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Private psychotherapy training in Italy: A systematic analysis

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This paper examines the results of a systematic analysis, organised by the Italian Ministry of Education, University and Research, of private psychotherapy training in Italy. Since 1989, training in psychotherapy in Italy has been governed by a national law which recognises both public and private institutions. While the public system usually comprises approximately 150 students, the private system has grown significantly over time, registering thousands of students in hundreds of schools (for example, 19,123 students in 212 schools in 2011). Systematic analysis variables included geographical distribution, theoretical approaches, training methods, student and teacher characteristics, student's personal psychotherapy, supervision and apprenticeships. Data were obtained from 92% of the schools. The primary issues discussed in this paper are as follows: the uneven geographical distribution of the schools; the disorderly amalgamation of traditional scientific paradigms; programmes which concentrate on theory and fail to meet international guidelines. One key issue is the excess supply with regard to demand, meaning that recently graduated psychotherapists (especially women) risk underemployment and financial hardship. Student enrolment is also increasingly problematic. This is the first paper to present an in-depth analysis of one European country's situation in this field. The authors believe it will foster comparison and discussion internationally.

Keywords: psychotherapy training; private schools; systematic analysis; national law

1. Introduction

Psychotherapy is widely practised in the world; millions of people visit a psychotherapist every year, and most research attests to its beneficial effects. Despite a general consensus that psychotherapists must obtain adequate training, rules and guidelines differ from one country to the next; thus it is no easy task to collect, analyse and compare data. Indeed, only a few reports exist, providing no more than a general overview. One telling example is a survey by

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Fiorillo et al. (2011), which aims to determine whether psychotherapy falls within the framework of psychiatric training in Europe; the paper reveals a highly disparate situation with regard to the availability and modalities of psychotherapy training. 5

Most notably, Van Broeck and Lietaer (2008) base their review of legal regulations in 17 European countries on research data indicating that psychological treatment and psychotherapy may worsen a patient's condition. They suggest that the quality and regulation of training can help to reduce negative effects, and point out that some European countries have taken legal steps in order to achieve this goal. However, they contend that the rules vary greatly, that in many countries such regulation is lacking, and that training differs from one practising psychotherapist to the next. While discussing the difficulties in obtaining information for their article, the authors explore differences in three areas: government policies, and the organisation of health care and educational systems. 10 15

In the editorial section of a special issue of the European Journal of Psychotherapy and Counselling on 'The Psychotherapy Profession in Europe' published in 2009, Chris Mace asserts that different governments intervene in highly dissimilar ways with regard to the regulation of psychotherapy practices. In recent articles examining the situation in some European countries, two different underlying systems are discussed; one based on national laws, the other on guidelines laid out by professional associations. 20 25

1.2. The professional practice of psychotherapy in Europe

In Germany, a law was enacted in 1999 to regulate access to psychotherapy training for psychologists and other professionals, and psychotherapy specialisation is included in postgraduate medical training programmes. Ten years after the psychotherapy law took effect, the German Government commissioned a panel of scientific experts to evaluate possible new legal requirements regarding the training and services offered (Strauss, 2009). 30

In the UK, psychotherapy has traditionally been regulated by separate professional associations representing the different major approaches to training and practice. The British Government has recently taken initiatives that aim to remove these boundaries, especially for services that receive public funding (Mace, Rowland, Evans, Schroder, & Halstead, 2009). The UK Government's 'Improving Access to Psychological Therapies Programme' (IAPT) is currently striving to improve the services provided by the National Health System (NHS), regardless of age (NHS, 2011). This initiative was criticised by Lou-sada, Weisz, Hudson, and Swain (2015) who contend that provision is lacking for people with chronic mental health issues, and senior specialists are currently being replaced by less experienced practitioners. 35 40

In France, a national law was passed in 2004 and implemented in 2010. The highly controversial law officially recognised only those psychotherapists who were practising psychiatrists, whereas psychologists and psychoanalysts were required to complete additional training. The law was amended in 2012 45

amid protests by psychologists, thus paving the way to equal status with psychiatrists in the area of psychotherapy. (<http://www.lepsychologue.org/psychologie/psychotherapie>)

The aforementioned examples in other European countries suggest that the primary issue in regulating psychotherapy training and practice stems from the various organisations involved, i.e. the government, professional associations and the cultural traditions they represent, and distinct but related professions (psychiatrists vs. psychologists).

