

02.19



Florence, December 2019

2	Fiammetta Cosci: Editorial
3	Driss Moussaoui: Letter from the IFP President
4	Marie Chieze: Psychotherapy for young psychotherapists: personal or professional purpose?
8	Chaimaa Aroui: Psychotherapy: A Moroccan Early Career Psychiatrist Experience
9	Philippe Grosbois: IFP memories
11	Arnold van Emmerik: The Dutch Association for Behavioural and Cognitive Therapies
12	Congress Calendar

EDITORIAL

Dear colleagues,

The IFP board is glad to send you this latest Newsletter.

The present issue first presents a letter from President Driss Moussaoui which addresses the need to help people with psychiatric disorders also in rural areas and in low- and middle-income countries describing the updates of the project programme "Psychological Help in Rural Areas". This is one of the strategic aims of International Federation for Psychotherapy in the years to come. News on this project will be provided in the next issues of IFP Newsletter.

After this, Marie Chieze, a young psychiatrist from Switzerland, nicely describes her own journey to become a psychotherapist. She highlights that becoming an acknowledged psychotherapist requests to perform personal psychotherapy. She clarifies the purpose of this requirement in her article which also discusses the impact of personal therapy during psychotherapy training from a subjective perspective.

Then, Chaimaa Aroui, a resident in psychiatry from Morocco, described her own experience with psychotherapy, both as psychiatric in training and as a person, also touching the important issue of clinician-patient alliance.

Thereafter, Philippe Grosbois, France, who was part of the IFP Executive Board refreshes us old and warm memories of the International federation for Psychotherapy and reminds us the importance of remembering, of not losing the roots.

Finally, Arnold van Emmerik, Netherlands, illustrates the activities of the Dutch Association for Behavioural and Cognitive Therapies being the President.

The IFP Board wishes all of you a pleasant reading.

Fiammetta Cosci, MD, MSc, PhD

IFP Newsletter Editor

fiammetta.cosci@unifi.it



Fiammetta Cosci. Associate Professor of Clinical Psychology, Associate Editor of the Journal Psychotherapy and Psychosomatics, President of the International College of Psychosomatic Medicine, General Secretary of the Academy of Well-Being Therapy, Board member of the IFP and newsletter editor.

LETTER FROM THE PRESIDENT

Driss Moussaoui, M.D.
President, International Federation for Psychotherapy

I promised in my last editorial to give news about the IFP programme “Psychological Help in Rural Areas” held in Morocco. Here are some of them:

- 11 villages in the regions of Larache, Kenitra, El Jadida, Sidi Bennour, and Loualidia were visited, gathering 347 women and a two-dozen of men. Information was given on depression at large and peri-natal depression, in particular. Twenty-one per cent of this group had had most probably in the past or have at present a depression, one third with post-natal depression and 10% with suicidal ideation.

- Two villages were chosen in the region of Sidi Bennour (Chraaba and Oulad Taleb Said), separated by 37 Km. Two women were trained in identifying peri-natal depression, in evaluating its severity, and how to help the patient, the new born, what to tell the family of the patient, especially the husband and the mother-in-law. Two among the chosen women are illiterate and 3 out of 4 are not married. A training session took place in Casablanca in September 2019, and principles of Cognitive Behavioural Therapy were presented in a simplified way. A programme manager was also trained, belonging to one of the programme’s partners: Zakoura Education Foundation.

- Two consultations took place in October and November 2019 in these villages with 2 and 4 residents, respectively. One hundred and fourteen patients were seen, the majority presented depression. It was interesting to see the huge demand of help which was present at the first consultation, with all kinds of requests, especially for physical illnesses and for social requests. During the second consultation, inhabitants of one village were happy with the outcome after having obtained medications in public health centres. It was the opposite for the second village, despite the support of its association. This shows that the concept of culture/sub-culture is relative in the same rural region of Morocco. Hence the concept of culture for a country or a region must be handled with care. Moreover, reluctance of men in the two villages started to melt during the second consultation asking for help for their own health problems.

-
-

- A monthly consultation will take place every month in the 6 months to come. At the end of the first year of this pilot project, I will come back with more data.

