

# CBT in Sweden

Written 2008 by: Dan Katz, SABT and Cecilia Svanborg, SACBT  
with the assistance of Sandra Bates & Viktor Kaldo , SABT

## **1. Introduction**

In recent years, there has been a paradigm shift as regards to psychological treatment in Sweden. From a time when education and applications in psychiatric treatment were dominated by psychodynamic psychotherapy, CBT has now gained general recognition as an evidence-based treatment for psychiatric conditions. CBT was introduced from two directions: 1) Behaviour therapy in the 1970s, due to the efforts of Professor Sten Rönnerberg and Professor Lars-Göran Öst, and with its roots in academic psychology and clinical psychology, and 2) Cognitive therapy in the 1980s through the efforts of Professor Carlo Perris, Dr Hjördis Perris and Dr Astrid Palm-Beskow based on needs within clinical psychiatry. This history is reflected in the fact there are two Swedish associations for CBT; the Swedish Association of Behaviour Therapy (Beteendeterapeutiska föreningen) and the Swedish Association of Cognitive and Behavioural Therapies (Svenska föreningen för Kognitiva och Beteendeariktade terapier, previously called Svenska föreningen för Kognitiv Psykoterapi och Forskning). The associations have had a great significance in training therapists during the pioneer period, and currently safeguard training standards for basic courses in CBT. Skills requirements for psychotherapists are now regulated by state authorities and there is a clearly stated ambition that training will take place in partnership with universities. As CBT has developed the two associations have become closer and closer together. CBT is often practised as an integrated form of therapy with different emphases based on the patient's needs and the therapists focus.

## **2. The current practice of CBT in Sweden**

CBT has gained increasing coverage in Sweden within a wide range of areas. Nevertheless, psychiatry, particularly child and adolescent psychiatry in Sweden, is still dominated by treatment with a psychodynamic outlook. However, it is clear that when the majority of psychiatric clinics are making new recruitments they want psychologist or psychotherapists with an emphasis on CBT. A strongly contributing factor is that a government survey (SBU – reports 2004 & 2005; [www.sbu.se](http://www.sbu.se)) has shown evidence supporting CBT as the first treatment option, with or without medication, for most anxiety syndromes and for depression. In 2009

the Swedish National Board of Health and Welfare (Socialstyrelsen) will present national guidelines for the treatment of anxiety and depressive conditions that will probably recommend CBT. However, there is still a lack of practitioners with CBT expertise.

Out of 3954 accredited psychotherapists (2007/2008), according to the Swedish National Board of Health and Welfare only 523 (13%) were qualified in behavioural therapy, cognitive therapy or cognitive behavioural therapy. Most institutes of higher education offer a choice of focusing on CBT or psychodynamic therapy as basic psychotherapy training. When the choice has to be made, it is often the case that a clear majority choose CBT, but sometimes it is difficult for course convenors to respond to these choices due to a lack of competent supervisors and teachers.

Psychologists comprise the professional group that usually chooses to train to become an accredited psychotherapist or which has basic training in CBT, but other well-represented professional groups are doctors, social workers and nurses.

Psychological help is relatively unusual within primary health care in Sweden. Some primary care clinics have agreements with private psychotherapist, but as yet there is no consensus around the content of this care. However, one positive trend can be discerned, which is that increasing numbers of primary care clinics are acquiring psychological qualifications and increasing their demands on the treatment's content.

In somatic healthcare CBT is offered in cases of pain rehabilitation, sleep disturbance, cardiovascular disease, tinnitus and stress management.

There is a clear trend within the treatment of offenders, particularly for teenagers and young adults, towards the use of evidence-based treatments of the CBT type, such as Aggression Replacement Training, ART.

Due to the lack of qualified persons in CBT within psychiatry and primary healthcare, a large private market with private CBT practitioners has developed. The level of expertise varies, particularly as the concept of CBT has no legal protection, unlike the titles of psychologist

and psychotherapist. In summary, it possible to see increasingly strong interest in extending the range and expertise in CBT in a number of areas.

