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Towards a unified psychotherapy in the 21st century: Paradigm shifts, educational reforms, and global challenges in the German-speaking world and beyond

Salvatore Giacomuzzi*
Doctor of Psychological Sciences, Associate Professor
Poltava V.G. Korolenko National Pedagogical University
36000, 2 Ostrogradsky Str., Poltava, Ukraine
https://orcid.org/0000-0002-4218-1685

Markus Ertl
Master
Department of Child and Youth Welfare
6020, 5 Ing.-Etzel-Straße, Innsbruck, Austria
https://orcid.org/0000-0002-6408-5045

Lisa Knoll
Master, Independent Researcher
Vienna, Austria
https://orcid.org/0009-0006-4626-3860

✦ **Abstract.** In light of profound global crises and evolving health policies, psychotherapy is undergoing a crucial transformation that increasingly requires integrated and evidence-based professional training systems. The purpose of this article was therefore to analyse the paradigm shift toward unified psychotherapy, examining educational reforms in the German-speaking world as a central case study within a broader international context. The investigation was based on a comprehensive analysis of scientific literature, policy documents, and international competency frameworks. Through the analysis of scholarly sources and normative documents, the study examined educational reforms in Germany and Austria that reflected a transition from fragmented, modality-oriented learning toward university-based, integrative pathways focused on intermodal competences, empirical literacy, and deferred specialisation. The theoretical foundations of this movement were described, presenting research on common factors such as therapeutic alliance, empathy, and resource activation as critical for therapeutic success beyond technique-specific effects. Furthermore, the international policy landscape was examined, with comparative examples from the United Kingdom, Norway, and Ukraine illustrating the adaptability of diverse integration strategies, while key challenges such as the adoption of AI-driven supervision systems and the complex diagnostic shift to the ICD-11 dimensional model were also highlighted. Finally, the potential benefits of unification, including a strengthened professional identity, enhanced cross-border mobility, and improved quality assurance, were weighed against significant risks such as theoretical dilution, identity conflicts, and under-resourced implementation. The results of this analysis could be used by policymakers, educational institutions, and professional associations to guide the strategic development of evidence-based, internationally coherent, and ethically sound curricula for psychotherapy training

✦ **Keywords:** psychotherapy integration; ICD-11; artificial intelligence; intermodal competences; evidence-based practice

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*Corresponding author

✦ Introduction

Psychotherapy of the 21st century finds itself at a complex and consequential juncture, shaped by the simultaneous pressures of profound global crises, rapidly evolving health policy landscapes, shifting conceptions of professional identity, and significant advances in scientific understanding of mental health and its determinants. The world is navigating a period marked by overlapping disruptions: persistent socio-political instability and polarisation, recurrent economic downturns, the lingering public health and social effects of the COVID-19 pandemic, protracted armed conflicts including the ongoing war in Ukraine, sustained patterns of forced displacement and large-scale migration, and the escalating threats associated with the global climate emergency. As stated by K. Trost *et al.* (2024), these forces are not only destabilising communities but are also redefining the very parameters within which mental health is understood, prioritised, and addressed. As a result, mental health has shifted from being perceived as a specialised, often marginal branch of healthcare to being recognised as a key dimension of human development and an essential pillar of societal resilience. The measurable and multidimensional impact of psychotherapy is increasingly recognised, including improvements in public health indicators, greater workforce productivity, stronger social cohesion through empathy and mutual trust, and enhanced democratic stability supported by active and psychologically healthy citizens. Reports by the World Health Organization underscored, that investments in mental health yielded substantial social and economic returns, linking psychological well-being to sustainable development and social resilience (WHO, 2025a; 2025b). Global governance bodies, such as the Organisation for Economic Co-operation and Development and the United Nations, had explicitly linked population mental health to the achievement of sustainable development goals, emphasising that investments in mental health produced broad social and economic benefits (OECD, 2021; Heymann & Sprague, 2023).

According to S. Siddiqui *et al.* (2022), psychotherapy is increasingly regarded not merely as a clinical intervention for individual distress but as a strategic public health instrument capable of addressing a broad spectrum of psychological and psychosocial needs. The scope of psychotherapy now extends from treating severe psychiatric disorders to supporting psychological adaptation in the face of societal upheaval, chronic stressors, and global emergencies. This broadening of focus necessitates corresponding changes in professional formation, service delivery models, and the epistemological frameworks guiding psychotherapeutic practice. Across different countries, this transformation parallels the evolution of psychologist certification systems grounded in professional standards of psychological practice. As noted by O. Voloshyna (2024), the most advanced models established in the United States of America (USA), Canada, and the United Kingdom demonstrate that comprehensive regulation requires not only standardised certification procedures but also unified practice requirements and ethical compliance frameworks. Building on these international developments, the German-speaking world, comprising Austria, Germany, and Switzerland, offers an instructive case for examining how psychotherapy can be structurally and conceptually integrated into a coherent, adaptable, and evidence-driven professional system. The region's historical diversity of therapeutic schools, long-standing legal recognition of psychotherapy as a health profession, and strong academic traditions create both opportunities and challenges for ongoing reform (Humer *et al.*, 2020). A growing consensus has crystallised among policymakers, educators, researchers, and professional associations in favour of transitioning toward integrative and unified psychotherapy. This evolving model emphasises functional adaptability, systematic use of shared therapeutic factors, and flexibility in clinical decision-making guided by empirical evidence rather than by rigid adherence to a single theoretical orientation. Importantly, this shift is not confined to legislative texts or ministerial policy papers. According to S.M. Hingley (2020), the ongoing transformation manifests in professional discourse, educational reforms, theoretical integration, and the evolving competencies required of new practitioners. This momentum towards unification reflected broader trends in the health professions towards interdisciplinary synthesis, outcome-oriented training and the scalability of effective interventions. In the German-speaking countries, the main challenge and opportunity lay in translating this policy and academic consensus into professional practice capable of meeting the complex mental health needs of an increasingly interconnected and crisis-prone world. Accordingly, the aim of this article was to analyse how psychotherapy needed to evolve conceptually, institutionally, and epistemologically in order to remain capable of responding to changes in mental health needs within a global context characterised by instability and interdependence. The study employed a range of general scientific methods aimed at systematising and summarising changes within the field of psychotherapy. In particular, the method of retrospective analysis was applied to examine academic sources and practical materials that reflect the evolution of approaches in the discipline. The legislative frameworks of Austria and Germany were analysed, with particular attention to regulatory documents governing educational programmes for psychotherapists. Further interpretation of the reforms was carried out using the comparative-analytical method, which made it possible to identify common and divergent trends in the development of psychotherapy education systems. The final stage of the research involved the systematisation of the obtained results and the formulation of forecasts regarding future prospects of the field through the application of content analysis and elements of prognostic modelling, taking into account the contemporary political context.