International organisations such as the European Association for Psychotherapy (EAP) also play a role; for example, according to the EU Strasbourg Declaration on Psychotherapy of 1990, the EAP's Template for a National Psychotherapy Law (2009) (<http://www.europsyche.org/cms-tag/256/guidelines>) would aid in establishing and disseminating coherent and international guidelines for psychotherapy. This would greatly facilitate the passing of joint legislature, which would benefit practitioners and patients alike.

2. The professional practice of psychotherapy in Italy

In the light of this heterogeneity between countries and the challenges in regulating the psychotherapeutic profession, this article aims to present detailed data concerning the situation in Italy, where the practice of psychotherapy is strictly regulated by law, and psychotherapy training can be either private or public (in universities). While hundreds of students enrol in the public system, thousands of students enrol in private schools. The private system is controlled by a Technical Committee under the Ministry of Education, University and Research (MIUR). The striking increase in private schools led the Ministry to conduct an in-depth analysis of the system. The data presented here are a summary of the principal findings. The authors wish to publish these findings, which to their knowledge constitute the first exhaustive report available regarding one country's psychotherapy training organisation. It is also believed that this information will interest international as well as regional professionals. Certainly, some aspects of, and problems with, the Italian system might be limited to Italy, but there may be similarities with other countries. This publication could help to expand the debate on psychotherapy training, in the hopes of determining whether the guidelines for creating competent psychotherapists should be a matter of national or international interest. In other words, the authors wish to present detailed quantitative data that will prove useful for further discussion, if a significant connection is found between state regulation and qualitative improvement in psychotherapy training and practice.

2.1. Legal regulation

Act No. 56/18.2.1989 states that professionals who wish to practise psychotherapy must hold a degree in medicine (six years of studies) or psychology (five years). They must be registered as medical doctors or

psychologists and undergo specialised training at either a state university or a private institution. If they decide to attend state-run schools, their options are as follows: MDs may choose between psychiatry or child neuropsychiatry, while psychologists may choose from various university schools (i.e. clinical psychology, neuropsychology, developmental psychology, health psychology, psychological assessment or counselling). Both medical doctors and psychologists may also select a private school from a list established by the MIUR.

In 1998, Legislative Decree No. 509 published the official regulations and procedures that private training institutions must follow before they may offer specialised four-year programmes in psychotherapy. This decree also set up a special technical committee, whose binding evaluations assess the quality and suitability of the course work (including teaching, content, coherence and internships).

Since 1998, the situation has evolved: while state-run training programmes have largely remained the same in terms of quantity and attendance – that is, the system is limited to 12 schools and roughly 150 students – the private sector has expanded considerably and now comprises a significant number of schools (212 in 2011, with thousands of students). Thus, a considerable number of young psychotherapists enter the job market each year. Indeed, several licensed private schools have their headquarters in one city, with up to two secondary locations in other cities. Each office trains a maximum of 20 students per year.

3. Data collection

In order to form a complete and detailed picture of the private system's main features, the Ministry and Technical Committee created a database that was tested in 2009–2010, and made official in 2011. Unfortunately, as it was not updated in the following years, it provides an informative but static overview of this continuously changing system.

The database was developed by some members of the technical committee, in collaboration with the authors of this paper and the Ministry's computer science and statistics team.

The database fields included theoretical approaches, scientific committees, teaching activities (courses and training), instructors, students, and personal psychotherapy.

The high percentage of institutions included in the analyses reinforces the accuracy of the overall picture: while 8 schools were excluded because they had only recently been recognised by the Ministry, 187 schools sent complete data; that is, 92% of the total number of schools in Italy.

4. Results

In 2011, 212 private schools were registered, with 368 teaching locations (primary and secondary), and 19,123 students.

4.1. Geographic distribution

Forty per cent of the schools are located in the north, 32% in the centre, 17% in the south and 11% in the main islands (Sicily and Sardinia). There are differences in the geographic distribution of primary and secondary locations: the southern regions and main islands have more secondary locations than primary ones. The central regions show not only the highest percentage of schools, but also 41% of all primary locations. Central Italy comprises four regions (Marche, Toscana, Umbria and Lazio) but reveals a very uneven distribution of primary locations: 32% or 78 are in Lazio, of which 76 are located in Rome, the nation's political capital. Similarly, there are four regions in north-west Italy (Piedmont, Valle d'Aosta, Liguria and Lombardy), but the majority of primary sites (56 or 17%) are located in Lombardy. Forty six of them are in Milan, Lombardy's largest city and Italy's economic capital.

