

Psychotherapy has become a worldwide professional task which is applied in almost all continents. In the world's largest country, China, the actual social and economic changes bring along specific psychological challenges which need more psychiatric, psychological and adequate psychotherapeutic help. Officials both in politics and in health professions are aware of this challenge and started corrective endeavors. The paper of Jie Zhong et al. provides one of the first insights into the actual needs and emergence of professional help and gives a glimpse of the enormous undertakings which have been done in such a considerably short time. The spirit of departure is even physically noticeable while reading this paper.

One of the first projects in this direction was the early collaboration of German psychotherapists with Chinese colleagues already 20 years ago. Ten years after their start they founded an international psychotherapeutic society. As an outcome of this intercultural collaboration the idea of a joint congress arose, which finally took place in Shanghai in May 2007. Haass-Wiesegart and Zeping Xiao are reporting about this intercultural event, where also IFP president Ulrich Schnyder was present as an invited speaker. Their paper outlines the historical development of psychotherapeutic needs as well as some undertakings to face the new reality.

IFP is present in supporting psychotherapeutic culture and providing platforms for cultural exchange and learning from each other. You are welcome to join this international activity as an individual member or corporate society.

My best regards to our colleagues
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Report on the remarkable First Chinese-German Congress on Psychotherapy in Shanghai:

Changing Societies – Changing People: Psychotherapeutic Answers

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It seemed perfectly appropriate to take the 20 years of cooperation and 10-year anniversary of the German-Chinese Academy for Psychotherapy as an occasion to start a new stage of collaboration, with a Chinese-German Congress on Psychotherapy in Shanghai, where the accelerating process of change in China is most visible.

For 5 days (precongress May 19 and congress May 20–23) about 60 Chinese and 38 German psychiatrists and psychologists, and 6 colleagues from the USA, Japan, France and Switzerland provided morning lessons, keynote speeches, lectures at 23 symposia and 47 workshops, feedback groups and evening lectures.

About 650 participants from all over China and about 90 Germans attended the precongress and congress in Shanghai.

The Hosts of the Congress

The congress was hosted by the Shanghai Mental Health Center, Shanghai Jiatong University Mental Health Center, and the German-Chinese Academy for Psychotherapy in cooperation with the China Association for Mental Health, Division of Psychotherapy and Counseling, the Chinese Psychological Society, Division for University Students Psychological Counseling, the Shanghai East Hospital.

Promoters

The congress was supported financially by the Health Bureau of the City of Shanghai, the Shanghai Mental Health Center on the Chinese side and the German Academic Exchange Service and the Robert Bosch Foundation and the German-Chinese Academy for Psychotherapy on the German side.

Congress Books

Keynote and symposium lectures and abstracts were published in Chinese and English in a congress book. A history book, which not only describes the 20 years of Chinese-German cooperation in psychotherapy but also gives a brief overview of the development of psychiatry, clinical psychology and psychotherapy in China, was given to the participants.

Morning Lectures

The congress started every morning with parallel lectures and exercises in 'Qigong and Qigong Therapy', an 'Introduction to Hypnotherapeutic Methods' and an 'Introduction to Autogenic Training with Imagery'.

Changing Societies, Changing People: Psychotherapeutic Answers

Chinese and German keynote speakers pointed out that the process of economic modernization, social transformation and of changes in moral concepts goes hand in hand with the increase in the freedom of individuals to be able to act. Traditional standards and values, as elements of structural constraints to personal relationships and to the self-identity of a person, are loosened. Keeping one's self stable during a state of change in the course of one's own life is quite an accomplishment, something that overtaxes more and more people in China in their psychological capacity for integration. Disintegration within this changing society results in a 'westernization' of psychological problems. While the number of schizophrenic patients has remained relatively stable, symptoms of depression are apparently rising. Even rather conservative estimates suggest that there are about 20 million patients in China suffering from depression. The suicide rate of 200,000 per year is high. Alcohol problems, formerly hardly an issue in large parts of China, have become a mass phenomenon. Drug addiction is rising rapidly. Cases of obsessive compulsive disorders, eating disorders, aggression or social phobia among young people are increasing. The gap between the generations is huge. More and more psychosomatic symptoms are being diagnosed. About 100

million internal migrants are traveling to find work, uprooted from their homes. New cities like Shenzhen, whose citizens have an average age of 30, have a lifetime prevalence rate of mental disorders of 21.19%. The enormous efforts made in the last years in China have led to an increasing number of beds in psychiatric hospitals, and a new system for student counseling was established. Outpatient departments were extended, providing psychotherapy and new programs for drug addicts.

