A Survey on the Practice and Status of Psychotherapy in the Philippines

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To find out what the practice of psychotherapy is like in the country, forty-eight practicing psychotherapists were interviewed using a 24-item interview schedule. The main findings of the survey are the following: (a) the most common problems encountered by the respondents were school-related problems of children and adolescents, marital, and family problems; (b) almost all the respondents use the eclectic approach; (c) most of them use a sliding scale in charging their clients; (d) although there was agreement that psychotherapy is a good career option, the respondents also pointed out the areas that need improvement; and (e) they were almost unanimous in expressing the need to professionalize the practice of psychotherapy. The implications of these results in terms of the training and regulation of psychotherapists were discussed.

It was in 1932 when the first psychological clinic in the Philippines was set up at the University of the Philippines. The clinic offered testing, counseling, and therapy services not only to students but to outsiders as well. Much later in the late 1940s, the first neuropsychological services unit was established at the V. Luna General Hospital and the Institute of Human Relations was set up at the Philippine Women's University (Licuanan, 1985). The main services offered by the V. Luna unit and the PWU Institute were similar to those of the UP clinic, which made Licuanan (1985) conclude that the earliest forms of psychology practice in the country were in the areas of testing, counseling, and therapy.

The past seven decades have witnessed a tremendous growth in the area of counseling and clinical psychology, more specifically, in the practice of psychotherapy. There has been a growing openness on the part of the general public to seek professional help from psychotherapists, as can be seen in the

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number.of clients who seek their services. Some prominent psychologists have to ask insistent clients to wait for as long as three months before they could see them for therapy (M.L.A. Carandang, personal communication, June 26, 2001). Tan (1999) noted that there was a time when it was almost inconceivable to make a full- time living out of psychology practice, but this is no longer the case with the increasing trend in the demand for psychological services.

The number of researches about the practice of psychotherapy in the country has apparently not caught up with the growing popularity of the profession among the general public. Two of the most relevant references are those of Clemenia (1993) and Villar (1997). Clemenia has written extensively about counseling psychology in the Philippines – its history, practice, and the education and training of counselors. Similarly, Villar (1997) has done research on the status of counseling practices in the Philippines vis-a-vis the western approaches. Although both authors had counselors (who tend to be education graduates) as participants of their researches, their findings also apply to psychotherapists whose training is in psychology.

There is a dearth of local related literature about the practice of psychotherapy in the country, and thus, the need to do more research on the topic. How much do we know about the various aspects of the therapy process? What transpires during the therapy process? What is the relationship like between the therapist and client? What kind of training must therapists undergo? Who are qualified to do therapy? How much is the professional fee? How promising is the practice of psychotherapy in the country?

This research will attempt to answer the above questions and more, about the practice and status of psychotherapy in the Philippines.

METHOD

Respondents

A total of 48 practicing Filipino psychotherapists participated in this survey. The first batch of 28 respondents were interviewed by the 28 M.A. students of my *Introduction to Psychotherapy* class in the second semester of SY 1996-1997. The second set of 20 respondents were interviewed by the 20 students of my *Counseling Principles and Practices* class in the second semester of SY 1999-2000. All the respondents had been practicing for at least five years at the time of the survey.

Instrument

An interview schedule consisting of 24 questions was used by all the students. The instrument was divided into three sections. The first part asked questions about the educational and training background of the respondents. The second section which had the most number of items asked questions about the various aspects of the therapy process. The third section dealt with questions which elicited the respondents' views and opinions about certain issues, like the need to professionalize the practice of psychotherapy in the Philippines, the training that psychotherapists must undergo, and their assessment of the current status and the future of the practice of psychotherapy in the country.

Data Analysis

The interview responses from the two batches of respondents were at first analyzed separately, using simple frequency counts and percentage computations. The results for all the 48 respondents were then eventually combined due to the observed similarities in the patterns of results.

RESULTS AND DISCUSSION

The presentation of the results is based on the three clusters of items in the interview schedule. Because of the broad range of topics covered in the interview, a brief discussion of the main findings immediately follows the results. Given that majority of the respondents are psychologists, and this author is a clinical psychologist, the discussion of the implications of the findings focuses more on the field of psychology in general, and the practice of psychotherapy by psychologists in particular.