Concerning our Association, the International Federation for Psychotherapy (IFP), a number of scientific meetings and presentations were made on its behalf at:

- The 117 *Congrès de Psychiatrie et de Neurologie de Langue Française* in Beirut, Lebanon, in June 2019;
- the 19th World Congress of Psychiatry in Lisbon, Portugal, in August 2019;
- the 25th World Congress of Psychosomatic Medicine in Florence, Italy, in September 2019;
- the WHO Mental Health Forum, Geneva, Switzerland, in October 2019;
- the 23rd World Congress of Social Psychiatry in Bucharest, Romania in October 2019;
- And at the 3rd World Congress of Young Psychiatrists in Hammamet, Tunisia, December 2019.

We would like to start a tradition in International Federation for Psychotherapy: have the IFP Board members attend and contribute to the annual meetings of the Member societies. This would reinforce links with each and every one, and develop more collaboration. The first one will be with *Deutsche Akademie für Psychoanalyse* in Berlin, Germany, next March/April. IFP Board would be delighted to receive any suggestion on how to increase and improve our collaboration.



Founder and chairman of the Ibn Rushd University Psychiatric Centre in Casablanca from 1979 to 2013, director of the Casablanca WHO Collaborating Centre in Mental Health from 1992 to 2013. Founding member and past president of the Moroccan Society of Psychiatry and of the Arab Federation of Psychiatrists. He is past-president of the World Association of Social Psychiatry (2010-2013) and is currently Member of the French Academy of Medicine; World Psychiatric Association and World Association of Social Psychiatry Honorary Fellow

Psychotherapy for young psychotherapists: personal or professional purpose?

Marie Chieze

Adult Psychiatry Division, Department of Psychiatry, University Hospital of Geneva, Geneva, Switzerland

Abstract

Becoming an acknowledged psychotherapist requests to perform personal psychotherapy. The purpose of this requirement is not always clear. For these reasons, this article aims to discuss the impact of personal therapy during psychotherapy training from a subjective perspective. Personal therapy has helped me discover myself better and thereafter a vocation to become a therapist. The constancy and involvement of the therapist were the key points for my personal changes. Living the therapy from the inside was a way of understanding its essence and fundamental elements to be aware of when carrying it out for others. In that sense, this dynamic of therapy in therapy might be considered as an experience of a "mirrored picture". Personal therapy for therapists meets the Jungian myth of the wounded healer. Personal therapy, initiated before or during psychotherapy training, could be of importance to bring light on the therapist's shadows and unconscious dynamics so that he can later help others without the danger of being caught by his wounds. Being a therapist can be considered as a social function but also as a deep call that passes through a person on its way to becoming itself, or – as Jung would say – to individuation.

Introduction

Young psychotherapists are asked to perform personal therapy during their training before being acknowledged as fully-fledged psychotherapists. The purpose of this requirement is however not obvious. It raises the question of the contribution of personal therapy when aiming to become a psychotherapist. This therapy could indeed be considered either as a necessity or as an added-value to the therapist's role.

These questions involve distinguishing between the individual journey of the person and the function of the therapist that is learned through a training path. But it also interrogates the vocation of the therapist and the place it occupies within the person's identity. Being a therapist may be an

acquired function. It could also meet some deep structure of the identity and reveal of a way of relating to others and therefore be a true vocation and path to self-actualization. Discussing personal therapy implies a subjective perspective. The challenge of describing this experience is to bring accurate material that would both benefit the reader and the present reflection whilst avoid revealing an inappropriate intimacy.

Therefore, this article aims to relate some experiences of my therapy, to illustrate the value and purpose of personal therapy during psychotherapy training. Its contributions either for the individual or for the future therapist can be then discussed through the different steps of therapy (beginning, development and outcome).

Some personal elements to start the reflection

Initiation of psychotherapy

I met the therapist with whom I began therapy as I was studying philosophy. I had stopped a surgical internship after one year, having existential questions on the meaning of life, the human person, I could not answer through medical studies. The therapy was based on a Jungian psychotherapeutic model. The first appointment went straight to the point, I felt the person in front of me understood my questionings. He also mentioned some aspects I could not admit at that moment, as I realized a few months later. This notwithstanding, I decided to begin this inner work, wanting to find the answers I was looking for wherever they may lie.

