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The process of establishing and regulating the profession of psychotherapy in Croatia

Proces oblikovanja in reguliranja psihoterapije kot poklica na Hrvaškem

Abstract

This paper focuses on the main events and circumstances of establishing psychotherapy as an autonomous profession and also details the specifics of its regulation in Croatia. As no previous research has been published on the topic, this paper has analysed archival documents together with expert interviews to provide the chronology and give an interpretation of the main events. Psychotherapists with different professional backgrounds, trained in diverse approaches, began

the quest for the professionalization of psychotherapy in the late 1990s. The formation of an umbrella psychotherapy association and its development marked the progress towards the Law on Psychotherapy Practice that was enacted in July 2018. The Croatian Law on Psychotherapy Practice is discussed in the context of the development of psychotherapy in Croatia and laws and regulations on psychotherapy in other European countries.

Keywords: law on psychotherapy practice, professional regulation, Croatia, Europe, development of psychotherapy

Povzetek

V tem članku so prikazani glavni dogodki in okoliščine uveljavljanja psihoterapije kot samostojnega poklica in njene normative ureditve na Hrvaškem. Ker o tem še ni bilo narejene nobene raziskave, sem analizirala arhivska gradiva in opravila intervjuje s strokovnjaki,

tako da sem lahko oblikovala kronologijo in interpretacijo glavnih dogodkov. Psihoterapevti različnih izvorov in šol so začeli z organiziranimi prizadevanji za profesionalizacijo psihoterapije v poznih devetdesetih letih prejšnjega stoletja. Ustanovitev krovnega psihote-

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rapevtskega združenja in njegov razvoj sta odločilno pripomogla k razvoju v smeri zakona o psihoterapevtski dejavnosti, ki je bil sprejet julija 2018. O tem zakonu razpravljam v kontekstu razvoja psihoterapije na Hrvaškem in normativnih ureditev psihoterapije v drugih evropskih državah.

Ključne besede: zakon o psihoterapevtski dejavnosti, regulacija poklica, Hrvaška, Evropa, razvoj psihoterapije

Introduction

This paper focuses on psychotherapy regulation in Croatia. It details the main events and circumstances of establishing psychotherapy as a profession and also details the specifics of the regulation. In July 2018, the Croatian Parliament passed the Law on Psychotherapy Practice after over ten years of endeavour by the Association of Psychotherapeutic Societies of Croatia. This event is seen as a crucial milestone in the development of psychotherapy as a profession in Croatia. No research has previously been published on the topic.

Professionalization of psychotherapy in Europe

The trend towards the professionalization of psychotherapy is a timely topic in Europe. The field that resembles what psychotherapy is today first began to develop over a century ago and presumably due to its constant developments still hasn't managed to suit everyone's taste yet.

The idea of regulating psychotherapy appeared very early in its development. It started with the appearance of the societies, associations, and training institutes which all sought over time to gain recognition. Today we are in, what Davies (2009) would call, "a third wave of professionalization", debating over the format of regulations and legislation for psychotherapy as a distinct profession in its own right. The path to establishing a distinct profession has been well described for medical doctors, nurses, and lawyers who in different cultural contexts have all managed to fight for their status as independently recognizable professions.

With the appearance of various psychotherapy modalities and training in specific approaches, the number of trained professionals increased over time and so has the complexity of requirements. Saturation point was reached in 1990 when the representatives from 14 countries signed the Strasbourg Declaration (Ginger, 2010), confirming psychotherapy as an independent scientific

discipline, the practice of which represents an independent and free profession, with extensive training, and a multiplicity of psychotherapeutic methods. As a consequence, the professionals who had trained in various psychotherapy approaches across different countries began their quests in pursuit of specific regulation.

In the last 30 years, a number of European countries have tried to set up psychotherapy as a more or less independent profession. According to the EU database of regulated professions, as of 2019 ten countries have the protected title of psychotherapist regulated by law, while five other countries have limited regulations.²

The first country to pass a law on psychotherapy was Sweden in 1985 when the title of (licensed) psychotherapist ("legitimerad psykoterapeut") became protected and was awarded by the Swedish National Board of Health and Welfare only after completion of postgraduate psychotherapy training (socialstyrelsen.se, 2019).

Austria regulated psychotherapy in 1990 introducing an undergraduate programme in which students complete a preparatory course in psychotherapy (psychotherapy propaedeutics) before choosing a specific psychotherapy modality. The Psychotherapy Board within the Austrian Health Ministry is responsible for both accrediting training institutions and awarding the licence to practise (Psychotherapiegesetz, 1990).

The Finnish Ministry of Social Affairs and Health brought in the Health Care Professionals Act and Decree in 1994 which includes psychotherapists. The Ministry's Agency, the National Supervisory Authority for Welfare and Health, is responsible for awarding the title of psychotherapist only to those who have completed postgraduate-level psychotherapy training in Finland (finlex.fi, 1994).

Psychotherapist ("Psychotherapeut") is a legally protected professional title in the Netherlands which allows only psychologists, psychiatrists, and medical doctors (in general) to undertake psychotherapy postgraduate training. The legal status of psychotherapists in the Netherlands has changed since 1986 when they first regulated the profession. During the 1990s and 2000s there were questions and challenges to the independence of the profession, specialization, and overlaps with allied professions (see e.g. Hutschemaekers & Oosterhuis, 2004). Today Dutch psychotherapists fall under the "heavy regime" of the Individual Health Care Professional Act with legally requires registration, specifically approved training and specialization, and public disciplinary law

² European Commission (2019). Regulated professions database. Retrieved from <https://ec.europa.eu/growth/tools-databases/regprof/index.cfm> (August 21st, 2019)

(Kamerstukken II, 2014).

