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2	Fiammetta Cosci: Editorial
3	Driss Moussaoui: Editorial from the IFP President
4	Kenneth Carswell and Mark van Ommeren: Potentially scalable psychological interventions for people in communities affected by adversity
6	Thomas Probst: Psychotherapy developments
9	Sylvia Detri Elvira: Psychotherapy in Indonesia
12	Franz Caspar: Marcel Benoist Award for Prof. Thomas Berger
14	IFP Research Award: Call for Nominations
15	Obituary Dr. Beck
16	Congress Calendar

EDITORIAL

Dear Colleagues,

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

The present issue first presents an editorial from President Driss Moussaoui which summarizes the news in IFP. We have a Council who is actively involved in empowering the IFP and the 23rd World Congress of Psychotherapy has been launched. It will be in Casablanca, Morocco from 9 to 11 February 2023.

Kenneth Carswell and Mark van Ommeren, Department of Mental Health and Substance Use, World Health Organization illustrate multiple intervention packages which are already available or soon released, fruit of WHO and its collaborators activities. Such packages provide manuals and materials that may support the delivery of potentially scale interventions globally, including information on how such approaches can be adapted to be delivered remotely.

Then, Thomas Probst, Danube University Krems, Austria, illustrated developments in psychotherapy, with particular reference to the changes due to the COVID-19 pandemic. Lockdowns and other restrictions (e.g., social distancing, quarantine) dramatically highlighted the need of digital tools to deliver psychotherapy remotely. Psychotherapeutic content can be delivered remotely in different ways, mostly by telepsychotherapy or via self-management interventions.

We are pleased to notice that Thomas Probst was awarded via the "Young Research Award" from the International Federation for Psychotherapy. Congratulations for your brilliant ideas and research!

Sylvia Detri Elvira, Dr. Cipto Mangunkusumo National General Hospital, Indonesia, illustrates the history of the development of psychotherapy in her country, Indonesia, highlighting the current psychotherapy use in mental health services and the approaches most widely developed to treat Indonesian patients.

Then, Franz Caspar, Emeritus Professor for Clinical Psychology and Psychotherapy, University of Bern, and Board member of the International Federation for Psychotherapy, congratulates Prof. Berger for being awarded the Marcel Benoist Award. Prof. Berger will continue to make important contributions while remaining the modest colleague with whom to collaborate is always pleasant and inspiring.

Call for Nominations is still open for Mid-Career IFP Research Award (deadline 31.12.2021).

In the end, the obituary of Professor Aaron T. Beck, the most prominent father of Cognitive Therapy We have lost a great

human being, a leading figure, an accessible and intellectually absolutely brilliant person, at a high age still curious of other approaches and the work of colleagues, with a memory which enables him to continue discussions even after weeks.

The IFP Board wishes all of you a pleasant reading.

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EDITORIAL FROM THE PRESIDENT

Driss Moussaoui, M.D.

President, International Federation for Psychotherapy

At the end of the year 2021, the International Federation of Psychotherapy (IFP) is pleased to convey a number of good news. The restart of the functioning of the IFP Council with two meetings per year, in June and December, is the first one. It represented an excellent booster of energy for our Federation. As presidents of IFP member societies are systematically members of the Council, this allow them not only to follow closely every semester the progress made, but also to participate in finalizing decisions taken by the Board. From the governance point of view, this is clearly a step ahead. Other members of the Council have been chosen from international sister societies, such as WPA, WFMH and others. This allowed to widen the geographical and institutional scopes of the IFP to a number of regions in the world where its activities were minimal.

The second good news is that, during the last 6 months, IFP received the application and accepted two new member societies: The Czech Association for Psychotherapy and the Moroccan Association of Dynamic Psychiatry. The latter is the first African member society in the History of IFP. The interesting dynamic here is that two other societies, one African and one Asian, might apply for membership in the few coming weeks or months. These two potential member societies have been approached by a new member of the IFP Council. A third potential member society is also in discussion, hopefully for a not too distant future.

The third good news is the decision taken by the Board and validated by the Council to have the 23rd World Congress of Psychotherapy in Casablanca, Morocco from 9 to 11 February 2023. This will be the first time, since the creation of IFP in 1934, that such event takes place in Africa. The site of the 2023 World Congress will be the Faculty of Medicine and Pharmacy of Casablanca. Its Dean is very welcoming and supportive to this idea, giving the Congress the chance to be very successful. The Congress will take place in-person, face to face. The current epidemiological situation in Morocco is very good, as compared to other countries: more than 70% of the population have been vaccinated, and 10% received already a third jab. The number of deaths per day during the past month is small (from 0 to 4 for a total population of 37 million inhabitants) and the number of new cases

is also relatively small. All participants must have been vaccinated or should present a negative PCR test.