The building of the therapeutic relationship

From an individual perspective, time was needed before "results" became observable. The first perception I raised awareness was that, through discussions and interactions, words were put on what I was living and feeling. But the establishment of true confidence required patience and resiliency. Once it grew more sensible, changes and inner motions occurred.

Reliving early attachments

I relived early attachments at different stages of the therapy. Experiencing past bounds through tangible and genuine feelings was more impacting than learning their existence through intellectual work and training. It also permitted to

visit inner resistances and conflicts and build new secure attachment.

Transference and counter-transference: engagement of the two protagonists

Therapeutic transference induced inner movements, but my therapist stayed involved, did not change his attitude. I now understand that the constancy and implication of the therapist (thus his counter-transference) were probably the most relevant issues of the therapy. They allowed me to let go to levels I had not foreseen before and enter the unknown.

The discovery of a vocation

From a professional perspective, the therapy – through the comprehension of inner motions – helped me understand what others were going through. After its beginning, I was offered to accompany teenagers to a camp. A girl had made a suicide attempt several days before and I was designated to care for her. It occurred to me that psychiatry could be a conciliation: helping persons in psychic distress and joining medicine and philosophy, allowing in this way reflections on the human person and the meaning of life. Therefore, I began a psychiatry and psychotherapy internship.

Personal therapy for the future psychotherapist

The training helped me understand the reasons for wanting to become a therapist, by distinguishing elements of Ego, which would want to save everyone, from those based on a true vocation of helper. The tenuous balance can indeed easily shift from one to the other.

Didactic therapy or mirrored picture: mise en abyme

Personal therapy enabled me to realize to what extent the therapist's constancy and involvement allow to develop the therapeutic relationship, transference, reliving of past attachments. Like backstage visit, it was similar to a "mirrored picture" of the essence of therapy, helping me understand the elements to be aware of when carrying out therapy with patients. This dynamic of therapy in therapy could be called a "mise en abyme" more than a "didactic therapy" (that could be considered as another form of training).

Discussion

Personal therapy allowed me to discover parts of me I was not aware of. By acquiring more resiliency, it permitted an

inner openness for creativity (that could be called Psyche, the Unconscious, the Imaginary, or simply life) to pass through and lead a way to become a future therapist. In so doing, it revealed a substantial vocation. From this experience of personal therapy as young psychotherapist, some elements can be discussed.

Analysand and analyst: meeting the unconscious

Psychotherapy proceeds with the building of a therapeutic relationship [1]. The latter implies real confidence between the two protagonists, with the requesting person relying on the "subject supposed to know" [2]. It involves a letting go from the analysand, which leads to changes in identity foundations and thus in unconscious life. The transference and counter-transference establishment – that occurs through this trust and letting go – questions the share of conscious and unconscious dynamics and the part of the process that can be actively induced. For Jung, transference is an important instrument of the therapy but not an absolute necessity [3]. Similar to Jung's thoughts, the therapist's constancy could be considered as a significant but not mandatory tool: helpful for some but not every patient.

The myth of the wounded healer

Wanting to become a psychotherapist, before or after beginning personal therapy, is no coincidence [3]. It is a deep call that gets clearer when one is on its way of becoming itself. Jung named this inner motion the myth of the "wounded healer" [3,4,5]. He described it as an archetype, namely "a universal, archaic pattern that derives from the collective unconscious" [6], "an inherited potential which is actualized when it manifests in behavior on interaction with the outside world" [7]. But if someone hearing this call does not visit their wounds, they will not be able to support others [3].

However, considering the therapist's function as a vocation involves the danger of identifying to the role, or – as Jung would say – to the healer or savior archetype. If a person only invests this part of identity, it would restrain its inner and external life [4] and would therefore not be on its path to individuation (or self-actualization) to which everyone is called [8,9].

Outcomes and end of a therapy

The question of the outcomes of a therapy challenges its "efficiency" and the "results" that can be expected. It also queries its ending.