EDUCATIONAL AND TRAINING BACKGROUND OF THE PSYCHOTHERAPISTS

Profile of the Respondents

The sample of 48 psychotherapists was comprised of 33 psychologists (69%), 11 psychiatrists (23%), 3 guidance counselors (6%), and 1 religious counselor (2%). Many of the prominent psychology practitioners in the country were included in the subsample of psychologists.

The composition of the sample reflects the operational definition of a psychotherapist in this research. The rationale for allowing for a heterogeneous sample in terms of academic degree is because there is no one definition for the term *psychotherapy* (and there is no Philippine law yet that provides a legal definition). One of the various definitions of psychotherapy is that it is a process in which a person who has problems in living, or who seeks personal growth, enters into a contract, implicitly or explicitly, to interact verbally or nonverbally in a prescribed way with a person or persons who present themselves as helping agents (Corey, 1996). The helping agent is called the psychotherapist. This definition, together with many others (e.g. Prochaska & Norcross, 1999; Wampold, 2001), clearly indicates that a psychologist or a psychiatrist or a guidance counselor or a religious may qualify as a helping agent or a psychotherapist. It is important to note, however, that majority of the respondents are psychologists.

Length of Experience

The distribution of the 48 respondents in terms of the number of years that they have been practicing psychotherapy shows high variability, with 17 (35%) in the lower range of 5-9 years, and 13 (27%) in the higher range, from 20 years and up (Table 1). The mean number of years of experience is 14.7. It is interesting to note that the most experienced in the sample had been practicing for 42 years.

Table 1. Years of Experience

No. of years	f	%
5-9	17	35.4
10-14	8	16.7
15-19	10	20.8
20-24	6	12.5
25-29	2	4.2
30-34	2	4.2
35-42	3	6.3

Educational Attainment and Training

More than one-half of the respondents (29 or 60%) had at least an M.A. degree in Psychology or in Guidance and Counseling (Table 2). The 11 respondents with an M.D. (23%) were the psychiatrists. In addition to the

formal degree that they obtained, many of the respondents have had specialized training in the form postdoctoral work, apprenticeship with mentors or colleagues, taking certificate courses, and/or attending seminar-workshops.

Table 2. Educational Attainment

Academic degree	f	%
AB/BS degree	4	8.3
MA units	4	8.3
MA degree	14	29.2
PhD units	3	6.3
PhD degree	12	25.0
MD	11	22.9

Services Offered

When asked about the type of services that they offer, more than one third (18 or 38%) said that they do individual therapy *only* (Table 3). A good number (14 or 29%) offer all types of services, namely, individual, couple, family, and group therapy. The rest (16 or 33%) do a combination of two or three types of services, and always, individual therapy is one of them.

Table 3. Type of Services Offered

Service	f	%
individual	18	37.5
individual and couple/ individual and family	6	12.5
individual, couple, and family/ individual, group, and family/ individual, couple, and group	10	20.8
all types	14	29.2

The results could mean that most of the respondents (30 or 62%) can easily shift from individual to couple/family/group therapy, or there are only a handful who specialize in just one type of service.

DIFFERENT ASPECTS OF THE THERAPY PROCESS

Common Problems/Concerns that Filipino Clients Bring to Therapy

The aggregated responses of the respondents about the problems that their clients usually bring to therapy yielded the following top three categories: (1) school-related problems of children and adolescents; (2) marital problems; and (3) family problems.

The more commonly presented *school-related problems* include problems of poor grades, underachievement, study habits, school adjustment, peer pressure, hyperactivity (ADHD), learning disabilities, absenteeism, acting out, and tantrums.

That school-related problems topped the list of problems did not come as a surprise given the importance that Filipino parents give to education. A plummeting academic performance will surely alarm concerned parents and will make them scout around for a professional who can help improve the child's grades, at the soonest time possible. Parents can take a wait-and-see attitude when it comes to their own personal problems, like marital problems, but not when their child's future is at stake.

Examples of *marital problems* that are brought to therapy included those of separation, infidelity, wife battery, marital rape, lack of communication, and personality clashes.

