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/Part 6 of Chapter 1: Psychotherapy in Europe/

Estonia

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1. Some background remarks

Estonia is one of the smallest European countries with 1.34 million inhabitants as of 01.01.2001¹.

From 1991 on, after 51 years of totalitarian regime, Estonia has been a democratic parliamentary republic with a president having relatively symbolic powers. For the last ten years, Estonia has been governed predominantly by right-wing governments, which has allowed rapid economic recovery at the price of restrained social welfare and high levels of social stress.

The share of health expenditure in GDP in the year 2000 was 6.1%, the share of social welfare with pensions excluded – 2.7%². Unemployment rate stood at about 12% at the end of 2001 and is relatively stable.

To better understand the social background for psychotherapy, some key features of Estonia are presented here to allow comparison with other European countries:

- relatively big income differences in population, which facilitate social tensions (Gini coefficient 0.37 by the end of 2000)²
- one of the highest suicide rates in Europe: 28 per 100,000 inhabitants²
- relatively aged population (1.5 working inhabitants per 1 pensioner)
- relatively high standards of medical services (increasing number of students from EU countries studying medicine in Estonia)
- the majority of population is not able to buy psychotherapeutic and counselling services from private providers.

One Euro equals to 15.6466 Estonian crowns (EEK), average gross salary is around 5,000 EEK (320 Euros), average old age pension at the end of 2001 was 1,500 EEK (96 Euros)².

2. Historical notes

Estonia has strong traditions in psychiatry from times of Prof. Emil Kraepelin, who headed the University of Tartu Department of Psychiatry in 1886 -1891.

This tradition ensures strong positions for biologically oriented psychiatrists in contemporary Estonian medicine, which leaves a rather marginal position to psychotherapy in the eyes of the majority of doctors. The first attempt to implement psychotherapy, as far as known to the author, was made by Dr. Hion, who gathered groups of psychiatric patients in his home for regular group sessions in the late 1930s (Ene Hion, daughter of Dr. Hion, personal communication 17.01.02.).

Psychotherapy from 1940s to 1960s was officially not allowed as something ideologically hostile to communist regime. Toward the end of 1960s strict rules were relaxed, and psychiatrists and heads of clinics were actually allowed to implement psychotherapy at their own risk. This informal step-by-step movement has led to first official appointment of Dr. Aare Sergo to the post of psychotherapist in Tallinn Psychiatric Hospital in 1979. This appointment was preceded by his 1-month training in 1978 in St. Petersburg Bechterev Institute (Russia) and 4+1 month training in Moscow with Prof. Rozhnov. Theoretically, Dr. Sergo's work can afterwards be classified as a mix of St. Petersburg version of psychoanalytically oriented therapy and Moscow version of Schultze's autogenic training³. Now he is working with cognitive behavioural method.

In Tartu, the second-largest town of Estonia, psychotherapeutic methods were more actively used in the psychiatric clinic from 1986 by clinical psychologists after their 2-months therapy training in St. Petersburg Bechterev-Institute. Active interest of psychologists to use

psychotherapeutic methods outside health care began from the year 1981 under the impact of Lithuanian psychotherapy. In 1986 ten Estonian psychologists participated in workshops and lectures held by Carl Rogers in Moscow.

At the end of 1980s the borders of Estonia as a province of the Soviet Union were gradually opened to the West and many psychologists and doctors travelled abroad to participate in therapy training workshops. From 1986, foreign therapists were more and more often invited to Estonia for demonstrative workshops of their therapy.

During 80s wide-spread understanding of professionalism was seen as participating in as many different workshops as possible, and avoiding specialization in one method or school of therapy. Although psychotherapy methods were quite widely used in many clinics, lack of appropriate training, supervision and certification only allows to view these attempts as a prehistory of therapy in Estonia. Existing without financial, legal, educational and organisational infrastructure, therapy in the 80s can rather be seen as an enthusiastic intellectual protest movement than a true treatment method with controlled outcome.

At the turn of 80s and 90s, contacts with Western colleagues brought local therapists and counsellors to the new understanding that true professional training takes years and is only acceptable under one selected school of therapy, which is accepted widely in various countries. As a reaction, long-term therapy training started, mostly led by invited foreign therapists. Consequently, in 1989 systematic training in psychoanalytically oriented therapy started, in 1992 – gestalt therapy and so on. It is better to follow the events school by school, as follows below.

3. The number of psychotherapists Estonia

It is difficult to determine the number exactly. The majority of therapy schools are following a three-level training scheme: introductory course, core training and training for supervisors and trainers. Lack of legal regulation of psychotherapy in Estonia allows each school to follow their own standards in deciding after which level a trainee can be called a therapist and entitled to use this title in practical work with clients. If we take the admission criteria for EAP and Level Two graduation in training, the number of trained therapists can be estimated around 115. It corresponds to one therapist per 11 thousand inhabitants. Together with those who passed only the first level of training in 1-2 years, the number can roughly be estimated somewhere between 200 and 300. Together with those who have passed only short-term workshops, and nevertheless decided to call themselves therapists, the number can reach 400-500. Clients and employers of therapists are not yet sufficiently aware of differences between these three groups of persons calling themselves therapists.