✦ Projected structure of the future Austrian psychotherapy curricula

Austria's Psychotherapy Act of 1991 marked a decisive turning point in the formal recognition of psychotherapy

as an independent health profession (Federal Chancellery of Austria, 1991). Before its enactment, psychotherapy training and practice in Austria existed in a comparatively unregulated environment, shaped predominantly by private associations and modality-specific traditions. The law introduced a binding legal framework that defined psychotherapy, codified the rights and duties of practitioners, and established the list of psychotherapists, an official national register maintained by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (EAP, 2017). It institutionalised psychotherapy as a regulated health service alongside medicine, psychology, and other allied professions. One of the distinctive features of the 1991 Act was its training model, which delegated educational authority to private, school-specific institutes, each accredited to deliver instruction in a single psychotherapeutic modality. This arrangement preserved Austria's strong tradition of theoretical pluralism, allowing depth-psychological, behavioural, systemic, humanistic – experiential, and integrative schools to maintain their epistemological identities and safeguard their clinical methodologies (Federal Chancellery of Austria, 1991). By 2024, this approach had produced a mosaic of 23 officially recognised psychotherapeutic methods, reflecting a wide range of paradigms and international influences. While this pluralism ensured methodological richness, it also had unintended structural consequences. As G. Schmid *et al.* (2025) observed, because training was organised predominantly within single therapeutic modalities, trainees primarily developed a professional identification with their respective schools rather than with psychotherapy as a unified discipline. This modality-specific form of professional socialisation constrained inter-paradigmatic exchange and impeded the formation of a shared professional identity. Moreover, the two-stage structure consisting of a general foundational training phase followed by an advanced, modality-specific training phase often created logistical and financial barriers. Entry into the advanced phase required the completion of the foundational training, delaying hands-on clinical practice and imposing significant costs (Legal framework of psychotherapy training in Austria, n.d.). The decentralised, institute-based model also meant that standards of research integration, academic rigour and competency assessment varied widely between providers.

Against this backdrop, the 2023/24 reform of the Psychotherapy Act represented a comprehensive legislative overhaul that directly addressed the structural limitations of the earlier model by embedding psychotherapy education within the public university system and aligning it with the Bologna Process (Parliament of Austria, 2024). Under the Psychotherapy Act No. 49/2024, the previous two-tier sequence of foundational training and advanced, modality-specific training was replaced with a Bologna-compatible Bachelor-Master structure delivered by accredited universities, thereby creating a coherent, academically anchored pathway from initial enrolment to licensure (Federal Chancellery of Austria, 2024). The central goals of the reform were to preserve Austria's tradition of theoretical diversity while establishing a shared generalist foundation for all students; to foster a unified professional identity through cross-modal training; to embed empirical literacy and outcome evaluation into the curriculum from the outset; and to ensure full compatibility with European Union (EU) directives on the recognition of professional qualifications. The future curricula were designed to be comprehensive, evidence-based and internationally comparable. The new two-cycle structure replaced the former institute-based model of foundational training and advanced, modality-specific training with an academically standardised pathway. It sought to balance theoretical diversity with unified professional competencies, to integrate research from the beginning of training, and to align Austrian psychotherapy education with EU and Bologna standards. By aligning with European and international standards, the reformed Austrian training pathway ensures that graduates will meet or exceed the 3,200-3,500 total training hours typically required for cross-border recognition. The expected outcomes of this reform include greater methodological flexibility, improved integration of research and clinical practice, a stronger shared professional identity, and increased transparency for both domestic and international stakeholders' licensure (Federal Chancellery of Austria, 2024). In short, Austria is transitioning from a historically fragmented, institute-based training landscape to a centrally regulated, academically embedded, and internationally harmonised education system – one that aims to balance the preservation of theoretical diversity with the cultivation of a unified, evidence-driven profession (Table 1).

Table 1. *Characteristics of the Austrian educational reform in psychotherapist training*

Aspect	Bachelor's programme (180 ECTS/6 Semesters)	Master's programme (120 ECTS/4 Semesters)
Main focus	Generalist professional formation	Advanced clinical competence and structured specialisation
Duration and credits	180 ECTS over six semesters	120 ECTS over four semesters
Core content	Psychology, neuroscience, developmental processes, and psychopathology (in accordance with ICD-11 and DSM-5-TR)	Evidence-based interventions across modalities; case formulation using transdiagnostic and modality-specific approaches
Exposure to therapeutic schools	Multiple therapeutic schools without early specialisation to promote openness and integrative thinking	Specialisation in psychodynamic, cognitive-behavioural, systemic, humanistic, or integrative methods after the first year
Research training	Research literacy through quantitative and qualitative methods	Original clinical-research thesis integrating empirical data and reflective practice

Table 1. *Continued*

Aspect	Bachelor's programme (180 ECTS/6 Semesters)	Master's programme (120 ECTS/4 Semesters)
Practical components	Foundational skills in communication, counselling, and ethical reasoning, including legal frameworks such as General Data Protection Regulation compliance	Extensive supervised clinical practice between 600 and 1,000 hours in accredited settings
Interdisciplinary elements	Not specified beyond foundational exposure	Interprofessional collaboration modules with psychiatry, social work, and allied health disciplines
Assessment	Integrated research project (literature-based or empirical thesis)	Clinical-research thesis, outcome monitoring, and feedback-informed treatment
Overall purpose	Broad understanding of psychology and related sciences; promotion of openness and integrative thinking	Development of advanced professional expertise while retaining core competencies shared across the profession

Note: *ECTS – European Credit Transfer and Accumulation System*
Source: *developed by the authors based on Federal Chancellery of Austria (2024), Parliament of Austria (2024)*

The bachelor's degree in Psychotherapy (6 semesters, 180 ECTS) provides broad foundational competencies covering all recognised therapeutic schools. From the very first semester, students are introduced to the four main paradigms – psychodynamic, cognitive-behavioural, humanistic – experiential, and systemic – family therapy. Alongside these school-specific components, there is an explicit promotion of theoretical pluralism based on empirical evidence and critical comparative evaluation. The curriculum includes core modules in general and clinical psychology, medical foundations, psychopathology according to ICD-11 and DSM-5-TR, lifespan developmental psychology, therapeutic communication skills, and self-experience. A major objective is to introduce students early to scientific work: statistics, research methodology, evidence appraisal, and basic health services research are embedded from the first year. From the second year onward, the practical component increases progressively. Through skills labs, simulated patient encounters, and structured practice observation in clinical and psychosocial institutions, students acquire essential skills in diagnostic formulation, treatment planning, and intervention delivery. Parallel advanced modules address culturally and migration-sensitive psychotherapy, health promotion, prevention, and ethical decision-making. The Master's degree in Psychotherapy (4 semesters, 120 ECTS) builds on this broad base to develop advanced clinical expertise. In the first two semesters, there is an in-depth focus on complex disorders, comorbid presentations, and transdiagnostic treatment approaches. A methods specialisation track allows for targeted concentration in one or more therapeutic schools, though the choice is non-exclusive, with integrative modules remaining compulsory. Crucially, the programme integrates theory, practice, and research: students complete at least 600 hours of supervised clinical practice, produce a Master's thesis with an empirical or applied practice focus, and document their professional growth in a competency-based portfolio.