We need of course an outstanding scientific programme. This is why we chose the following co-chairs: César Alfonso, USA; Tom Craig, UK; Fiammetta Cosci, Italy and Gisèle Apter, France. We made sure that the two main fields of psychotherapy in the world (psychodynamic and CBT) are balanced in all our committees. This is for example the case for the National organizing committee, chaired by Nadia Kadri and Hachem Tyal and helped by Chaimaa Aroui, secretary. The scientific language will be mostly English, with a few sessions in French for psychotherapists coming from the Maghreb region (Morocco, Algeria, Tunisia, and Mauritania). Courses, workshops, clinical cases will be in the scientific programme along with plenary lectures, symposia, and oral presentations sessions, sessions for young professionals, lectures for medical students and for a larger public. The website will be soon online and the poster of the World Congress is in the hands of one of the best artists of Morocco. Two exhibitions are planned: one on productions of people with mental disorders, and the other by a psychiatrist who is also a photographer and who took hundreds of pictures of patients treated in a "shrine" in the 1980's. Sessions with videos and short movies will also take place.

From all this, we can see how IFP is vibrant and positively oriented towards integration of many aspects of Psychotherapy in the world. It will not be so without the direct involvement of all components of IFP for the years to come. For example, I would highly appreciate a wide dissemination about the coming World Congress of Psychotherapy among the people of your networks.

I wish each and everyone a most Happy and Prosperous 2022!!



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

Potentially scalable psychological interventions for people in communities affected by adversity

Kenneth Carswell, PhD & Mark van Ommeren, PhD

Department of Mental Health and Substance Use
World Health Organization

Introduction

Over recent years, the WHO Department of Mental Health & Substance Use has been working to develop, test and re-lease potentially scalable psychological interventions to help address the global mental health burden, particularly in populations affected by adversity. Such communities exist in all corners of the world where people may have experienced severe losses, traumatic events or other extreme stressors, while having limited access to essential resources.

Global access to care for people with mental health and psychosocial problems could be significantly improved by developing, implementing, and evaluating scalable psychological interventions. In recent years, a range of such interventions have been found to be effective for people impaired by stress, depression and anxiety. Although most work has been done in high-income countries, substantial path-breaking research over last 15 years has been completed by prominent academics in low- and middle-income countries.

What interventions are potentially scalable?

Potentially scale psychological interventions refer to modified psychological treatments, such as:

- brief, non-specialist-delivered versions of existing evidence-based psychological treatments (e.g., brief versions of cognitive-behavioral therapy or interpersonal therapy).
- Self-help materials based on evidence-based psychological treatment principles, which may include self-help books, audiovisual materials and online self-help interventions.

WHO recommends such interventions, which may be provided with (guided) or without support (unguided). What constitutes guidance varies substantially but broadly refers to some form of brief motivational support from a trained non-specialist helper (e.g., a telephone call or message). The evidence suggests that guided self-help interventions can be as effective as more intensive in-person delivered interventions [1].

Scalability can be considered on a continuum ranging from less resource intensive interventions (e.g., providing a self-help book) to highly resource intensive interventions (e.g., specialist delivered psychotherapy). Potentially scalable interventions may be particularly useful in populations where communities do not have adequate access to specialists. These modifications can create more accessible care that reaches a larger number of people. Further innovative service models such as stepped care (providing a less resource intensive intervention and then ‘stepping up’ the person to a more resource intensive intervention if required) are sensible including in high resource settings.

What is WHO’s strategy to support development and implementation of these interventions?

Informed by WHO’s evidence-based mhGAP guidelines, and with strong support from academic partners, WHO began designing and rigorously testing scalable psychological interventions in 2012. The objective has been to develop scalable interventions for multiple age groups across various delivery models to reach diverse populations. Interventions are tested in rigorous randomized controlled trials and published open access by WHO under Creative Commons licenses, after establishing positive pooled positive results from at least two trials. The interventions are developed to be suitable for general populations after cultural and contextual adaptation.

WHO has worked with leading academics and intervention experts to develop interventions and has also published manuals of interventions with already existing evidence. These include:

Early Adolescents Skills for Emotions (EASE): a group-based intervention for 10–14-year-olds experiencing impairing psychological distress, which includes techniques such as stress management, behavioral activation and problem-solving. An additional three sessions for caregivers aim to improve the caregiver–child relationship and enable improved support to the child. EASE is undergoing testing in four sites and is not available yet.