4. Basic profession of therapists

The basic profession of therapists varies in different schools of therapy. The common requirement in all schools is higher education – not less than 4 years after secondary school. Some schools follow strict rules – in psychoanalytically oriented therapy and cognitive behavioural therapy training only medical doctors and psychologists are admitted, many other schools are not so strict and allow other professionals as well. Problematic is the access of nurses to therapy since the majority of them have vocational, but not higher education and they are not admitted to the majority of therapy trainings.

5. Financing and legal regulation

The most important legal act in psychotherapy praxis is the Health Insurance Regulation, which allows insurance to pay for psychotherapy only in hospitals and private units where medical doctors take the leading role. This means that a single certified private therapist with a diploma of psychologist or a social worker cannot apply for reimbursement for therapy from health insurance. Health insurance covers about 30-50% of the regular market price for one hour (13-20 Euros). Unfortunately, a therapist who is reimbursed by health insurance, is not permitted to request the remaining part of the fee to be paid by the client. This regulation diminishes therapists' interest to be reimbursed and hence, to be certified. As a result, the majority of clients receive therapy free of charge in public hospitals or pay full market price for it; reimbursement is possible, but used relatively rarely.

Using psychotherapy in hospitals is possible because of redistribution of budget expenses inside a hospital. Therapists in hospitals usually work as clinical psychologists or psychiatrists and

therapy is an important part of their regular working time. This redistribution mechanism allows us to offer group methods in hospitals and outpatient clinics, otherwise a merely symbolic reimbursement by health insurance would not encourage the use of group methods.

In hospitals the service is free for clients and a therapist works for salary. Hospitals are partly reimbursed by the health insurance system, although actually, reimbursement does not cover the hospital's real expenses for psychotherapy, so the hospitals redistribute money gained from other medical services for psychotherapy. Hospital client participation is only symbolic as a small, first visit fee.

5 ways of payment for therapy from Health Insurance are:

- admission of psychiatrist - a little more than 100 EEK per hour (about 7 Euros)
- admission of psychologist - 80 EEK (5.1 Euros)
- individual psychotherapy - about 100 EEK (6.4 Euros)
- family therapy - 104 EEK (6.6 Euros)
- group therapy - 20 EEK (1.3 Euros)

In the price list of medical services, established by the state health insurance, psychotherapy services belong to the cheapest services being at the same level with physiotherapy⁴.

Private health insurance exists, but is still too microscopic in amount to have any significance for therapy. The list of medical services, covered by private insurance, does not include psychotherapy, probably it will be included in the future.

6. Psychotherapy research

Psychotherapy research exists in two forms. Strict academic research is concentrated in University of Tartu Psychiatric Clinic and includes only cognitive-behavioural therapy method. On the other hand, many therapy training schemes include a thesis as a requirement for certification and some of these theses can be taken quite seriously as research papers.

7. Organisation

Psychotherapists in Estonia are organised into more than 10 professional associations according to their theoretical preferences. There is no umbrella organisation, but negotiations about founding one have been continuing from 1995. Therapy organisations, which are not recognized by health insurance, insist on an umbrella organisation for all therapy associations. The argument of three therapies, recognized by state insurance, is that no umbrella organization is needed, while each professional organization has its own international counterpart and differences between therapy orientations are more profound than common traits. In the period of construction of a therapy infrastructure and legal regulation, as is the case in Estonia, strong admittance to clearly separated different schools has advantages compared with a strong umbrella organization. In countries with long traditions in psychotherapy less strict regulation can be considered more acceptable⁴. The author's personal preference is the first point of view.

Through joint efforts of therapy associations, First and Second Psychotherapy Congress were held in 1995 and 1997 respectively. The continuity is now broken by organisational difficulties. Due to intensive lobby work, certificates of three therapy associations are accepted by state health insurance: cognitive-behavioural, psychoanalytically oriented and family therapy. Estonia does not have a public state registry of psychotherapists like a number of other countries.

Psychotherapy treatment is predominantly ambulatory. Special psychotherapy wards were under discussion as a German model, but not introduced because of financial reasons⁴. A specialized ward for the integrated treatment of first episode psychotic patients at Tallinn Psychiatric Hospital has been organised where psychotherapy is extensively used in combination with pharmaceutical treatment. Another ward in the same hospital treats anxiety disorders, mood disorders and personality disorders in the same manner⁶.

7.1. Cognitive behaviour therapy⁴

Estonian Association of CBT was founded in 1990 and is closely connected with University of Tartu Psychiatric Clinic. A minimum 3-year-training programme comprises 3 levels: introductory course, core training and practising under supervision. Level 4 for training supervisors is planned in the future.

1. Introductory course Year 1: 60-100 hours. Admission is free to everybody interested. Training is offered by members of Estonian Association of Cognitive and Behaviour Therapy or University

of Tartu. The certificate confirms passing training, but gives no rights to call oneself a therapist. Examination is voluntary.