Core graduate competencies encompass a comprehensive set of professional, clinical, and reflective skills. Graduates are expected to demonstrate proficiency in ICD-11- and DSM-5-TR-compliant diagnostics and in developing nuanced, individualised case formulations. They should be capable of establishing and maintaining strong therapeutic alliances that sensitively account for individual differences as well as cultural and social contexts. In clinical practice, they are to apply knowledge of therapeutic processes and common factors to the selection, implementation, and adaptation of interventions. Competent outcome monitoring and quality-assured documentation form an integral part of their professional responsibilities. Furthermore, graduates are expected to continuously integrate emerging scientific evidence into their practice, thereby fostering a commitment to lifelong learning and ongoing professional development. Designed with an international orientation, the curriculum offers exchange and placement opportunities via Erasmus+ and bilateral agreements with universities in the EU, Canada, and Australia, fostering not only technical proficiency but also intercultural competence among graduates (Federal Chancellery of Austria, 2024). This reform positions psychotherapy in Austria as a university-based, research-driven, and fully professionalising education. The curriculum is structured to combine theoretical depth with methodological openness, bridge empirical research and clinical practice, and ensure mobility within the European labour market. The emphasis shifts away from school-specific separation toward a shared professional identity grounded in common competencies and evidence-based standards. Germany's Psychotherapists Act (1999) constituted a landmark legislative milestone in the statutory recognition of psychotherapy as a regulated health profession. Before its enactment, psychotherapeutic services in Germany were provided through a patchwork of professional routes, often by physicians, psychologists and social workers with additional psychotherapeutic training, but without a uniform legal status or a centralised framework for licensure (EAP, n.d.). The Psychotherapists Act created, for the first time, two distinct professional categories: psychological psychotherapists and child and adolescent psychotherapists. This reform granted both groups independent licensure and the legal authority to provide psychotherapy within the statutory health insurance system, thereby institutionalising psychotherapy as an autonomous health profession within the German healthcare system (Melcop *et al.*, 2019). A central and controversial feature of the 1999 Psychotherapists Act was its restriction of reimbursable modalities under the statutory health

insurance system to three "guideline procedures": behavioural therapy, psychodynamic therapy, and psychoanalysis. This selection was based on the scientific evidence available at the time, as evaluated by the Federal Joint Committee, Germany's highest decision-making body in the joint self-governance of the healthcare system. While the decision reflected the then-prevailing evidence base and aimed to ensure quality assurance, it had far-reaching structural consequences. Table 2 showed the structural components and features of the Act.

Table 2. *Structural consequences of the Psychotherapists Act 1999*

Consequences	Description
Exclusion of other approaches	Exclusion of other scientifically validated approaches from public reimbursement, effectively marginalising them within mainstream service provision
Delayed recognition of systemic therapy	Despite a strong international evidence base and recognised status in many countries, systemic therapy was not included in the list of officially state-regulated methods of psychotherapy in Germany (Richtlinienverfahren) until 2020, resulting in a delay of its official recognition of more than twenty years
Marginalisation of integrative and humanistic models	Emerging integrative and process-based models, as well as humanistic approaches, were relegated to private practice settings, accessible only to those able to self-fund treatment

Source*: developed by the authors based on Psychotherapists Act (1999)*

The regulatory framework established by the 1999 Psychotherapists Act entrenched a selective recognition of therapeutic approaches, restricting methodological diversity within publicly funded care. This resulted in the prolonged marginalisation of systemic, integrative, and humanistic models despite their international scientific validation. This modality restriction had a double impact. It affected service delivery by limiting therapeutic choices for clients within the statutory health insurance system, and it influenced academic and professional training by structuring university curricula and postgraduate programmes primarily around the three reimbursable modalities. Consequently, students and trainees who wished to pursue careers within the publicly funded healthcare system were incentivised, if not compelled, to specialise in one of the guideline procedures, perpetuating a modalities-first professional identity and inhibiting cross-school integration. Moreover, the rigid reimbursement framework created a two-tier psychotherapy market: on one side, publicly reimbursed care largely restricted to behavioural and psychodynamic/psychoanalytic methods; on the other, privately funded provision offering a broader range of scientifically sound approaches. This segmentation reinforced structural inequalities in access, as clients from lower socio-economic backgrounds were more likely to receive treatment within the statutory health insurance system-approved modalities, whereas those with greater financial resources could access a wider range of options, including systemic, integrative, and humanistic methods. The delayed recognition of systemic therapy in 2020, following a comprehensive evaluation by the Institute for Quality and Efficiency in Health Care (IQWiG, 2017), illustrated the slow pace of structural adaptation within the German psychotherapy system. Although this inclusion represented an important broadening of the publicly reimbursed repertoire, it also highlighted the need for a more dynamic and inclusive process of integrating new evidence-based methods into the official canon (von Sydow *et al.*, 2024).

From a professional development standpoint, the 1999 Psychotherapists Act provided legal regulation, title protection, and formal recognition of psychotherapy as a health profession. At the same time, it institutionalised a restrictive framework that, until the 2020 reforms, limited methodological diversity, hindered the integration of new evidence-based approaches, and maintained structural fragmentation within the German psychotherapy system (Melcop *et al.*, 2019). These historical arrangements produced a professionally and institutionally paradoxical landscape. The coexistence of multiple paradigms within the German-speaking psychotherapy tradition sustained theoretical diversity, methodological innovation, and an extensive therapeutic repertoire. The simultaneous presence of psychodynamic, cognitive-behavioural, humanistic–experiential, and systemic orientations enabled practitioners to draw on distinct conceptual frameworks and technical approaches, thereby enriching the epistemological diversity of the field. This pluralistic structure also stimulated both intra- and inter-modality research, fostered professional reflexivity, and facilitated the contextual adaptation of emerging international models to local clinical practice (Možina, 2024). At the same time, the institutional framework that sustained this diversity reinforced rigid compartmentalisation among modalities, contributing to professional isolation and limited cross-paradigm exchange. As W. Rief *et al.* (2024) highlighted, training institutes often functioned as autonomous epistemic communities with distinct vocabularies, assessment systems, and supervisory traditions, which impeded the transfer of competencies and collaboration across schools. This fragmentation constrained clinical innovation and hindered efforts to develop unified training standards ensuring core professional competencies. Furthermore, the system demonstrated limited adaptive capacity in response to evolving scientific evidence. Despite growing research emphasis on common therapeutic factors, process-based approaches, and the integration of neuroscientific, developmental, and cultural perspectives, structural divisions between modalities impeded the systematic translation of such findings into practice and education. Consequently, a gap persisted between the expanding international evidence base and the more

slowly evolving, school-based structures of training and reimbursement in the German-speaking context (Melcop *et al.*, 2019). Psychotherapy in Austria, Germany, and Switzerland has evolved into a profession characterised by rich theoretical and methodological diversity, supported by a robust legal framework and a high degree of professional legitimacy. At the same time, the field remained structurally fragmented and systemically inflexible. According to the conclusions of M. Možina (2024), this persistent tension between diversity and coherence became a central driving force behind the movement toward unification, as policymakers, educators, and practitioners increasingly recognised the need to reconcile pluralism with systemic integration. The emerging consensus has been that such unification must preserve the theoretical depth and distinctiveness that has been the hallmark of each tradition, while ensuring a shared foundation of competencies and a capacity for evidence-responsive adaptation that meets the demands of contemporary mental health care. The Table 3 provides a comparative analysis of key structural, pedagogical and target aspects of psychotherapeutic education and licensing reforms in Germany and Austria.