Camon describes the end of the therapy when the transference intensity narrows, namely when the therapist is seen as a human person again [10] and not as the "subject supposed to know" anymore [2]. For Jung, it happens when unconscious dynamics have been overcome and release both protagonists from transferences [3]. Still according to Jung, the therapist can only bring the patient to the conscious and unconscious depth where he went but not further [3]. The release of the unconscious transferences could be the reach of the therapist's limits. The latter is a person on its path to individuation [11], having inner shadows that ask to be brought to the light of the conscious. Personal growth begins and goes deeper without ending, like the ouroboros: "The one who focuses on the unconscious without regarding the external world – where the Ego projects his views and wills – puts the snake in a circle, introduces its tail into its mouth. It is here one of the most ancient alchemical symbols: the ouroboros, the animal that devours its tail" [9].

Limits

Writing from a subjective perspective colors the discussion and reflection. But beyond a personal experience, some collective (unconscious) dynamic could be at work and meet other's, especially when speaking of the therapist's vocation. It could be interesting to compare the related experience with some of other young therapists in the perspective of personal development.

Personal therapy in psychotherapy training could be more discussed. Pursuing reflections on the ending of therapy, its continuity with another therapist or not, would be of interest. It is indeed key to question if a therapist on his way to individuation can relieve every problematic of a patient, or if some elements can only be worked with some therapists and remain unreachable to others. One example is the maternal and paternal transferences projected on a male or female therapist. Due to lack of space, this discussion will not be developed here but could be the topic of future writing.

Conclusion

Becoming a therapist does not seem to be the central outcome of a personal cure, even during a psychotherapy training. It appears to be a secondary one that is revealed by inner work, as a part of the analysand's identity that is brought to light after relieving from past wounds. The first achievement of the therapy is thus a personal journey, aiming to discover oneself so that the future healer can be aware of (some of) his limits and be involved for his patients without the danger of being caught by his shadows and unconscious dynamics. Being a therapist seems to be a vocation that comes by over-abundance when one is becoming himself. Then life can go through him to enlighten the persons that cross his way.

References

1. Gabbard, G. (2010). Long-term Psychodynamic Psychotherapy, A basic text. American Psychiatric Publishing, Inc., Washington, DC.
2. Lacan, J. (1964). The Seminar. Book XI. The Four Fundamental Concepts of Psychoanalysis. Trans. Alan Sheridan. London: Hogarth Press and Institute of Psycho-Analysis, 1977. p. 232.
3. Jung, C.G. (1980). The Psychology of the Transference, in *The Practice of Psychotherapy* (Collected Work 16), Bollingen Series, Princeton University Press.
4. Guggenbühl-Craig, A. (1982). Power in the helping professions, Spring Publications Inc. Dallas, Texas.
5. Monbourquette, J. (2009). Le guérisseur blessé, Toronto, Novalis-Bayard.
6. Feist J, Feist GJ, (2009). Theories of Personality, New York New York; McGraw-Hill
7. Stevens, A (2006). "The archetypes" (Chapter 3.) Ed. Papadopoulos, Renos. The Handbook of Jungian Psychology
8. Jung, C.G. (1933). Modern Man in Search of a Soul. London: Kegan Paul Trench Trubner.
9. Perrot, E. (2000). La Voie de la transformation d'après C.G. Jung et l'alchimie, Editions la Fontaine de Pierre. p.312-313.
10. Camon, F. (1987). La maladie humaine, Editions Gallimard, Coll. Folio.
11. Jung, C.G. & Jaffe A. (1962). Memories, Dreams, Reflections. London: Collins.



Marie Chieze

French Nationality

04.08.1987

Marie.chieze@hcuge.ch

Education:

- 2005-2008: Bachelor's in medicine, Faculty Grange-Blanche, Lyon (FR)

- 2008-2011: Master's in medicine, University of Geneva (CH)

- 2013-2016: Bachelor's in Philosophy, University of Nanterre, Paris (FR)

- 2018-2019: CAS in Clinical Research, University of Geneva (CH)

Professional Experience:

- 2011-2012: Medical resident, Surgery Department, Hospital of Jura Bernois, Moutier (CH)

- 2015-today: Medical resident, Department of Psychiatry, University Hospital of Geneva (CH)

- 2018-today: Clinical research "Implementation and evaluation of a seclusion reduction program" in the Adult Psychiatry Division, University Hospital of Geneva (CH) (50%)

Publications:

- Chieze M., Hurst S., Sentissi O. (2018), *Contrainte en psychiatrie : État des lieux des preuves d'efficacité*, *Swiss Archives of Neurology, Psychiatry and Psychotherapy* 169(4):104-113.