In Sweden, most health and medical care is financed through tax revenue. This means that a patient pays a low fee, a maximum of SEK 900 per year, for out-patient care and an annual maximum of SEK 1800 for medicines. However there is a much greater need for, and demand for, psychological treatment than what is available through public healthcare, which means that patients are often reduced to financing psychotherapy themselves. It is uncommon for psychotherapy to be financed through insurance.

### **3. The organisation of CBT in Sweden**

#### **3. a. SABT - The Swedish Association of Behaviour Therapy (Beteendeterapeutiska föreningen)**

The Swedish Association of Behaviour Therapy (SABT) was founded in 1971 during a course in behaviour modification, conducted at the University of Stockholm and led by Professor Sten Rönnerberg. The association was one of the first to be established in Europe, preceded only by the Dutch and the Flemish organisations. Under the leadership of Professor Rönnerberg, the newly established Swedish association took part in the First European Congress of Behaviour Therapy which was held in Munich 1971. This congress was the starting point for the European Association of Behaviour Therapy, which was established the same year.

The new Swedish association was quick to start its own journal, *Beteendeterapi* (Behaviour Therapy) the same year it was founded. The journal has changed its name several times since 1971, from *Beteendeterapi* to *Nordisk tidskrift för beteendeterapi* to *Scandinavian Journal of Behaviour Therapy* to its present name *Cognitive Behaviour Therapy*. The name changes and the switch from Swedish to English reflect the journal's growth and broadening focus on the international arena. *Cognitive Behaviour Therapy* is now one of the world's oldest journals in its field and is an important part of the association's activity in international research. SABT has also participated in the merging of behavioural and cognitive therapies that accelerated during the 80's and 90's by initiating the *World Congress Committee*.

From the very beginning to the present day SABT has worked to promote the dissemination of information about behaviour therapy and cognitive behaviour therapy in Sweden. Through the efforts of Professor Lars-Göran Öst, the syllabus for therapist training used in SABT was approved by the Swedish National Agency for Higher Education and the National Board of Health and Welfare in 1988. After a recommendation from Professor Lars-Göran Öst the syllabus for the training of cognitive therapists was approved in 1991. SABT has grown steadily since its humble beginnings, with an initial membership in 1972 of 150 members to its present membership of 1600 (2008) making it the largest CBT association in Scandinavia. The association's foremost goal is to foster research, training and treatment in CBT and to promote the use of empirically supported treatments by therapists belonging to the association. The association has a central governing committee that is supported by a number of workgroups. These groups focus on a variety of areas including quality control of training programs, information on new research, contact with other associations, publication of *Cognitive Behaviour Therapy*, maintenance of the web site [www.kbt.nu](http://www.kbt.nu), administration of a closed, web-based discussion group, production of a members' magazine and a group who works specifically with contacts with the media.

### **3. b. SACBT - The Swedish Association of Cognitive and Behavioural Therapies (Svenska föreningen för Kognitiva och Beteendeorikterade Terapier)**

The predecessor to the Swedish Association of Cognitive and Behavioural Therapies was called the Swedish Association for Cognitive Psychotherapy and Research (Svenska föreningen för Kognitiv Psykoterapi och Forskning), which was founded in 1986 by Professor Carlo Perris and his colleagues. The name changed in 2006, motivated by the rapid development of CBT, which can now be regarded as an umbrella designation for a number of theories and treatment models, which are usually integrated in clinical practice.

In 1980-81 Professor Perris and his colleagues initiated a training programme in cognitive therapy for the treatment staff at the psychiatric clinic at Umeå University Hospital. The background was the closure of the large mental hospital and a desire to be able to develop psychological treatment models that could be applied to psychiatric patients. The development of cognitive therapy in Sweden was made possible by contact with Dr A.T. Beck in Philadelphia. Vital contributions to this training programme were made by Professor Art

Freeman. One result of these efforts was that a complete 3-year training programme in cognitive therapy was officially approved by the Swedish National Board of Health and Welfare in 1991.