Table 3. *Comparative characteristics of educational reforms in Germany (2020) and Austria (2023/24)*

Aspect	Germany – Psychotherapists Act Reform (2020)	Austria – Psychotherapy Act Reform (2023/24)
Context and rationale	Aimed to overcome the fragmented, institute-based postgraduate model and variability in competencies	Replaced the two-tier "Propädeutikum – Fachspezifikum" system established in 1991, addressing cost, duration, and limited adaptability
Core structural change	Introduced a fully university-based, method-open training path with national licensure exam	Implemented a Bologna-compatible Bachelor-Master framework at accredited universities within the European Higher Education Area
Pedagogical focus	Integrated adult and child/adolescent psychotherapy; emphasised cross-modal core competencies and delayed specialisation	Early theoretical pluralism, mandatory research literacy, seamless progression from foundational to specialised content
Intended outcomes	Unified professional identity, improved research-practice integration, and greater adaptability to complex clinical demands	Academic comparability, enhanced scientific integration, faster entry into practice, and EU-wide qualification recognition
Shared objectives	Both reforms aim to dismantle modality silos, strengthen empirical literacy, and foster a cohesive professional identity	–

Source*: developed by the authors based on R. Poss-Doering et al. (2021), L. Maier et al. (2024), W. Rief et al. (2024)*

The shaping of psychotherapy's future is inextricably linked to the architecture of its training systems. Curricula, pedagogical philosophies, and institutional governance not only transmit technical knowledge but also form the cognitive, ethical, and relational frameworks through which future therapists interpret clinical reality. In this sense, educational reform functions as a strategic lever for systemic transformation, influencing professional identity, theoretical allegiance, and readiness for evidence-based, adaptive practice. In the German context, 2020 Psychotherapists Act Reform represented a historic rupture with the decentralised, institute-based postgraduate model that had prevailed for more than two decades. That earlier system, though strong in modality-specific depth, had entrenched structural silos, hindered the translation of emerging research into practice, and resulted in high variability in foundational competencies among new entrants. As L. Maier *et al.* (2024) emphasised, the new legislation created a fully university-based, method-open degree pathway, culminating in licensure after a nationally standardised qualifying examination. According to R. Poss-Doering *et al.* (2021), the design was driven by the recognition that fragmented training ecosystems cannot meet the demands of modern mental health care, shaped as they are by rising comorbidity rates, changing demographic profiles, service-delivery reforms, and the global shift toward empirically supported interventions. Three design principles illustrate its transformative scope. First, the integration of adult and child/adolescent psychotherapy into a single qualification dismantled a long-standing and artificial separation, enabling cross-lifespan competence and greater workforce flexibility. Second, the early embedding of cross-modal core competencies – including ICD- and DSM-aligned diagnostics, therapeutic alliance formation, collaborative treatment planning, ethical reasoning, cultural sensitivity, and outcome monitoring – shifted the emphasis toward competency-based progression rather than front-loaded theoretical instruction. Third, the deferral of methodological specialisation to postgraduate study ensured that all graduates acquire a broad, evidence-based foundation before committing to a school-specific framework (Poss-Doering *et al.*, 2021). Early evaluation data show graduates with greater openness to integration, process-based reasoning skills, and higher procedural adaptability, while the university setting closes the research – practice gap by embedding empirical inquiry into clinical formation (Rief *et al.*, 2024).

In Austria, the 2023/24 reform of the Psychotherapy Act was equally consequential. The previous two-stage structure, consisting of a general foundational training phase followed by modality-specific training, had been in place since 1991. While this model guaranteed theoretical immersion, it was cost-intensive, time-consuming, and structurally resistant to rapid incorporation of new scientific evidence. As W. Rief *et al.* (2024) noted, the new Bologna-compatible Bachelor–Master framework situated psychotherapy education entirely within accredited universities. According to the Federal Ministry of Education, Science and Research (Austria) (2024), this structure aligns training with the

standards of the European Higher Education Area, ensuring the comparability and transparency of qualifications, and is expected to facilitate future EU-wide recognition under Directive 2005/36/EC. This reform also reflects broader European efforts to modernise psychotherapy training and address workforce sustainability challenges across the continent (Možina, 2024). The reform introduces theoretical pluralism from semester one, mandatory research literacy and methodological training, and seamless progression from foundational to specialised content, removing the rigid stage boundaries that previously created redundancy and slowed entry into practice. Both reforms converge on shared strategic objectives: dismantling modality silos, building a common professional identity, increasing adaptability for complex and comorbid presentations, and embedding empirical literacy as a baseline skill. In doing so, Germany and Austria now stand alongside international leaders such as the Netherlands, Norway, and Canada, where university-clinic partnerships and competency-based licensure systems have already shown gains in workforce readiness, patient outcomes, and interdisciplinary collaboration. Importantly, these changes signal a cultural redefinition of psychotherapy – from a federation of competing epistemic schools toward a cohesive health profession grounded in shared scientific and ethical standards. Sustained investment and policy support will determine whether these educational reforms achieve their transformative potential or remain symbolic restructuring without substantive system impact (Poss-Doering *et al.*, 2021; Rief *et al.*, 2024). Overall, the reforms in Germany and Austria represent a significant step towards the modernisation and professional consolidation of psychotherapy within the European higher education and healthcare landscape. They highlight a shared regional commitment to competency-based training, integration of research and clinical practice, and the long-term sustainability of the mental health workforce.

✦ Theoretical integration and universal factors of psychotherapeutic effectiveness

The ongoing movement toward unified psychotherapy derives its most compelling empirical justification from a substantial and convergent body of research on common factors – those relational, motivational, and processual elements that consistently predict positive treatment outcomes regardless of the specific modality applied. Over more than five decades, meta-analyses, large-scale process – outcome studies, and theoretical syntheses have repeatedly shown that while method-specific techniques can be effective, they typically account for a relatively modest proportion of the variance in outcomes. By contrast, J.B. Persons *et al.* (2023) defined factors such as the quality of the therapeutic alliance, the therapist's capacity for empathic attunement, the client's expectations and hope for change, the degree of emotional activation during sessions, and the effective mobilisation of personal and social resources account for a substantially greater proportion of therapeutic success. The therapeutic alliance – comprising agreement on goals, consensus on tasks, and the quality of the relational bond – has been repeatedly identified as one of the strongest predictors of treatment outcomes across settings, populations, and diagnoses. Therapist empathy, in its multidimensional form (affective resonance, cognitive perspective-taking, and communicative attunement), is another robust predictor, influencing both engagement and adherence. As C. Flückiger *et al.* (2018) concluded, the therapeutic alliance served as the central vehicle for change across orientations, with responsiveness and relational attunement identified as critical predictors of outcome. These findings directly challenge the mid-20th-century orthodoxy that professional effectiveness rests on loyalty to a single "pure" school of psychotherapy. Instead, as D. Meier *et al.* (2024) argued, the shift toward competency-based and process-oriented training aimed to prepare therapists to deliberately target mechanisms of change that transcended specific methods. In practice, this orientation has been operationalised in a range of process-based and transdiagnostic models. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders integrates cognitive-behavioural and emotion-focused techniques to address shared mechanisms such as maladaptive emotional avoidance, cognitive reappraisal deficits, and dysfunctional action tendencies – core processes implicated in anxiety, depressive, and related disorders (Barlow *et al.*, 2017). Acceptance and Commitment Therapy combines behavioural, cognitive, and mindfulness-based strategies to cultivate psychological flexibility – the capacity to act in alignment with personal values despite distressing internal experiences – a process relevant across numerous diagnostic categories, from chronic pain to addiction (Hayes *et al.*, 2012). According to H. Levenson (2017), Cyclical Psychodynamics exemplifies a different integrative pathway: it merges psychodynamic insights into unconscious relational patterns with interpersonal process interventions that directly engage the here-and-now therapeutic relationship, demonstrating that depth-oriented traditions can retain conceptual sophistication while adopting flexible, integrative structures. Recent conceptual advances sought to provide unifying metatheories capable of explaining why these diverse models converged on similar outcomes. F. Baier-Mosch *et al.* (2025), drawing on Self-Determination Theory, argued that effective psychotherapy – irrespective of modality – worked primarily by supporting the client's basic psychological needs for autonomy, competence, and relatedness. This motivational lens offered a parsimonious explanatory bridge between disparate therapeutic techniques, grounding them in universal human processes. In the field of child and adolescent psychotherapy, T.C. Tattersall *et al.* (2024) proposed a model that synthesised attachment theory, systemic approaches, developmental psychology, and neuroscience, identifying overlapping mechanisms such as affect regulation, secure relational bonding, and adaptive cognitive – emotional integration as central to change across modalities. However, integration without theoretical anchoring risks degenerating into unsystematic eclecticism – a "pick-and-mix" use of