Germany regulated the profession of “psychological psychotherapist” and “child and adolescent psychotherapist” in 1999 when giving recognition to psychologists with additional training in psychotherapy and psychologists and (special) pedagogues with additional training in child and adolescent psychotherapy, as psychotherapists and child and adolescent psychotherapists respectively (Psychotherapeutengesetz – PsychThG, 1998). Since 1992 the regulations about specializations for medical doctors have allowed medical doctors who have specialization in “psychotherapeutic medicine” and those with specialization in “psychiatry and psychotherapy” to practise medical psychotherapy (Kraus-Girth, 2002; Strauss, 2008). Twenty years later, on September 26th, 2019, the German Parliament passed a new law that incorporates changes regarding education. A five-year programme in psychotherapy (3 bachelor + 2 master) will be followed by a state examination in order to become a licensed psychotherapist. This new regulation emphasizes the education for psychotherapy as the first profession after high school graduation and the academization of psychotherapy training (Možina et al, 2018)³. The Bundesregierung (2019) confirmed also that medical psychotherapists will remain a title for medical doctors with appropriate qualifications.

Italy first regulated the psychotherapy profession by law in 1989. Psychologists, and general medical doctors and surgeons can specialize in psychotherapy with four-year postgraduate psychotherapy programmes. These are state accredited programmes which were initiated by the President’s Decree from 1982 and updated in 1998 (Gemignani & Giliberto, 2005; Bani, Rezzonico & Strepparava, 2008).

In Latvia, psychotherapist is a protected title; only a medical doctor can practise after specializing in psychotherapy (likumi.lv, 1997; 2001).

Lichtenstein requires a master’s level of psychology and “sufficient theoretical knowledge on a scientifically-recognized basis of mental disorders of children, adolescents and adults” together with “training of at least three years in the relevant field of occupational psychopathological conditions, which includes at least 250 hours of training in a scientifically recognized psychotherapy” (Article 70, Psychotherapy Regulation in Lichtenstein, 2008).

France has protected the professional title of psychotherapist by law from 2004 and by a decree from 2010 which requires a national register of all psychotherapists. To be directly listed in the register, one must be a psychiatrist, while medical

³ The first university that opened the possibility of direct psychotherapy academic study, i.e. bachelor and master in psychotherapy science right after high school graduation (matura) was Sigmund Freud University Vienna in 2005, and its branches in Berlin, Paris, Milan and Ljubljana followed (Fiegl, 2016; Možina, 2016).

doctors, psychologists, and psychoanalysts (registered in the Psychoanalytical Registry) need additional training and internship (legifrance.gouv.fr, 2010).

After years of having separate canton regulations, in April 2013 Switzerland passed a Federal Law governing all the professions working in the field of psychology which includes psychotherapy. Under this law, psychotherapists are primarily psychologists with additional training in psychotherapy provided by an accredited institution (PsyV, 2013). Medical doctors’ postgraduate training in psychotherapy has been regulated by the Medical Professions Act since 2006 (MedGB, 2006).

Since 2015, a master’s degree in clinical psychology or medicine together with an educational qualification relating to the profession of psychotherapist is required by Luxembourg’s law on the profession of psychotherapist (Psychotherapy Regulation in Luxembourg, 2015). Psychotherapy in Luxembourg falls under health regulations and the law specifies the curriculum for psychotherapy training (Article 4).

Malta has, just like Croatia, recently regulated and protected the title of psychotherapist by a new law that was passed on June 20th, 2018. The prerequisite for training in one of the six approved modalities is a bachelor’s degree in human or social science (Psychotherapy Profession Act, 2018).

Although all these countries have in common the title of psychotherapist, they all vary in how they define psychotherapy in their legislation and in regard to the requirements to practise. Psychotherapy is most commonly regarded as “treatment” of “mental disorders” and /or facilitating “behaviour change” and “personal growth”. There is more caution when it comes to mentioning “health” or “healing”, which is seen only in the case of Austria and Latvia.⁴ After years-long deliberations, Croatia has decided on the following definition: Psychotherapy is a psychological treatment of an emotional problem in which an educated person intentionally establishes a professional therapeutic relationship and uses professional procedures to remove, modify or reduce the intensity of existing psychological symptoms/difficulties, to change disturbing behaviour patterns and to encourage positive personality development of a child, adolescent, and adults. Psychotherapy can be performed only by a psychotherapist or an advisory therapist. (Article 4)

⁴ Austria has defined psychotherapy as “independent therapeutic method used in health care to treat mental, psychosocial or psychosomatic behavioural disorders and conditions. The purpose of psychotherapy is to heal or mitigate mental distress, to help in personal crises, to change disturbed behaviours and attitudes and to promote personal development and health”, while Latvia provided the description of the medical doctor – psychotherapist’s competency “to set aetiology, pathogenesis, diagnosis, treatment, prevention, counselling and rehabilitation for patients with diseases, sufferings and disorders (mental, psychosomatic, somatopsychic, behavioural, affective cognitive and relationship, as well as sexual life), using integrative biopsychosocial approach” (European Commission, 2019).

Different countries have accepted different psychotherapy approaches and their respective training as “legal” to qualify as a psychotherapist. For example, while the psychoanalytic approach is the common approach for practising psychotherapy across a number of different countries (Bednar, Lanske & Schaffenberger, 2004), the Netherlands includes psychoanalysis, cognitive and behavioural therapy, and systemic models, and Malta additionally recognises humanistic psychotherapy, hypno-psychotherapy, and integrative psychotherapy (Article 2). To understand what psychotherapy is in a specific culture requires more in-depth study of the context and history. This article will focus on the historical background to the case of Croatian regulation of psychotherapy.