2. Core training Years 2 and 3 – those admitted have passed a written exam after their introductory course and are accepted on the basis of an entrance interview. A university degree in psychology or medicine is required. Core training is given by EACBT according to an approved programme which consists of at least 300 hours of seminars, simultaneous work with patients, co-vision groups, reading of literature (at least 2000 pages). Requirements for completion: a written examination, written case-report, video of a therapy session. According to the rules of the Association, the title of therapist can only be used after graduating from Level 2.

The Level 2 certificate allows a psychiatrist to apply for specialization certificate in psychiatry from the Accreditation Committee of Estonian Psychiatric Association (the same way is open for owners of certificate in family therapy and psychoanalytically oriented psychotherapy as well). If need be, after an examination on written documentation, the Committee requires an applicant to take an additional examination. The positive decision of Committee needs to be approved by the Ministry of Social Affairs, which is authorized to provide state acceptance to the certificate. Clinical psychologists are on the way to establish analogous mechanism of state acceptance of their specialization in psychotherapy.

3. Supervised practice usually takes 2 years, including at least 100 hours of individual supervision or 150 hours of group supervision with supervisors recognized by EACBT. Completed and supervised treatment with at least 8 patients is required. Patients are taken into account if the number of sessions is 8 or more. A certain amount of supervision is required to be passed only individually. Supervisors are local practitioners with the most profound clinical experience in Estonia, who have passed at least Level 1 of training.

Each training group has its supervisor who selects and invites teaching staff, mainly Estonian specialists, but sometimes also workshops led by top specialists from other countries are included. The Association offers both therapy training and evaluation of its quality. In the future two functions will be separated and training given over to a special training organization.

The legal basis for the Association is the Bylaws, instead of a code of ethics, APA Code of Ethics has been adopted and translated.

At the moment of the interview the Association has 37 members. There are 3 supporting members, who are not actively practising. Most of the members have core training, 1/3 have finished the complete training (all 3 levels). As a rule, admitted are those who have passed or are close to passing Level 2.

Currently 16 trainees are training at Level 2 and soon many of them will be able to join the association. By profession psychologists account for 54%, psychiatrists - 41%, medical doctors of other specialities - 5%.

The charges are not regulated by the Association but depend on individual agreement between a client and the therapist or company that offers the therapy service. E.g., "EGU Erapraxis" sets charge level at 250 EEK (16 Euros) for 55-60 min. hour. At present noticeable geographical differences exist in charges.

The way how clients find cognitive behavioural therapist is as follows:

- the main channel is referral from psychiatrists, primary medicine and doctors of other medical specialisations
- feedback from other clients
- public advertisement in the media (to therapists in private praxis)
- rarely yellow pages of telephone directories

CBT is getting more recognition as an evidence based therapy for mental disorders. An overview of CBT has been included in the Professional Master's Curriculum in Clinical Psychology at the University of Tartu. The number of qualified therapists is increasing. First steps are made in efficiency research - in comparison, research pharmaceutical companies are using therapy as control groups.

In the future, the next step will be introducing first level of training in cognitive-behavioural therapy (or family therapy or psychoanalytically oriented therapy) as a compulsory component into residency curriculum for psychiatry students.

Translation of professional literature in cognitive and behaviour therapy into Estonian has been more active than in other therapy schools, especially in 90s and this is thanks to Tõnis Arro. The reason can also be seen in closer connections of cognitive therapy with academic psychology at university than any other therapy has had. The next book in cognitive and behavioural therapy in

Estonian will apparently be the translation of Handbook of CBT, recently issued in Finland by Finnish authors.

7.2. Psychoanalytically oriented therapy and psychoanalysis⁵

The Estonian Psychoanalytically Oriented Society has 11 members and many are close to meeting the criteria for admission. The Society is opened for psychiatrists from resident level upward and for clinical psychologists who have finished their therapy training.

The Estonian Society is an associate member of European Federation of Psychoanalytic Psychotherapy, being a full member would exceed the financial capacities of the Society.

Training of therapists consists of two levels, after which a training in psychoanalysis follows. First two levels are offered by Estonian therapists with participation of therapists from Sweden. Training for psychoanalysis for four therapists is functioning in cooperation with Finnish Psychoanalytical Association.

Level 1 has no admission criteria and is addressed mainly to medical doctors of different specializations; it consists of an overview of the possibilities of psychoanalytical therapy. The participants pay themselves for Level 1.

Level 2 – core training in therapy. A thorough admittance interview provides for the assessment of ego strength and communication skills and excludes persons with psychotic disorders. Level 2 includes:

- 3 years of self-therapy, twice a week (45 minutes), total amount not less than 180 hours;
- group and individual supervision, among this individual supervision not less than 60 hours per 3 years;
- theory seminars once a month (6 hours), in total 180 hours. Three kinds of seminars are theory, technical and case seminars, each led by a different therapist;
- practising therapy with minimum 2 patients during a year or more once or twice a week.

Homework takes about one third of time of training, but it is not standardised. Level 2 is finished with a case analysis. Candidates who the case analysis are rewarded by a certificate with the acceptance of a personal supervisor.