4.2. Theoretical approaches

Decree No. 509 states that one of the mandatory requirements for an institution to obtain authorisation is its adherence to an internationally recognised school of thought, i.e. psychoanalytic-psychodynamic, cognitive-behavioural, systemic-relational, etc. One of the primary aims in creating the database was to accurately define each school's scientific approach. Results showed that for a total of 212 institutions (with a total of 368 teaching locations), 102 different definitions were obtained; only 64% of the schools listed definitions (precise terminology labels) which were shared by at least one other school in the database. Seventy-seven different terminology labels were adopted by individual schools.

To obtain an overall picture of the main psychotherapeutic approaches in Italy, the authors created broader categories using terminology labels to group similar schools. For instance, labels such as 'cognitive', 'cognitive-behavioural', 'cognitive and behavioural', 'behaviour and cognitive', 'cognitive constructive' and 'cognitive relational' were all placed in the 'cognitive' category. Similarly, 'psychodynamic', 'psychoanalytic', 'dynamic psychotherapy', 'dynamic' and 'psychoanalysis' were all gathered in the 'psychodynamic'

Table 1. Main theoretical approaches.

Theoretical approach	Total
Psychoanalytic/psychodynamic	126
Cognitive	70
Systemic-relational	75
Gestalt	22
Transactional	12
Humanistic-existential	11
Other	52
Total	368

group. When it was not possible to associate a label with one of the main categories, the school was considered to belong to the 'other' type.

Results shown in Table 1: psychoanalytic/psychodynamic institutions are the most numerous ($N = 126$, 34.1% of the total), followed by systemic-relational schools ($N = 75$, 20.5% of the total) and cognitive schools ($N = 70$, 18.9% of the total. No purely behavioural schools were registered in the database, so cognitive-behavioural schools were assigned to this group). The distribution of primary and secondary teaching locations, based on scientific background, indicates that the system is hardly uniform. Psychoanalytic/psychodynamic schools have more primary than secondary teaching locations by a ratio of 1:6, systemic schools have more secondary locations by a ratio of 1:5, and cognitive schools also have more primary than secondary locations, by a ratio of 1:2.

More detailed analyses were conducted on a sub-sample of 187 schools. Twenty-five schools were not taken into consideration for various reasons: their request was still in the process of being approved during the data collection period, so teaching activity had not yet begun; no information was provided; or the data submitted were incomplete. In any case, as mentioned above, the data cover nearly every school and can therefore be considered a valid representation of the situation in Italy.

4.3. Student overview

In 2011, the number of students enrolled in the 187 schools (187 primary and 146 secondary locations, for a total of 333) was 14,081. Since 6% of the sites had no students enrolled, the survey was limited to 314 locations with at least one student. Eighty-five per cent of the students were female, 96% were psychology graduates, 65% enrolled at a primary location, 36% enrolled at locations in central Italy and 25% enrolled at locations in the north-west.

Table 2 shows that the private system primarily trains psychologists, while medical doctors are underrepresented.

Table 3 shows that cognitive schools are the most widely represented, with 28% of the students. Psychoanalytic/psychodynamic schools follow with 27%, while systemic schools show 19%. However, the psychoanalytic/psychodynamic schools, which make up 34% of the teaching locations, train 27% of the students. The systemic schools, which make up 21%, train 19% of the students, and cognitive schools (19%) train 28% of the students.

Table 2. Student degree overview.

Degree	Total
Psychology	13,566 (96%)
Medicine	515 (4%)
Total	14,081 (100%)

Table 3. Student and school overview with regard to theoretical approach.

Theoretical approach	Trainee overview	School overview (%)
Psychodynamic	27%	34
Cognitive	28%	19
Systemic-relational	19%	21
Gestalt	6%	6
Transactional	3	3
Humanistic-existential	3%	3
Other	14%	14

4.4. Course overview

Private psychotherapy schools are, by definition, profit-making institutions. They are competitive, and the number of students attending is an index of productivity: the more students, the greater the rewards, especially from a financial standpoint. The ultimate success is defined by a 100% enrolment rate. Since classes are limited to 20 students per year, the maximum legal number is 80 students over four years.

The percentage and number of schools offering a complete programme is listed in Table 4: 28% of the primary and secondary locations offer partial programmes, for a total of 89 locations.

If we compare schools that offer complete and partial programmes, (Tables 5a and 5b), we see a reverse pattern: among schools with a fully active four-year training programme, 41% reach 75% of the enrolment limit. On the other hand, schools offering partial programmes only reach 22%.