Method

Data collection

To present the course of establishing psychotherapy as a profession in Croatia, different types of data and sources, such as archival records, laws and regulations, published and unpublished literature, all accompanied by expert interviews, were used and treated as primary data.

Laws and regulations from the Official Gazette in Yugoslavia (Službeni list SFRJ and Narodne novine SRH from 1945-1990) were retrieved from the Library of the University of Zagreb, Faculty of Law; and from 1990 onwards from the Official Gazette in Croatia (Narodne novine, retrieved from <https://narodne-novine.nn.hr/>). Other documents such as resolutions, public letters, decisions etc. were also taken into account as events in themselves and for the contextualization of events.

The sources were found in different archives. Specifically, the data from the archive of the Association of Psychotherapeutic Societies of Croatia was collected through available documents, letters, and notes. The archive as well as the minutes of their assembly meetings, was provided by Irena Bezić (the Association’s Secretary), but were available only from 2004. Additionally, informants and experts shared their personal archives of materials related to the topic, which included: unpublished notes, reports, minutes of the meetings, official documents (contracts, solutions, decisions), etc.

In addition to legal and official documents, and experts, the research also took information from newspaper articles found online and on the homepages of

institutions, various organizations and associations and their internet archives (archive.org/web). The newspaper articles were searched through particular internet news portals (e.g. jutarnji.hr or vecernji.hr) or search engines (e.g. google.com) through key words.

The expert interviews ranged from in-depth unstructured to semi-structured interviews which were conducted with experts who provided their particular knowledge and insight in the field. The experts, unlike lay people, possess special knowledge and expertise of a field and by also serving as informants contribute “background information” (Meuser & Nagel, 2009, p. 24). In this research context, the people who participated, witnessed or created the field were chosen as experts to share their valuable knowledge and experience in the process of developing psychotherapy and establishing the profession. These experts are also a part of the study “as part of the field” since their insights serve as additional information (Bogner & Menz, 2009, p. 46). In addition to interviews, personal communication with informants and experts included emails, and telephone conversations.

Data Analysis

This study was conducted in a modular rather than linear course, i.e. starting with retrieving data from one source in order to analyse it and then supplementing it from another source, which would often lead back to the initial source and by snowballing would then lead to additional sources.

The process of data collection and analysis was interchangeable in its sequence, which is typical for qualitative research. The collection and analysis of written records was directed towards the search for regulations concerning psychotherapy and how it was viewed in different time frames. Further communication with informants and experts on the progress of psychotherapy in Croatia contributed to the researcher’s knowledge of the field and understanding of the historical records. Acquiring data from various sources and different approaches in analysis were used in order to obtain reliability.

A brief history of psychotherapy in Croatia

Tracking the historical course of the practice of psychotherapy, one should first look at allied fields, such as medicine and psychology as more known subjects and search for its initial appearances. From the legal point of view, and as aligned with the practice, the position of psychotherapy historically came within the health system in Croatia. Its first official appearance in regulations was as part of the theoretical programme of specialization for psychiatry, which became an independent medical specialty in Croatia in 1974⁵ after separation from neuropsychiatry. Among other subjects, the psychiatric residents were to learn dynamic psychiatry and psychotherapy although psychotherapy was already practised from a much earlier date.

In 1928, Stjepan Betlheim (1898-1970) returned from his Viennese medical studies and opened a private practice in Zagreb to practise psychoanalysis⁶. Betlheim, the first Croatian psychotherapist, was by then already a member of the Vienna Psychoanalytic Society and practised in Zagreb with the title MD, specialist for nerve diseases. Together with several neuropsychiatrists, Betlheim dedicated his life to spreading psychoanalytical teaching, opened the first psychotherapy ward in a public hospital, and laid the foundations for the Centre for mental health (later to become the University Clinic for Psychological Medicine), a unique institution still famous for psychotherapy practice and research today.⁷

In addition to Betlheim's circle to whom we are immensely indebted for spreading psychotherapy throughout hospitals across the country, there were other medical doctors, Betlheim's contemporaries, who were also interested in psychotherapy. There was Otto Horetzky (1904-1973) who practised his form of psychodrama ("Horetzky's Pantomime" or "mimodrama") with psychiatric patients at Vrapče hospital. Also, in the town of Osijek, there was a medical doctor, Milan Bedenić (1894 – 1955) who attended Adlerian individual psychology seminars in Vienna. Bedenić worked at the Counselling Centre for Educational Issues and Mental Hygiene ("Savjetovalište za odgojna pitanja i duševnu higijenu") at the House of Public Health and incorporated Adlerian teaching to practise mental hygiene (Bedenić, 1964).

5 Pravilnik o specijalizaciji liječnika, zubnih liječnika i diplomiranih farmaceuta (NN 39/74)

6 S. Betlheim's letter to H. Hartmann regarding the request to become a direct member of IPA, 1952; from Betlheim & Lerotić, 2006, p. 346.

7 See more on Betlheim in a monograph "Stjepan Betlheim – radovi, pisma, dokumenti (1898-1970)" edited by his daughter Ruth Betlheim and colleague Gordana Lerotić (2006).