A 4-year training for psychoanalysis is offered by Helsinki Psychoanalytical Society (Finland). This Society was selected by Estonian Society. According to the decision of International Psychoanalytical Association, Estonian therapists are allowed to pass shuttle analysis instead of full analysis.

Practically it means travelling to Finland every second week. Four participants of level 4 are first persons in Estonia, who are allowed to call themselves psychoanalysts (working under supervision from Finland), they will be the first members of psychoanalytical society in the future. Level 3 training is subsidised by Finnish analysts.

The Society is legally regulated by Bylaws, the code of ethics is replaced by that of APA.

Charges per hour range between 50 and 500 EEK (3.2 and 32 Euros), depending on client and time. Psychoanalytical therapy is not provided in hospitals at therapist's salary. Public health insurance reimburses part of the charges in individual practice, if the therapist has an official licence. It is easier for psychiatrists to obtain the licence than for clinical psychologists.

The way of patients to therapy ranges from reference by psychiatrists to primary doctors. Feedback from previous clients is also important. Yellow pages do not account for many contacts. For poverty reasons it is yet so far difficult to find patients for psychoanalysis, but in psychoanalytically oriented therapy demand sometimes exceeds supply.

7.3. Child and adolescent psychoanalytic therapy⁶

Child and adolescent psychoanalytic therapy is developed by an autonomous branch of the Estonian Psychoanalytically oriented Society with its own therapist training system. The standards and training system are set according to "Constitution of the European Federation for Psychoanalytical Psychotherapy in Health and Related Public Services", taking into consideration local reality (e.g. prolonged in duration). The promotor of the training is Scottish Institute for Human Relations, which follows Melanie Klein's tradition. Finnish psychoanalytical therapists from IPA and Therapiea have also contributed to training programme.

Level 1 has no admission criteria and consists of an overview of the ways of communicating with children and young people

Level 2 - Course in therapeutic skills with children and young people

Level 3 – 3-year professional training in child and adolescent psychoanalytic psychotherapy, acquisition of professional skills leading to the award of the title of Child and Adolescent Psychoanalytical Psychotherapist

Level 4 – Course for doctoral degree in therapeutic studies of children and young people.

Of the 4 levels of Scottish training model, the first two are already functioning well in Estonia. In 2 years, 20 trainees have passed first two levels and 8 of them are continuing in Level 3 training, which started in 2001, 10 are on a waiting list. The necessity of Level 4 for Estonia is still a matter of discussion.

Financially, the training sessions have been almost free for participants, the majority of expenses for year 1995 were covered by private donations from Germany and by Foundation from the USA. The legal status of certificates of training is now in working phase. Only clinical psychologists and psychiatrists are admitted to training. Social workers can be admitted only after getting full guarantees from the Estonian state, that they are allowed to practice as therapists after certification.

Charges per hour per child range between 100 (in Tartu) and more than 200 (in Tallinn) (6.4 and 12.8 Euros). From social considerations, some children are getting private therapy free or for a symbolic fee.

Child and adolescent psychoanalytic therapy is financed from health insurance in the same way as cognitive of family therapy, and additionally also by some municipalities and EU funds through subsidised services provided by counselling centres and project work for special target groups. Child and adolescent psychoanalytic therapy is better covered by translated professional literature than many other therapies in Estonia – thank to financial support from Sweden.. .

Important information sources for clients about services are referrals by psychiatrists, pediatricians and successful clients, also targeted articles in popular newspapers and magazines.

Child and adolescent psychoanalytic therapy is at present the only psychotherapy and training system in Estonia, targeted specially to children. The demand for this kind of therapy is rapidly growing, as will be the number of well-trained therapists in the foreseeable future.

7.4. Family therapy⁷

Training is provided by private training organizations, not by the Estonian Family Therapy Association itself. The Association has training standards which the trainers have to follow. The Association has approved a number of teachers who can provide training that is accepted by the Association. The trainees who have participated in training groups that follow the Standards and that are conducted by approved trainers acquire the Association's accreditation. The training standards imply a certain number of hours of auditory work, reading, course work, supervision, practical work and family of origin exploration. The Standards require that training should have four levels: introductory level, specialization level, supervision period and follow-up period. So the whole training period is spread over 11 years (1+3+2+5). The Standards have been recognized by The Estonian Psychiatric Association and the Board of Accreditation of Clinical Psychologists by the Ministry of Social Affairs. This means that training is accepted as further specialization education and certified trainees can apply for the title of a psychotherapist at the national level.

The Association is legally based on the Bylaws and has its own Code of Ethics. It follows the guidelines of similar associations in other countries (e.g. the American Association for Family and Marital Therapy). The Code also includes regulations for audio- or videotaping sessions and the use of such recordings. It is available in Estonian only.

The number of members of the Association is 42. Most of them have completed the second level, a number of people the third level and a few the whole programme. Membership is awarded to psychotherapists who have completed at least Level 2 training (specialisation course). At the moment, medical profession (mostly psychiatrists) comprises half of the members and psychologists the other half.

The Association does not regulate the fees. The Code of Ethics only states that the questions of payment must be clearly negotiated before therapy can start. Members of the Association are encouraged to do part of their work free of charge.