Group Interpersonal Psychotherapy for Depression (Group IPT): a group-based programme for adults and adolescents experiencing depression, provided over eight weeks. Group-IPT involves the facilitator utilizing relationships within and outside the group as a means for change (<https://www.who.int/publications/i/item/9789240008106>).

Problem Management Plus (PM+): a five-session individual or group delivered, intervention for adults with non-specific common mental health problems. PM+ employs strategies including problem-solving, behavioural activation, strengthening social support and stress management. It is available in group and individual format

Group: <https://www.who.int/publications/i/item/9789240008106>

Individual: <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

Self-Help Plus (SH+): Self-Help Plus (SH+) is a 5-session stress management course for large groups of up to 30 people, delivered by supervised, non-specialist facilitators. It uses pre-recorded audio and an illustrated guide ([Doing What Matters in Times of Stress](#)) to teach stress management skills. The course is suitable for adults who experience impairing levels of psychological distress. The innovative format of SH+ makes it well-suited for use alongside other mental health interventions or as an intervention delivered alongside broader community programming. <https://www.who.int/publications/i/item/9789240035119>

Step-by-Step: an online self-help intervention for adults experiencing symptoms of depression. A fictional illustrated story is used to provide strategies which include behavioral activation, stress management and social support. The programme is designed to be used over five weekly sessions and can be delivered with or without guidance (e.g., 15 minutes of weekly phone support from a non-specialist helper). Two randomized controlled trials of the guided version have been completed, and Step-by-Step is due for release in 2022. (<http://www.mhinnovation.net/innovations/step-step-e-mental-health-lebanon>).

Thinking Healthy: An intervention for the management of perinatal/postpartum depression which is based on cognitive-behavioral therapy and is delivered during routine community health worker home visits. The main approach of Thinking Healthy is a focus on the mother's wellbeing, the mother-infant relationship and the relationship of others around the mother and infant. <https://www.who.int/publications/i/item/WHO-MSD-MER-15.1>

Other interventions are at an earlier stage of development and testing, such as STARS - a chatbot delivered intervention for adolescents and youth (<https://www.mhinnovation.net/blog/2019/may/24/stars-developing-new-who-psychological-digital-intervention-adolescents>).

Future directions

With the release of multiple intervention packages, WHO and its collaborators are learning from implementation experiences with the view to providing manuals and materials that may support the delivery of potentially scale interventions globally, including information on how such approaches can be adapted to be delivered remotely.

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Dr Ken Carswell has a background in clinical psychology and is a Technical Officer in the Mental Health Unit within the WHO Department of Mental Health and Substance Use in Geneva. His work has primarily focused on the development and testing of a number of WHO psychological interventions, including guided self-help interventions that use technology, such as Self-Help Plus (SH+) and Step-by-Step. He is increasingly involved in supporting the implementation of these packages in various different countries and contexts.



Mark van Ommeren, PhD, is Head of the Mental Health Unit within the WHO Department of Mental Health and Substance Use. The Unit covers a wide range of topics including assessment and management of mental disorders across the life course, innovation and research in psychological interventions, suicide prevention, and mental health at the workplace and in humanitarian emergencies. Mark van Ommeren's own work has mainly focused on developing inter-agency mental health policy for humanitarian settings with implementation tools; developing, testing and disseminating scalable psychological interventions; and "building back better" mental health services after major emergencies.

Psychotherapy developments

Thomas Probst

Danube University Krems, Austria

To begin with please allow me to express my gratitude for being awarded the “Young Research Award” from the International Federation for Psychotherapy (IFP). I am also honored to be invited to contribute with a paper on psychotherapy developments to the IFP newsletter.

As we all know, developments in psychotherapy have been severely affected by the COVID-19 pandemic. Lockdowns and other restrictions (e.g., social distancing, quarantine) dramatically highlighted the need of digital tools to deliver psychotherapy remotely [1]. Psychotherapeutic content can be delivered remotely in different ways, mostly by telepsychotherapy or via self-management interventions. I will address both of these developments here.