Croatian psychologists, on the other hand, have a tradition dating from the experimental school of Ramiro Bujas (1879-1959) who founded the first laboratory for experimental psychology in the former Yugoslavia in 1920 and later in 1929 the Department of Psychology in the Faculty of Philosophy at the University of Zagreb (Kolesarić & Pavlina, 1986). For the official stance of the Department towards psychotherapy, the literature and informants suggest that they began promoting psychology as a helping profession only in the 1990s, i.e. during the time of the Croatian War of Independence (1991-1995)⁸ having previously considered it only as an experimental science. However, looking into the actual practice of psychologists reveals a little more: many Croatian psychologists undertook training in psychotherapy schools that began appearing in the country in the late 1970s. These were humanistically and systemically oriented psychotherapies, such as transactional analysis or gestalt therapy, and behavioural therapy training, which was initiated by Nada Anić, a Croatian psychologist who worked at the Centre for Mental Health. In the 1990s when the need for psychological services rose, a number of psychologists were therefore already trained, and despite their lack of experience, worked with refugees, war veterans, and other people affected by war (interviews with J. Pregrad, Z. Subotić). Examples can be found among gestalt therapists, transactional analysts, cognitive-behavioural therapists, and therapists of psychotherapy cybernetics who had extensive training experience, which was provided by foreign psychotherapists in independent, mostly outside of clinical settings.⁹

In the meantime, for psychiatrists, new regulations regarding specializations for medical doctors came into effect in 1994¹⁰. These regulations designated sub-specializations for medical doctor specialists and introduced psychotherapy as a two-year programme of sub-specialization for psychiatric specialists. Simultaneously, the idea of establishing psychotherapy as an independent profession appeared among interested parties. For the purpose of this, an umbrella organization for different psychotherapy approaches was needed in order to establish and lead the way for the regulation of psychotherapy as

8 There are numerous claims on the new situation for Croatian psychologists during the war time, such as interviews given by Mirjana Krizmanić, Chair of Clinical Psychology Department until 2000 (Vlašić-Smrekar, 2013; Toth, 1992), or the reports of professional meetings during the war time (e.g. Kolesarić, Krizmanić & Havelka, 1994). On the development of the Department of psychology in Croatia, see for example: Kulenović (1999).

9 On the development of the particular psychotherapy schools in Croatia see Prevendar (2018).

10 Pravilnik o specijalističkom usavršavanju zdravstvenih djelatnika (NN 33/1994) contains the Supplement no1: The Plan and the Programme of Specialties and Subspecialties; i) Specialties and subspecialties for medical doctors (In Croatian: Plan i program specijalizacija i užih specijalizacija; i.) Specijalizacije i uže specijalizacije za doktore medicine). Besides psychotherapy, other possible subspecialties were forensic psychiatry, social psychiatry, child and adolescent psychiatry (also ran at the Clinic for psychological medicine), alcoholism and other addictions, and biological psychiatry.

a distinct profession. The background of this story was the founding of the European Association for Psychotherapy (EAP) in 1991 on the principles of the Strasbourg Declaration (1990).

Start of the umbrella organisation

Apparently, the initiative to establish an umbrella organisation, one that would encompass all psychotherapies, came from the University Clinic for Psychological medicine in around 1992 (interview with G. Tocilj Šimunković, Lj. Moro). A psychiatrist, and trained group analyst working at the University Clinic for Psychological Medicine, Gorana Tocilj-Šimunković represented Croatia at the EAP meetings. Her role was later established as becoming the general secretary of the umbrella association and, as she recalled, supported by Vladimir Gruden, who was the head of the University Clinic, and the first president of the umbrella organisation – the Croatian Association of Psychotherapeutic Societies (“Hrvatski Savez Psihoterapijskih Udruga (HSPU)”). Although HSPU was founded on July 14th, 1997 at the University Clinic for Psychological Medicine, the whole process and indeed the first seven years of this new organization was largely ineffective.

The umbrella association’s members were “psychotherapy associations registered in Croatia interested in the improvement and development of psychotherapy in Croatia” (Statute of the Association, 1997). Just after its official founding, a significant number of the founding parties, particularly the psychotherapy associations and organizations that practised at the University Clinic left because of their disagreement with the agenda of the umbrella organisation. This referred to “the promotion of psychotherapy in Croatia through the collaboration of psychotherapeutic associations in the country, improvement of the work of the member associations, international promotion of Croatian achievements in psychotherapy, legislative regulation and the advancement of the position of psychotherapists in Croatia” (Article 11 of the Statute, 1997). The “deserters” were psychoanalytically oriented psychotherapists and psychiatrists, who opposed the Strasbourg Declaration and gathered their peers with different training and experience background under one (at the time, their) roof.

After many failed attempts to hold meetings of the umbrella organisation in 2001, six psychotherapy associations (UTA, HURT, DGIPH, HUBIKOT, UKPO

and HUNLP¹¹) set about establishing another umbrella association due to the inactivity of the president who had either not called any meetings or had not appeared at them.¹² The idea was soon revoked after learning about the experience of their Slovene peers with two umbrella organizations which could not both be recognised by the EAP.¹³ The precarious position and unsuccessful efforts noted in the minutes of several psychotherapy associations and the vivid recollections of interviewees, ended in early 2004 when “the regular and electoral assembly” was held with point 4 of the proposed agenda “the establishment of a new managing committee”¹⁴. On March 1st, 2004 HURT, HUBIKOT, DGIPH, UTA, UKPO, CAFAT and IGA⁽¹⁵⁾ elected a new executive committee of the umbrella association with Jadran Morović as the president, Gorana Tocilj-Šimunković as the vice-president, and Irena Bezić as the secretary. Tocilj-Šimunković was soon distracted with other business, which left a psychiatrist, trained as a gestalt therapist, Jadran Morović as the president, and a psychologist, who was also a gestalt therapist, Irena Bezić as his secretary to handle and deliver the historically significant changes for psychotherapy. This administration immediately began its 14-year endeavour to establish a Law on Psychotherapy Practice.