The *family problems* that the respondents mentioned were those with regard to in-laws, finances, family set-up, and parenting.

At the rate couples are separating these days, it did not also come as a surprise that marital problems was the second in the list. And when couples are having problems, the other areas of family life are inevitably affected, like parenting,. Or, it could be that the marital problems were caused by or aggravated by family problems, like relationship problems with in-laws. Or, the academic problems of the children are a manifestation of family problems.

Other problems that were enumerated by the respondents included the following: clinical cases, psychological development concerns (e.g., midlife crisis and identity concerns), and vocational/ career issues. Among the clinical cases, *depression* ranked as the most commonly encountered by the respondents.

Profile of Clients

Is there such a thing as a typical profile of Filipino clients who come for therapy? Do we have more from the younger than the older group, more female than male, more single than married, more from the high than low socioeconomic group, and more from the educated than the not-so-educated group?

Age. Only a few of the respondents said that they cater *only* to children (f=4 or 8%) or to adolescents (f=7 or 15%), or adults (f=13 or 27%). Most of them (f=23 or 48%) described their clientele as varied, i.e., they have had clients from all age groups.

Does this pattern of results suggest a lack of specialization on the part of about one-half of the respondents, or does it reflect their versatility and flexibility in that they can easily shift from one age group to another, in pretty much the same way that they can easily shift from individual to group therapy (as noted earlier under *services offered*)?

Gender. All the respondents said that they have had both male and female clients although 9 (19%) specified that they have gotten more female clients while 4 (8%) have had more male clients.

Civil status. Except for 6 (13%) who said that they have had *only* single clients, all the other respondents said that they have had clients representing the different groups on civil status.

Socioeconomic status. Twenty-eight (58%) respondents answered that their clients come from the middle to high income groups, while 17 (35%) said that they have had clients from all socioeconomic classes.

Educational Attainment. About one-half of the respondents (23 or 48%) said that their clients were at least of the college level, while 17 (35 %) described their clientele as varied in terms of level of education. Only 6 (13%) indicated the educational attainment of their clients as either high school or grade school level.

It is not surprising that many psychotherapists get clients who are high on educational attainment. Those who are more educated have a greater awareness and understanding of the professional services that they can avail of when they need help in dealing with problems, like marital problems. They would also have the greater capacity to pay. The high correlation between educational attainment and socioeconomic status has been noted in a number of studies.

In summary, there seemed to be no typical profile of Filipino clients on the variables of age, gender, and civil status. It appeared, however, that educational attainment and socioeconomic status can predict to some extent who will come for therapy.

Conditions for Accepting a Client

When the respondents were asked if they set certain conditions before accepting a client, most of them (63%) responded in the *affirmative*. The most commonly given reason for doing so is to *structure* the relationship, i.e., to explain to the client what the therapy process is all about, to clarify what are expected in terms of schedule, punctuality, and fees, and to extract commitment from the client. Some therapists would also like to make sure that the problem of the client is something that they can competently handle.

The responses reflect a systematic way of going through the therapy process. Clarification of expectations, setting of limits, and extracting commitment are done from the outset to increase the likelihood of success of therapy.

Reasons for Referral

With regard to the question as to whether they *refer* some clients or not, the respondents were almost unanimous in saying that they *do*. The main reason cited was, if the problem of a client is not within their realm of expertise. Examples given were cases of sexual and drug abuse, alcoholism, learning disability, annulment, or cases that need medical interventions (this answer came from the psychologists).

The examples of cases interventions that are usually referred, such as drug abuse and learning disability, provide important information about the problem areas that the country may be lacking experts in.

Professional Fee

There have been anecdotal accounts about the difficulty of some therapists in discussing with the client the professional fee, and thus, the question about how they do it. It turned out that more than one-half of the respondents (60%) do it themselves instead of leaving it up to the secretary which is the resort of a few who don't feel comfortable with money matters.

