively expensive service. Increasing the availability of free psychotherapy and creating new, cost-effective models is therefore one of the most important challenges undertaken both at the level of health policy [21] and scientific research [22, 23].

An attempt to define "a person trained in psychotherapy" encounters obstacles because training in psychotherapy lacks universal, uniform regulations. Fiorillo and his colleagues presented the results of a survey carried out in twelve European countries (excluding Poland), indicating some significant discrepancies in psychotherapeutic training. For example, in eight countries (Austria, Belgium, Cyprus, Estonia, Italy, Spain, Sweden, Turkey), psychotherapy is only provided privately, in four (Germany, Switzerland, UK, France) – also in public services. In all the countries covered by the survey trainings in psychodynamic and cognitive-behavioral therapies are available, but only six of them provide training in systemic therapy. Other schools are represented even less frequently. In three countries, the basis for obtaining qualifications is documented clinical internship, in four – an examination, in others there are no clear legal regulations. Only seven countries (the source material lacks data on which countries) provide supervision during training, although almost all of them require it [24].

Van Deurzen [25], Priebe and Wright [26] and Ginger [27] in the reviews of psychotherapeutic education models in Europe and around the world, indicate similar regularities: the general dominance of psychodynamic and behavioral-cognitive approaches and discrepancies in the individual qualification criteria or training requirements. They emphasize, however, that the general trend in defining the framework for psychotherapeutic training, set by European, transnational associations of psychologists and psychiatrists, allows for the identification of certain general criteria common to training in individual countries (despite the lack of universal political support for one specific organization or set of guidelines).

An example of good practice in determining the competence of specialists in the field of psychotherapy for the use in health care systems is the program of increasing access to

psychological therapies implemented by NICE in Great Britain since 2007. The program began with a description of the qualifications to conduct cognitive-behavioral therapies (CBT), and then an analogous description of the qualifications to conduct psychodynamic therapies was prepared. The evidence-based description has been systematized by dividing competences into five areas: general competences used in psychological therapies; basic psychoanalytic/psychodynamic competences; competences in the use of specific psychoanalytic/psychodynamic techniques; competences to use interventions adapted to given problems; and meta-competences – higher order competences [2]. It is worth noting that, similarly to this study, the authors treat psychoanalytic psychodynamic therapies as a uniform group of therapies, at least in terms of the competences required to conduct them.

III. Psychoanalytic and psychodynamic therapy as evidence-based approaches

One of the currently used psychotherapeutic methods are psychoanalytic and psychodynamic psychotherapies. They come from original psychoanalysis, that is, the first method of "treatment by conversation", created by Sigmund Freud at the turn of the 19th and 20th centuries. Contemporary psychoanalytic and psychodynamic psychotherapies constitute a diverse group of short – and long-term therapeutic approaches of varying degrees of intensity, with the two most important distinguishing features. These are: 1) recognition of the unconscious content; 2) focusing clinical work on understanding and examining the unconscious content during the patient's meeting with the therapist [28].

Psychoanalytic therapies are based on a complex system of theories explaining the dynamic unconscious, sexuality and close interpersonal relationships, relational drives and needs, human development, defense mechanisms and the structure of the mind. Regardless of the detailed differences in theoretical orientations, psychoanalytic therapists use a uniform technique of work, including: focusing on affect, exploring ways in which the patient avoids disturbing thoughts and feelings, identifying recurring plots and feelings, discussing past experiences from a development perspective, focusing on interpersonal relationships, focusing on the therapeutic relationship [29]. When it comes to working techniques, psychoanalytic psychotherapies create a relatively homogeneous way of clinical management.

In the world scientific literature, the concepts of psychoanalytic psychotherapy and psychodynamic psychotherapy are most often used interchangeably, which results from the above-mentioned common assumption of the existence of a dynamic unconscious for all variants of this treatment method, i.e. phenomena that we are not aware of, although they affect our current experiences.

Psychoanalytic and psychodynamic psychotherapies are therapeutic approaches based on scientific evidence of its effectiveness, presented, inter alia, in a cross-sectional publication by Fonagy published 20 years ago [30]. The most recent supplement to the work

presented above is an article by the same author published in *World Psychiatry* [31]. Fonagy takes into account results of trials conducted in the next decade, highlighting conclusions of meta-analyzes and RCTs (randomized controlled trials). He notes that "compared to the control groups (waiting list, placebo, treatment as usual), psychodynamic therapies usually prove to be an effective approach in the treatment of depression, eating disorders and psychosomatic disorders […]. The strongest evidence concerns the effectiveness of long-term psychodynamic psychotherapies in the treatment of personality disorders, especially borderline personality disorder "[31, p. 137].