The Association has negotiated with the National Health Insurance that family therapy conducted in organizations that have contracts with the Health Insurance system is remunerated by the insurance system (6,6 Euros per session) and the service is free of charge for the clients.

Clients mostly find family therapists in telephone directories and by reference from satisfied clients.

Family therapy has become increasingly popular among mental health and other human related professionals. Family centred work is also included in the Guidelines for Treatment of Schizophrenia as a treatment of choice. It is also considered a mode of treatment of choice in many other mental health problems and in case of social work and other fields (school counselling). The future seems positive. Estonian family therapists participate in international teams for training therapists in Russia (St. Petersburg, Kaliningrad), Latvia (Riga) and Lithuania (Kaunas).

7.5. Gestalt therapy⁸

The Estonian Gestalt Association was founded in 1991 and has been a member of EAP as of 1995. First attempts of taking a systematic training course from Germany and Finland date back to 1989, actually, systematic training started in 1992. The Estonian Association does not have its own training standards. Standards are set by the educator – a Danish private organisation GIS-International – and are common to training in all Nordic countries. GIS means Gestalt International Scandinavia and is led by therapist John Evans Porting. His professional genealogy: John Evans Porting and his colleague Alf Eldh (Sweden, died in 1995) were trained by Danish/US therapist Jorge Rosner, who was a pupil and colleague of Fritz Perls.

The 4-year study programme is divided into Part 1 of 2 years and Part 2 of 2 years. Each year is concluded by an examination. Part 1 is concentrated on personal development of a therapist, Part 2 on leadership, supervision, theory and ethics. On entering Part 2 of the programme, each student has to select a specialization among Clinical, Developmental and Organisational lines.

The training programme consists of the following parts (in hours)⁹.

Table 1. Gestalt therapy training in hours

	Year 1	Year 2	Year 3	Year 4	Total
Training courses	225	225			450
Supervision courses			225	225	450
Supervision in Denmark			60	60	120
Theory seminars	25	25	25	25	100
Study group	100	100	100	100	400
Practicum, assistance, supervision in weekend groups of real clients		192	192	192	576
Individual therapy	15	15	15	15	60
Examination	Yes	Yes	Yes		
Evaluation 2 days in group	Yes	Yes	Yes		
Additional training in Denmark	60	60			120
Written thesis	no	no	no	Yes	
Final evaluation 1 day in group				Yes	
Final examination				1.5	
Total minimum required	400	592	592	592	2176

Level 0 (preliminary) is self-therapy with no admission requirements (1-2 years of pre-training, 200 hours compulsory to be admitted to Level 2)

Level 1 - 2 years of self-therapy and theory classes, with pass/fail examination and evaluation at the end; theory concentrates on the roots of Gestalt therapy. Admission requirements: professional education and/or training, minimum 25 years of age, working experience with other people, passing the selection interview, passing the personality test.

Clinical line includes 800 hours of clinical practice as a surplus to the rest of the programme.

Certificate of Gestalt Therapist: after completion of all requirements the therapist is allowed to call him/herself a Gestalt Therapist. The certificate of GIS is accepted by the Finnish, Swedish and Danish states as an entrance to professional work and reimbursement from health insurance, but this is not so in Estonia yet.

As the training standards are common in all Nordic countries, training is organised in internationally mixed groups (Estonian / Finnish / Swedish / Danish / Norwegian). Trainees from other countries travel regularly to Estonia and vice versa.

More than 15 trainees have finished the training at Level 2, only 7 of them have been certified after successful presentation of a thesis.

The Association has its registered Bylaws, instead of its own code of ethics the Code of EAP has been translated and adopted.

At present the Association has 30 active members. Admission requirements include higher education without specifying a profile. Psychology leads the list of professions, but also psychiatrists, medical doctors, social workers, school teachers, a. o. are represented. Nurses are excluded in Estonia, but not in Nordic countries.

Charges for individual therapy vary between 100 and 300 EEK (6.4 and 19.2 Euros), dependent on the client and geographical area. Group therapy fee is 1000 EEK (64 Euros) per weekend per person, there are usually 3 weekends in one therapy cycle.

Health insurance does not support Gestalt therapy, the clients or their employers pay 100% of fee. Elements of Gestalt therapy are used in hospitals free for clients and therapists receive salaries. Some Gestalt therapy skills are taught to Social Work students at the University of Tartu.

Ways of clients to a therapist are (in diminishing order of importance):

- feedback from satisfied clients
- homepage of the Association
- referral of primary doctors and hospital psychiatrists
- psychiatrists themselves buy Gestalt therapy for their professional and personal development
- advertisements in the media for groups
- yellow pages in telephone directories (rarely works)

The tendency of recent years is shifting the focus from quantity of trainees to quality of provided service. In practice Gestalt therapy is more and more integrated with Organisational Behaviour, Organisational Consulting, School Development and Social Work.

The first translated book on Gestalt therapy was successful, further books are being planned to be translated.

Supervision of certified therapists is under discussion and probably will be introduced in the foreseeable future.