In 2007, while the first mental health law in China is still in preparation and waiting to be passed by the National People's Congress, the Ministry of Health, Ministry for Labor and Ministry for Education suggest for the first time in China common regulations in prevention, counseling, psychiatric and psychotherapeutic treatment. Qualified standards and ethics rules will be obligatory when established. The Chinese Society of Psychology, Section for Clinical and Counseling Psychology, is now busy developing such systems. The 5 centers for psychiatry in China will have to provide more training programs for psychotherapy. During the congress Chinese colleagues organized how to establish a highly qualified nationwide system of training programs, standards and ethics of psychotherapy in China.

Psychotherapeutic Answers – Precongress Symposia and Workshops

Lecturers from China and Germany presented recent specialized treatment methods for different patient groups in the West and in China. Relapse prevention for mental disorders, as well as difficult-to-treat depression, therapy process analysis, multiple family therapy or the results of research on improving inpatient treatment in psychiatric and psychotherapeutic hospitals were discussed.

Another focus was on dialogues between psychotherapeutic schools. A very well-known Chinese behavioral therapist, systemic family therapist and psychoanalytical therapist presented a case history and the treatment of this case, and other colleagues discussed the case from their perspective.

Some workshops about life script, family constellation or mindfulness approaches, etc. included some self-awareness. There was a 3-day training course on operationalized psychodynamic diagnostics. The material of operationalized psychodynamic diagnostics 2 was translated for this congress. Many workshops of Chinese colleagues showed the dynamic development in China of combining traditional concepts with modern western psychotherapeutic approaches. To use Taoist rules in combination with cognitive reconstruct behavior therapy is quite popular. Maintaining the inner harmony of an individual is a basic concept in traditional Chinese thinking. So the acceptance of painful living events, or gratefulness, as in Japanese Naikan therapy, is an attempt to maintain the inner balance. The discussion about the concept of self led to the question of the different concepts of soul in China and the West. Many workshops discussed the issues of the transfer of western psychotherapy to the Chinese context or tried to find a new basis for integrating the different paradigms of East and West.

Feedback Groups

Every participant of the congress belonged to a feedback group which met every evening. The discussions revealed the main problem in health care in China. The context in which a colleague from Shanghai had to work is totally different from that of colleagues working in poor regions in China in the countryside. Someone described that they feel overburdened, for they are the only well-trained psychotherapists in their working unit, or even in an entire region.

Evaluation

Before the congress an evaluation questionnaire about the cooperation was sent to 500 Chinese and German participants and teachers of the cooperation's projects. The results presented by Prof. Dr. Mathias Elzer reflect the difficult working situation of Chinese psychiatrists and psychologists. Participants of all training programs showed the benefits of the transfer of western psychotherapy in their work and described an even more positive impact on their personal life.

Wan Wenpeng Award of the German-Chinese Academy for Psychotherapy

In memory of the honorary president of the German-Chinese Academy for Psychotherapy, Prof. Dr. Wan Wenpeng (who died in 2005), the German-Chinese Academy for Psychotherapy awarded a science prize. The prize consists of 3 parts. The first part honored the many years of personal commitment to intercultural cooperation made by Prof. Dr. Yang Huayu, Prof. Dr. Xu Tao Yuan and Prof. Zhang Boyuan. Secondly, 6 lectures by Chinese colleagues submitted for this congress were awarded prizes. The third part of the prize was given to 3 young Chinese psychotherapists for their special work in the field of psychotherapy. In memory of Prof. Dr. Wan Wenpeng an exhibition was presented.

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Accountability in Clinical and Counseling Psychology: News from Mainland China

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Psychotherapy and psychological counseling are the application area of clinical psychology and counseling psychology. As there is increased need for psychotherapy and counseling for the general population in mainland China, the profession of psychotherapy and counseling grows quickly, and the number of professionals in this field rapidly increases. With the development of clinical and counseling psychology, high-quality professionals are not only in urgent need in the current society but are also critical to the social prestige and accountability in professional psychology. Although the Chinese Psychological Society (CPS) and Chinese Mental Health Association (CMHA) published a primary suggestion for psychotherapy and counseling practitioners in 1993, the professional movement in clinical and counseling psychology did not take place until 2002.