With regard to the more sensitive question as to how much is the fee per session, the range varied from as low as 0, i.e. therapy is free or an apostolate (f=8 or 17%) to as high as P10,000 per session (only one said this). In spite of the variable rates, two distinct findings emerged: one, a good number of the respondents (23 or 48%) adjust the fees according to the capability of the clients to pay, and two, P500.00 per session appeared to be the mode. There were a few (5 or 10%) who said that their center/office operates using the system of donation which is, essentially, also a socialized scheme.

Five hundred pesos per session is a rate that those who belong to the middle to high income group will find affordable, but which those who come from the lower socioeconomic group will find exorbitant. Many respondents are aware of the economic reality of many clients, which is why they use either a sliding scale or they render their services for free. But even with the adjustment, the clients that majority of the respondents get still come from the middle to high income groups.

The modal rate of P500.00 was about two years ago. There wasn't much difference between the rates obtained from the 1997 and 2000 samples. A random check with some clinics and centers indicates that the going rate is P600.00- P1,500.00 per session for individual therapy.

Administration of Diagnostic/Psychological Tests

One-half of the respondents responded in the affirmative when asked if they administer psychological tests. The others said they also do, but only sometimes, occasionally, or even rarely. These are the ones who would administer tests depending on the need of the client. There were 7 (15%) who answered a categorical *no*.

The most frequently cited reasons for administering tests are the following:

(a) to augment clinical interviews and observation to get a more complete picture of the case;

(b) when not sure about the diagnosis and prognosis; and

c) to pinpoint areas of strengths and weaknesses.

Other reasons which were not as frequently cited are as follows:

a) when data have be presented in court;

(b) when the client requests for it; and

c) when the client begins to deny an issue.

Almost all the respondents who said that they use psychological tests do so in the early part or beginning of the therapy process (i.e., after the first session or after the intake interview).

In the absence of baseline data about the frequency of the use of tests in the clinical setting, we don't know if the 50% who administer tests as part of their standard operating procedure for doing therapy is relatively high or low. What the data indicate is that for the other half of the sample, the use of tests is not part of their standard operating procedure.

Approach to Psychotherapy

When asked about their approach to psychotherapy, the respondents were almost unanimous in answering that they use the *eclectic* approach. Only two reported the use of a specific approach; one has been using neurolinguistic programming and the other the psychoanalytic approach.

This particular finding is consistent with what both the local and foreign related literature say about the popularity of the use of the eclectic framework (e.g., Corey, 1996; Villar, 1997; Prochaska & Norcross, 1999; Wampold, 2001). But even with the agreement in research findings about the widespread use of eclecticism, it is important to point out that there are differences in terms of the *number* of theoretical approaches/models or techniques that psychotherapists combine, and in *what* they blend. In this survey, the number of approaches and/or techniques that the respondents indicated ranged from as few as 2 to as many as 10, with 3 to 4 as the mode. Given the range of 2 to 10, the therapists can come up with many possible combinations, like the following:

a) Rogerian, cognitive-behavioral, and hypnotherapy;

b) humanistic, behavior modification, play therapy, and hypnotherapy; and

c) nondirective, psychoanalytic, cognitive, and rational-emotive. Of particular interest is that many respondents specified Rogers' client-centered therapy as one of their theoretical models.

What underlies the strong preference for the eclectic approach is the realization of the uniqueness of each client and each case.

Frequency of Meeting a Client

One-half of the respondents (50%) said that the frequency of meeting with their clients depends on the case. By this, they meant that there were some clients who they would regularly meet once a week, and there were some that they would meet *more* or *less often* than once a week. The same answer also meant that there were some clients who they would first meet on a regular once-a-week basis, and then they would change the interval to, say, once a month for the succeeding months.

A good number (20 or 42%) said that they meet their clients *once a week*. This frequency appeared to be the mode.

Length of a Session

For 2 respondents (4%), a session can be as short as 20 minutes, while for 6 (13%) of them, it can be as long as 1 ½ to 2 hours. For the majority, i.e., 20 (42%), a session lasts for one hour. The others gave answers in-between the extreme values, i.e. 30 minutes, 45 minutes, and 50 minutes. The 1½- to 2-hour duration is usually for couple and family therapy. As a general pattern, without passing on any judgment as to which is better between a shorter and a longer session, it was found that the psychiatrists usually meet with their clients for a shorter period of time.