In addition to the above-mentioned publications, in recent years there are more and more reviews and systematization works [32–35], gathering and disseminating evidence for the effectiveness of psychoanalytic or psychodynamic psychotherapy.

In the last fifteen years, many RCT-type studies have been developed, raising the importance of empirical evidence for the effectiveness of psychoanalytic therapies [36–38]. The increase in the number of studies with a similar methodological structure made it possible to conduct meta-analyzes, i.e. to compare the results of individual RCT studies with each other and to formulate more general conclusions. The most comprehensive and methodologically most accurate meta-analyzes of the effectiveness of psychoanalytic psychotherapies were presented by e.g. Leichsenring [39] (no significant differences in the size of the therapeutic effect were shown between short-term psychodynamic therapy and behavioral-cognitive and behavioral therapy), Leichsenring, Rabung and Leibing [40] (demonstrated that the effect size of short-term psychodynamic psychotherapy ranges from 0.8 to 1.39), Cujipers et al. [41] (no differences between the psychoanalytic approach and other approaches in the treatment of depression have been demonstrated), or Leichsenring and Rabung [42]. Overall, the results of meta-analyzes confirm that psychoanalytic psychotherapies are an effective method of treatment with a medium or high effect value.

According to the results of the cited studies, Gabbard [43] notes that "psychoanalytic psychotherapy offers something more than a large part of society demands desperately, which is easy solutions to complex problems. At present, the effectiveness of the psychodynamic method is no longer in doubt. There is an enormous amount of evidence to prove this "[43, p. 137].

Kalita and Chrzan-Dętkoś presented a detailed review of the results of contemporary research on the effectiveness of psychoanalytic and psychodynamic psychotherapy (treated as a common group) in Polish [44]. These results fully authorize psychoanalytic or psychodynamic psychotherapies as confirmed by scientific evidence.

IV. Description of the qualifications necessary for psychoanalytic and psychodynamic psychotherapists

A. General description

A person competent to conduct psychoanalytic/ psychodynamic psychotherapy of adults, uses the current knowledge about psychoanalytic/ psychodynamic psychotherapy and can independently qualify a person for therapy, understanding the indications and contraindications for this type of therapy. He/she is able to recognize the mental state of the patient as part of the diagnosis and understand the causes of their ailments, problems and suffering. A specialist can formulate a psychodynamic diagnosis and clearly convey it to the patient. Posesses skills and attitude to understand and conduct the therapeutic process and the ability to recognize resistance phenomena that appear in the therapeutic process, and to distinguish them from impasse. Such a person applies understanding and techniques that allow to effectively and efficiently solve the patient's problems and offer him/her an understanding of his/her internal situation, respecting their freedom and autonomy.

A person competent to conduct psychoanalytic and psychodynamic psychotherapy of adults is prepared to work independently with people in an emotional crisis, people with various mental disorders, diagnosed with neuroses, personality disorders and mental diseases, and to work in therapeutic teams dealing with the therapy and prevention of mental disorders, taking into account different places and forms of employment (mental health centers, hospitals, clinics, public and private health care facilities, associations, etc.).

An educated psychoanalytic/ psychodynamic psychotherapist uses supervision as part of his/her activities and improves his/her working methods so that the actions they undertake, are consistent with modern knowledge, the rules of art and the professional code of ethics.

B. Training

Psychoanalytic and psychodynamic psychotherapists acquire their competences through participation in training that meets certain criteria. The quality of training and its compliance with the standards presented below are supervised by associations of psychoanalysts or psychoanalytic or psychodynamic psychotherapists, registered in the territory of the Republic of Poland or abroad, for at least five years under the "law on associations", which: 1) indicate as the main statutory purpose development of clinical knowledge and practice in the field of psychoanalysis, psychoanalytic or psychodynamic psychotherapy; 2) have a code of ethics, structures and procedures to intervene in the event of suspected professional and ethical non-compliance (peer court and/or ethics committee); 3) follow the standards of educating psychotherapists and supervisors in accordance with the standards

of the European Federation for Psychoanalytic Psychotherapy (EFPP) or the European Association of Psychotherapy (EAP) or another recognized international association of psychotherapists or psychoanalysts.