- Chieze M., Hurst S., Kaiser S., Sentissi O. (2019), *Effects of Seclusion and Restraint in Adult Psychiatry: A Systematic Review*. *Front. Psychiatry* 10:491. doi: 10.3389/fpsyt.2019.00491

Psychotherapy: A Moroccan Early Career Psychiatrist Experience

Chaimaa Aroui

Resident – IBN Rushd University Psychiatric Center

During my years of residency, I was fortunate to be able to train in psychotherapy; this training made a significant contribution to my daily practice. In fact, and although the patients I most often deal with suffer from heavy mental disorders imposing a pharmacological load very often, some of them, but also others that I had the opportunity to follow in outpatient clinic, have been good candidates for a more elaborate care, requiring the addition of various therapies to their care projects. In some cases, the use of psychotherapy alone has been enough to achieve a state of stability, sparing some patients the side effects of medication that may sometimes hamper therapeutic compliance. Many patients who have benefited from psychotherapy sessions have been more collaborative and more regular in their consultations. They also often spontaneously verbalized their satisfaction with their follow-up, taking stock of the importance of therapist's perceived empathy, his active listening as well as the quicker perception of positive results. In addition, it was also possible in to note some patients that had shown resistance to pharmacotherapy had surprising results in the course of their psychotherapeutic care. Psychotherapy, unlike other care tools, has the particularity of considering the patient as unique. This imposes an adaptation to his context and his experience which makes psychotherapy a tailor-made technique. Approaching patients with psychotherapeutic management allowed me to get out of the generalization of the guidelines related to the use of medication and allowed me to think more about what would be appropriate for one patient as compared to another.

Patients in spite of a common cultural background have in their life and in the construction of their personalities and

professional and social environment characteristics that make them different from each other. This imposes a meticulous search for their stressors and a thorough analysis of their cognitive schemas to allow individualized management of their problems. As a Moroccan who has worked in a European country, what struck me most is the lack of reluctance in both places towards this type of care, contrary to the resistance that remains evident in my country of origin in the face of pharmacological treatments.

Increasingly aware, patients often conduct their own research on internet before presenting themselves in consultation to ask if this or that therapy could help them. This usually leads to the foundation of a much better alliance.

Many patients have stated that the simple act of having someone listen to you unbiasedly and intently while you offload your thoughts and emotions, is a truly cathartic and valuable experience.

In a similar sense, psychotherapy also allowed me also as a therapist to do a great job on myself. Indeed, and with the aim of improving the therapeutic alliance, which is one of the most significant variables of the psychotherapeutic process, the consultations also taught me as a psychiatrist in training to be more empathetic and flexible. It also allowed me to verify that simple characteristics such as respect, warmth, acceptance, and confidence, associated with competence, are great predictors of a more favorable evolution of patients.

Psychotherapy has undoubtedly helped my personal and professional development, raising my self-awareness, emotional resilience, and confidence in my skills. It helped me accept issues from my past; it allowed me to become more authentic in my interactions with the patients and accept my strengths and weaknesses. I have learnt a lot, thus thanks to my training, and I am expecting to learn much more through practice in the years to come.

IFP memories

Philippe Grosbois

Dr in Psychology Paris X Nanterre University

I am an IFP member since 1982 and a Council member since 2000; I worked as lecturer in clinical psychology and anthropology in Angers University (France) till 2014 and I shared my research axes with IFP, with the Society of Psychotherapy Research, with the European Federation of Psychologists Associations and with the French Federation of Psychology in a 35 years period, hoping that cultural items would be important in clinical practice since I am a promoter of clinical anthropology.

