Up until the 1970s psychotherapy training in Sweden was organized by a few institutes, mainly in Stockholm. Training was not officially regulated and the institutes were not in any way affiliated with the universities. The first university-organized program was offered in 1968. In 1978 the Swedish parliament decided to inaugurate training courses at two universities and divide psychotherapy training into two stages. The first, basic stage taking 1.5 years (stage 1) was meant to render the students sufficiently competent to provide psychotherapy under supervision. The second, advanced stage taking 3 years (stage 2), which presupposed completed stage 1 training, qualified the students to provide psychotherapy on an independent basis. To be accepted, applicants to these courses had to work in one of the caring professions and have some experience in psychological treatment, both as a provider and a client of personal or training therapy. In 1985 it was decided that 1) the university course should be concentrated on the advanced level and that the responsibility for training at the basic level should be taken over mainly by the county councils, and 2) a certification of psychotherapists licensed by the National Board of Health and Welfare. The following therapeutic orientations were accepted: cognitive behaviour therapy, cognitive therapy, psychodynamic therapy, group therapy, and family therapy. Since 1998 it has been the task of the Swedish National Agency for Higher Education to judge the right of training institutes to award the degree, while the National Government then makes the formal decision based on the recommendations of the Agency. Psychotherapy training programs are now offered by seven universities or colleges as well as by three non-university institutes. There are, at present, almost 6000 licensed psychotherapists.
psychotherapy training program that was initially based on Carl Rogers’ theories. The first university-organized program was offered by the Department of Pedagogy at the University of Stockholm for future group therapists in 1968, and in 1971 a corresponding program in behaviour therapy was arranged by the same department and on its own initiative. The first doctoral thesis focusing on psychotherapy, specifically group therapy, was defended in 1969 (Sigrell, 1968).

In the late 1960s a number of psychotherapists of different orientations gathered to formulate a resolution in which they demanded that the state arrange university training programs in psychotherapy and establish official regulations to prevent quackery. In response the Swedish government commissioned the National University Chancellor to organize a task force to formulate a proposal for a national psychotherapy training program. In 1978 the Swedish parliament approved of the proposal and decided to inaugurate training courses at the Karolinska Institute in Stockholm and at the Umeå University in Northern Sweden. According to the proposal psychotherapy training was to be divided into two stages. The first, basic stage (stage 1) was meant to render the students sufficiently competent to provide psychotherapy under supervision. The second, advanced stage (stage 2), which presupposed completed stage 1 training, qualified the students to provide psychotherapy on an independent basis. To be accepted, applicants to these courses had to work in one of the caring professions and have some experience in psychological treatment, both as a provider and a client of personal or training therapy.

In addition to the university programs in Stockholm and Umeå, private independent training institutes were invited to organize training courses according to the national program once they were assessed and approved by a specially appointed board. This board was chaired by the principal of the training program at the Karolinska Institute. This board established the criteria for qualifications corresponding to the two training stages. Gradually, a number of private training institutes were approved to offer stage 1 training and a smaller number qualified to offer stage 2 training. Individuals who had been previously trained at these institutes could also make an application to be put on an equal footing with stage 1 or stage 2 qualified psychotherapists. In 1985 regulations for the licensing of psychotherapists were established under the authority of the National Board of Health and Welfare.

The training programs in Stockholm and Umeå were subjected to evaluative assessments, with positive outcomes in both cases. However, on both sites critical voices were being raised focusing on the dual aims of the basic training program. One such aim, as mentioned above, was to qualify students to apply for advanced psychotherapy training. A second aim was to offer further training to caring professionals (nurses, social workers, physiotherapists, carers, etc.) who wanted to improve or enlarge their competences and skills in psychotherapy-related treatments.
and interviews without wishing to become licensed psychotherapists. The general opinion was that this second aim was not satisfactorily achieved and that other training programs than the national basic or stage 1 program would serve it better. Meanwhile, many counties (which are the ultimate local health care organizers) had started training programs on their own, mainly on the basic level. Training on the basic level had also been introduced in the regular training programs for psychologists and specialists in psychiatry (including child and adolescent psychiatry). As a consequence of these various complications a new task force (UHÄ, 1985) was set up, which came to the conclusion that the limited financial resources for training in psychotherapy should be concentrated on the advanced level (stage 2) and that the responsibility for training at the basic level should be taken over mainly by the county councils.