techniques based on personal preference or immediate context, rather than a clear understanding of the mechanisms of change. Such an approach risks inconsistency, reduced replicability, and the erosion of accountability. Well-formulated integrative models, by contrast, combine flexibility with conceptual integrity. They provide clinicians with structured adaptability – the ability to respond to heterogeneous client needs without losing coherence in their interventions (Ryan & Deci, 2017). The relevance of these findings for educational reform is direct: curricula that emphasise early mastery of common factors, foster cross-modal process thinking, and are grounded in metatheoretical frameworks are more likely to produce graduates capable of both depth and breadth. By embedding process-based competence at the heart of training, the current German and Austrian reforms position new practitioners to engage in evidence-based integration rather than eclectic improvisation, thereby aligning clinical practice with the most robust empirical insights of contemporary psychotherapy research.

✦ International perspectives and policy contexts

While the structural reforms currently unfolding in Germany and Austria provide important national case studies for the integration of psychotherapy, they form part of a broader international movement toward competency-based professional organisation, dismantling of rigid school boundaries, and the alignment of training with evidence-based practice. Across high-, middle-, and low-income countries, the past two decades have seen intensified efforts to modernise psychotherapy education, licensure, and service delivery in response to changing public health needs, workforce shortages, epidemiological transitions, and increasing demands for flexible care models. These developments are embedded in a global policy discourse shaped by actors such as the WHO and the European Association for Psychotherapy (EAP), whose competency frameworks and mobility standards are beginning to influence national reforms worldwide (Rief *et al.*, 2024). The United Kingdom's Improving Access to Psychological Therapies (IAPT) programme is one of the most prominent examples of a national-scale reorganisation of mental health service delivery. Launched in 2008 to address the substantial treatment gap in depression and anxiety disorders, IAPT employs a stepped-care model that matches intervention intensity to clinical severity and complexity (NHS Digital, n.d.). At lower-intensity levels, guided self-help and psychoeducation are delivered by specially trained Psychological Wellbeing Practitioners; at higher-intensity levels, structured psychotherapies such as Cognitive Behavioural Therapy, Interpersonal Psychotherapy, and person-centred counselling are provided. According to M. Barkham *et al.* (2023), IAPT functioned within a culture of routine outcome monitoring, with validated measures systematically collected at every session to inform treatment planning and uphold national standards of efficacy and accountability. This integration of scalability, multimodality, and systematic evaluation has positioned IAPT as a global reference model for integrated service provision that balances accessibility with evidence-based fidelity Recent studies show that routine outcome monitoring and competence-based frameworks are increasingly being adopted internationally, improving accountability, training quality, and treatment outcomes (Barkham *et al.*, 2023; Rief *et al.*, 2024; NHS Digital, n.d.). In Norway and the Netherlands, reforms have moved decisively toward school-independent, competency-based licensure systems. As K.D. Martinsen *et al.* (2023) observed, professional recognition was granted on the basis of demonstrated mastery of core competencies such as diagnostic proficiency, alliance building, ethical reasoning, cultural competence, and continuous outcome evaluation rather than allegiance to a single modality. This approach enables psychotherapists to integrate methods from multiple traditions while maintaining high professional standards. Additionally, it supports lifelong learning frameworks in which practitioners are re-certified through ongoing professional development, ensuring responsiveness to emerging scientific evidence and societal needs (Rønnestad *et al.*, 2019; Možina, 2024).

Ukraine presents perhaps the most distinctive example of psychotherapy system-building in the current global context. Before 2014, psychotherapy in Ukraine was characterised by fragmentation, absence of national licensure, and limited public provision. The annexation of Crimea and subsequent armed conflict in Eastern Ukraine catalysed initial capacity-building efforts, primarily through non-governmental organisations-led psychosocial training programmes. The escalation of conflict in 2022 precipitated an unprecedented mental health crisis, marked by large-scale displacement, high trauma exposure, and significant disruption to health infrastructure (Frankova *et al.*, 2024). Supported by WHO Ukraine, the Ministry of Health has since embarked on an ambitious multi-tiered reform strategy: a foundational tier for community-level psychosocial skills, an intermediate tier for structured, supervised interventions, and an advanced tier introducing university-based Bachelor's and Master's programmes aligned with European Higher Education Area standards (WHO, 2023). Central to this vision is the proposed National Psychotherapy University, designed to standardise curricula, embed research literacy, integrate multiple evidence-based modalities, and align qualifications with the European Certificate of Psychotherapy. Importantly, trauma-specific competencies, including the treatment of complex post-traumatic stress disorder, bereavement support, and community resilience-building, are embedded across all levels of training, reflecting the recognition that post-war mental health needs will persist for decades. The Ukrainian case demonstrates that systemic, competency-based reform is achievable even under extreme geopolitical and economic constraints when guided by international collaboration and a tiered approach to workforce development. At the supranational level, the EAP (n.d.) has long advocated for a European Certificate of Psychotherapy, enabling cross-border recognition of professional qualifications based on agreed standards of training, ethics, and supervised practice. Its competenc model emphasises technical

skill, cultural sensitivity, ethical responsibility, and reflective practice. Similarly, the WHO has explicitly linked competency-based frameworks for mental health professionals to health system strengthening, universal health coverage, and human rights protection. Both organisations converge on priority areas that directly reinforce the integration agenda: the development of ethically grounded, school-independent competency profiles, facilitation of professional mobility to address workforce imbalances, and embedding of outcome measurement and accountability mechanisms in both training and service delivery (WHO, 2025a; 2025b). Taken together, these international examples and policy frameworks provide both external validation and strategic alignment opportunities for the reforms in Germany and Austria. By situating national changes within this global momentum, particularly in the areas of competency definition, ethical standards, professional mobility, and outcome evidence, German-speaking psychotherapy not only modernises its own structures but also positions itself as an active contributor to a transnational and integrated psychotherapy profession capable of addressing the complex and interdisciplinary mental health challenges of the 21st century.