For schools reporting less than 50% of maximum enrolment, 25% offer complete programmes, while 48% offer partial programmes (Table 6).

These results coincide with the student overview and affirm that the cognitive schools are most efficient in student enrolment, followed by the systemic. The psychoanalytic/psychodynamic approach seems to have difficulty filling its large number of openings. Interestingly, the situation looks the same when analysed from a geographical perspective, revealing a uniform system that is unaffected by local characteristics. Finally, as mentioned before, 6% of the schools have no students at all: half of these are psychodynamic/psychoanalytic, while the remaining institutions teach various other approaches.

Seventy-two per cent of schools are currently teaching full four-year programmes; 12% have three active classes out of four, 8% two out of four and 8% per cent only one out of four. But is there adequate enrolment in these courses? For the purpose of this study, the Mean Percentage Rate of

Table 4. Schools programme: complete vs. partial activation.

Active years	Total
4	72% (n. 225)
3	12% (n. 39)
2	8% (n. 25)
1	8% (n. 25)

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Table 5a. Student enrolment in full-programme schools.

Enrolment rate (%)	Total
1–25	10 (4%)
26–50	47 (21%)
51–75	71 (32%)
76–100	97 (43%)
	225 (100%)

Table 5b. Student enrolment in schools offering partial programmes.

Enrolment rate (%)	Total
1–25	13 (15%)
26–50	29 (33%)
51–75	27 (30%)
76–100	20 (22%)
	89 (100%)

Table 6. Student enrolment by theoretical approach.

Theoretical approach	Full enrolment rate (%)
Psychodynamic	57
Cognitive	85
Systemic-relational	75
Gestalt	67
Transactional	56
Humanistic-existential	63
Other	54

Employment (MPRE) was defined as the ratio between the actual number of students and the maximum possible number of students that the school can register (100). As shown in Table 7, the situation is not homogeneous, since half the schools with partial programmes have an enrolment rate of less than 50%, while only a quarter of the schools with complete programmes are below the 50% cut-off. The pattern is exactly the opposite.

Are there differences between the various types of schools? The answer is yes, as the MPRE of the cognitive schools is 85%, 75% for the systemic schools, 57% for the psychoanalytic/psychodynamic, 66.5% for the gestalt, 56% for the transactional, 62.5% for the humanistic and, lastly, 60% for the 'other' category. Cognitive schools would seem to be the most robust. However, if we look at the trend, some approaches appear to have more

Table 7. Comparison of the MPRE between the schools with complete and partial programmes.

	0–25%	26–50%	51–75%	76–100%
Schools with complete programmes	4%	21%	32%	43%
Schools with partial programmes	15%	33%	30%	22%

difficulty than others, and there is clearly a problem with student enrolment throughout the system. The MPRE, at 75% over the last four years, is approximately 65% today.

4.5. Overview of teaching activity

The breakdown of teaching activities in schools according to theoretical approach is fairly heterogeneous: the percentage of basic theory classes ranges from 20 to 33%; theoretical classes with practical activities range from 13 to 41%, and practical activities range from 10 to 26% of all teaching activities. Probably the most interesting data concern supervision, which ranges from 4 to 18% over the course of the four years – a very low percentage for all schools. The significance of this point clearly emerges when we consider that supervision hours are spread out over the four years, as shown in Table 8, and that there is great diversity among the different approaches.

Decree No. 509 does not explicitly define supervision as an autonomous activity; nonetheless, many schools fill unused apprenticeship slots with supervision hours. Considering that the total amount of teaching (not including apprenticeships) may not exceed 400 h per year and that the mean percentage of supervision hours is 12% of the total, students receive an average of 48 h of supervision per year, or 192 h in total. In reality, the situation is a little more complex, as supervision may either be directly managed by the school or delegated to public or private structures, which are certified for psychotherapeutic activities and offer apprenticeships to trainees. The majority of these organisations (79.2%) belong to the National Mental Health Services, where psychotherapy practice is strongly heterogeneous; thus it is not easy to match the tutor's scientific approach with that of each trainee. The pairing is mostly regulated by chance, providing no guarantee that students will ultimately receive the necessary tools to hone their technical skills and clinical reasoning. For all these reasons, apprenticeship is probably one of the greatest, if not the most important obstacle to accurately assessing the quality of the training system. In summary, students are engaged in approximately 1400 h of mainly theoretical activities and 292 h of experiential activities (supervision and apprenticeship) as psychotherapists in training.

Table 8. Supervision by theoretical approach.