The prerequisite for starting training is a university degree in psychology, medicine or social sciences and humanities. Among others, psychotherapists who already work in other approaches, clinical psychologists and nurses may qualify for training. The training covers a minimum of 1250 hours, and depending on the specificity of individual instances supervising the course of the training, this number consists of about 300-400 hours of theoretical training, and the remaining 850-950 hours are classes developing workshop skills or clinical seminars, as well as supervision of clinical work and involvement in own therapeutic training experience.

C. Areas of Competence

As a result of the training, psychoanalytic and psychodynamic psychotherapists develop the following areas of competence:

a) use of knowledge and understanding in the field of mental health of adults,
b) practical application of the rules and principles of psychoanalytic/psychodynamic therapy,
c) have the ability to diagnose for psychotherapy and conceptualize the problem.
d) have the ability to conduct psychoanalytic/psychodynamic individual psychotherapy of adults.
e) adhere to professional and ethical principles,
f) have the ability to use supervision.

The main goal of this work is to systematize the set of competences that characterize psychoanalytic and psychodynamic psychotherapists. Nevertheless, guided by pragmatic considerations, the authors also propose specific **verification criteria**. One of the reasons for formulating the proposal to verify competencies is to counteract discretionary decisions about competences or the lack of them based on unclear criteria by supervisors or trainers. Another reason for linking competences with the methods of their verification is the attempt to standardize training requirements – and thus also the methods of verification of the effectiveness of training – for all training psychoanalytic and psychodynamic psychotherapists.

The description of the skills acquired during the training in the field of psychoanalytic and psychodynamic psychotherapy in an expanded version, including the criteria for verification of knowledge during the training, is presented in Table 1.

Table 1. **Detailed description of competences to conduct psychoanalytic and psychodynamic psychotherapy**

Area of competence	1. Using the knowledge of psychopathology and mental health problems in adults [2, 43, 45]
Skills	Verification criteria
The therapist uses knowledge about psychopathology and mental health problems in adults	In the case report, the therapist presents and then discusses the mental state examination during the interview with the examination board, including: — diagnosis for psychotherapy — diagnostic criteria of major mental disorders according to the current classification systems, with an indication of the areas of differential diagnosis — formulated diagnosis for psychotherapy in a psychoanalytic/ psychodynamic model
Area of competence:	2. Using the assumptions and principles of psychoanalytic/ psychodynamic therapy [2, 28, 45]
Skills	Verification criteria
The therapist characterizes the main theoretic assumptions and principles of psychoanalytic/ psychodynamic therapy	In an interview with the examination board, the therapist: — discusses the concepts of psychoanalytic/psychodynamic therapy and understands their implications for clinical practice — presents the ability to assess whether the psychoanalytic/ psychodynamic approach is justified in a given case — demonstrates the ability to identify and efficiently apply the most appropriate model of work within the psychoanalytic/ psychodynamic approach in a given case
Area of competence:	3. Diagnosis for psychotherapy and conceptualization of the problem [2, 45]
Skills	Verification criteria
The therapist conducts preliminary consultations on psychotherapy and operationalizes the patient's problem	In the case report and the interview with the committee, the therapist presents and discusses: — ability to formulate psychoanalytic/psychodynamic observations; assessment of the current functioning of the patient — data from psychoanalytic/psychodynamic initial consultations for psychotherapy and the characteristics of contact with the patient — factors that are potentially causing current problems or disorders — a list of problems and expectations with which the patient comes for therapy — ability to incorporate the observation of the patient's non-verbal messages into the diagnosis into psychotherapy and conduct the therapeutic process