SACBT has continued to maintain a strong link to psychiatric care with courses in cognitive therapy in association with psychiatric clinics and treatment homes. Two private training institutions have been of great importance: the Centre for Cognitive Therapy and Education (Center för Kognitiv Terapi och Utbildning) in Göteborg, run by Astrid Palm-Beskow, and the Swedish Institute for Cognitive Psychotherapy (Svenska Institutet för Kognitiv Psykoterapi) in Stockholm, originally run by Carlo and Hjördis Perris, now by Poul Perris.

SACBT now (2008) has around 950 members and some of them are also members of SABT. The association is open to trained therapists and other professionals with a particular interest in the area. The association does not admit non-professionals as members. All members have equal voting rights. Among the members, just over 250 have been authorised as accredited therapists with a focus on cognitive behavioural therapy. The association is organised as a national organisation with five regional groups.

The primary aim of the association is to promote research, training and treatment within CBT and to work so that members follow developments in the field and act in accordance with evidence-based knowledge and ethical treatment principles. The national association has a board and two permanent committees with specific tasks: a) an education committee with the task of monitoring training standards, b) a research committee with the task of facilitating research into CBT. In addition to these committees, research groups are created for special needs. For communication between members and other interested parties there is a website ([www.sfkbt.se](http://www.sfkbt.se)), a members' magazine – Sokraten – and an internal mailing list.

### **3. c. Other CBT associations and interest groups**

CBT Psychologists (KBT-psykologerna) is an interest group for CBT within the Federation of Swedish Psychologists (Sveriges Psykologförbund).

Forum Lundense is a non-profit organisation aimed at promoting research into CBT, which is linked to people at the Department of Psychology in Lund. The organisation hosted an international conference in June 2008.

#### **4. Training activities, standards and quality management**

##### *Swedish legislation pertaining to psychotherapy*

Training programmes for psychotherapists must follow rules and principles that are sanctioned by the Swedish National Agency for Higher Education and the Swedish National Board of Health and Welfare. In accordance with the Swedish Act (1998:31) on professional activity in health and medical services it is necessary to have a degree in Psychotherapy in order to be an accredited practitioner. A Psychotherapy degree is a professional qualification that is a supplement to a Bachelor's degree. The majority of accredited psychotherapists are psychologists, social workers, doctors (usually psychiatrists) and nurses with further education in psychiatry. The professional title of psychotherapist is protected by law and may only be used by accredited psychotherapists.

Basic psychotherapy training is included in training as a psychologist and for doctors with specialist training in psychiatry or child and adolescent psychiatry. Other professional groups need to undergo separate basic psychotherapy training before they can apply for continuing education to become a psychotherapist. There is currently no public body that has overall responsibility for basic psychotherapy training, but it usually entails two years of half-time studies. Basic psychotherapy training is available at some universities and is organised by some county councils and municipalities. However, a number of courses in basic psychotherapy are run privately.

In order to become an accredited psychotherapist it is necessary to have further education that results in a degree in Psychotherapy. Entrance requirements include basic psychotherapy training and running supervised psychotherapy for at least two years. The course lasts for three years and is half-time (90 higher education credits). Further education in CBT is provided by the universities of Umeå, Uppsala, Linköping, Lund, Stockholm and the medical college, Karolinska Institutet. Private education providers may apply for degree rights from the government via an inquiry by Swedish National Agency for Higher Education. The Swedish National Agency for Higher Education carried out a major review of all psychotherapy courses during 2006-2008. This resulted in a number of them, primarily

psychodynamic programmes, having their right to issue degrees withdrawn. Apart from the universities, two private institutes focusing on cognitive and behaviour-based therapy, the Centre for Cognitive Therapy and Education (Center för Kognitiv Terapi och Utbildning) in Göteborg and the Swedish Institute for Cognitive Psychotherapy (Svenska Institutet för Kognitiv Psykoterapi), retained the right to award degrees. In general, public bodies emphasise that further education should be linked to universities.