The work on the law

The extensive activities of the umbrella organization, now known by the acronym – SPUH¹⁶, were aimed towards enacting a Law on Psychotherapy Practice, and ensuring and maintaining the (EAP) training standards. For the purpose of this paper, the focus will be on the activities directly linked to the establishment of the law on psychotherapy practice. Most of the information was obtained from

11 The acronyms come from Croatian names, and the translation to English follows: UTA = Association for transactional analysis; HURT = Croatian Association for Reality Therapy; DGIPH = Croatian Association of Gestalt and Integrative Psychotherapists; HUBIKOT = Croatian Association for Cognitive and Behavioural therapies; UKPO = Association for Cybernetics of Psychotherapy and Organization; HUNLP = Croatian Association for Neurolinguistic Psychotherapy.

12 The minutes of the initial meeting to establish the new umbrella association (January 29th, 2001); The minutes from February 2nd, 2001.

13 The Call for the meeting/ consultation with Leon Lojk from March 21st, 2001.

14 The Call to HSPU meeting from January 19th, 2004, to be held on January 26th, 2004.

15 CAFAT = Croatian Association for Family Therapists; IGA = Institute for Group Analysis

16 The acronym SPUH became the new acronym of the umbrella organization (previously HSPU) that was officially changed with the change in the new title. Savez psihoterapijskih udruga Hrvatske – SPUH, registered as Association of Psychotherapeutic Societies of Croatia (in English), with the address Prilaz Gjуре Deželica 31, Zagreb was officially changed by the Resolution from 19.10.2009. However, Irena Bezić, who kept all the minutes of the assembly switched to the new acronym in the notes from the meetings already in 2006.

the minutes of meetings held in SPUH's archive.

In promoting the initiative for a psychotherapy law, SPUH made calls for collaboration in 2005 to the Croatian Medical Chamber, Croatian Psychological Chamber, and Croatian Medical Association. As a result, lawyers representing the Croatian Medical Association joined SPUH's workshops on creating the proposal for the law on psychotherapy. The workshops which deliberated on how to define psychotherapy practice and who can practise psychotherapy, and should there be a psychotherapy chamber and interdisciplinary university programme in psychotherapy, were held at the Psychiatric hospital "Vrapče" between 2005 and 2010 and resulted in a draft proposal for the law with legal revisions made by Tatjana Babić. The draft law was put out for public debate through SPUH's website¹⁷.

Soon after, SPUH learned of the existence of the Expert Working Group (EWG) of the Ministry of Health and Social Welfare which was set up with a view to formulating the legal regulation of psychotherapy and Morović managed to join it in May 2010.¹⁸ The EWG was composed of psychiatrists and general practitioners together with other specialists of medicine, one psychologist and the legal representative Tatjana Babić, who introduced the first draft proposal she had already worked on with SPUH¹⁹. The work of the EWG put the process a step backwards, as the Ministry wanted to substitute the proposed law with merely legislative regulations²⁰. However, as the parties were never able to resolve issues on the definition of psychotherapy, the proposed Regulations of Psychotherapy that were created by EWG never came into effect.

Recognising the potential unwanted fallout from the Ministry's proposed decree, SPUH adopted a new approach that was aimed towards informing the public about the situation with psychotherapy in the country. The idea was to gain public support as they will be the ones to benefit most from the proposed legislation and knowing who can provide scrutinized treatment in mental health. Numerous media appearances were made and culminated with the 1st Conference of the Association of Psychotherapeutic Societies of Croatia ("The Truths about Psychotherapy"; Zagreb, October 2011). The conference, open to both professionals and the interested public, heard European experts talk on the issue and learned about SPUH's goal to organize psychotherapy according

17 www.spuh.wordpress.com/2009/06

18 The Resolution on establishing Expert Working Group (Jan. 13th, 2010) & The Supplement to the Resolution (May 31st, 2010) of the Ministry of Health and Social Welfare.

19 SPUH minutes from 1.3.2010

20 SPUH minutes from 24.11.2010; The Regulations are considered to have less power than the law since they cannot regulate what the law can (Babić, 2014)

to EAP standards. A petition to support the draft Law on Psychotherapy Practice was started at the conference and continued later through electronic media. Public appearances by trained psychotherapists (according to EAP standards) continued and another conference was held in 2013 (Zagreb, October 2013).

SPUH's public campaigning bore fruit when the politicians in 2014²¹ transferred responsibility for the draft proposal of the law from the Ministry of Health and Social Welfare to the Ministry of Social Policy and Youth. A new Expert Working Group was formed in April 2015²² and their work brought the draft law to Parliament in 2018.

Bringing the law to parliament

The newly appointed ministry to handle psychotherapy regulation has taken tangible steps from the outset. On July 16th, 2015 the draft proposal for the impact assessment regulations for the draft proposal of the Law on Psychotherapy Practice was put out to public consultation (esavjetovanja.gov.hr, 2015). Based on the results of this consultation and previous text versions of the draft proposals, the new Expert Group created The Draft Proposal of the Law on Psychotherapy Practice with the Final Proposal of the Law and opened it for public consultation (August 28th, 2015 – September 18th, 2015). This version restored the idea of a Psychotherapeutic Chamber that had to be dropped in the version for Regulations of Psychotherapy (Babić, 2014).

Due to the parliamentary crisis in Croatia that followed (2015-2017), the next significant activity did not take place until 2017. The Ministry of Demographics, Family, Youth and Social Policy, as a legal successor of the Ministry of Social Policy and Youth, continued its support of their Expert Working Group's work on a Law on Psychotherapy Practice. Round table meetings were held and coordination with other regulations pursued (mdomsp.gov.hr, 2017).