table continued on the next page

The therapist formulates a conceptualization of an adult patient's problem	In the case report and the interview with the committee, the therapist presents and discusses: — structural diagnosis — understanding the dynamics of the patient's problems and symptoms — the dynamics of the transference relationship
Area of competence:	4. Conducting psychotherapy [2, 46, 47, 48, 49]
Skills	Verification criteria
The therapist establishes and maintains a therapeutic relationship with an adult patient	The therapist discusses the importance of the therapeutic relationship, relating this information to the problem and goal of the therapy. In the case report, he/she presents: — description of the course of therapy — ability to work with transference and countertransference — ability to recognize and work with defenses — ability to recognize the manifestations of the phenomenon of resistance, differentiate it from a deadlock situation, the ability to undertake constructive work with resistance — ability to create dynamic interpretations — ability to study the influence of unconscious dynamics on a relationship — ability to deal with the emotional content of the session — ability to build and maintain a balance between interpretive work and support — ability to work through the final period of therapy — ability to maintain psychoanalytic/psychodynamic focus — ability to listen to the patient empathetically — ability to listen and observe, including own state of mind — therapeutic ability to move between empathic immersion in the patient's perspective and the perspective of an outside observer — ability to conceptualize reflective content in relation to theoretical models — ability to communicate therapeutic content in a way that is understandable to the patient.
The therapist manages the framework of the therapy session	The case report shows that the therapist: — conducts the session within the scheduled time and understands the concept of keeping the boundaries and working on violating them — guarantees a permanent place and conditions for psychotherapeutic work — maintains the session structure — is neutral
Area of competence:	5. Compliance with professional and ethical principles [2, 50]
Skills	Verification criteria

table continued on the next page

The therapist uses knowledge of ethical and professional codes	In an interview with the commission, the therapist: — discusses the principles contained in ethical codes and legal regulations regarding standards of proper conduct in working with patients — on the basis of a description from his own therapeutic practice, discusses the ethical risks in the work of a psychoanalytic/ psychodynamic psychotherapist and how to solve them
The therapist applies the principles of ethical and professional conduct in working with the patient	In an interview with the commission, the therapist: — referring to examples from own therapeutic practice, discusses the principles of contract, informed consent of the patient to start therapy — referring to examples from own therapeutic practice, discusses the principle of confidentiality — on the basis of case reports from his own therapeutic practice, discusses situations in which the therapist's personal problem or disorder may affect the ability to practice and take appropriate actions (e.g. therapeutic support or resignation from practice)
Area of competence:	6. Using supervision * [2, 51]
Skills	Verification criteria
The internalization of the attitude of continuous personal and professional development of a psychoanalytic/psychodynamic psychotherapist	— Therapist: — discusses the role of supervision in psychoanalytic/psychodynamic therapy — understands that supervision is a necessary element of training and therapeutic work — gives examples of the beneficial influence of supervision on therapeutic work — determines how the training, conferences and seminars in which he/she participated and the knowledge and skills gained there was used by him/her in therapeutic work with patients (transfer of knowledge from training experiences to clinical practice)
The therapist shows the supervisor the course of the current therapy process	— Therapist: — prepares a written description of the current course of therapy — discusses the course of therapy with the psychoanalytic/ psychodynamic therapy supervisor
The therapist recognizes the factors that negatively influence the therapy process	During the conversation with the supervisor, the therapist: — identifies the problem/problems related to both the patient's and his own person, which, in his/her opinion, may hinder the therapy process — describes the supervisor's own countertransference feelings and analyzes them — refers to the supervisor's comments on the therapy being conducted — uses the information obtained during the supervision in therapy

* The criteria for verifying the ability to use supervision are verified by the supervisor and describe whether it is included in the supervision recommendation

D. Typical application of qualifications

Persons qualified to conduct psychodynamic/psychoanalytic psychotherapy of adults can find employment in public and non-public health care facilities (hospitals, mental health centers, mental health clinics, etc.), pedagogic and psychological counseling centers, social welfare centers, private psychotherapeutic centers, NGOs and other institutions offering psychological help. They can also run their own psychotherapeutic practice. According to the research results, i.a. Leichsenring (2008), indications for short – and long-term psychoanalytic/psychodynamic therapy include: depressive disorders, anxiety disorders, personality disorders, somatization disorders, eating disorders, disorders related to the use of psychoactive substances [43].

V. Summary

In this paper, we present a description of the competences necessary to conduct psychodynamic and psychoanalytic psychotherapy, formulated by delegated representatives of professional associations dealing with training and certification of psychoanalytic and psychodynamic psychotherapists. We have substantiated the need to create homogeneous descriptions of qualifications that allow public health systems, politicians and other policymakers to have a better understanding of evidence-based psychotherapy. We have briefly characterized psychoanalytic and psychodynamic psychotherapies as approaches with scientifically proven effectiveness in treating of mental disorders. Basing on this background, we have identified sets of competences that include the use of knowledge and understanding in the field of adult mental health; using the assumptions and principles of psychoanalytic and psychodynamic therapy; having diagnostic skills for psychotherapy and problem conceptualization; conducting psychoanalytic and psychodynamic individual psychotherapy of adults; using supervision and following professional and ethical principles.

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