✦ Technological developments and digital integration in psychiatry

The digital transformation of psychotherapy mirrors broader innovation trends in mental health service delivery, where new technology-assisted and hybrid models have redefined accessibility and quality standards. Advances in artificial intelligence (AI), natural language processing, immersive simulation environments, and integrated digital health platforms are steadily moving from research prototypes into mainstream educational curricula, professional supervision frameworks, and routine clinical workflows (Lahey *et al.*, 2021). This mirrors broader trends in health care, where AI-enhanced diagnostics, telehealth, and predictive analytics have already begun redefining professional roles and standards. A prime example of psychotherapy-specific AI innovation is the Counselling Feedback in Common Factors System (CFiCS) developed by F. Schmidt *et al.* (2025). Originally piloted in Germany and Austria, CFiCS is currently being adapted for international research collaborations, but its primary implementation remains within European university-based psychotherapy training contexts. This system applies graph-based natural language processing to analyse detailed therapy session transcripts for micro-counselling skills, including open-ended questioning, reflective listening, empathic validation, and summarisation, and maps them onto a relational skill network. The output is a visualised competency profile that allows both supervisors and trainees to identify communication strengths, gaps, and progression over time. This represents a significant shift from subjective, anecdotal supervision feedback toward objective, data-aligned competency tracking, which can be directly tied to evidence-based training benchmarks.

Complementing skill-mapping systems, outcome-driven platforms like IPAEval offer continuous, multi-perspective progress monitoring. IPAEval was developed through an international consortium led by institutions in South Korea and the United States and has since been piloted across several clinical research networks in Asia, North America, and Europe, making it an internationally validated program rather than a country-specific tool (Krishnan, 2025). Unlike static measures administered at fixed time points, IPAEval integrates therapist and client-reported data session-by-session, enabling real-time detection of clinical change trajectories. Such early-warning indicators can trigger timely adjustments in intervention strategies, potentially reducing treatment dropouts and improving long-term outcomes. Moreover, aggregated and anonymised datasets can serve as a practice-based evidence base, feeding directly into service quality assurance and national health policy planning. The integration of Large Language Models (LLMs) notably GPT-based architectures – into psychotherapy practice is a rapidly developing frontier. Surveys by F. Bal (2025) indicate that clinicians are already using these systems to draft case formulations, summarise notes, create psychoeducational materials, simulate client – therapist dialogues for training, and even explore differential diagnostic hypotheses. Early feedback suggests gains in efficiency, breadth of educational resources, and documentation quality. Yet these advantages are counterbalanced by substantial ethical, professional, and epistemological risks. Table 4 outlined the main dangers and challenges of using artificial intelligence (particularly LLMs) in clinical psychotherapy.

Table 4. *Key risks associated with the integration of LLMs in psychotherapy practice*

Risk category	Description
Over-reliance risk	Trainees or overburdened clinicians may substitute AI-generated content for their own critical reasoning, weakening the reflective, adaptive thinking that underpins ethical clinical work
Bias and cultural sensitivity	LLMs outputs are influenced by the biases present in their training data, potentially reinforcing stereotypes, omitting socio-cultural context, or misinterpreting culturally specific symptom expressions
Relational irreplaceability	The therapeutic relationship – rooted in empathic attunement, nonverbal communication, and timing – remains beyond the capacity of AI. While AI can inform and structure the work, it cannot replicate the affective presence and interpersonal reciprocity that are central to psychotherapeutic change

Source*: developed by the authors based on F. Bal (2025)*

Emerging virtual reality (VR) and augmented reality (AR) environments add another dimension to digital integration. Pilot projects are using immersive simulations for exposure therapy, social skills training, and trauma reprocessing, as well as for training psychotherapists in complex interaction scenarios that would be difficult or risky to stage

in real life. For instance, C.M. Holmes *et al.* (2023) described the use of immersive VR simulations to train counselling students in crisis communication and empathy-based interaction, while P. Wang *et al.* (2024) reviewed clinical applications of VR for anxiety disorders, post-traumatic stress, and cognitive rehabilitation. These initiatives illustrated how VR technologies were increasingly being incorporated into psychotherapeutic education and intervention frameworks across research and training institutions. Given these developments, digital literacy must now be considered a core professional competency. This includes not only technical proficiency with AI tools but also critical appraisal skills for evaluating their validity, limits, and contextual appropriateness. Updated supervision models may incorporate joint review of AI outputs, fostering reflective discussion on when and how such tools enhance or compromise care. Regulatory frameworks are beginning to emerge. cross Europe, professional and policy discussions increasingly align with global analyses of AI governance in healthcare, which highlight the need for binding ethical standards on transparency, accountability, and clinician oversight (Palaniappan *et al.*, 2024). Professional associations in Germany, Austria, and the EU are discussing AI ethics codes for psychotherapy, covering data privacy, informed consent for AI-assisted interventions, algorithmic transparency, and accountability in adverse events. The WHO (2025a) guidance on digital mental health emphasises human-in-the-loop models that ensure AI augments rather than replaces clinical judgment, and calls for equity audits to prevent the technological exclusion of vulnerable populations. In essence, the integration of digital technologies into psychotherapy is not simply a matter of technical adoption, it is a test of the profession's adaptive capacity and ethical resilience. If guided by rigorous standards and embedded within humanistic, process-oriented practice, AI and related tools could substantially expand access, personalise care, and enhance the quality of training and supervision. If adopted without critical safeguards, they risk reducing psychotherapy to a mechanised service, stripping away the relational depth that has been shown to drive therapeutic change.

✦ Diagnostic shifts: A new approach to personality disorders in ICD-11

The adoption of the 11th Revision of the International Classification of Diseases (ICD-11) marks one of the most significant paradigm shifts in the conceptualisation and diagnosis of personality disorders (WHO, 2025c). In contrast to the ICD-10 and DSM-5 Section II, both of which employed categorical frameworks that defined discrete disorders such as borderline, narcissistic, or antisocial personality disorder, the ICD-11 introduces a fully dimensional model. This model classifies personality disturbance according to severity and trait domain qualifiers rather than fixed syndromes. Under the ICD-11 system, the diagnosis of a personality disorder proceeds in two main steps. First, clinicians determine whether there is a personality disturbance of mild, moderate, or severe intensity, based on impairments in self-functioning (identity, self-direction) and interpersonal functioning (empathy, intimacy). Second, the presentation can be further characterised by means of trait domain qualifiers, including Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia, which together provide a detailed profile of the predominant maladaptive traits. An optional "borderline pattern" qualifier preserves continuity with research and clinical literature specific to borderline personality disorder, acknowledging its high clinical relevance and treatment specificity. As C.J. Hopwood *et al.* (2017) observed, the dimensional model offered several advantages over the categorical approach, reflecting empirical evidence that personality pathology existed on a continuum rather than in discrete, mutually exclusive types. It also aligns with contemporary personality science, which conceptualises traits in hierarchical models such as the Five-Factor Model. Furthermore, it allows for greater clinical nuance, capturing heterogeneity within diagnostic categories and facilitating more individualised case formulations and treatment plans.