Course of Therapy

The psychotherapeutic process has, in a way, been shrouded in some kind of mystery with many lay people wondering about what actually transpire within and across sessions. How does the psychotherapist go about the process of trying to help the client deal with whatever problems or concerns that are brought to therapy?

The question asked of the respondents was, "Please describe how you usually conduct therapy. How does therapy progress?".

The answers showed high variability in terms of the details given by the respondents and the terms they used to describe the process. A pattern, however, was quite discernible in that most respondents talked about a beginning, a middle, and a termination phase.

During the first few sessions, the psychotherapist would assess the presenting problem by listening to the stories of the client and taking initial interviews. Many psychotherapists administer psychological tests to help them understand better the nature of the presenting problem. After identifying

the problematic areas, the focus and goals of therapy are established. One of the most important tasks to accomplish during the beginning phase is building rapport with the client.

The therapeutic interventions would constitute mainly the so-called middle part or working-through phase of the therapeutic process. This is when the psychotherapist would help the client get in touch with the actual self, to identify his strengths and available resources, look into alternatives, and in the process help the client understand and gain insights about the problem, make a choice, and consequently help empower the client. Some psychotherapists give assignments or prescribe medication (the psychiatrists).

When the goals of therapy have been achieved, based on the assessment of the psychotherapist and/or the client, plans for termination are made.

The psychotherapeutic process, from beginning until termination, is not actually as smooth and neat as described above. For example, a client may decide to stop showing up after the initial interview, or might make it to the middle phase but might get stuck there for various reasons. The possible courses of events are practically unlimited which, depending on the way one looks at it, make the process either challenging or frustrating.

Number of Sessions before Termination

For the 18 respondents (38%) who answered in terms of the *average* number of sessions before termination, the answers varied from as few as 1-2 sessions to as many as 12-15 sessions. This rounds off to a median of 6-7 sessions. About one-half (22 or 46%) did not indicate the average number of sessions but said that the length of time a client spends in therapy really depends on the case.

In the US, more than 40% of outpatient clients attend only one or two sessions and the median number of sessions attended by all clients is five to six (Froehle & Broadwell, 1989). The data obtained from the Filipino psychotherapists do not seem to deviate much from the US profile.

When to Terminate

The respondents were almost unanimous in saying that they decide to terminate when the goals set for therapy have been met, i.e., when the client has gotten better, or has acquired adequate coping process, or has empowered himself/herself.

Whose Decision is it to Terminate?

Fourteen respondents (29%) said that it is the therapist who makes the decision. There were 10 (21%) who answered that it is the client, with an equal number (10 or 21%) saying that it is ideally a consensus between the therapist and the client. In the case of younger clients, i.e., children and adolescents, the therapist makes the decision in consultation with the parents or teachers, or it is just the parents who decide to terminate.

It is interesting to note that many respondents have experienced forced termination, i.e., the client just stops coming. If the client attended less than eight sessions, he/she is considered a dropout or premature terminator. Although there are various reasons for dropping out, it is important to point out that even just one session could have been beneficial to a client (Froehle & Broadwell, 1989).

Factors that Hasten the Healing Process

Do the factors that hasten the healing process rest more on the therapist or on the client or on the relationship between the two?

When the frequency counts of the content-analyzed responses were rank ordered, what came out as the top answer was the client's motivation, determination, commitment, and willingness to be healed (f=25 or 52%). Next to client's attitude is the relationship between the client and the therapist (f=16 or 33%). The respondents said that there should be rapport and trust, and that the therapeutic atmosphere should be characterized by unconditional positive regard, empathy, and acceptance. Ranked as a very close third is the support of parents, family, and significant others (f=15 or 31%).

There is a very important point to take note of: only three respondents mentioned the competence of the therapist as a factor that hastens the healing process.

What the top answer indicates is that no matter how competent and skillful the therapist is, practically nothing will happen if the client does not cooperate. The second top answer is consistent with the preference for the use of the Rogerian approach as part of many respondents' eclectic framework. The importance of the relationship between the psychotherapist and the client cannot be overemphasized. The third answer reflects the cultural factor. In the Philippine society where strong family ties and smooth interpersonal relationship are highly valued, it is but expected that the client's significant others will assume an important role in the therapy process.

