

# **The Psychotherapeutic Professions in Chile**

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## **I. The Current Situation of Psychotherapeutic Professions**

### ***1. Identity of the psychotherapeutic professions.***

Only psychologists and psychiatrists who are licensed with different theoretical orientations (psychoanalysis, cognitive, humanistic, family therapy, and integrative therapy) can practice psychotherapy.

Psychologists are authorized to use the title of ‘Specialist in Psychotherapy’ and psychiatrists use the title of ‘Specialist in Psychiatry’.

Also there are some unofficial therapists (experts in coaching and counselors, etc.) but they do not have official recognition and they are very few. However, they have a journal to promote their activities, talks and workshops.

Psychologists and psychiatrists provide individual, couples and group therapy, in private practice and in public contexts. The principal difference between them is that psychologists are not allowed to prescribe medications.

For psychologists, training used to require only completion of the 6 years of psychology curriculum. Now the curriculum is shorter (4 years plus professional practice) and students obtain a general psychologist title; but, in order to be accredited, they need to go for post-graduate studies to learn about psychotherapy theory and techniques. These post-graduate students need to complete 100 hours of theoretical classes, 100 hours of bibliography discussions, 100 hours of practical workshops, 160 hours of patient attention, 60 hours of

supervision, and deliver a small thesis about a psychotherapy subject. These studies take at least two years and are given by some post-graduate programs at universities or private institutions, or can be taken by tutorial system (Bagladi, 2002).

These requirements are supervised by the National Commission of Clinical Psychologist Accreditation which has given the title of Specialist in Psychotherapy since 1993. This Commission started because the number of universities that offered psychology programs in Chile grew dramatically. One of the principal functions of this Committee was to regulate the training quality for clinicians. The Committee is principally validated by the peers, with no legal support.

Psychiatrists require 3 years of training in a university department of psychiatry and accredited services after finishing medical school, and need to pass four different Mental Health Units (depending on their training program) in order to be accredited. An annual examination and a final practical examination must be taken that is given by a Commission constituted by professors of different university departments.

The title of Specialist in Psychiatry is recognized like any other medical specialty. They are allowed to work in the public and private areas and to treat patients or clients with the benefits and/or subsidies of the health care system.

The professional associations or organizations that represent practitioners are the 'Sociedad Chilena de Psicología Clínica' for psychologists, and the 'Sociedad de Neurología, Psiquiatría, y Neurocirugía' (SONEPSYN) for psychiatrists.

In cases where sanctions of therapists are required, they are given by the association or society to which the professional belongs. If a psychotherapist does not belong to one of these groups, the only sanction available comes via lawsuit.

Psychologists are now more accepted by the public. They are also working with more severe patients, and more people are asking for their services. It seems more accepted to go to a psychologist than to a psychiatrist. Psychiatry is considered by the public like one more of the medical specialties, but still with some stigma for patients, especially in the less educated public.

## ***2. Relations among the psychotherapeutic professions.***

Relations between psychologists and psychiatrists at present are good and the professions have a mutual collaborative attitude, but this situation is new since more or less 18 years. Twenty years ago the conflict between these two groups was hard. Relations between psychiatrists and psychologists were greatly improved by clarification of their boundary and reciprocal recognition of their identities and roles, which helped foster their present collaboration.

Only psychiatrists are legally allowed to diagnose patients, but actually this applies mainly in big cities because in small ones many times there are no psychiatrists, and the psychologists there have more authority in mental health than general physicians.

In the Health Services, the head of the Psychiatry Service is a psychiatrist like the chief of the staff. However in the Mental Health Service, the head can be a psychologist, a nurse or social worker specialized in mental health, if they have the leadership and they are qualified.

One important event that helped to improve the professional relationship of psychologists and psychiatrists was the creation of the Chilean SPR chapter in 1992.

### ***3. Relation of the professions to the health care and/or social service systems.***

Mental health professionals are integrated into the Health Services. In addition, there are social welfare institutions in the counties of cities that include mental health services.

In the Public Health System, funds for mental health are part of the general health budget, and the tendency is to integrate mental health services with the rest of health care. County Mental Health Centers also exist as a result of historical developments, but have traditionally focused primarily on the problems of adolescence and drugs.

