The Psychotherapeutic Professions in Germany

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I. Current situation of Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

In Germany, psychotherapy is usually divided into “medical” and “psychological” psychotherapy, which reflects that medical doctors with a psychiatric or psychosomatic specialization as well as psychologists with a training as “psychological psychotherapists” usually provide psychotherapy. Additionally, people from social work and education can have access to a training as child and adolescent psychotherapists (a species which is still rare, though urgently needed!).

Whereas “psychotherapy” is a title that is legally protected and clearly defined in a specific law (“Psychotherapeutengesetz” of 1998), “mental health counseling” is a much broader field covering more professions (e.g. theologians, sociologists etc.). Currently, an increasing “professionalization” of counselors can be observed in Germany.

“Psychiatry and psychotherapy” is a medical specialization following the usual medical training and requires at least 4 years work in a psychiatric (and 1 year in a neurological) department. The specialization “Psychosomatic Medicine and Psychotherapy” is quite unique for Germany (it requires also 5 years work in Psychosomatic Hospitals, including 1 year of internal medicine). Both, specialists in psychiatry and psychosomatic medicine are allowed to provide psychotherapy.
Medical doctors with other specializations (e.g. Ob/Gyn) can acquire the license to psychotherapeutically treat patients from their disciplines following a specific training.

Psychologists (and other trainees) have to run through a 3 year full time (or 5 years part-time) postgraduate training comprising a total of 4200 hours of theory, practice and (typically unpaid) work in a psychiatric hospital to get licensed as “psychological psychotherapist”.

Although the regulations hold for the whole country, each state has its own authority to license psychological psychotherapists, each state also has a “chamber” of psychotherapists and medical doctors controlling the licensing system. Additionally, the country has several dozens of scientific and practice oriented organizations/associations that represent psychotherapeutic practitioners.

During the last decades, the social recognition of psychotherapy has improved tremendously which was triggered by the psychotherapy law of 1998. Due to political campaigns, the stigmatization of mentally ill has been reduced and the public image of psychiatrists and psychologists has been improved, although you may still find the “usual biases” related to both professions.

2. Relations among the psychotherapeutic professions.

Until the psychotherapy law, medical doctors clearly dominated the situation because they were the only ones allowed to “delegate” patients to psychologists and others. Since 1999, patients have the right to directly contact a psychologist which has lead to a clear dominance of psychologically trained psychotherapists within the system (~ 4 : 1 with a total of 16000 active licensed psychotherapists in the country). Nevertheless, there is some conflict related to the distribution of the “market” between medical doctors and psychologists. A real hierarchy does
not exist (with the exception of psychotherapeutic hospitals that have to be chaired by medical doctors); there are no larger differences in the social status.

3. Relation of the professions to the health care and/or social service systems.

Germany has a health service system providing medical as well as psychotherapeutic help to all patients in need. The costs are covered by the insurances (either public or private). Psychotherapy is well integrated into the system as far as two conditions are fulfilled: a) a psychotherapist must be licensed and trained in one of the orientations that are scientifically accepted, i.e. CBT and psychodynamic psychotherapy (including long term psychoanalysis), b) before starting a specific psychotherapeutic treatment, a psychotherapist has to send a written proposal to the insurance company. This proposal then is reviewed by an expert who finally decides if (and how long) psychotherapy is indicated. Psychotherapists that provide treatments of other orientation (e.g. client centered, Gestalt, systemic) can not get money from the public or the private health insurance.

Different than in other countries, such as the US, there have been no tremendous changes in the intensity or duration of psychotherapeutic services in the past. In contrast, the usage of psychotherapy seemingly has increased. The mean duration of individual psychotherapy still varies between 50 and 60 sessions, independent of the theoretical orientation. Psychoanalysis, if indicated, is paid by insurance companies up to an amount of 300 sessions.

In contrast to professional psychotherapy, counseling is provided by a wide variety of organizations, predominantly funded by the church or social organizations. Counseling (as well as rehabilitation) is not paid by the health insurance.

One very specific aspect of health care in Germany is the presence of many psychotherapeutic (and psychosomatic) hospitals providing thousands of hospital beds for
psychotherapy (and psychosomatic rehabilitation). In contrast to the outpatient system, inpatient psychotherapy integrates a wide variety of different psychotherapeutic orientations and additional treatments (e.g. creative, body-oriented etc.).

II. Future Prospects of the Psychotherapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

As mentioned below, the influence of economic pressures and a tendency to increase the standards of evidence based medicine within psychotherapy, seem to be the most important ‘external’ sources of influence on professional services and training. Currently, these influences have not dramatically changed the psychotherapeutic system, but it can be expected that they will. Research on therapy (not on therapists) is used in this discussion as a basis to define evidence. The problems caused by these external inputs probably are the same as everywhere: Research is forced to focus on standard RCTs. Other questions, especially those related to sociocultural aspects of psychotherapy are in danger to be neglected.

5. Basic skills to be required for training and practice in the psychotherapeutic professions.

A clear definition of a ‘skill-sets’ for persons who provide professional services does not exist. Since we have a strict legal regulation of psychotherapy in the country, we have at least standards for the amount of theoretical and practical training for future psychotherapists. These standards are still different for persons from the medical and other professions. This is why the ministry of health currently has commissioned an expertise related to the current psychotherapeutic training that probably will result in a revision of the psychotherapy law. It is doubtful if this revision will include any recommendations on specific skills.
6. Relation of psychotherapy research to the psychotherapeutic professions.

Psychotherapy research has gained influence in our country, especially with respect to health service research focusing on specific needs and deficits in the health care system and specific groups (e.g. depressives). The ministry of research has increasingly funded psychotherapy projects with practical implications (such as a network on depression).

Common views of evidence based practice have increasingly become important. This is reflected by the fact that a committee installed by the medical and psychotherapeutic “chambers” checks the evidence of psychotherapeutic methods (and, increasingly, techniques such as EMDR) continuously since 1999 and recommends evidence based methods for training (that these recommendations are not always accepted by health politics is reflected by the fact that the committee has concluded some years ago, that client centered psychotherapy is evidence based for a variety of psychological disorders, without the political consequence that client centered psychotherapy would have been included into the insurance system).

Apart from scientific organizations/associations, the influence of therapeutic professions on research programs is very limited. These scientific organizations mainly try to stipulate clinical studies and service research as well as research on training.

It can be expected that research gets more and more influential, especially since there is an enormous economic pressure on the entire health system. If this leads into constructive (or purely economic) directions, is unclear. In view of the available evidence, it is hard to believe that research can help to define a common set of therapeutic skills.