Criteria Used in Evaluating the Success of Therapy

The most frequently given answer to the question as to when a case is considered a *success* is, when the client becomes functional, i.e., is able to meet the demands of daily living.

Next to the social cure criterion, the respondents said that they would consider a case a success when the client gains an insight of what the problem is and manifests positive behavioral change. The client accepts the problem and decides to act on it, taking responsibility for his/her life.

Disappearance of symptoms and positive feedback from the client and the significant people in his/her life were also cited as important criteria.

The given answers indicate that the respondents are more realistic than idealistic in their expectations of the outcome of the psychotherapy process. The social cure criterion does not necessarily mean that the client has solved the problem or has gotten rid of the disorder. It could mean that in spite of the problem, the client has learned to harness his/her personal resources, thus enabling him/her to cope with the demands of daily living.

Commonly Encountered Difficulties as a Therapist

The most frequently encountered difficulties cited by the respondents are resistant, uncooperative, or difficult clients. There are also those who just stop coming.

Next to the above are problems posed by uncooperative family members and family interventions in the form of sabotage.

The other difficulty mentioned by the respondents is lack of time, which causes stress and burnout. The therapy process is described as time-consuming that the financial return is not commensurate to the efforts that the therapist puts into the process.

A few respondents (4 or 8%) also pointed out the difficulty with regard to not having enough experts to consult when they get stuck with certain cases.

How do the respondents cope with the above difficulties?

The respondents deal with the problems posed by resistant or difficult clients and uncooperative family members by being open to the client and his/her family about what is actually going on, in a gentle but firm manner.

On the difficulty with regard to the lack of time, the respondents limit the number of clients and they try to find the time to relax. Having a support group or working with a team is also a great help.

Regarding the problem about the lack of resource persons and experts, they research about a case and attend continuing education programs (like seminar-workshops on topics that can help them enhance their skills).

What the Psychotherapists find Rewarding about their Practice

The most common answers given by the respondents revolved around the theme of *having the opportunity to help others,* expressed beautifully in words and phrases like the following:

> "being able to be of help and have impact on others, being able to touch people's lives, seeing change/growth in the client, being a witness to the development of individual potential, being an instrument of God..."

The second most frequently given answer centered on the theme *mutual growth.* It is not only the client who benefits from and gets helped in the process, but the therapist as well. The psychotherapy process is described as:

> "co-journeying with the client, and achieving personal healing in the process; seeing the range of humanity and learning a lot from the process; makes me a better person and closer to God."

A significant observation about the given answers is that no one among the 48 respondents cited the financial aspect as the most rewarding about the practice of psychotherapy. What they like best are the intrinsic rewards. This is not to say that the monetary consideration is not important. Although some respondents said that the financial aspect leaves much to be desired, there were more who see the potential of earning a substantial amount from doing psychotherapy. Yet, even for the ones who earn enough, money is still not the most rewarding about the profession. And for the respondents who feel that the practice does not bring in enough financial return, they hold on precisely because of the personal fulfillment and satisfaction that they derive from helping others.

Psychotherapy, for majority of the respondents, is all about touching lives.

ASSESSMENT OF THE STATUS AND PRACTICE OF PSYCHOTHERAPY

Training that a Psychotherapist must Undergo

When asked about the kind of training that one must undergo to become an effective psychotherapist, the answers given by the respondents showed a high consensus. The training that they highly recommended was a combination of the following:

1. The prospective psychotherapist must have at least an M.A. degree (or a medical degree) which will provide him/her a solid grounding in theories, skills, techniques, and attitude.
2. There must be a practicum or apprenticeship or residency, which is supervised by a competent and experienced psychologist or psychiatrist. Working with and learning from a co-therapist is strongly encouraged.
3. The person of the psychotherapist must not be forgotten. The prospective psychotherapist must go through therapy himself/herself...for personal growth and healing... to keep in touch with his/her inner life, to become more aware of personal issues that could get in the way of effective psychotherapy.