#### **4. a. Training standards of the Swedish Association of Behaviour Therapy**

SABT has a long tradition of being an active driving force within training at many different levels. The association's members are currently well represented within higher education, for example on psychologist and psychotherapist courses. As regards basic training in CBT, private bodies may be permitted to use the quality marker "In partnership with SABT" (I samarbete med BTF) by complying with the requirements of the Swedish Association of Behaviour Therapy. In order for SABT's requirements to be considered fulfilled, those who are accepted must have a professional qualification in a caring profession and work in the field. Basic training is half-time and runs for four terms. The syllabus must contain behavioural therapeutic and cognitive theory and treatment, psychiatric diagnostics, basic scientific theory and ethics and legislation. In addition to this, the student must treat a number of patients under the supervision of an approved CBT supervisor. The course shall also be examined by someone with a Ph.D. and good knowledge of CBT.

The Swedish Association of Behaviour Therapy has a working group with the specific task of reviewing the syllabi of courses applying for approval and generally working to promote high standards.

##### *Supervisory training*

The Swedish Association of Behaviour Therapy runs supervisory training for potential supervisors in CBT. The course last for one year, part time. In order to be admitted to the course it is necessary to have been a Accredited Psychotherapist for at least two years. The course contains both theoretical and practical elements under supervision. However, the association intends to work towards this course being run by established institutes of higher education in the future.

### *Congresses and workshops*

The association continually arranges lectures and workshops in CBT with internationally renowned names in the area, often in partnership with other organisers. There is also an annual congress, often with a special theme, to which Swedish and international lecturers are invited. Some sections are open to the general public and invitations are sent to the press. The congress circulates between various large cities with universities.

### *Quality management*

The presumption is that association's members remain updated on current research in the area.

The association's website also has a list of psychotherapists and other practitioners with a focus on CBT. Inclusion on this list not only requires membership in the association, but also the ability to document completion of at least one basic course in CBT that is equivalent to the requirements stipulated by the association. The association also places this requirement in order to obtain voting rights at the annual general meeting.

To receive continual information about the latest research in psychotherapy, membership includes a subscription to the association's magazine *Cognitive Behavior Therapy*.

Additionally, the internal magazine, *Beteendeterapeuter (the Behavioural Therapist)*, is published four times a year, in which "Aktuellt om KBT" (*CBT now*) – with short summaries of interesting, published researched articles – is included.

## **4. b. Training standards of the Swedish Association of Cognitive and Behavioural Therapies (SACBT)**

SACBT has never applied for or received degree rights for psychotherapy degrees. However, the syllabus that was approved in 1991 as the basis for accreditation for cognitive therapy was created in close partnership with the association. Training was previously run primarily within the framework of the county council or private institutions. Currently, further education takes place at universities to a greater degree. Two private training institutes with rights to award psychotherapy degrees work closely with SACBT: the Centre for Cognitive Therapy and Education (Center för Kognitiv Terapi och Utbildning) in Göteborg and the Swedish Institute for Cognitive Psychotherapy (Svenska Institutet för Kognitiv Psykoterapi). The theoretical basis of the course is founded on cognitive therapy (Beck) and expanded to more clearly encompass learning psychology theories and behaviour therapy methodology and updates in

other areas of development such as emotion theory, development psychology and neuroscience. New elements such as dialectical behavioural therapy, mindfulness-based cognitive therapy, schema-focused therapy and acceptance and commitment therapy are treated to a varying extent.

Because there is no state supervision of basic training in cognitive and behavioural-focused therapy, SACBT has developed guidelines that course providers can adopt. SACBT has also introduced a system for providing authorisation for therapists with a focus on cognitive behavioural therapy. The reason is that the accreditation issued by the Swedish National Board of Health and Welfare does not state the focus of the course. The system of authorisation guarantees that the person has completed an entire training programme in cognitive and behavioural therapy. We encourage authorised therapists to advertise their status, for example on SACBT's website, to help clients distinguish them from people without formal training in CBT.