The status quo of accountability for professional psychologists in mainland China is diversiform and developing. The Chinese Ministry of Labor and Social Security Affairs (CMLSS) is mainly in charge of the license of professional psychological counselors. The Chinese Ministry of Health Affairs (CMHA) is monitoring the qualification of professional psychotherapists in hospitals and other health care agencies. The CPS controls the quality of professional psychologists and professional training programs.

The CMLSS promulgated a state protocol of professional criteria for professional psychological counselors in 2001 and later the re-

vised version in 2002 (CMLSS, 2001; 2002). These national criteria have the following main characteristics: (a) They are dependent on a continuing training program but not on the completion of master or doctoral training programs. This means that participants who have a degree from a 2 or 3 years' junior college in any majors are allowed to enter a continuing training course. (b) The admittance of license is controlled by a professional entrance examination but not based on the professional training program. After receiving about 60 hours' continuing training course, participants are allowed to take an exam for getting the license of the intake counselor, which is the lowest level of psychological counselors. (c) Neither professional ethics codes nor quality control of the professional practice are structured and need further development.

After 2003, the CMHA has a similar system to certify professional psychotherapists working in hospitals after the participants passed their examinations. Normally the participants who want to join the CMHA required exams of psychotherapist should, at least, get a degree from a technical secondary school. For example, a nurse, who has a degree from a technical school for training nurses, can apply to take the CMHA examination for getting the certification of psychotherapist after she or he worked a few years in a hospital in a corresponding area of mental health.

In order to facilitate regular, ordered and healthy development of Chinese clinical and counseling psychology, it is an urgent task to develop a professional registration system, which is relatively well-founded and adaptive to the Chinese situation, to regulate this field. Unlike the CMLSS and CMHA, the Clinical and Counseling Psychology Registration System of CPS is characterized by the quality control and unforced affiliating. However, the title of clinical or counseling psychologist in China is not protected by any laws.

Recent Improvements

Two main documents were approved by the Executive Council of CPS in 2007. They are: (1) the registration criteria for professional training programs and individual practitioners of clinical and counseling psychology (registration criteria for short in the following), and (2) the code of ethics for counseling and clinical practice (code of ethics for short in the following).

Recent improvements for the Clinical and Counseling Psychology Registration System were conducted by the CPS. A website for registration system (<http://www.chinacpb.org>) was developed on March 15, 2007. The documents of ethics codes and registration criteria, as well as the first list of registered psychologists and supervisors were put on this website. Furthermore, regulation rules for the registration system and specific managing procedures were set up and improved. Democratic decision-making rules were also carried out and implemented in the process of making the specific managing procedures in order to safeguard the academic authority and seriousness of the registration system.

Training on ethics principles and on theory and practice of supervision was provided to the first batch of registered psychologists and supervisors in July 2007. Furthermore, teaching staff necessary for developing the field of clinical and counseling psychology will be trained with the guidance of the Clinical and Counseling Psychology Registration System, and continuing training programs could be designed according to the requirements in the registration system.

Meanwhile, the registration system will be advocated for the related professionals. After July 2007, it will be advocated to the media to extend its publicity and to facilitate the awareness of the system of both professional and nonprofessional groups. If possible, we will try to make the related government department get to know the system and support us, and will also try to make the relevant documents of the registration system including the documents of ethics codes influence the provisions of relevant national legislation and administrative regulations.

This registration system, which is based on a large amount of investigation and scientific research, consulted with some successful and mature practices in western countries with well-developed professional psychology, is a product of efforts and wisdom of hundreds of Chinese (including Hong Kong and Taiwan province) professionals in clinical and counseling psychology. We hope that the registration system could have some impact in the professional field, and provide some positive and constructive values for improving the quality of professional work, facilitating healthy and continuing development in the professional field in mainland China.

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- [For a more detailed description see IFP newsletter 2/2007 (Nov. 2007) at www.ifp.name].

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