21 In a new Parliamentary Assembly, SPUH gained the attention of Mirela Holy, the Parliamentary Representative tasked to direct the official inquiry regarding the inactivity after EWG's efforts within the Ministry of Health and Social Welfare (The Representative's Inquiry – Zastupničko pitanje dr.sc. Mirele Holy Predsjedniku hrvatskog Sabora (from July 3rd, 2014, Klasa 021-12/14-18/298, Ur.br: 6531-14-01; Hrvatski Sabor).

22 The Expert Working Group of the Ministry of Social Policy and Youth was established on 15th April 2015 and consisted of Marija Bačan as the representative of Child and Youth Protection Center Zagreb, Irena Bezić as the representative of SPUH, Milan Košuta as the representative of private psychiatric practice Slađana Štrkalj Ivezić as the representative of Vrapče Psychiatric Hospital, and Jadran Morović as the representative of Health Care Center (SPUH minutes from 1.6.2015; mdospm.gov.hr, 2017).; Representatives from both the Ministry of Social Policy and Youth and the Ministry of Health (The Resolution on the Expert Working group established by the Ministry of Social Policy and Youth: Odluka Ministarstva socijalne politike i mladih, Klasa: 011-01/15-02/1, from April 15th, 2015, courtesy of Mrs. Zvezdana Janičar).

The Ministry of Health however was no longer keen on supporting a Law on Psychotherapy Practice. The complications revolved around who can conduct psychotherapy, and can a non-medical professional be a psychotherapist (SPUH minutes, 6.11.2017). The (latest) Draft Proposal of the Law was not in alignment with the existing Regulations on the specializations of medical doctors which mention psychotherapy as one of the competences to be adopted during five-year specialization for psychiatrists²³ which, as reported by Jukić (in Jureško & Godeč, 2018), raised worries about possible disqualifications of psychiatrists from conducting psychotherapy. This resulted in the addition of an article by which the proposed Law “regulates psychotherapy as an economic activity outside the health system” (Article 2 of the Draft Proposal from December 2017). With this change, the Draft Proposal of the Law was adopted by the Croatian Parliament in January 2018.²⁴

Even though the Expert Working Group recessed at their last meeting held on March 9th, 2018 where the proposals for the final version were accepted²⁵, another version was presented as the Final Draft Proposal. On April 24th, 2018, the public was to provide consultation on a law that defines psychotherapist as a person with basic education in either medicine, psychology, social work, educational rehabilitation, social pedagogy or speech pathology, and training in one of the EAP recognized psychotherapy approaches (Article 5; esavjetovanja.gov.hr, 2018). Such listing of six educational profiles replaced the general background in “medical, social and humanistic sciences” and succeeded in passing with the addition of “pedagogy” to the list of acceptable professions for additional psychotherapy education.²⁶

Discussion

The Law on Psychotherapy Practice was passed by the Croatian Parliament on July 6th, 2018. The final public consultations (April 24th – May 15th, 2018) had 112 remarks the majority concerning Article 5 and the qualifications for becoming

23 Pravilnik o specijalističkom usavršavanju doktora medicine (NN 100/11, 133/11, 54/12, 49/13, 139/14, 116/15, 62/16 and 69/16)

24 The Draft Proposal of the Law (4) was adopted at the 7th Session of Croatian Parliament held on January 26th, 2018 with 104 votes in favour and 16 abstained (www.sabor.hr).

25 Personal communication with Zvezdana Janičar, Ministry of demographics, family, youth and social policy (email from June 8th, 2018).

26 Comments to the *The Draft Proposal of the Law on Psychotherapy Practice with the Final Proposal of the Law* (24.4.-15.5.2018; esavjetovanja.gov.hr, 2018); *Zakon o djelatnosti psihoterapije* (NN 64/2018 from 18.7.2018.)

a psychotherapist (vs. advisory psychotherapist). The interested public predominantly asked to return to the version requiring a background in “medical, social, and humanistic sciences” due to the extent of the specific psychotherapy training (min. of 4 years of training, personal psychotherapy and supervision), but this was rejected for no clear reasons.²⁷ With such a clause, a large number of professionals with completed EAP accredited training, would be regulated as advisory psychotherapists once they complete propaedeutics, and not as psychotherapists. Such differentiation was, most probably, at the request of the professions which sought to include only those with educational backgrounds that partially cover some basics of psychology, psychopathology or counselling skills.²⁸ The issue of the current number of those social and humanistic graduates with completed training and who already practise psychotherapy, could have been approached bona fide, as for example in Malta’s case by recognizing them as psychotherapists in the transitional and final provisions.²⁹

With regard to the issue of who can practise psychotherapy (Article 5) and the professions listed as a prerequisite for attending psychotherapy training, it is to be noted that the listed educational profiles, including pedagogy, overlap the programme intended to cover basic psychotherapy training only to some extent. Additionally, the propaedeutics of psychotherapy, which should serve as a mandatory pre-psychotherapy training, were completely disregarded in the case of listed professions. Contrary to this, the propaedeutics of psychotherapy which were introduced³⁰ in December 2015 as part of the “Regulations on Training in Psychotherapy Propaedeutics” became a requirement only for advisory psychotherapists – another title which appeared for the first time in the Draft Proposal of the Law in December 2015. This category of the professionals who can practise psychotherapy in Croatia that the Law on Psychotherapy Practice defines along with psychotherapists in Article 5, refers to those “other-degree-professionals” who wish to pursue psychotherapy training and require propaedeutics. However, the difference in the named professionals as

27 The Ministry’s reply to this proposal was rather vague and noted the complexity of the field, variety of regulations across EU, and liberty of each country to form their own (esavjetovanja.gov.hr, 2018).