#### *Basic training in cognitive and behavioural therapy*

Basic training lasts for 3-4 terms of half-time study, covering 45 higher education credits. It is recommended that the syllabi are compatible with the Bologna Process with clear learning objectives. Basic training should concentrate on theories and methods in cognition and the psychology of learning, as well as providing orientation about other models. The focus should be on less complex problems. Theory lessons cover around 200 hours, as well as around 12 hours on legislation and ethics, and around 20 hours on research methodology. 120 hours of supervision include at least two completed treatments. It is now recommended that the student's own therapy takes place individually (20 hours) and in a group (50 hours). Training professional skills as a group should also be included on the course. Examiners shall hold a Ph.D. with expertise in the area of psychotherapy and have ties to courses with degree rights for further education.

#### *Further education in cognitive and behavioural therapy*

Further education takes place over 6 terms and is equivalent to 15 higher education credits per term according to the Bologna Process, 90 credits in total. It comprises 480 hours of theory, of which 160 hours are scientific theory and composing a degree essay. Supervision of

individual therapy covers 200 hours and skills evaluation should be done by assessing sessions recorded on video.

### *Supervisory training*

Supervisory and teacher training is held at university and at private educational institutions that have the right to award degrees. It generally covers 45 higher education credits and comprises supervisory theory and methodology, supervision of supervisory work, teaching methodology and an essay.

### *Congresses*

The second International Congress in Cognitive Therapy (ICCP) was held in Umeå in 1986. SACBT was the gold sponsor and the Centre for Cognitive Therapy hosted the ICCP in Göteborg in 2005. After the congress a collection foundation was initiated to promote research into CBT, with Swedish and international researchers on the board. In association with the annual general meeting SACBT holds an annual conference on different themes with guest lecturers. The conference now revolves between the cities of Stockholm, Göteborg and Lund/Malmö. Every second year there is a large psychotherapy congress in Stockholm, where SACBT is usually well represented by lecturers.

### *Quality assurance*

Quality assurance for CBT is included in the association's aims. In order to achieve this, lectures are held and updates provided via the website and magazines, as well as participation in national and international congresses being encouraged. The therapist's skills are quality assured through the system of authorising individual therapists and by basic therapy courses. We believe that the supervisor's skills are vital to quality assurance and regularly hold regional and national meetings for supervisors.

## **5. Discussion and Future Directions**

In Sweden, cognitive behaviour therapy has left its peripheral position of the 1980's to become a golden standard for how therapy should be conducted and evaluated. There are clear indications that government authorities intend to prescribe the use of empirically supported therapies, which in practice are almost exclusively CBT. This government position presents some precarious problems. Educating CBT therapists is increasingly hampered by the lack of trained supervisors. The limited numbers of university graduates with competence in CBT and a doctoral degree restrict the number of training programs that can be offered. The general public has an increasingly positive view of CBT, thanks to mass media's enthusiastic reports. However, this enthusiasm has also attracted growing number of treatment providers with varying degrees of competence who are eager to deliver CBT to clients and for employers. However, many clients and employers do not have sufficient knowledge to recognize qualified CBT and they therefore risk substandard treatment on an individual and organisational level.

Training programs in CBT, for psychologists and psychotherapists, are administered by the university and maintain a high standard. Psychologists can choose to receive basic CBT competence as part of their degree. However, many basic training programs as well as short-courses for health-care staff are run by private providers and lack adequate quality control. Fortunately, the Swedish National Agency for Higher Education has become aware of the heterogeneity of basic training programs and will hopefully initiate measures to increase formal control, regardless of who organises the basic training. Until such control has been established, the Swedish associations for CBT will continue their work to insure the quality of basic training programs.

The shortage of CBT competence is still substantial. It is especially important that children and adolescents have access to empirically supported therapies in the psychiatric services to minimize long-range detrimental effects. Newer forms of CBT, such as guided self-help with Internet based treatment and interventions in primary care are under development and dissemination.

The Swedish associations will continue to promote, both jointly and individually, a perspective on human behaviour and a research philosophy that is consistent with CBT's basic tenets. This perspective should be incorporated into numerous levels of Swedish society. When access to qualified treatment has been secured within the health care system, the focus can be broadened to include the school system, the legal system, social services and the general public's knowledge of psychology.