Some therapists practise pure Gestalt therapy, others integrate Gestalt therapy with various methods.

The professional level of training was high at the beginning of 90s and currently, but unfortunately dropped in the middle of 90s, when the role of supervisor and trainer was far too often given to persons who were no further than in the middle of therapy training themselves.

Theoretically, EGA is trying to avoid limiting itself to narrow tradition of Fritz Perls or Laura Perls or Jorge Rosner, but looking for a broader perspective. Association encourages each professional to find their own personal style of Gestalt therapy.

7.6. Psychodrama¹⁰

Estonian Psychodrama Association was founded in 1991. The Association follows the standards of Nordic Board of Psychodrama, which are in accordance with those of psychodrama associations of USA, Austria and New Zealand.

Two ways of becoming a psychodrama therapist, accepted by Estonian Psychodrama Association, are:

1. Training offered by Swedish Moreno Institute for Psychodrama, Sociometry and Group Psychotherapy (Svenska Morenoinstitutet) in Stockholm. Therapist training is led by key persons Ruuda Palmquist, TEP, and Leif Dag Blomquist, TEP. TEP is a title of the highest status in the hierarchy of training levels and means Trainer, Educator and Practitioner.

Theoretically the system includes 3 levels of training, in Estonia first generation of therapists have passed levels 1 and 2.

2. Tallinn School of Psychodrama. The content of the programme is the same as in the previous case, but the time schedule is different. The second level of training is divided between levels 1 and 3. The key person in training is Sirkku Aikolehti, TEP, Tallinn, but the graduates are examined by Ruuda Palmquist, TEP, and Leif Dag Blomquist (both Sweden) as in the first case. Formal requirements and programme are licensed in accordance with regulations of the Ministry of Education of Estonia.

Formal requirements to therapists are described and followed precisely. Those who start training but are not able to follow all standards are excluded.

The examination system is common to Estonia, Nordic countries and Germany.

Level 1 consists of 2-3 years, graduates have the title of Group Leader of Action Methods. Level 1 ends with a presentation of trainee's work before a jury of specialists and supervisors, theory questions are also included.

10 persons are currently in Level 1 training, a new group of 30-40 members is being prepared

Level 2 consists of 1200 training hours during 3 years, including also uninterrupted practising under supervision. There is an examination at the end of the 5th year of studies which consists of:

- a theoretical examination (6 hours)
- presentation of a thesis with analysis of one selected theoretical aspect of one's own practical therapist experience (not less than 30 pages).
- presentation of a 3-hour psychodrama before a jury which must include at least two TEP-level therapists.

On successful passing of the examination and presentations the title of CP (Director of Psychodrama, Certified Practitioner) is awarded. In Estonia 15 persons own this title (which is more per one million inhabitants than in Finland).

Supervision of certified therapists is not regulated, but is functioning well at present.

Level 3 ends with the award of the title TEP, but this has not yet been awarded in Estonia. The title TEP allows the therapist to establish his/her own School of Psychodrama.

The Association has its Bylaws and Code of Ethics, both available in Estonian only.

Admission requirements include just higher education (currently 2 members are allowed to participate without having higher education, due to their outstanding practical experience). Professions most often met are medical doctors, psychologists, psychiatrists, social workers, teachers and other mainly humanitarian professions. Psychologists, medical doctors and psychiatrists account for a half of all members.

The amount of charges is not regulated by the Association, charge is regulated by agreement between the client and therapist. In general it is difficult to estimate the amount of charges, while Psychodrama is rarely used as a pure method and is usually integrated with other methods. One certified therapist uses psychodrama in hospital settings, free for clients and salary is paid to the therapist. Psychodrama is not yet accepted by Health Insurance as a separate medical service with fixed price in the price-list.

Some therapists provide Psychodrama in private practice, some train psychiatric nurses to lead group work.

The range of charges varies between 200 and 300 EEK (12.8 and 19.2 Euros) per hour per individual client and 850 EEK (54.4 Euros) per weekend course.

Diagnosed patients are in groups together with clients without diagnosis, and it is still difficult to reimburse the fee for diagnosed patients.

Ways of clients to find therapists include the yellow pages of telephone directories, homepages of the Association and Moreno Institute, feedback from satisfied clients and references from primary doctors (they are informed about Psychodrama thanks to pharmaceutical companies, which invite psychodrama specialists to give lectures as part of presentations of new medicines to doctors).

2001 was an important moment in the history of PD in Estonia – the first generation of internationally certified CP therapists have started their independent practice. Annual meetings of the Association in Olustvere Manor bring together trainers and trainees of all levels, a common feeling of pride on success is experienced. Nevertheless, the energy and activities of the Association have been too much concentrated on inner affairs and organisation of the Association, now it is time to open up more to the external world and therapy in a broader context.

Parallel existence of two relatively independent training systems (Swedish and Finnish origin) respectively need high level of organisational and diplomatic skills and this has been successful.