28 This inference is made based on the explanations to the enactment of the Law (Obrazloženje (I-V); esavjetovanja.gov.hr, 2018) and from the public consultations/ comments of different parties (esavjetovanja.gov.hr, 2018)

29 The transitional and final provisions of Malta’s Psychotherapy Act allowed Malta’s psychotherapists holding European Certificate in Psychotherapy, as well as those registered with the Council for the Professions Complementary to Medicine as psychotherapists, become Registered psychotherapists (Article 21).

30 The talks about propaedeutics were ongoing several times in SPUH, and this issue was brought already in 2008 (SPUH minutes 23.6.2008). However, no tangible action was taken until the working group to deal with propaedeutics was formed in 2014 (SPUH minutes from 30.6.2014-7.12.2015).

defined in the Law (Article 4) is rather background-wise, and less practical³¹. The background to the decision to introduce advisory psychotherapists was as a result of the experiences of the Expert Working Group with nurses and other health professionals that would with the listed seven professions lose the possibility of using psychotherapy procedures in their existing practices. By the addition of Article 2 and regulating psychotherapy as an economic activity outside the health system, the nurses were somehow sidestepped.

In contrast to other countries, psychotherapy as a profession in Croatia is regulated as an economic activity outside of the health system. As noted earlier, this occurred as a result of the requests of the Medical Chamber and in order to distinguish the competency that a psychiatrist has and their independent title. Removing psychotherapy from the health system meant putting psychotherapy in the charge of another domain. The Law was brought before parliament by the Ministry of Demographics, Family, Youth and Social Policy and psychotherapy is thus regulated within the social welfare system³².

One of the common issues that contributes to the delayed legal regulation of the profession are the conflicts among the professions and their associations together with different internal conflicts (e.g. Macdonald, 1995). Just like in many other countries, the existing professions of medical doctors and psychologists in Croatia have attempted to keep psychotherapy in their own territory. The early beginnings of psychotherapy in the country were indebted to medical doctors, namely neuropsychiatrists, who tirelessly worked on incorporating psychotherapy principles into psychiatric treatment. Achievements such as institutionalizing psychotherapy treatment in the health system and forming associations with the international community during the socialist time in Yugoslavia have contributed to the strong position of psychiatrists in negotiating the status of psychotherapy today. Croatian psychologists had, on the other hand, little support from academia in practising psychotherapy³³, and have also been largely disregarded in the health system since the 1960s³⁴. When the

31 "An advisory psychotherapist is a professional that conducts counselling, supportive therapy and counselling individual or group work according to the psychotherapy principles and complies with the Article 5., paragraph 3. of the Law"; while "psychotherapist is a professional that conducts psychotherapy and complies with the Article 5., paragraph 3. of the Law" (Article 4, The Law on Psychotherapy Practice, 2018).

32 This might not come as unanticipated since Croatian psychologists are regulated also within the same Ministry, i.e. within the social welfare system.

33 It is to be noted that Nada Anić, the founder of behavioural and later behavioural-cognitive therapy in Croatia, shared a contrary experience of the official support. Upon her employment at the Centre for Mental Health, as a single psychologist, she reached to professor Zoran Bujas and received the suggested readings on behavioural therapy at the time: "These were the books of premium authors in behavioural approach." (N. Anić, interview 18.11.2014.)

34 Although recognized in the Federal Law (SL FNRJ 24/1959), the Republic regulations in the health system had omitted psychologists (NN 32/1970)

Law was put before Parliament, the professional chambers of medical doctors and psychologists were unsupportive in their stand on the concept of defining psychotherapy as an independent profession. Recalling the time that SPUH spent on fighting for the law, both chambers were invited to join in the process with the lawyers from the Medical Chamber. Reading the reactions to the Final Draft Proposal, one could easily get the impression that the law was created in a clandestine operation³⁵. Together with the Clinical Psychiatry Association of the Medical Association, their reactions to the Final Draft Proposal were aimed at discrediting the need for regulating a field, which, in the case of psychologists, overlaps with the activities of psychologists and is regulated by their Chamber; and in the case of psychiatrists, psychotherapy is a medical treatment that can be obtained only by a medical doctor, therefore, no separate regulation is required.

The issue with psychotherapy as an activity is in the lack of standards for the service: no particular training in psychotherapy is required to perform the service. Given the existing situation that medical doctors with specialization in psychiatry are still regulated within the health system and can perform psychotherapy as one of their activities, the consequences of this positioning might bring some confusion to the final users, i.e. the clients.³⁶

The Croatian novelty among the psychotherapy laws

Taking a look at the Law on Psychotherapy Practice that was enacted in Croatia, EAP's recognized modalities have been a strong guideline and explicitly incorporated in the law. Croatian psychotherapists and advisory psychotherapists need to have a completed training in one of the EAP accredited programmes (Article 5). This demonstrates an acknowledgement of psychotherapy approaches that were previously outside of the accepted mainstream in Croatia, such as in the regulations for specializations of medical doctors.³⁷ Moreover, Croatian Law has come very close to the Austrian law in terms of the widest span of recognized

35 HLK comment from 14.5.2018; HPK comment from 15.5.2018 (esavjetovanja.gov.hr, 2018).

36 Additionally, after a long time, the Croatian clinical psychologists employed inside the health system managed to rightfully formalize their activities of psychotherapy and psychotherapy became one of the Croatian health insurance fund reimbursable services (Croatian Health Insurance Fund – Hrvatski Zavod za ZdravstvenoOsiguranje: Provođenje zdravstvene zaštite u zdravstvenim ustanovama – dijagnostički i terapijski postupci koje provode psiholozi (Klasa: 530-02/13-01/12; Ur.br: 338-01-34-13-71, from 13.11.2013).