Telepsychotherapy

In telepsychotherapy, the psychotherapist and the patient interact remotely, mostly synchronously (e.g., videoconferencing) but also asynchronously (e.g., via messages) [2]. Although telepsychotherapy is not new (the first two manuscripts with telepsychotherapy in the title were published in 1992 and 1997 according to Scopus), the use of telepsychotherapy started significantly only during the COVID-19 pandemic in many countries [3,4]. In Austria, for example, health insurances started to cover the costs for remote psychotherapy during the pandemic. Most psychotherapists used videoconferencing or telephone for telepsychotherapy and reported positive experience, although psychotherapists rated therapeutic interventions as less typical in remote than in in-person psychotherapy [5,6]. In an Austrian study, digital tools often used for videoconferencing were Skype or Zoom [7]. Due to security risks, psychotherapists should be advised to use only certified videoconferencing tools, for example psychotherapists in the health insurance system of Germany are obliged to use only certified tools for videoconferencing [8]. Recent meta-analyses showed that psychotherapy via videoconferencing is as effective as in-person psychotherapy [9] and that psychotherapy via telephone showed positive outcomes in depression [10].

Digital self-management interventions (SMI)

SMI are digital programs used by the patient either alone (stand-alone programs) or parallel to treatment (blended care). In SMI, the patient usually works on a certain amount of treatment modules (varying between programs mostly 6-

12 modules, usually one module per week). Most of the currently available SMI are Internet-based and cannot be downloaded for offline use. The SMI can be either unguided or guided. Guided SMI include e-coaches in the program. The e-coaches mostly send messages to support adherence of the patients or, in the case of emergencies (e.g., suicidality), the e-coaches can provide help. Guidance has been shown to increase the efficacy of SMI [11]. The majority of SMI are based on principles of cognitive-behavior therapy (CBT), but there are also SMI based on other therapeutic principles, e.g., SMI of the psychodynamic orientation [12,13]. Examples for scientifically evaluated fee-based SMI with a CBT background are *deprexis* (unguided stand-alone Internet-based SMI for depression [14] 297.50 €), or *HelloBetter* - previously known as *Get.On - 'Panic'* (guided stand-alone SMI for panic disorder and/or agoraphobia [15] 599.00 €). Although developed as stand-alone SMI, *deprexis* in combination with psychotherapy (blended care) led to greater improvements than psychotherapy alone [16,17]. Another CBT-based example is *iFightDepression*, an Internet-based SMI for depression that is available free of charge and has been translated in 12 languages [18]. *iFightDepression* is a blended treatment and can only be used by patients in combination with a psychotherapist or physician who completed the web-based seminar of *iFightDepression*. The use of SMI differs significantly among countries. For example, an official Austrian guideline for Internet in Psychotherapy, provided by the “Federal Ministry – Social Affairs, Health, Care and Consumer Protection”, rejects Internet-based psychotherapy as being “not *lege artis*” [19]. In Germany, on the contrary, physicians and psychotherapists can prescribe certain SMI to patients insured by the statutory health insurance. A SMI can be prescribed only if it is included in the “*DiGA-Verzeichnis*” [20], a register for SMI. The SMI can either be permanently accepted or provisionally accepted for this register. SMI with scientific evidence of efficacy can be permanently accepted, whereas provisionally accepted SMI must show their efficacy within 12-months in order to be accepted permanently.

Conclusion

This manuscript focused on telepsychotherapy and SMI as two developments in psychotherapy driven by the COVID-19 pandemic. These developments have to be seen in the broader picture of digitalization in psychotherapy, including also virtual-reality exposure [21], clinical support tools avoiding treatment failure [22], smartphone applications to assess

mental health [23] or to monitor intersession processes [24], to name only a few. Psychotherapists should be encouraged to embrace these current developments and be able to give their patients information about favorable and unfavorable digital tools. As this is currently a rather unregulated market, there are many digital tools available on the Internet and in app stores without any scientific background and without evaluations in rigorous trials [25]. Therefore, including lectures in psychotherapy training about how to best use digital tools is highly needed. Moreover, concerns of already practicing psychotherapists regarding digitalization also need to be addressed adequately.

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Thomas Probst is a psychologist and licensed CBT-therapist in Germany. He received a PhD in psychology from the Humboldt University of Berlin in 2015. In 2017, he was appointed as professor for psychotherapy sciences at the Danube University Krems, Austria. He published more than 100 peer-reviewed articles and reviewed more than 100 scientific manuscripts.

Conflict of Interest: T.P. gives lectures on telepsychotherapy and SMI. There is no conflict of interest with regard to the programs mentioned in the text.

Acknowledgement: I would like to thank my colleague Dr. Philipp Klein for proofreading the text.