Theoretical approach	I Year (%)	II Year (%)	III Year (%)	IV Year (%)	Total (%)
Psychoanalytic/psychodynamic	9	10	13	15	12
Cognitive	2	2	11	14	8
Systemic-relational	2	7	15	17	11
Gestalt	10	14	18	19	15
Transactional	14	16	20	24	18
Humanistic-existential	3	4	5	6	4
Other	9	11	13	25	14

4.6. Personal psychotherapy

Another key issue in psychotherapy training is whether or not students undergo personal psychotherapy.

Some scientific societies very strongly recommend it in their training standards, while others do not even mention it. What is happening here? According to our data, 70.7% of the schools require students to undergo personal psychotherapy, 60.1% consider personal psychotherapy as a part of their teaching activities and 37.6% state that it should be provided by the school itself. It is interesting to compare schools with different approaches: personal psychotherapy is mandatory in 72% of the psychoanalytical schools; in all of the transactional, gestalt and humanistic schools; in only 14% of the systemic schools; in 46% of cognitive-behavioural schools; and in 67% of all other approaches.

4.7. Teaching staff profiles

Of the 6117 teachers involved in psychotherapy training, 3161 are male and 2956 are female. While 4927 of them are psychotherapy experts, 1190 are university professors or researchers. The majority of university professors are aged men (average age is 62.7).

The number of teachers per school varies greatly, averaging 32.7, and ranging from 6 to 238. The same is true for chairpersons: the average is 19.35, ranging from 6 to 76. This broad span in numbers indicates that in some schools the teaching staff is like a family, and in others it resembles a small business. Certain instructors may teach in more than one school; on average, a teacher teaches in 1.27 schools, and this number ranges from 1 to 14.

5. Discussion

This paper is the first study which aims to obtain an objective, transparent picture of private psychotherapy training in Italy.

The Italian population is 61,261,254 (2011 census), and at present, there are 90,000 psychologists registered with the National Register of Psychologists. The female to male ratio is 8:2; 65% work in health care, and 42% (37,800) are psychotherapists. This means that there is approximately one psychologist for every 680 citizens and one psychotherapist for every 1.621.

Table 9 presents (Ginger, 2010) the estimated density of qualified psychotherapists in Europe (per 100,000 population). Italy has the second highest density of qualified psychotherapists, and the highest number overall.

Considering the number of students enrolled in the 369 psychotherapy courses, the current system can potentially license 7380 new psychotherapists per year. Interestingly, in 2011, only 174 psychiatrists graduated from state-run university schools. Is this a sustainable pace? Clearly, psychological professions are in a sort of crisis; a recent study (Bosio, 2011, pp. 39–40) shows that the estimated average income of a sample of 1168 psychologists is €1500 per

Table 9. Estimation of the professional density of qualified psychotherapists (from Ginger, 2010, modified).

Countries	Density per 100,000 inhabitants	Estimated number of qualified psychotherapists	Population in millions
Austria	86	7000	8.1
Italy	67	40,000	60
Switzerland	66	5000	7.6
Belgium	65	7000	10.7
Sweden	55	5000	9.1
Netherlands	37	6000	16.2
Germany	33	28,000	85.5
Ireland	31	1200	3.9
Hungary	26	2600	10.0
Finland	23	1200	5.2
France	20	13,000	64
UK	17	10,000	60
Denmark	15	800	15.4
Portugal	14	1500	10.7
Norway	12	600	4.8
Spain	10	4500	43

month, less per capita than professionals with degrees in other fields. In fact, the income of psychologists under age 30 is so low that they technically fall below the poverty line (€6000/year), and women psychotherapists earn a fourth less than men. There is an undeniable risk of underemployment for these professionals, as evidenced by the fact that fledgling psychologists often work as educators.

An overview of the terminology labels adopted by schools for the purpose of classification shows that traditional paradigms, while formally respected, are increasingly amalgamated and often confused. This tendency is confirmed by the 102 different labels used by schools to define their theoretical approaches. Additionally, only 64% of the schools shared a definition with at least one other school in the database, and 77 adopted unique labels. For instance, the Italian cognitive approach, according to the school's self-description, appears to encompass cognitive, cognitive-behavioural, cognitive-constructivist, developmental, post-rationalist, relational, interactive, cognitive interpersonal, cognitive-behavioural integrated, cognitive-neuroscientific (Bani, Sanavio, & Strepparava, 2012) and a few even more specific terms within each of these descriptions. Furthermore, a significant percentage of schools cannot be ascribed to traditional categories. The decline of traditional forms of psychotherapy is an ongoing phenomenon compounded by the development of research-based and integrative techniques (Norcross & Goldfried, 2005), but does the Italian paradigm accurately represent the evolution of the system, with integration as its driving force? Or, on the contrary, are these clear-cut indicators of chaotic fragmentation? The first hypothesis can be likened to centripetal forces, while the second is indicative of centrifugal tendencies. Up to now, it has been difficult to provide a conclusive answer, though the dearth of scientific research on psychotherapy in Italy would support a more spontaneous 'flow', rather than research-driven evolution. Indeed, the concept of 'flow' can

be found in many sociological aspects of the present, postmodern era (Bauman, 2000).