Benefits for elective treatment by psychiatrists and psychologists are paid by the National Funds of Health (FONASA) or by private health insurances (ISAPRES) with a co-payment by the users. The ISAPRE restricts this co-financing to a few annual sessions. The number of [therapy sessions with psychologists paid for by FONASA and the ISAPRES is 3, and in some cases the number may be increased. There are not similar limitations for psychiatrists.

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

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

The governmental agencies and the legislative body have been renewing and updating the laws and regulations concerning more seriously impaired mental patients: the regulation for commitment for inpatient care; the law and budget for rehabilitation of chronic psychiatric patients; the regulation for day hospitals and homes. A guaranteed system for the care of schizophrenic and depressive patients has also been created within the Health Reform.

The emphasis of the governmental agencies has been on regulating and facilitating the treatment, and protecting the rights, of the most serious and defenseless patients, as well depressive patients. Psychotherapy for neurotic or borderline patients has been left to the development that the professional groups have been able to give them.

Among psychologists and psychiatrists, interest in research has largely been limited to those in academic settings, and is only slowly impacting on professional practice. However, it is now also having an impact on leaders in the Health Ministry, who are asking for professional advice on mental health and best-practice treatments.

Psychiatrists and psychologists generally respond quickly and assertively to external inputs and changes, and their professional and scientific groups have worked to promote changes that benefit professional practice.

#### ***5. Basic skills to be required for training and practice in the psychotherapeutic professions.***

The universities and the private institutes that train psychotherapists in Chile have different theoretical, experiential and practical requirements for psychotherapists (as was noted above). Some recent qualitative studies with Chilean psychologists indicated many desirable qualities for therapists, including personal characteristics such as being a companion, being sensitive, having personal growth, being intuitive, being humble. For professional requirements the emphasis was on technical skill, having supervision, behaving ethically, and having good self-care (Fontbona & Martinez 2003; Moncada, 2005; Salvo, 2003).

On the other hand, during training, recognition was given to the importance of learning how to contain, listen, clarify, explain, explore, use humor, facilitate awareness, use confrontation, and make interpretations. Flexibility and openness to some level of theoretical and practical integration were also stressed (Andrade, 2008; Fontbona, 2003; Moncada, 2005; Salvo, 2003).

In contrast, the psychiatrists employed in public mental health institutions work in difficult conditions and generally have low incomes. These therapists must have a special sensitivity to social problems so that work with this type of patient may be intrinsically

rewarding. Another ability that therapists must have is the flexibility and diversity of therapeutic procedures needed to adapt to the diverse problems presented to them. Social sensitivity and technical flexibility have to be a requirement for most therapists who work in this area.

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

Psychotherapy research has been getting more important in academic settings over the past 18 years. Psychologists, working together with psychiatrists in many projects, are interested in research findings and are doing much research in the University and Institute context about a variety of subjects, and are disseminating the results to clinical practitioners.

Today there is also an International Doctorate Program (operated jointly by the University of Heidelberg, the University of Chile, and the Catholic University of Chile) that will produce expert researchers on psychotherapy in a few years. This is the first program of its kind in South America, and many of the professors are psychologists and psychiatrists who have worked together and been involved in the Chilean SPR chapter.

This program is going to have great impact in the way that mental health is considered, and research is central in this Program, so we expect to have a great amount of Chilean data related to psychotherapy, as well as experts to serve as advisors for the Public Health System.

Among psychiatrists, there is a group that often studies in the USA and practices according to the empirically validated therapies criteria for depressive and anxious patients. These psychiatrists require that psychotherapists be executors of techniques, like a nurse who does a procedure, in just the way “indicated by the doctor.” However, there is another group of psychiatrists, more open minded, who try to build bridges between researchers and clinicians through annual encounters, e.g., a group holding annual meetings that combine clinical talks with

invited talks by well-known SPR researchers to discuss the implications of findings for clinical work.

In summary, some Chilean psychotherapists are much involved in research, with psychologists and psychiatrists working together on this subject, applying for and receiving grants on a variety of matters of concern to different theoretical orientations.

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