Psychotherapy in Indonesia

Sylvia Detri Elvira

Dr. Cipto Mangunkusumo National General Hospital, Indonesia

Introduction

Psychotherapy is a reliable therapeutic modality in the field of psychiatry but has not been used optimally by some psychiatrists. As in other parts of the world, in Indonesia there are also psychiatrists who do not like to use psychotherapy as their mainstay and rely more on the provision of psychopharmaceuticals. It is unfortunate that the knowledge and skills that can be learned, which do not require any tools, are not utilized. As a matter of fact, psychotherapy is a tool that makes psychiatrists irreplaceable by any other medical professions. Advances in neuroscience research have shown that the way psychotherapy is delivered can affect brain function [1,2].

Until now there is no data on how many psychiatrists that practice psychotherapy in Indonesia. What might cause a psychiatrist not to utilize psychotherapy in the treatment of his patients? Could it be because the person was not exposed to the topic properly during education, or the therapist can get impatient for improvements that occur in patients? It could even be that the patients' symptoms can worsen again if the patient is not ready to be interpreted or confronted but the psychotherapy is still performed.

In this newsletter, I would like to share the history and development of psychotherapy in Indonesia, including the challenges faced along the way.

History

From 1962-1963, Prof. Didi Bachtiar Lubis, MD, went to Canada to study psychotherapy and psychoanalysis at McGill University. He then brought psychotherapy home and began to teach psychotherapy at the Department of Psychiatry, Dr. Cipto Mangunkusumo Hospital (RSCM) / Faculty of Medicine, University of Indonesia (FKUI), also in several other cities. Prof. Sasanto Wibisono, MD then also left for San Francisco, America to study psychotherapy (analytically oriented psychotherapy) from 1967-1969.

Since that era, psychotherapy has been developed and continues to grow in Indonesia, even Indonesian psychotherapy has also actively contributed to overseas, particularly in Asia Pacific. This development cannot be separated from the role of the late Prof. Lubis, who was active in the international psychotherapy association (International Federation of Psychotherapists – IFP; he is one of the initiators of the Asia

Pacific Association for Psychotherapists in 1994 at the IFP congress in Seoul).

The dissemination of psychotherapy knowledge and skills is greatly assisted by the existence of the psychiatric professional association, namely the Association of Indonesian Psychiatrists (PDSKJI). PDSKJI has several sections, and Psychotherapy is one of them.

In 2004, the Psychotherapy section held the first national conference in Bali, attended by 349 participants. The theme of the first conference was "Understanding the vulnerable Ego." In 2006, the second national conference was held on the island of Batam, a small island east of Sumatra, with the theme "The Price of Mental Health, Maturity and Freedom". In 2008, we hosted the fifth congress of the Asia Pacific Association for Psychotherapists (APAP), with the theme "Listening to the Heart of the East". This congress wanted to explore (the meaning of the word "Listening" here is to listen carefully) the characteristics of psychotherapy from Eastern countries. In 2008, the Psychotherapy section of PDSKJI became a member of the International Federation for Psychotherapists (as an organization).

The national conference then has taken place every two years (2010, 2012, 2014, 2017) by always inviting speakers from abroad (Prof. Arend Veeninga, Prof. Franz Caspar, Prof. James L. Furrow, Prof. Cesar Alfonso). In 2015, Prof. Cesar Alfonso, as a member of the Board of Psychoanalysis in Psychiatry (PIP) of the World Psychiatric Association, proposed Indonesian membership, and it turned out that the 3 members he proposed were accepted (Dr. dr. Limas Sutanto, dr. Sylvia D. Elvira, and dr. Petrin Redayani).

Psychotherapy in mental health services

The practice of psychotherapy is carried out both in psychiatric hospitals and in general hospitals (both teaching and non-teaching hospitals). In psychiatric hospitals, psychotherapy is given to patients who are stable (not restless), both inpatient and outpatient.

At Marzuki Mahdi Hospital, the outpatient unit handles between 150-200 people a day while having 5-8 psychiatrists every day. One psychiatrist can treat upwards of 60-80 patients a day. Therefore, psychotherapy is given to patients who are perceived as more in need, like patients with anxiety, depression, dependent on psychoactive substances, and geriatrics. The main obstacle is insufficient time for psychotherapy.

At the National Central General Hospital, dr. Cipto Mangunkusumo (RSCM), which is a teaching hospital for prospective doctors and prospective specialists, psychotherapy is given to all patients, both inpatient and outpatient. In hospitalized patients (mostly patients with schizophrenia and bipolar disorder, or patients with personality disorders, mostly borderline personality disorders), psychotherapy is given when the patient is calm (no longer restless). The type of psychotherapy given is in the form of supportive psychotherapy, group therapy, and some patients are given dynamic psychotherapy, behavioural therapy and cognitive-behavioural therapy.