In the context of a major reform of the university-related regulations, psychotherapy was declared a special degree, and the same year, 1993, a new law stipulated that private institutes were allowed to organize psychotherapy training only under the condition that they had passed a special assessment. As the training programs on the advanced level are specialized in different therapeutic orientations, the psychotherapy license is orientation-specific, and the psychotherapist himself/herself has the responsibility to respect the limits of his/her competence working with patients. In order to decide which orientations had been internationally tested and approved the National Board of Health and Welfare instructed a group of clinicians and researchers to explore which psychotherapies had shown scientifically documented positive effects on patients suffering from psychiatric disorders. Based on the conclusions of this group specific and detailed national training programs were designed for the following therapeutic orientations: cognitive behaviour therapy, cognitive therapy, psychodynamic therapy, group therapy, and family therapy. If not before it now became obvious that certification indicates that psychotherapists provide a form of health care. After the introduction of the licensing many psychotherapists felt the need to have their original training tested against the new training programs, and routines and criteria for such evaluations had already been available. Up until 1998 it was thus possible for psychotherapists who had been trained prior to the introduction of the national programs to be licensed by the National Board of Health and Welfare. By that time it had become obvious that licensing should actually be the task of the university organization, as it is the responsibility of the National Government, ultimately, to stipulate training standards for an academic degree. Consequently, since 1995, it has been the task of the Swedish National Agency for Higher Education to judge the right of training institutes to award the degree, while the National Government then makes the formal decision based on the recommendations of the Agency. Two rounds of evaluations have been carried out, the latest one in 2007, in which 18 institutes were evaluated. Psychotherapy training programs are now offered by seven universities or colleges as well as by three non-university institutes that have been approved. There are, at present, almost 6000 licensed psychotherapists, the vast majority of whom are licensed as psychologists as well. The psychodynamic orientation is still the most
frequent, especially among the higher age groups, but cognitive-behavioural therapy is the orientation with the highest increase in numbers.

The present regulations are being re-examined by the Swedish National Agency for Higher Education and the National Board of Health and Welfare. One of the main reasons for this assignment by the National Government was the lack of control over the basic psychotherapy training. Thus, the formal completion of the program is examined by different organizers using widely differing standards. As a consequence, students with formally equivalent but widely different actual qualifications are currently accepted to the stage 2 program, which endangers the quality of the training and, ultimately, that of the profession. At the time of writing this summary, nothing is yet known about the future organization of psychotherapy training.

**Patient safety and the responsibility of the psychotherapist**

A psychotherapist license is issued by the National Board of Health and Welfare without further testing once the student has been awarded the university degree. As a consequence, the psychotherapist's professional activity becomes subject to the laws regulating health care. All employees in public health care are subject to these laws whether or not they are licensed and under the authority and responsibility of the head officer of their clinic. Psychotherapists in private practice are, in general, responsible for themselves.

Many students in psychotherapy training are already licensed as psychologists, MDs, physiotherapists, or nurses, and therefore already independently responsible according to the health care laws. For other students in training it is their supervisors who bear this responsibility. Supervisors are themselves required to be licensed as psychotherapists and to have undergone a special training program for psychotherapy supervisors.

Psychotherapy provided in public health care is essentially a free service, after an annual threshold amount has been exceeded. Psychotherapy with providers in private practice is generally not reimbursed by the national insurance system. Previously, however, MDs in private practice were affiliated with that system and offered psychotherapy under its rules. According to the current system, individual MDs as well as other categories of psychotherapists in private practice may negotiate personal agreements with the county councils to provide a fixed number of sessions per year.
The psychotherapy training program

In order to be admitted to the training program the student has to achieve the following qualifications:

- A university degree as a psychologist, psychiatrist, or child psychiatrist, or social worker, or some other comparable university degree in the caring professions, for instance, as a nurse or physiotherapist.

These groups must have completed the basic, or stage 1, psychotherapy training. Although this is an integrated part of the psychologist and psychiatrist programs, students in other categories have to undergo a separate stage 1 program. Besides, all applicants must have been working actively with patients in psychotherapy under supervision for at least two years after training on the basic level. Further, personal therapy for at least 50 sessions (or 120 sessions in group therapy) is a requirement. Finally, the applicant’s employer must have agreed to allow the applicant, within his or her working hours, to do psychotherapy that may be subject to supervision in the training program. The student group admitted to the program at an institute is generally rather small, comprising 12 to 18 students. At some institutes training in different orientations runs in parallel groups, with parts of the curriculum taught jointly.