The first recommendation is actually a reiteration of what the Psychological Association of the Philippines (PAP) has stipulated that the minimum academic requirement for a clinical psychologist is a master's degree, not a bachelor's degree which is what some institutions consider acceptable (PAP, n.d.).

The second recommendation is, and should be, a concern of every school that offers a psychology program. Clemenia (1993) noted that her respondents identified as one of the inadequacies of the counselor education programs the lack of practicum centers. In truth, other problems about the practicum program of many schools can be cited. The main concern should really be with regard to the quality and adequacy of the training that future psychotherapists get. Because each school has its own list of practicum sites, the quality of training that a practicum student gets is very much dependent on the assigned task and on the qualifications of the on-site supervisor. And across schools, there are differences in terms of the required number of hours and other requirements. In short, there is no standardized practicum program among schools that offer masters' and doctoral degrees in counseling/clinical psychology.

The third recommendation is an acknowledgment of what practicing psychotherapists know but may tend to overlook or forget once in a while, i.e., the self is the therapist's most important instrument in the therapy process. Thus, there is the need to be constantly aware of the possible effects of some personal issues and to take care of the self. Gilliland et al. (1989) noted that the most powerful impact on the client may be that of observing what the therapist *is* and *does*.

Personal Characteristics that make a Psychotherapist Effective

What almost all the respondents considered the most important personal characteristic of a psychotherapist is a *genuine concern for others or an honest-to-goodness love for people or a sense of caring and compassion* (empathy is subsumed under this). Also very important is the psychotherapist's *sense of self and inner strength, his/her ability to introspect.* The third in rank based on frequency count is the *analytical and creative thinking ability of the psychotherapist, coupled with the desire to keep on learning and growing.*

The first characteristic identified by the respondents actually refers to Rogers' therapeutic triad, namely, unconditional positive regard, accurate empathic understanding, and genuineness. The second and third answers reiterate the importance of the academic training and personhood of the therapist, the need to continually develop the self holistically.

Current Status of the Profession

Most of the respondents were in agreement that, on the whole, acceptance of the psychotherapy profession has grown. In their own words: "it has come a long way; although stigma is still attached to seeing a psychotherapist, it is no longer as taboo as before; people are more aware of the services offered by psychotherapists".

In spite of the overall positive assessment, many respondents also pointed out their concerns, namely the following:

1. There are very few experts in the field. Some are good therapists, but some are not. Thus, there is a need for more good therapists.

   Psychology has been a popular choice as an undergraduate major in many colleges and universities since the 1970s (Tan, 1999). Through the years, there has been an increase in the number of schools that offer psychology programs, both on the undergraduate and graduate levels (Commission on Higher Education, 2002). By the sheer number

of schools with psychology programs, there must be more psychology graduates now than, say, ten years ago. Therefore, the need for more good therapists refers not so much on the *number*, but on the *quality* of counseling or clinical psychology graduates that schools produce.

2. There is a lack of leadership. There is a need for networking; psychotherapists are not aware of what the others are doing.

   In the absence of a law that regulates the practice of psychotherapy in the country, practitioners have much leeway as they carry out their various functions. There are limited opportunities for sharing and discussing their ideas and concerns. There is a felt need to network, but no one seems to be taking the lead.

3. There are a lot of self-declared psychotherapists.

   This sad reality is an expected consequence of not having a law that regulates the practice of psychology in the country. If a B.S. Psychology graduate decides to practice as a psychotherapist, what case can be filed in court against him/her? This is a perennial concern which, in fact, was one of the reasons cited for filing the Psychology Bill in 1982 (Tan, 1999).

Need to Professionalize the Practice

On the question regarding the need to professionalize the practice of psychotherapy in the country, the respondents were almost unanimous in answering in the *affirmative* (those who answered there is *no* need were the psychiatrists who said that there is already a specialty board for psychiatrists).