7.7. Existential therapy¹¹

Therapists who follow this method of psychotherapy have joined into Estonian Association of Existential and Humanistic Therapy. EAEHP mediates therapy training from different training organisations, whose standards are viewed as acceptable. The leading, but not the only training organisation is Vilnius Institute of Existential Therapy (Lithuania) with its own system of standards:

Level 1, finishing with a certificate "Existentially oriented psychologist-consultant"

Level 2, finishing with a certificate "Existential therapist".

Other therapy trainings mediated - 2-year training in bodywork and

dependency oriented existential therapy training by Regent Existential College (UK). Supervision groups are in force, but the hours are not counted or integrated with the training system.

In cooperation with other organisations, the EAEHP has organised 14 seminars during the last 2 years. Regular meetings are held once every third week for discussing organizational and client problems. Negotiations are going on with EAP about joining it.

The legal basis for EAEHP is provided by bylaws, instead of their own Code of Ethics, the Code of Ethics of the Vilnius Institute of Existential Therapy is used if need be.

The number of members is 87. About 10 of them have psychotherapeutic training at least at Level 1, 3 of them have completed Level 2 and have the right to call themselves therapists. The rest have passed different short-time workshops in Russia or other countries. Regional representatives of EAEHP are in Tartu, Pärnu, Sillamäe, Narva, Kohtla-Järve – in regions, where the proportion of Russian-speaking population is higher or Russian is the dominating language.

More than half of the members of EAEHP are psychologists, others are medical doctors, social workers, schoolteachers, school leisure time activities leaders.

The amount of charges is not regulated by the Association. Some members work for a salary within the public health system using this method. One member works in an outpatient psychiatric clinic as an existential therapist. Existential therapy as a separate medical service is not reimbursed by public health insurance.

Existential therapy is used in public health system where clinical psychologists and medical doctors use this method and receive a salary. Some municipalities finance projects in which existential therapy is used in work with drug addicts.

Main groups of clients are: children, adolescents, their parents, schoolteachers, socially misadjusted clients. Successful work is being done with addicts in increasing amount.

7.8. Music therapy¹²

Music therapy stands apart from classical psychotherapies, nevertheless it is included in this article while music therapy has a well-functioning training system and was accepted as honourable method on national psychotherapy congresses in 1995 and 1997. The Estonian Music Therapy Society, founded in 1990, is a member of World Federation of Music Therapy and has a representative (Alice Pehk) in the European Music Therapy Confederation. The Society itself does not providing training. Therapists are trained and certified in Tallinn Pedagogical University as a 15-credit (=600 working hours) specialisation course for undergraduate students.

The shortened version of 12-credit one year course is provided in adult education. All training is provided as continuous education. The teachers of these two courses are educated in universities of Finland and Sweden.

The Society prepares its own training and certification standards. The Bylaws set strict criteria for separating different categories of membership, depending on certification and status in training of the applicant. All members are requested to have clear relation to music in whatever area. Currently, the Society counts 45 members, 12 of whom are certified. Under all members, musician is the leading profession, most of others are psychologists or social workers.

At international level the Society is involved in discussions about recognition of music therapy within EU legislation. The main discussion issue is the necessity for self therapy. Along with Bylaws, the Society has its own Code of Ethics, based on the Code of Ethics of the World Federation of Music therapy.

The charges in private practice are varying between 100-500 EEK (6,4 and 32 Euros). Music therapy is rarely used individually in private praxis, but often bought as a service by different organisations. In public medicine music therapy is accepted as separate health service and paid by health insurance in form of salary for the therapist. Nevertheless, the state has not yet accepted music therapy as a professional activity. Most of the clients are referred by medical doctors.

The main task for the future is to reorganise the training system, increasing its amount from one year to as a minimum 3 years and including self-therapy in the programme. As an ideal, the training program will be different for psychologists, medical specialists and musicians, depending on their basic professional education.

7.9. The Private School of Professional Psychology¹³

A special place in Estonian psychotherapeutic landscape belongs to Private School of Professional Psychology. The School is founded in 1995. Its 3-year counselling training program is follows the American model. The extent and content of the training programme corresponds to the Master's programme in the USA in the field of clinical psychology. This training model avoids specialisation in one therapy method, but offers basic competence in all therapy methods

represented in Estonia. Thank to high standards set in practical training, about 50 graduates of this school are well accepted on the labour market. Nevertheless, the American tradition in therapy training provokes some frictions with Estonian education and therapy training system, built on the European tradition. As a consequence, the legal status of well trained graduates is severely underestimated. The School has close contacts with the EAP.

7.10. Some minor and marginal schools

Through independent associations In Estonia the following schools are also represented: solution-centred brief therapy, Jungian sand therapy, supervision as a separate activity, and neuro-linguistic programming. For different reasons, they do not meet all the criteria of psychotherapy. It is especially difficult is to identify NLP and its relation to therapy. NLP in Estonia has a remarkable market share in management training and a well-functioning training system, but their ambitions to be also a therapy is a matter of discussion. The group of trainees attending a 5 year course in analytical group therapy provided by Lithuanian therapists (Dr. Laurinaitis a.o.) in Tallinn can be seen as a separate therapeutic organisation. There are some other therapy training systems, which are not formally organised and hence unknown to the broader professional community of psychotherapists, e.g. breathing therapy (by Groff), process oriented psychotherapy (by Mindell), Alexander therapy a.o.