I just regret that are not nowadays French members as part of the IFP. In 1980s, there were three French societies:

- the Society of Psychotherapeutic Research of French Language, particularly represented by Prof. Paul SIVADON and by Prof. Yves PELICIER. I remember that I met the last one at the IFP World Congress which was held in Rio de Janeiro in 1982. During that IFP World Congress I gave a presentation entitled "*Iniciacion y psicoterapia: la via real de la imagen*". Pr PELICIER lead me to publish my first paper in a collective book at Economica Editions under the title "*The lock and the dream. The activity of the sleep and the dream*".
- The International Society of Mental Imagery, the SITIM in French, I was secretary of this society in Paris and I brought at the IFP World Congress which was held in Rio de Janeiro in 1982 the candidacy of the SITIM to the IFP, with the support of Jean-Claude BENOIT, another famous French psychiatrist who practiced directive daydream, introduced family therapy in France ,and was member of the Board of the SITIM together with another famous Swiss psychiatrist, Pierre Bernard SCHNEIDER. SCHNEIDER had been the IFP President in the 1970s and published the famous book "Propedeutique of a psychotherapy.
- The International Group on Directive Daydream of Desoille (GIREDD).

There are not nowadays French members as part of the IFP. I think the major obstacle is that in France we have a strong heritage and psychoanalytical tradition which prevents other trends to exist; I don't think that psychoanalysis is a bad way, but it still often works like an ideology...

I very much appreciated the collaboration with Ulrich Schnyder, when he was IFP President, I had the opportunity to know him better at the IFP Congress in Amsterdam, and with Wolfgang SENF (1998-2002 IFP President), we made together a paper in the IFP Regional Congress of Barcelona. Afterwards, that was the presidency of Franz Caspar.

In 1985, the IFP Congress "*Health for all by the year 2000*" was held in Opatija (Yugoslavia), there I organized a symposium on "*Psychotherapy, imaginary and anthropology*" and made two presentations: "*Mental imagery and waking dream in psychotherapy: general view and future prospects*" and "*To train psychotherapists in a pluridisciplinary way: the original experience of the Institute of Psychotherapy of Paris*". This symposium was co-organized with the SITIM Italian group and was the opportunity to have better links with the Argentinian Association of Psychotherapy of Prof. Alberto Emilio FONTANA, an eminent IFP member. That Congress was also the opportunity to plan a stay in Buenos Aires to complete the psychotherapy training (1986 and 1988); it was a period where FONTANA was at the Head of intensive researches about using LSD 25 then ketamine in psychotherapy.

The XIV IFP International Congress for Psychotherapy, "Training in medical psychotherapy", was in 1988 in Lausanne, there I made a presentation on "*The articulation between theory and practice and the culture of the psychotherapist*".

I remember the invitation at the IFP XVII Congress which was held in Warsaw in 1998. In a private evening at Mrs KOBAYASHI house, I met Asiatic colleagues and I remember that I sang them a little French song for children which was a song with many gestures... They sang on a phonetic way because they did not know any word in French...

At the IFP XVII Congress in Warsaw, I made a presentation on the situation of psychotherapy in Europe which was published in the congress records by the Polish Psychiatric Association in 2000 under the name "*Psychotherapy: a function or a profession? A survey on the European status of psychotherapy and plans about "psychotherapists"*".

I also remember the great meetings I had at these congresses with my good friend Alfred LAENGLE from Austria (who was previous Secretary general).

In 2002, I made a presentation on "*Ethical issues about training and regulation in psychotherapy: towards an European model?*" at the XVIII IFP Congress in Trondheim

(Norway), the general thematic was “*Crossroads of Clinical - Practice and Research*”.

In 2005, the IFP European Congress was held in Amsterdam, the motto was “Mind, brain and psychotherapy”. There, I made a presentation on “*The induction of dissociation in mental imagery psychotherapy*”.

In 2010, I was in Lucerne (Swiss) in a round-table discussion (with GROBLER G., HOHAGEN F., KONG D., PRITZ A., SARTORIUS N.) on “*Psychotherapy: a legitimate profession?*” as part of the XX IFP World Congress.

I finished my career as researcher in Paris in 2014 in the frame of a round-table of the 26th International Congress of Individual Psychology entitled “Precarity, Conflicts, Violence, a challenge to the Healing and Training processes”. In 2013, I began to be ill. I was obliged to stop my professional activities in September 2014, and I was put in retirement in 2017, after a diagnosis of a rare neurologic disease, a cerebellum ataxia, a genetic disease which provokes, among others, balance troubles and chronic pains. Thus, I feel it now time I let my place in the IFP Council to another one and I wish a long life to IFP!