Approach to psychotherapy in Indonesian patients

a. Addressing the patient:

In English, therapists can refer to patients using "you" towards all ages, groups, ethnicities, religions, etc., while greeting patients in Indonesia, many terms can be used, including you, brother or sister, father or sister, mother, or names based on the patient's regional origin, for example "mbak" and "mas" from the Javanese, "tete" or "ceuceu" and "akang" from the Sundanese, "uni" and "uda" from the Minang tribe or Padang, and many more.

By greeting patients according to their area of origin (wherever a doctor or psychiatrist is located throughout Indonesia) patients will feel more comfortable, more respected, and familiar, so that rapport is formed more quickly, thus therapeutic alliances are easier and faster to build and the goals of psychotherapy are easier to be achieved.

So, as a doctor or psychiatrist, it is necessary to pay attention and it is better to ask the patient first what name the patient prefers or is comfortable with; for example: for a married lady, we better to address her as "ibu", for an unmarried woman, we better address her as "kak", "mbak", "tete" and not "ibu".

b. Understanding and knowledge of cultural background:

In interacting with patients, from the first meeting, we try to speak in the patient's language, so that it is easier to enter into his "internal-world". There are many languages in Indonesia, especially in Jakarta, there are various ethnic groups, races, and ethnicities. As doctors, psychiatrists, or therapists, we should really know the patient's language and culture, even though there are many cultures and languages from Sabang to Merauke, from Talaud to Rote. Even if you don't know the details, knowing a small part of the patient's

culture or language can make it easier for us to build rapport and form therapeutic alliances. For example:

In the Tapanuli (Batak) tribe, the position of boys is very important and plays a central role. The patient is a young male, 22 years old, a final year engineering student who is completing his final project, comes with the chief complaint of not being able to walk since the previous 2 weeks. From the clinical examination and X-rays, no abnormalities were found, as well as after being consulted to a neurologist, it was stated that there was no neurological disorder. From the psychiatric examination, data was obtained that the patient was very worried about the task he would suddenly assume to become the clan leader to replace his father who died suddenly due to a heart attack. Because the patient was the first son in the family, he felt that he had some obligations. One of the obligations is that he must fulfil or replace his father's position as head of the clan when his father dies.

Why had this young man's legs been paralyzed? Feet are a symbol for stepping into the future, while he feels unable to bear the burden that is felt too heavy as a clan leader. His ego chooses the defence mechanism displacement to overcome the conflict, so that after the legs are paralyzed, it seems as if the conflict is resolved ("primary gain"); whereas to be paralyzed, it is understandable and as permitted not to be chairman of the clan, it becomes even more attention from all family members ("secondary gain").

In an attempt to understand these patients, knowledge of the role of the boy's eldest as a potential replacement for the father in the clan Batak will complement the psychodynamic understanding of a patient, so that the selection and planning of psychotherapy can be done more precisely and better, thus psychotherapy will be more useful and can achieve the goals according to the plan.

The example above is just one of the many cultures that exist that can influence the shape and occurrence of psychopathology in a person; this should be studied by prospective doctors or psychiatrists who will provide psychotherapy. By understanding the cultural background of the patient, many benefits are obtained, including: patients feel more valued, therapeutic alliances are formed more quickly so that therapeutic goals can be achieved more quickly.

Conclusion

Psychotherapy is growing and developing in Indonesia, surely but not rapidly. Its growth goes hand in hand with awareness of the role and importance of psychotherapy in the psychiatrist profession, the benefits of psychotherapy for

patients and increasing knowledge and skills of doing psychotherapy for psychiatrists and general practitioners.

In managing patients using psychotherapy (and medical management in general), the doctor-patient relationship is

very important for the continuity of the therapy process and the success or achievement of therapeutic goals. Fostering doctor-patient relationships can be done well – in Indonesia – if we pay more attention to and appreciate the cultural aspects and patient backgrounds that characterize patients' daily lives.

The aspiration to form psychotherapy that is uniquely Indonesian has not yet been achieved, but this is still being pursued with high enthusiasm and effort.

Hopefully the efforts to improve all aspects of psychotherapy will be effective so that patients will benefit greatly.

