Country Report: Germany

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Introduction: In comparison to many other countries, Germany has a health-care system that facilitates psychotherapeutic treatment for individuals in need. Based on the famous 1964 “neurosis verdict” of the Federal Social Court, insurance companies pay for three approaches: Analytic therapy (psychoanalysis, up to three times a week), psychodynamic therapy (usually once, sometimes two sessions per week), and (cognitive) behavior therapy. On a side note, this verdict was based on a 1965 empirical study by the German analyst Annemarie Dührssen, who was able to show that insurance companies actually save money if they pay for psychotherapy.

Access to psychotherapy: As health insurance is mandatory in Germany, everyone has access to treatment. Psychotherapy as part of the insurance coverage can be provided by psychologists, and MDs with a specialization in either ‘Psychosomatic Medicine and Psychotherapy’, or ‘Psychiatry and Psychotherapy’. While historically psychosomatic medicine as a discipline was more inclined to psychotherapy, and psychiatry tended to prioritize biological treatments, this latter has started to change over the last years. However, requirements for the said specializations still differ, with psychosomatic medicine having a higher proportion of psychotherapy regarding theory as well as practice. Psychologists are required to get their licensure after finishing their university degree (Diploma/M.Sc.). For admission to child and adolescent psychotherapy training, other subjects such as education science or social pedagogy are fine as well. Psychologists usually get their licensure training at institutions outside of university. In other words, structured programs such as North American Ph.D. or Psy.D. that prepare for licensure are not part of the training system. Here some changes may occur over the next years.

If a patient wants to start therapy, he or she is allowed to have some probationary sessions, and has the right to choose a therapist. Patient and therapist then apply for a certain amount of sessions at the given health insurance. However, the application is evaluated by an experienced psychotherapist based on a detailed written report including treatment planning and prognosis that accompanies the application in a sealed envelope. In other words, the actual decision about treatment and treatment length is not in the hands of insurance personnel, but based on expert opinion.

Another specialty of the German health care system are inpatient and day clinic psychotherapy units, that are for patients who are too severely disturbed for outpatient treatment, but still not in need of intensive psychiatric care. These formats usually encompass group and individual psychotherapy, often some kind of body- or art-oriented treatments, and sometimes additional medication.

Research implications: This has several implications for conducting and interpreting German psychotherapy trials. First and foremost, for patients there is no pressure whatsoever to enroll or stay in an RCT, as there are no formal sanctions for dropping out of a current treatment and switching into another. Secondly, any kind of TAU control group is a very strong comparison, as all of them have a high level of education and training, and there is no pressure to become a study therapist for practitioners. Thirdly, if a researcher decides to use licensed practitioners as study therapists, this does reduce trial costs significantly, as insurance companies pay for the treatment. And lastly, there is a rare opportunity of studying psychotherapy in a naturalistic setting, including medium and longer-term sessions.

Academia: The German university system is usually tax-financed and free of charge. While there are some private universities, they usually lack the privilege of graduating students to Ph.D. levels. Another difference from for example the US is that each university usually has one chair for clinical psychology in a lifetime position, lacking independent research groups and limiting career opportunities for young researchers. As a tendency, this is also true for medical departments.
Historically, chairs of psychosomatic medicine are a bit friendlier toward psychodynamic therapies, or at least pragmatic in the integration of different approaches. In contrast, there are just two chairs of clinical psychology at public universities who are psychodynamic therapists, resulting in a predominance of CBT. This may or may not change with recent discussions about relocating psychotherapy training back into departments of clinical psychology.

**Funding:** There are two main funding agencies, the German Research Foundation (DFG; Deutsche Forschungsgemeinschaft), and structured, topic-oriented founding rounds by the Federal Ministry of Education and Research (BMBF; Bundesministerium für Bildung und Forschung). In addition, several (sometimes charitable) foundations are available for psychotherapy, psychopathology, and dissemination of psychosocial intervention research. Funding by public sources as well as private institutions is highly competitive, often due to the university system described above as well as different subjects competing with each other for the same money (e.g., psychotherapy and neurosciences). Student and post-doc exchange programs are a bit easier to access. There are a few special funding opportunities for transnational research projects in addition to the programs from the European Union.

We would not be able to summarize ongoing research of SPR members in Germany, but advise to look at the members’ websites for further information.
Introduction: One specific feature of the German health care system is the prevalence of a large number of hospital beds providing inpatient psychotherapy and psychosomatic care. In 2004, German hospitals covered 122 special units for Psychosomatic Medicine and Psychotherapy with more than 4412 inpatient beds. In addition, hospitals specialized for psychosomatic inpatient rehabilitation cover almost 25.000 beds (Linden, 2014). In most of these hospitals, group therapy is the treatment of choice, usually as an adjunct to other treatment approaches such as art therapy, creative and body-oriented treatments, occupational therapy, etc. Outpatient group therapy only plays a marginal role in the German health care system: It is estimated that in Germany only 10 % (out of 5,000 psychotherapists with the licence to provide group psychotherapy in an outpatient setting) are working with groups in private practice. So, group research in Germany largely reflects clinical practice with studies coming from the inpatient field and currently more and more also in a day clinic setting.

Current group psychotherapy research

There are active research teams within the SPR working on group-related interventions. To name a few, Bernhard Strauss in Jena is currently working on different meta-analysis on group psychotherapy. This project (Systematic review and meta-analyses of small group treatment of psychological disorders - SMARAGD) was founded by the BMBF (Federal Ministry of Education and research). There is another cooperation between an Italian research group (Gianluca LoCoco from Palermo) on group therapy with substance-induced disorders. This study is founded by the DAAD (German Education Exchange Service). Additional research project include: 1) development of a questionnaire that focuses on the process between group therapy sessions (Between-Sessions-Questionnaire according to Orlinsky’s concept for individual psychotherapy); and 2) development of a documentation system for small group treatments. Both projects are realized in the inpatient research network founded by Bernhard Strauss and Jochen Eckert. The research group in Heidelberg (Ulrike Dinger) is working on different projects on group therapy in different settings. One project is located in an evening clinic setting.

A research group in Köln (Rainer Weber) is working on different group projects in day treatment care. Two studies are currently completed. The first study focuses on the influence of patient characteristics (e.g. attachment, interpersonal problems) on process-outcome relations. Regarding the second study, the German health care system provides a so-called intense ambulatory aftercare following an inpatient-stay in a psychosomatic clinic or psychosomatic rehabilitation center (IRENA). This study was performed with closed groups and comparable research questions as in the first study. Another study carried out in the research network of Bernhard Strauss focuses on therapeutic factors of group therapy (Initial validation of the Therapeutic Factors Inventory (TFI). Currently the work group in Köln is planning a group study that focuses on the role of OPD (level of personality organization) and relationship patterns (CCRT) on the process of group therapy.

Of course there are other related projects as well, and it is possible to update the list accordingly.