The program takes three years and generates 90 points (15 points each per semester). Didactic theoretical seminars are held for a whole day every second week, and supervision, in groups of four students, is offered once per patient, in principle, every second week during semesters 2 to 6. Another round of individual personal therapy for at least 75 sessions has to be completed.

The didactic seminars are based on the students’ reading of the course literature and are devoted to discussion and clarification, clinical demonstrations, and various practical exercises. The integration of theory and practice is emphasized.

The program consists of the following courses:

- Professional issues (10 points; health care laws, professional ethics, etc.)
- Theories and methods of psychotherapy (30 points)
- Theories of science and research methodology (10 points)
- Supervision of the student’s therapies (25 points)
- Completion of a scientific study (15 points)

A formal examination completes each course. Students who so wish may complete additional courses (30 points) relating to the psychotherapy profession in order to reach a university master’s degree.
In quantitative terms the entire training program including basic and advanced levels comprises about 750 hours of theoretical seminars, 160 hours of individual supervision (or 320 hours of supervision in groups), about 300 hours of patient work under supervision and 150 sessions of individual personal therapy (or 300 sessions in group therapy). Finally, at the student’s working place, clinical work is required and assumed to account for at least 50%. When calculated in semesters, completed training as a psychotherapist will take about 10 semesters for psychologists and psychiatrists including a 4-semester interval between the basic and advanced programs. Correspondingly, students with other degrees will have completed the program in 14 semesters.

Comments

The national Swedish training program for the psychotherapist degree is a strictly regulated curriculum, and the regulations for the licensing of psychotherapists and their responsibilities are rather strict, too. No doubt, establishing a national curriculum that locates psychotherapy training within the university organization and is supervised by the Swedish National Agency for Higher Education has been a positive development having some effect during a relatively short period of time. It has prevented less qualified private training institutes from establishing themselves. Psychotherapy has gained increased recognition as an academic discipline and a science-based profession with explicit qualification requirements and competence criteria. Indirectly, and as a consequence, patient safety is now safeguarded in a way that would be impossible on an unregulated market.

However, linking psychotherapy training closer to the universities has had one rather questionable consequence. A number of small, less resourceful non-university institutes were recently barred from continuing to offer training that had previously led to a university-equivalent degree. Despite the fact that they comply with the nationally approved program as far as admission routines, curriculum, and examination requirements are concerned, they were rejected on the grounds of lacking permanent staff, insufficient numbers of teachers with doctoral degrees, and insufficient infrastructure (e.g., students’ access to library and IT services). At a time when the number of licensed psychotherapists is decreasing due to retirements in the first generation, the right to organize professional training has become restricted to strictly academic criteria.

In our opinion there are still some problems to be solved. As the qualifications required for admission to a program are rather demanding and the number of approved training institutes has decreased, the number of applicants is generally substantially higher than the number of students accepted. As a consequence, students are generally older rather than younger than 40 before being licensed as psychotherapists. While life experience is generally a benefit, learn-
ing from one’s clinical experience seems to be more effective after psychotherapy training than before (SANDELL ET AL., 2002). How training at the basic level might be shortened is now under serious discussion.

Thus, there is an ongoing discussion about the need – and potential values – of dividing training on the basic level into two branches. One of these branches would be open to all individuals with a degree in any of the caring professions and would aim at fostering and teaching a general psychotherapeutic attitude in terms of empathy, support, communication with patients, and other socio-emotional capacities that are useful in any caring profession.

The other branch would provide a learning base for prospective psychotherapy specialists and would include a review of psychotherapy orientations and methods, psychotherapy research as well as organizational and judicial matters. The temporal and organizational integration of this branch in training programs for medical doctors, psychologists, nurses, social workers etc, would have to be discussed.