The reasons given for the need to professionalize are the following (ranked according to frequency, though they are interrelated or can overlap):

1. to maintain a high standard of practice ; to protect the profession and the client
2. for ethical reasons
3. to standardize the rates and fees
4. to make others take psychotherapists seriously
5. to strengthen the identity of psychologists

The concerns raised by the respondents about the practice of psychotherapy in the country, and the reasons cited for the need to professionalize are not new. In their respective articles, both Licuanan (1985) and Tan (1999) talked about the Psychology Bill which was submitted by the

PAP in 1982. The Bill, if passed, will provide for the licensing of practicing psychologists and the certification of psychometricians (Psych Bill....). The Bill, if enacted into a law, should be able to protect the public from malpractice and abuses of the so-called self-declared psychotherapists. It is sad to note, though, that after 20 long years, the Bill has not yet been approved by Congress.

Future of a Psychotherapist in the Philippines

Despite the problems posed mainly by the lack of legal identity of the profession, most of the respondents were optimistic about the future of psychotherapists in the country. They see the profession as a good career option. There is a great future as there is a great need for therapists.

The respondents have these pieces of advice to students who are aspiring to be psychotherapists:

1. Allow yourself to grow through learning. Update your knowledge.
2. Practice with a mentor or colleagues.
3. Try out theories on real cases; don't be afraid to practice.
4. Go through therapy yourself. Have the genuine interest to grow as a person. Heal yourself first.
5. Be sure you really want to be a psychotherapist. Love your work.
6. Choose the right school, i.e. one that has a good training program.
7. Be patient with yourself and with the pace of your career.
8. Take care of yourself.

The above are consistent with the recommendations that the respondents had made with regard to the training that a psychotherapist must undergo, namely, a solid academic foundation, a good practicum program, and the need to work on personal healing and growth.

Important implications can be drawn from the findings, some of which will be highlighted below:

1. The respondents' recommendations regarding the training that one must undergo to become an effective psychotherapist (pp. 20-21) can serve as guidelines in reviewing the curriculum that we use in training future psychotherapists. How solid is the theoretical grounding that we provide? How well does the practicum program prepare our students for clinical practice? What is the quality of on-site

supervision that they get? How well does the curriculum address the needs for personal healing and growth so that future psychotherapists can genuinely be of help instead of becoming a part of the problem in the therapy situation?

2. The respondents emphasized the need to constantly update and improve the self not only on the personal level, but also in terms of knowledge and skills. Many of them have had postdoctoral work and regularly update themselves by taking certificate courses and attending seminar-workshops. What is implied is the need to provide continuing education programs to practicing psychotherapists. However, there have been no systematic efforts on the part of any institution or professional organization to address the need. As things stand now, practicing psychotherapists who feel the need to engage in a continuing education activity do so out of their own initiative. And those who don't find the need cannot be compelled to update because there is no law that says they have to do so as a requirement for renewing a license.
3. The respondents also expressed concern that there are a lot of self-declared psychotherapists. Because of this, and other reasons like to strengthen the identity of psychologists and to standardize the rates and fees, the respondents were almost unanimous in saying that there is a need to professionalize the practice of psychotherapy in the country. This need can best be addressed by the passage of the Psychology Bill.
4. The last but not the least of the respondents' concerns are the lack of leadership and the need for networking among practitioners. No one probably knows how many psychologists in the country are practicing psychotherapists. There is even no directory of psychotherapists that the public can refer to if they need to see one. But, perhaps, it will not be easy to prepare such a directory because the basic question to ask is "who can get included in it?". What criteria and whose definition should be used?

The Commission on Higher Education (CHED), through its technical committee for psychology, has formulated policies and standards for graduate programs which will take effect soon (CHED Memorandum Order, 2001; A.M.G. Intal, personal communication, March 12, 2003). This is a good start to address the need to review the graduate psychology curriculum, specifically the masters' and doctoral programs in counseling and clinical psychology.

Other than CHED, the Psychological Association of the Philippines (PAP) is also in a very good position to address the abovementioned concerns. For starters, it has already prepared a pamphlet entitled Code of Ethics for Clinical Psychologists. Its annual convention usually includes seminar-workshops for the updating needs of psychologists. However, the Association can do more in the areas of providing continuing education programs and leadership to practicing psychotherapists through its specialty divisions or committees, like those of Counseling Psychology, Clinical Psychology, Developmental Psychology, and Psychological Assessment and Evaluation. And as the Association that filed the Psychology Bill in 1982, the PAP has the primary responsibility to see through its enactment into a law.

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