However, the change is not merely technical; it carries deep implications for clinical practice, research, and professional training. Most evidence-based intervention protocols, particularly those developed for borderline personality disorder (such as Dialectical Behaviour Therapy, Mentalisation-Based Therapy, and Schema Therapy), were originally developed, validated, and manualised within categorical frameworks. Their inclusion criteria no longer map directly onto the ICD-11 system. Without careful translation, clinicians may face diagnosis – treatment mismatches, where established interventions are applied without a clear conceptual fit to the new model (Bach *et al.*, 2022). A further, often underestimated challenge arises from the fact that psychotherapeutic schools have historically relied on very different conceptualisations of personality disorders. Psychoanalytic traditions employed constructs such as narcissistic or histrionic personality organisation; cognitive-behavioural approaches developed distinct disorder models for borderline, obsessive-compulsive, or avoidant personality disorders; systemic, humanistic, and integrative schools often drew on phenomenological or interactional frameworks. With the ICD-11, all these syndrome-specific diagnostic anchors disappear – with the sole exception of the optional borderline pattern (Blüml & Doering, 2021). The transition to the ICD-11 dimensional model results in a dual decoupling: from the nosological structures that previously organised clinical communication and from research traditions based on categorical inclusion criteria. The main challenges concern the adaptation of existing disorder-specific manuals to dimensional frameworks, the redefinition of target populations, and the preservation of theoretical coherence across therapeutic schools. Maintaining research continuity and cross-school comparability requires the development of shared conceptual and linguistic standards. Uncritical reliance on outdated categorical terminology risks diagnostic inconsistency and interprofessional confusion, while complete abandonment of established categories may lead to the loss

of valuable empirical knowledge and evidence-based treatment models. Pragmatic transitional strategies may involve the development of hybrid training models that familiarise future clinicians with both the ICD-11 dimensional system and traditional categorical frameworks, enabling them to understand the clinical implications of each. Another important direction concerns the creation of mapping tools and bridging frameworks designed to translate disorder-specific treatment manuals into the ICD-11 structure of severity and trait domains. Systematic research on treatment indicators derived from ICD-11 trait profiles is needed to ensure the evidence-based application of existing manualised interventions within the emerging dimensional paradigm (Bach *et al.*, 2022). There is also a critical need for dual fluency in training curricula. Clinicians must be able to work within the ICD-11 system while also navigating ICD-10 and DSM-5 categories, which remain embedded in health service structures, insurance codes, and many research protocols. Without this, diagnostic dissonance may emerge academic and training settings adopt ICD-11, while day-to-day practice continues to use categorical systems, causing confusion, impairing continuity of care, and complicating service transitions. Ethical and policy implications are equally significant. Dimensional models require fine-grained judgments about severity, which may directly affect treatment eligibility, insurance coverage, and even forensic determinations of criminal responsibility, risk, or trial competence. In occupational health, dimensional ratings may alter assessments of work capacity or disability status. From a research perspective, the ICD-11 opens avenues for studying transdiagnostic interventions that target underlying trait dimensions (e.g., emotional dysregulation, impulsivity, detachment) across multiple presentations, dovetailing with process-based and integrative models discussed earlier. As concluded by B Pan & W. Wang (2024), this transition required the reinterpretation of outcome studies based on categorical inclusion criteria and the validation of treatment effectiveness across varying severity levels and personality trait profiles. Ultimately, successful integration of the ICD-11 personality disorder model will depend on system-wide alignment – across diagnostic frameworks, intervention protocols, training curricula, and administrative systems. This is not simply about adopting new diagnostic codes; it is about embracing a fundamentally different way of conceptualising personality pathology – one that promises greater precision, individualisation, and empirical coherence, but that also requires a profession historically trained in categorical thinking to undergo profound conceptual adaptation (Simon & Bach, 2022). Whether this transition becomes a loss of school-based identity or an opportunity for genuine integrative innovation will depend on the strategies chosen now.

✦ Opportunities and risks in integrative psychotherapy reform

The movement toward unified and integrative psychotherapy, exemplified by the recent German and Austrian reforms, represents a complex and delicately balanced configuration of potential benefits and structural risks. While the strategic objective is to foster a more coherent, adaptable, and evidence-based profession, the path to this goal is neither linear nor risk-free. Achieving genuine integration will require sustained investment, cross-generational dialogue, and mechanisms that protect theoretical richness while modernising competencies. One of the most significant potential benefits lies in the formation of a stronger shared professional identity. Historically, psychotherapy in the German-speaking world has been organised around modality-specific silos, with practitioners primarily identifying as psychoanalysts, cognitive-behavioural therapists, systemic practitioners, or humanistic therapists rather than as members of a unified health profession (Rief *et al.*, 2024). This segmentation has led to parallel professional cultures, inconsistent standards of practice, and a diluted collective voice in policy debates. By shifting training towards shared competencies, common theoretical ground, and a unified clinical language, unification can enhance internal cohesion and external influence. A more consolidated identity strengthens the profession's capacity to advocate mental health resources, legislative protections, and public recognition. Another clear benefit is improved interdisciplinary collaboration. According to D. Meier *et al.* (2024), in health systems where psychotherapists worked alongside psychiatrists, psychologists, social workers, and nurses, a shared competency framework that integrated diagnostic reasoning, ethical standards, and outcome monitoring reduced role ambiguity, supported coherent treatment planning, and strengthened mutual trust. This is particularly relevant in the management of complex comorbid cases, where divergent professional vocabularies and inconsistent competencies can obstruct care. Unification also carries a transnational dimension, especially within the EU. When curricula are harmonised to meet recognised European benchmarks and aligned with Directive 2005/36/EC on professional qualifications, psychotherapists gain greater mobility across borders (European Parliament & Council, 2005). For countries facing workforce shortages, this mobility can help distribute expertise more evenly. For practitioners, it expands career options beyond national markets, while also creating competitive pressure to maintain high training standards. The most critically, unification offers the opportunity for systematic quality assurance through the integration of evidence-based curricula. Embedding research literacy, process-based competencies, and routine outcome measurement from the outset of training addresses the long-standing gap between research and clinical practice. It ensures that graduates can critically appraise new findings, adapt their methods to emerging evidence, and contribute to practice-based research. The German and Austrian reforms' move into university-based training directly supports this integration, situating clinical formation within an environment of ongoing empirical inquiry. The most widely voiced concern is the potential erosion of theoretical depth.