According to the currently approved program, therapist training on the advanced level is specialized in one of a number of theoretical orientations, whereas, at the basic level, it is supposed to be more general in its scope. Despite this some organizers with strong theoretical allegiances specialize in their particular orientations already on the basic level, rejecting applicants to their advanced training who have not chosen that special orientation on the basic level. In contrast to this trend towards specialization, some university programs are about to incorporate integrative features. Thus, courses dealing with professional issues, research methodology, and other “common factors” are now taught to joint student groups, irrespective of their theoretical orientation. Apart from being advantageous from a financial point of view, this has tended to increase the mutual understanding and respect between theoretical opponents.

References

**QUESTIONNAIRE**

Which qualification is necessary to enter psychotherapy training?

*Qualifications required for admission to the psychotherapist program:*
*License as a psychologist, psychiatrist, or child and adolescent psychiatrist, degree in social work or other caring profession (e.g., nurse, physiotherapist), or psychology.*
*For the three last categories basic training in psychotherapy (“stage 1”) is also required.*
*(This is included in the psychologist program and the program for a specialist degree in psychiatry.)*

*At the time of application at least two years must have passed after the completion of the basic training (“stage 1”).*

Is a university degree obligatory? If so, which subject(s)?

*License as a psychologist, psychiatrist, or child and adolescent psychiatrist, degree in social work or other caring profession (e.g., nurse, physiotherapist), or psychology.*
*For the three last categories basic training in psychotherapy (“stage 1”) is also required.*
*(This is included in the psychologist program and the program for a specialist degree in psychiatry.)*

*At the time of application at least two years must have passed after the completion of the basic training (“stage 1”).*

*During training at least 50% of the student’s working time shall be devoted to psychotherapy with patients (under supervision by a licensed psychotherapist).*
*A certificate from the applicant’s employer is required stating that the applicant, during the training program, will be doing psychotherapy, and that this may be subject to supervision in the program.*

*Individual personal therapy for at least 50 sessions (or group therapy for at least 120 sessions) with a licensed psychotherapist is required before or during the basic training.*

Which directions and methods of psychotherapy are approved?

*The following orientations are approved: group psychotherapy, family therapy, cognitive therapy, cognitive-behavioural therapy, psychodynamic psychotherapy.*

How many hours of theoretical lessons does the training comprise?

*760 hours of theoretical seminars*

How many hours of self-awareness or training analysis does the training comprise?

*150 sessions in individual personal therapy (or 320 sessions in group therapy)*
How many hours of therapy (as a therapist) does the training comprise?
300 hours of psychotherapy with patients

How many hours of supervision does the training comprise?
160 hours of individual supervision (or 320 hours of supervision in groups)

How many months of practice in a psychiatric clinic does the training comprise? How many months of practice in a psychosomatic clinic or surgery does the training comprise?
50% clinical work during the entire period (basic as well as advanced training levels).
There is not special requirement for the student to practice in a psychosomatic or surgical clinic.

How many years does the training take at least?
For psychologists and psychiatrists the entire training program takes five years (including a 2-year interval between basic and advanced levels).
For other categories the entire program takes seven years (including a 2-year interval between basic and advanced levels).

Are the final examinations oral or written?
The final examination is in writing.

Which certificates including authorizations are granted with the final examinations?
After passing the final examination the student is awarded a university degree diploma from the university and may apply to be licensed by the National Board of Health and Welfare.

Is psychotherapy covered by health insurance? How many hours of psychotherapy for each patient are covered by health insurance?
A small group of MDs may offer psychotherapy supported by the national security system. Others may negotiate temporary agreements with the county councils to offer a fixed number of sessions of some specified form or psychotherapy.

What qualification is needed to be a training instructor?
Teachers in the training program are assumed to be licensed psychotherapists and have a doctoral degree.

What qualification is needed to be a supervisor?
Supervisors in the program are required to be licensed psychotherapists and have completed an additional training program of about 2 years for supervisors.
What qualification is needed to be a self-awareness instructor?

*Personal therapy for students may only be offered by a licensed psychotherapist.*

Are there any certifications for training institutes? What requirements have to be met?

*Through the Swedish National Agency for Higher Education the National Government certifies training institutes to offer training for the psychotherapist degree in accordance with the nationally agreed curriculum.*

Is there a governmental curriculum for psychotherapy training? Would it be possible for us to gain access to this curriculum?

*The ultimate responsibility for the psychotherapist program lies with the Ministry of Education and Research. The Swedish National Agency for Higher Education is the operative authority.*

Are there any national psychotherapy associations? Would you be so kind to give us their addresses?

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