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Dr. Sylvia Detri Elvira, graduated as a medical doctor of Faculty of Medicine UI in 1985, worked as Head of Primary Health Center – in South East Celebes (1986-1988), graduated as a psychiatrist in 1992, worked as a psychiatrist in Karawang State District Hospital until 1994. Since 1994, works as a medical staff and lecturer in Dr. Cipto Mangunkusumo National General Hospital/Faculty of Medicine UI in the Department of Psychiatry. Sylvia teaches psychotherapy for medical and post graduate students since 1994, was also a co-teacher of Advanced Psychodynamic Psychotherapy Long Distance Course with Prof. Cesar Alfonso (2016-2017). She writes books, especially on psychotherapy and women's mental health. She was the president of the Indonesian Psychiatric Association, section on Psychotherapy (2005-2010), was the President of APAP (2008-2011), a council member of IFP (2008-2011), a fellow of AAPDPP (since 2008).

Marcel Benoist Award for Prof. Thomas Berger

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Psychiatry is not a field one should choose when striving for a Nobel price. In 1927, the Viennese psychiatrist Wagner-Jauregg received one in Medicine for the development of and research on the treatment of syphilis-caused paralysis by fever, induced by deliberate infection with malaria. For the second one, psychiatry had to wait 73 years before in 2000 Eric Kandel became the next awardee for his research on the learning of sea slug *Aplysia*. Occasionally psychologists (like Simon and Kahnemann) win Nobel prices in Economics, but their research is related to problem solving and information processing in general. While these topics are undoubtedly relevant for the functioning of psychotherapists, psychotherapy as such is even less a Nobel price prone field than psychiatry and psychology dedicated to different contents.

Luckily, the energy and enthusiasm invested by many colleagues into further development of and research on psychotherapy is by and large based on intrinsic, or at least award-independent motivation. But it is also good that awards exist, which are given for research in psychotherapy. There are awards by the Society for Psychotherapy Research, by the Society for the Exploration of Psychotherapy Integration (an IFP member), several others, and last not least the IFP research awards. None of them is, of course, as prestigious as the Nobel price.

And then there is a Swiss award, the Marcel Benoist Award, which is also called the "Swiss Nobel Price". This is somewhat grandiose, but it is certainly a very prestigious award. It is a very competitive award, all the more as there is annually only one award for the whole range of academic fields, and it needs to be related to an invention or innovation which really represents a great gain for humanity.

Prestige is also illustrated by the fact that the awardees are called and informed by the president of Switzerland. This year this had happened to Prof. Thomas Berger, who at first thought friends are making fun with him, just one of them pretending to be the president. Why psychotherapy, why Thomas Berger? The Marcel Benoist award committee has recognized that there has been an enormous increase of mental health problems as a consequence of COVID, and even before, the traditional provision of psychotherapy could not keep up with the demand. Especially in times and areas

with limited access to f2f (face-to-face) psychotherapy, such as war and unrest, as well as natural disasters, and countries which have an underdeveloped provision of psychotherapy anyway, Internet based therapy is an alternative with solid proofs for effects comparable to f2f therapy. Thomas Berger has for many years been engaged in innovative developments based on basic psychological principles, well informed by psychotherapy research in general. He has united in one-person deep psychological knowledge, clinical experience, IT skills, methodological brilliance, and intrinsic motivation. And he did not have to start with COVID-pandemic-applicable products when the pandemic spread with its restraining effect for f2f therapy and its increasing effect on demand: he had the products ready at the right time. So it is the lucky combination (if one can say so given the dire circumstances) of a massive problem and the fruits of engaged, high quality work, which brought the award to Thomas Berger, shedding also light on the importance of psychotherapy. COVID is definitely not a field for virology, epidemiology and economy only, it is a field also for psychotherapy.

We congratulate Prof. Berger and hope -and are sure – that he will continue to make important contributions while remaining the modest colleague with whom to collaborate is always pleasant and inspiring.

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Franz Caspar is Professor Emeritus for Clinical Psychology and Psychotherapy (University of Bern, Switzerland) and member of the National Research Council, Swiss National Science Foundation. Before Bern, he has been professor in Freiburg (Germany) and Geneva. He has practiced psychotherapy throughout his career and has also served as Head psychologist in a psychiatric hospital. Among many honorary engagements he has been president of the Society for Psychotherapy Research (SPR), Chairman of the Research Committee of the Society for the Exploration of Psychotherapy Integration (SEPI), and President of the International Federation for Psychotherapy (IFP). He has received the SPR Distinguished Career Award of the SPR in 2018.