Psychotherapy's major traditions, including psychoanalytic, behavioural, systemic, humanistic, and integrative

approaches, are not merely historical artefacts; they embody distinct conceptual frameworks, mechanisms of change, and specialised techniques refined over decades. If unification is pursued primarily as a breadth-oriented generalist curriculum without clearly defined specialisation pathways, the result could be practitioners with broad but shallow competence, insufficiently prepared for complex or treatment-resistant cases requiring deep expertise (Hingley, 2025). Closely related is the risk of identity conflict among experienced practitioners. Those whose professional formation is rooted in a single school may perceive unification as a devaluation of their theoretical heritage. Resistance could manifest in reluctance to participate in cross-school projects, disengagement from institutional reform, or even political opposition. Without deliberate strategies for inclusion – such as involving senior representatives of all major traditions in curriculum design – reform could unintentionally deepen the very divisions it seeks to bridge (Možina, 2024). A further challenge is the blurring of professional boundaries. In systems where psychotherapy overlaps with clinical psychology, psychiatry, and counselling, unified competency profiles may create uncertainty about scope of practice. According to N. Melcop *et al.* (2019), disputes over jurisdiction, insurance eligibility, and referral patterns had already emerged in contexts where professional roles were redefined without parallel regulatory clarification. Finally, the most pragmatic risk is that of under-resourced implementation. Establishing university-based programs, faculty development pipelines, and integrated supervision structures requires sustained funding. Without adequate resourcing, reforms may be reduced to symbolic rebranding – changing labels on training programs without substantive change in teaching quality, clinical exposure, or integration with service delivery. Such outcomes breed cynicism and can erode trust in both academic and professional institutions (Barlow *et al.*, 2017). Considering the identified opportunities and risks, a set of recommendations has been formulated to guide the further development of psychotherapy. Maximising opportunities while mitigating potential risks requires strategic sequencing and continuous evaluation. International experience indicates that successful reform depends on embedding specialisation pathways within unified frameworks, enabling graduates to build advanced expertise upon a foundation of core competencies. The design of curricula should remain inclusive, engaging representatives of all major traditions to safeguard theoretical diversity. Clear definitions of professional roles and scopes of practice are necessary to prevent jurisdictional overlaps and ensure coherent interdisciplinary collaboration. Sustainable progress also depends on consistent investment in faculty development, institutional infrastructure, and quality assurance mechanisms. Continuous monitoring of training outcomes is essential to link educational innovations with demonstrable improvements in clinical effectiveness and patient care. Ultimately, psychotherapy unification should be understood not as a discrete policy event but as a dynamic and adaptive process that balances breadth with depth, innovation with tradition, and efficiency with professional identity.

✦ Conclusions

This study demonstrated that the movement toward unified psychotherapy should be understood not as a fixed endpoint but as a dynamic, adaptive process balancing integration with the preservation of theoretical and methodological depth. Unification represents an evolutionary realignment that addresses contemporary mental health challenges while retaining the intellectual legacy of diverse clinical traditions. Theoretical pluralism is not an obstacle but a resource – provided it is embedded within a coherent metaframework of shared competencies, ethical standards, and outcome accountability. The findings emphasised that psychoanalytic, cognitive – behavioural, humanistic, systemic, and integrative approaches each contribute distinct conceptual, empirical, and technical strengths. The aim of unification is therefore not homogenisation, but the deliberate integration of these traditions to enhance clinical flexibility while maintaining fidelity to their mechanisms of change. Technological innovation – from AI-assisted supervision to digital outcome monitoring and simulation-based training – creates new opportunities for modernising psychotherapy. However, these tools must reinforce rather than replace core relational skills such as empathy, attunement, and interpersonal sensitivity, which remain central to therapeutic effectiveness. Similarly, the adoption of the ICD-11's dimensional model of personality disorders requires careful translation of existing protocols and diagnostic literacy across categorical and dimensional systems. This shift signifies not only a methodological update but a broader transformation in clinical reasoning toward more individualised formulations. Comparative evidence from Germany and Austria demonstrates that systemic reform is achievable under stable conditions through clear policy direction, academic – clinical collaboration, and sustained investment. Conversely, Ukraine's wartime initiative illustrates that integration can function as a form of societal resilience, enabling the development of a tiered, competency-based psychotherapy system despite limited resources and ongoing trauma. The coming decade offers a crucial opportunity to examine whether psychotherapy can achieve coherence without conformity and innovation without the loss of depth. Future research should evaluate educational, clinical, and systemic outcomes – particularly interprofessional collaboration, public trust, and adaptability to emerging mental health challenges in both stable and crisis contexts. Empirical work is also needed to identify mechanisms that preserve ethical integrity and professional autonomy within increasingly standardised systems, ensuring that unified psychotherapy remains effective, person-centred, and socially accountable. Ultimately, the long-term goal is to determine the conditions under which unified psychotherapy can evolve into a coherent, evidence-based, and resilient discipline capable of addressing the complex mental health needs of contemporary societies.

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На шляху до уніфікованої психотерапії у 21 столітті: зміни парадигм, освітні реформи та глобальні виклики у німецькомовному світі та за його межами

Сальваторе Джакомуцці
Доктор психологічних наук, доцент
Полтавський національний педагогічний університет імені В. Г. Короленка
36000, вул. Остроградського, 2, Полтава, Україна
https://orcid.org/0000-0002-4218-1685

Маркус Ертл
Магістр
Департамент соціальної роботи з дітьми та молоддю
6020, вул. Інженера Етцеля, 5, Інсбрук, Австрія
https://orcid.org/0000-0002-6408-5045

Ліза Кнолл
Магістр, незалежний дослідник
Відень, Австрія
https://orcid.org/0009-0006-4626-3860

✦ **Анотація.** У контексті глибоких глобальних криз та змін у сфері охорони здоров'я психотерапія переживає критичну трансформацію, що дедалі більше вимагає інтегрованих і науково обґрунтованих систем професійної підготовки. Метою цієї статті було проаналізувати парадигмальні зміни на користь уніфікованої психотерапії, розглядаючи освітні реформи у німецькомовних країнах як центральний кейс у ширшому міжнародному контексті. Дослідження ґрунтувалося на комплексному аналізі наукової літератури, політичних документів та міжнародних рамок компетенцій. Шляхом аналізу наукових джерел і нормативних документів було розглянуто освітні реформи у Німеччині та Австрії, які відображали перехід від фрагментованого, орієнтованого на окремі модальності навчання до університетських інтегративних програм, спрямованих на розвиток міжмодальних компетенцій, емпіричної грамотності та відкладеної спеціалізації. Теоретичні основи цього руху були описані через дослідження спільних факторів, таких як терапевтичний альянс, емпатія та активація ресурсів, які є критично важливими для успіху психотерапії понад техніко-специфічні ефекти. Крім того, було проаналізовано міжнародний політичний ландшафт, з порівняльними прикладами з Великої Британії, Норвегії та України, що демонструють адаптивність різних стратегій інтеграції, водночас виділено ключові виклики, такі як впровадження систем супервізії на основі штучного інтелекту та складний діагностичний перехід до димензійної моделі ICD-11. Нарешті, потенційні переваги уніфікації, включаючи посилення професійної ідентичності, підвищення мобільності фахівців через кордони та покращення контролю якості, були зіставлені з істотними ризиками, такими як теоретичне розмивання, конфлікти ідентичності та недостатнє фінансування впровадження. Результати цього аналізу можуть бути використані політиками, освітніми закладами та професійними асоціаціями для стратегічного розвитку науково обґрунтованих, міжнародно узгоджених та етично обґрунтованих навчальних програм підготовки психотерапевтів

✦ **Ключові слова:** інтеграція психотерапії; ICD-11; штучний інтелект; інтермодальні компетенції; доказова практика