37 According to the regulations from 2011 (nn100/2011), knowing the theoretical assumptions and attaining the basic level of one of the following psychotherapies: *individual and group psychodynamic, cognitive-behavioural, systemic and integrative psychotherapies*, was introduced in the programme for residency in psychiatry. Prior to this, when psychotherapy was "regulated" as a sub-specialization of psychiatrists, learning psychotherapy techniques supported by psychodynamic theory and self-experience in analytical group put psychodynamic approach as the only recognized psychotherapy approach (Pravilnik o specijalističkom usavršavanju zdravstvenih djelatnika (NN 33/1994).

modalities which had 23 accredited modalities up until October 2017 (Heidegger, 2017).

There are currently 21 associations that are members of SPUH which represent various approaches (savez-spuh.hr, 2019). Almost all the associations provide or ensure other organizations provide training in their particular approach. These include Gestalt therapy, Glaser's Reality therapy, Transactional analysis, Psychodrama, IMAGO (couples) therapy, Logotherapy, Neuro-linguistic psychotherapy, Psychotherapy of cybernetics, Behavioural-cognitive therapy, Dance Movement psychotherapy, Sex therapy, Systemic psychotherapy, Play therapy, Psychoanalysis, Group analysis, Integrative therapy, and recently Body-oriented psychotherapy. There are also individuals with ECP training in other approaches not represented by the associations, but who are also members of the umbrella organization.

The criteria to become a member of SPUH has changed throughout the years and has kept rising in favour of strengthening the criteria for the new applicants. Based on the fact that a certain approach is recognized by EAP, not all of the SPUH members satisfy the standards to become recognized as psychotherapists in Croatia³⁸. For example, the Croatian Association for Dance Movement Psychotherapy that started training for dance and movement psychotherapists in the country in 2010 and became a SPUH member in 2012, has no accredited training within EAP and their therapists may not get a licence (Kurjan-Manestar, personal communication).

On the other hand, Croatia has joined the majority of other countries that have regulated psychotherapy as a postgraduate profession dependent on prior training. With reference to the proposed legislation by SPUH, the prior professional requirements were regarded in exactly the opposite proposal. The preparatory course, or propaedeutics, intended to serve as a "neutralizer" to the prior education, such as in Austria where a psychotherapist is only fully recognized once propaedeutics and "Fachspezifikum", i.e. training in specific modality, is completed. Propaedeutics were therefore conceptualized in regulations by SPUH in 2015 and "allowing" professionals with different backgrounds to become psychotherapists would be a step closer to an autonomous profession. This may seem a somewhat revolutionary idea once we remember the very recent struggles that SPUH went through in pursuit of the law.

Since the enactment of the law, SPUH has continued with their activities and regular meetings. The latest administration has been collaborating with

the Ministry on establishing the Chamber of Psychotherapists whose founding assembly was held on March 14th, 2019 and Jadran Morović was elected as the president. As proposed by the law, the purpose of the Chamber of Psychotherapists as an independent professional organization is to protect the reputation and rights of psychotherapists and advisory psychotherapists, and supervises their work (Article 21).

There is still a long road ahead and this enactment of the law and inauguration of the Chamber of Psychotherapists are only steps along the way. Psychotherapists in Croatia will still need to work on advancement of the profession and also establishing psychotherapy as a research field. Taking a look at the future, one could expect the Chamber would work on setting up more control over training and establishing training institutions which are currently scattered across different associations and private companies. Propaedeutics, as proposed by SPUH in 2015, is being currently offered only by the Edward Bernays University College, which is a private higher education institution. Although certain psychotherapy modalities collaborate with public institutions, such as the Institute for Group Analysis that collaborates with hospitals to work with groups of patients, none of the public institutions offer psychotherapy training. With the present regulation of the profession, greater provision for training within private and public institutions could be possible.

Conclusion

This paper analysed the process of establishing psychotherapy as a profession in Croatia which culminated in enactment of the Law on Psychotherapy Practice in July 2018. Tracking the historical events of psychotherapy in Croatia, there was a long period of practice of psychotherapy by psychiatrists and somewhat later psychologists. In 2004, the umbrella organization was re-established and systematically worked towards establishing psychotherapy as independent practice. This process encompassed the interest groups' prevalence and considerations over definition of psychotherapy and the prerequisite for its practice. Although enacting the law is a successful achievement in view of the relatively small number of countries that have regulated psychotherapy, the law itself provides several points for further consideration.

As discussed in this paper, the first point of the law is that psychotherapy is regulated as an economic activity outside of the health system and the regulation falls under the social welfare system. Psychotherapy is still performed

³⁸ SPUH members can be only associations, and not the individuals. However, an individual is a SPUH member by being the member of its constituent association.

as an activity of psychiatrists and psychologists working in the health system in Croatia. Secondly, psychotherapy training is considered as postgraduate training. Furthermore, the law differentiates psychotherapists from advisory psychotherapists in their basic profession, whereby psychotherapists are primarily either medical doctors, psychologists, social workers, educational rehabilitators, pedagogues, social pedagogues or speech pathologists, and do not require propaedeutics in psychotherapy. Propaedeutics is, on the other hand, obligatory for other graduate professionals to become advisory psychotherapists. Both, psychotherapists and advisory psychotherapists require minimally 4-year training in any psychotherapy modality recognized by EAP. Finally, the law proposed founding of Chamber of Psychotherapists which has recently been established and will continue the work of protection and advancement of the profession.

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