Philippe Grosbois
Dr in Psychology Paris X Nanterre University, previous fulltime psychology lecturer, anthropologist, previous lecturer in Medicine Faculties, cofounder of Department of Human Sciences in Medicine Faculty of Tours, previous consultant at the Center of Clinical Psychology Clinique of Angers (psychotherapy). He is member of the Argentina

Association of Psychotherapy, honorary member of the French Society of Adlerian Psychoanalysis, honorary member of the International Network for the Study of Waking Dream Therapy, member of the Scientific Council of the International Federation for Psychotherapy, of the French Association of Anthropologists, and previous secretary of the Institute of Psychotherapy (Paris)

The Dutch Association for Behavioural and Cognitive Therapies

Arnold van Emmerik, PhD

President of the Dutch Association for Behavioural and Cognitive Therapies

I gratefully make use of this opportunity to introduce our Dutch Association for Behavioural and Cognitive Therapies to the wider IFP membership. Our association was founded in 1966 and as such is one of the oldest Cognitive Behavioural Therapy (CBT) associations in the world. Ever since, we have been steadily growing towards a membership of approximately 7,000 mental health professionals to date. Our governance includes a 6-member Board which reports to a 17-member Member Council that meets with the Board four times per year. The Association is supported by a professional staff of 20 employees which is based in Utrecht, the Netherlands. We are actively involved in the European Association of Behavioral and Cognitive Therapies (EABCT) and bring out a quarterly scientific journal in collaboration with the Flemish Association for Behavior Therapy.

The main activities of our association are centered on the (continuing) education of our members to obtain and maintain our associations' registrations in CBT. This includes e.g., accrediting courses and offering continuing education in the form of conferences, courses, and seminars. Also, we are actively seeking collaboration with the Dutch Associations for EMDR and for Schema-Therapy, with whom we share a considerable membership. Together, we lobby for the value of empirically supported treatments such as CBT, EMDR or schema-therapy with government, policy makers, health insurance companies, etc., since we strongly believe that it is more effective to do this together than each on our own.

We recently joined the International Federation for Psychotherapy after being invited to do so by its former President, Paul Emmelkamp. I think the dissemination of empirically supported treatments in parts of the world where the need for such treatments is greatest is the main value of associations or federations such as the IFP and should be the main focus of its activities. In this light, I think the recent presentation of the IFP's depression report at the EU is an example of the type of activities that the IFP, and comparable organizations, such as the EABCT and the European Association

of Clinical Psychology and Psychological Treatment (EACLIP), should pursue, and I am always willing to actively contribute to such activities. I think it is fair to say however, that our Association will also evaluate the continuation of our membership based on a critical evaluation of the IFP's initiatives and activities in this area.



*Arnold van Emmerik, PhD
President of the Dutch Association for Behavioural and Cognitive Therapies*

CONGRESS CALENDAR

Please send announcements of your congresses!

20th WPA World Congress of Psychiatry

October 14 – October 17, 2020

Venue: Bangkok, Thailand

The 3rd Workgroup on Psychosomatic Research and Practice (WPRP)

September 4 – September 5, 2020

Venue: Berlin, Germany

The 26th World Congress on Psychosomatic Medicine (ICPM)

September 1 – September 3, 2021

Venue: Rochester, US

<http://www.icpmonline.org/26th-world-congress-rochester-2021>

TO MEMBER SOCIETIES

Please send information about your Society activities (e.g., training, congresses, new Boards, pictures of activities).

BOARD

www.ifp.name

Prof. Driss Moussaoui, MD
President IFP
Casablanca, Morocco

Prof. Franz Caspar, PhD
Bern, Switzerland

Prof. François Ferrero, M.D.
Geneva, Switzerland

Prof. Norman Sartorius, M.D.
Geneva, Switzerland

Prof. Fiammetta Cosci, PhD
Newsletter Editor IFP
Florence, Italy

Secretariat IFP

Carolina Osei Alvarez
secretariat@ifp.name