A third indicator regarding the private education system can be inferred from the student enrolment percentage. As stated in Table 4, only 72% of training schools currently have active four-year programmes, while 28% (89 schools) offer partial cycles. Schools with partial programmes are also less likely to attain full enrolment. If we consider that 20 is the maximum number of students per year allowed by the Ministry's decree and that a minimum number of students is needed to benefit from group dynamics, a portion of schools would appear not to have adequate numbers to provide optimal experiential learning environments. Small groups are defined as groups ranging from two to ten members (Springer, Stanne, & Donovan, 1999), but there is a general consensus that five to eight is the optimum number for small group teaching (Gibbs, 1992). In groups of less than five members, the diversity and variety of interpersonal interactions diminishes (Dennicka & Exley, 1998).

Using student enrolment as a variable to gauge a school's success from a business standpoint, our data clearly show that some theoretical approaches – mainly the cognitive – attract more students than others, regardless of the school's geographical distribution or variations in regional economic parameters.

Despite differences in lesson plans from one approach to the next, theoretical courses are the most common means of teaching psychotherapy, ranging from 49 to 72% of the total amount of teaching hours. Experiential activities, supervision and supervised practice play a secondary role. These findings appear to indicate that on the whole, the Italian system lags far behind international standards.

For instance, the guidelines of the European Federation of Psychologists' Associations (EFPA, <http://www.efpa.eu/professional-development/training-standards-for-psychologists-specializing-in-psychotherapy>) and the European Association for Behavioural and Cognitive Therapies (EABCT, <http://www.eabct.com/training.htm>) state that training must include supervision and supervised practice, as well as theoretical and practical knowledge. Comparing the EFPA's standards with the Italian system, it appears that theoretic activities are overrepresented and practical activities are underrepresented. Leaving the quantitative aspects aside, the key issue is that supervision and apprenticeship are not practically or methodologically specified in decree No. 590.

The results of the present survey show that, even under state control, psychotherapy training in Italy is a private system that continues to grow and develop in an unplanned manner. This situation raises some critical questions.

First of all, can this number be absorbed by society's current demand? The current trend shows that recently licensed psychologists, the majority of whom are female, risk professional under-qualification and low income. Italian psychologists seem to focus on clinical work and psychotherapy, while important professional areas such as school or work psychology receive less attention. This is a unique characteristic of the Italian system; in other European countries, psychological activities are spread out over different areas. Second, is this shift in popularity an indication that students are choosing the best schools,

5 which might signal a sort of student-driven natural selection, or does the selection process depend on other variables? This is a tough question to answer. Up to now, it was impossible to maintain that cognitive-oriented schools are more successful because they are better than the psychodynamic ones, which are less frequented.

10 The third point, closely linked to the second, asks whether the theoretical evolution of the system, which demonstrates a fragmentation of traditional paradigms and a blending of previously separate approaches, is indicative of a chaotic and confused process, or creative evolution. This is another tough question. There may be little reason for optimism. While the system is highly disparate with regard to theories and terminology, the common denominator
15 between schools is that they offer students extensive theoretical teaching and few practical activities. As indicated earlier, the whole psychotherapy training system fails to adhere to international guidelines.

20 Finally, given the complexity and the international heterogeneity of the psychotherapy regulation, the main unresolved problem concerns what should be the most adequate institution able to guarantee the quality of care received by the users. The Italian situation shows that the implementation of a state regulation is not enough. Its adequacy could be improved by taking into consideration problems at different levels (Bosio, 2013). First of all, admission to the Psychology Faculties is not regulated according to the community needs.
25 Second, the majority of the students graduate in Clinical Psychology and choose the profession of psychotherapist, determining the critical situation described in this paper. Finally, the implementation of the law doesn't take into consideration any quality control according to criteria defining the professional characteristics of a 'good psychotherapist' that are not specified.

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