Some of them can be very important in a couple of years.

8. Conclusion

In ten years of independence psychotherapy in Estonia has undergone a period of intensive training and investments and has reached the level where, in the main methods of therapy, the first generation of therapists who are trained according to European professional standards, is starting to train next generations. In contrast with Lithuanian colleagues, nothing is known about ambitions to establish a separate Estonian theory or practice in psychotherapy. Foreign help, intellectual, financial and moral, which was crucial in 90s, is diminishing step by step and Estonian therapists have started to offer teaching help for other countries themselves. The leading trend in the first years of this century is the separation of professional therapy with its strict rules from non-clinical use of psychotherapy methods in human resource management and counselling.

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11. A little address directory in Estonian psychotherapy and related areas

ESTONIAN ASSOCIATION OF COGNITIVE BEHAVIOUR THERAPY, Raja 31, University of Tartu Psychiatry Clinic, President in 2001 Anu Järv, contact person Anu Aluoja, +372-7-448-807, Anu.Aluoja@kliinikum.ee, 37 members, most of them certified.

ESTONIAN ASSOCIATION OF EXISTENTIAL AND HUMANISTIC PSYCHOTHERAPY, Wismari 15, 10136 Tallinn, Estonia, Chairman 2001 Dmitri Listopad listopadd@mail.ru, Tel. +372-51-43-026, founded 1998, 87 members in 2001, 10 of them have passed as a minimum first level training, 3 have certificate of a therapist.

ESTONIAN ASSOCIATION OF NEUROLINGUISTIC PORGRAMMING, Süda 1, Tallinn, Estonia, <http://www.metaprofit.ee/>, contact person Aleksander Kotchubei +372-50-29-547

ESTONIAN ASSOCIATION OF PSYCHOLOGICAL COUNSELLORS, Uus 32, 10111 Tallinn, +372-6-997-031, 6-997-033, contact person 2001 Eda Mölder, eda.molder@mail.ee

ESTONIAN FAMILY THERAPY ASSOCIATION, Paldiski mnt. 52, 10614 Tallinn, +372-6-974-561, Fax 06-974-401, +372-56-496-884, Chairman 2001 – Tiiu Luks; in 2001 42 members, most of them are certified.

ESTONIAN GESTALT ASSOCIATION, Munga 10, 51007 Tartu, Estonia, Tel./Fax +372-7-442-066, 442-282 gestalt@hot.ee, <http://home.delfi.ee/pmieesti/>, founded 1991, President in 2001 Kaupo Saue, 372-50-96-580, about 30 members, 7 of them are certified as gestalt therapists.

ESTONIAN JUNGIAN SOCIETY, +372-6-609-602, jungi.selts@mail.ee; contact person Külli Roosi roosi@delfi.ee

ESTONIAN PSYCHOANALYTICALLY ORIENTED SOCIETY, Vabriku 10-2, 10411 Tallinn, phone +372-6-417-435, Chairman 2001 Endel Talvik endel@netexpress.ee, +372-50-60-131, <http://my.tele2.ee/psyhhoteraapia/kontakta.htm>, Founded in 1992, 11 members in 2001, 4 of them are certified therapists.

ESTONIAN PSYCHODRAMA ASSOCIATION, Süda 1, 10118 Tallinn, Estonia, Tel./Fax +372-6-461-095, www.hot.ee/epdy, moreno.keskus@neti.ee, Board members 2002 are Vahur Murutar (Chairman) vahur@self.ee, Piret Visnapuu and Andres Sild, 15 certified therapists (CP).

ESTONIAN SOCIETY OF MUSIC THERAPY, Ravi 27, 10138 Tallinn, Tel. +372-56-619-250, Chairman in 2001/2002 Malle Luik, contact person Alice Pehk +372-51-06-362, alicep@tpu.ee, founded in 1990, 45 members in 2001, 12 are certified.

ESTONIAN SUPERVISION SOCIETY, contact person Aita Keerberg, +372-56-453-185, aita.keerberg@mail.ee

TARTU SOCIETY OF SOLUTION-CENTERED BRIEF THERAPY, Võru mnt. 55e, 50111 Tartu, contact person Mari Saari +372-56-983-148, mari.saari@email.isp.ee

THE PRIVATE SCHOOL OF PROFESSIONAL PSYCHOLOGY, Jakobsoni 3, 10128 Tallinn, +372-6-006-252, Fax 6-006-251, kool@profpsyh.ee, profpsyh@netexpress.ee, www.profpsyh.ee, www.netexpress.ee/profpsyh, President of the School in 2002 – Ants Parktal.

Working group of Child psychoanalytic therapy, Raja 31, University of Tartu Psychiatry Clinic, contact person Reet Montonen Reet.Montonen@kliinikum.ee, +372-52-20-428.

Working group of Process Oriented Psychotherapy, Pärnu mnt. 107-78, 11312 Tallinn, contact person Maie Oblikas +372-50-27-936, moblikas@mail.ee.