IFP Research Award: Call for Nominations

Dear IFP Community,

This is a call for nominations for the 2022 IFP Research Award. IFP Research Awards seek to foster a broad spectrum of psychotherapy research that furthers the purposes of IFP, with special emphasis on studies relating to cultural issues, psychotherapy delivery, clinical excellence, and training.

The IFP Research Committee accepts nominations for the following three awards, which will rotate each year:

1. Young Researchers who have completed a doctoral dissertation and published a minimum of 3 research papers in refereed journals;
2. Mid-Career researchers who have conducted and published important research beyond the post-dissertation level;
3. Distinguished Senior researchers whose research and publications represent a lifetime of significant achievements.

For the current year, nominations are invited for the Mid-Career Researcher Award.

Nominations can be made by:

- (a) Member societies represented by their officials, (b) individuals who are members of IFP member organizations, and (c) IFP Individual members.

A nomination must include: (1) a completed nomination form (found at <https://www.ifpnet.org/>), (2) a letter of recommendation by the nominating person/society, (3) a current Curriculum Vitae, (4) copies of the publications on which the decision will be made, and (5) a brief statement by the nominee summarizing his/her work and explaining how it is related to the aims of IFP. Additional letters of recommendation may be included or submitted separately by any colleague familiar with the nominee's work.

All documents should be sent as email attachment to the IFP Awards Committee Chair, Prof. Chiara Rafanelli (chiara.rafanelli@unibo.it).

The deadline for nomination is January 31st 2022.

The IFP Research Committee, in its function as Awards Committee, will propose an awardee and the IFP Executive Board will decide about the proposal. The award will be granted in Spring following the submission with a diploma, as well as an official declaration in the IFP Newsletter. The awardee and her/his work will then be presented at the IFP World Congress of Psychotherapy (which takes place every 4 years) following the distinction. If feasible, the recipient of the award will be invited to this meeting.

There are several ways that you can assist us with selecting best candidates:

- Disseminating the information via your professional list,
- Posting the information on your professional website,
- Forwarding this newsletter to your colleagues,
- Nominating researchers you believe deserve this IFP Research Award.

For questions, please contact the IFP Research Committee Chair: chiara.rafanelli@unibo.it

Obituary for Aaron T. Beck

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Professor Aaron T. Beck (1921-2021), passed away peacefully on the 1st November 2021 surrounded by the family he loved.

Most of you can be assumed to be familiar with at least some of the work and possibly also with the person of A.T. Beck, the maybe most prominent father of Cognitive Therapy. Many if not most of you have heard or read that he passed away on the first of November of this year, four months after his 100th birthday. While we may not provide much new information, IFP would like to honor Dr. Beck by reminding of some of his contributions and qualities.

He studied medicine, was trained as a psychoanalyst. Based on his practice as well as research he became critical of the traditional psychoanalytic approach, and, as a consequence, developed cognitive therapeutic concepts and interventions. While his approach is best known for the treatment of depression, the approach has been enlarged for a broad range of disorders, notably anxiety and personality disorders. His work has in one way or another internationally influenced the thinking and work of a high percentage of psychotherapists and many, many patients have profited from Beck-informed treatments.

Even when approaching his centennial, he was still dedicated to furthering the understanding and treatment of one of the most vulnerable group of patients, humans with schizophrenia.

He remained interested in transdiagnostic approaches and an intensified dealing with emotions in the cognitive approach.

Following a number of encounters throughout my career, my wife and I came closer to him during a sabbatical in Philadelphia some years ago. Already in a wheel chair, after having quit tennis for increasing visual problems, physically already frail, we met an accessible and intellectually absolutely brilliant person, still curious of other approaches and the work of colleagues, and able to continue discussions after a few weeks.

Aside of all he has produced for the clinical field, the way he aged and still functioned at an old age is encouraging for us. Not all of us will be fortunate enough to maintain mental capacity until such a high age, but isn't it great to know that at least in principle it is possible?

CONGRESS CALENDAR

2022 Congress of the European Association of Psychosomatic Medicine (EAPM)

8-11 June, 2022

Venue: Vienna, Austria

<https://www.eapm2022.com/>

The 26th World Congress on Psychosomatic Medicine (ICPM)

7-9 September, 2022

Venue: Rochester, US

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

30th European Congress of Psychiatry

April 2-5, 2022

Venue: Budapest, Hungary

<https://2022.epa-congress.org/>

23rd World Congress of Psychotherapy

9-11 February 2023

Venue: Casablanca, Morocco

TO MEMBER SOCIETIES

THE IFP WEBPAGE IS AT www.ifpnet.org

Please send announcements of your congresses!

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

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