

New Law for Psychological Psychotherapists in Germany – its Rules and Consequences

Dietmar Schulte¹

¹ Department of Clinical Psychology and Psychotherapy, Ruhr-University
Bochum, Germany

New Law for Psychological Psychotherapists in Germany – its Rules and Consequences

Dietmar Schulte

Abstract

On January 1999, a new law came into effect in Germany which created two new health professions: the Psychological Psychotherapist and the Child and Adolescent Psychotherapist. They are allowed to conduct psychotherapy independently and on their own behalf. Health insurance agencies will pay for such treatment the same way as they reimburse other types of medical treatment. Only those psychotherapy methods are approved that are “scientifically recognized” by a scientific advisory board. Psychologists with a psychology diploma (Masters Degree) have to enter a psychotherapy training programme in one of the scientifically recognized schools for an additional three years (full-time) or five years (part-time) of study at a university or a federal government-accredited private school.

1. New Health Professions in Germany

For nearly 30 years, psychologists in Germany struggled for a law which would give them an official basis for work as psychotherapists. On January 1, 1999, this law at last came into effect (Behnsen & Bernhardt 1999; Pulverich 1998).

It creates two new health professions: the Psychological Psychotherapist and the Child and Adolescent Psychotherapist. The term "Psychotherapist" is now protected by law and can only be used by licensed, trained professionals. Psychotherapy is also conducted by physicians specialized in psychiatry, psychotherapy and psychosomatic medicine or in child and adolescent psychiatry. The law has no direct but some indirect impact on these medical psychotherapists.

The Psychological Psychotherapist and the Child and Adolescent Psychotherapist are allowed to conduct psychotherapy independently and on their own behalf.

Patients wishing to obtain psychotherapy services can now go directly to a psychologist with postgraduate training in psychotherapy. The new psychological psychotherapist, however, must refer each patient to a physician for a consultation no later than after the 5th session. However, regardless of this physician's diagnosis, the psychotherapists themselves decide whether psychotherapy is appropriate and should be conducted.

Health insurance agencies will pay for such treatment the same way as they reimburse other types of medical treatment.

The Government restricted the authorization to conduct psychotherapy to psychologists, specifically clinical psychologists. Psychologists with a “diploma” in psychology, which is comparable to a master's degree, that includes an

examination in clinical psychology, can be admitted to an additional postgraduate training in psychotherapy. After this training they are licensed as Psychological Psychotherapists. They are authorized to treat patients in all stages of life.

In the past, it was also possible for educationalists to work as psychotherapists, especially with children. Therefore the government made an exception and also allowed educationalists to be licensed as psychotherapists after supplementary training. However, the training is specialized in child and adolescent psychotherapy, and after this training they are licensed as Child and Adolescent Psychotherapists, and only authorized to treat children and adolescents.

2. Financing Health Care in Germany

Professional Law and Social Law - The most difficult problem to be solved was the question of financing. If psychotherapy is a service within the health system then it must be paid on the same basis as other health services.

Therefore, the law had two parts: professional law and social law. Professional law regulates all questions about the new professions: rights and obligations of the members of the new professions, admittance, training, grand parenting procedures etc. Social law regulates all questions about how much is paid for what, delivered by whom. Therefore, to understand the regulations of the law, some information about the German public health system may be helpful.

Health Insurance Agencies - By law, every individual earning less than a certain relatively high income level (about 90% of the population) must join one of the statutory health insurance agencies. There are several hundred "Krankenversicherungen" (quasi-public health funds) in Germany. Wealthy individuals and the self-employed can opt out of this system (about 10%) and will typically cover their insurance needs through one of the many private insurance companies.

Outpatient Care in Private Medical Practice - Most physicians work in private medical practice. All physicians are allowed to do so. However, if they want to treat patients of the statutory health insurance or, more precisely, if they want to be paid for that by the insurance agencies, they need a special license. So in fact every physician – and now every psychotherapist – needs two licenses, one license to work as a doctor (or now: as a psychological psychotherapist), regardless of where and what patients he or she wants to treat (governed by professional law), and a second one for outpatient care of patients of the health insurance (governed by social law). The first license is granted by the government after completion of medical studies, the second by a state-based regional registration committee consisting of the insurance agencies and the association of the physicians already registered (association of the insurance-physicians; Kassenaerztliche Vereinigung, KV). A physician will be granted this second license to treat patients of the statutory insurance agencies in this region only if there is still a requirement for physicians with that qualification, for instance a psychotherapist, in this region. If the need is met, he or she has to wait until a colleague with the same qualification retires.

Payment by Insurance Agencies - Different regulations cover the payment of inpatient hospital care and outpatient care through physicians in private practice. Hospitals receive a daily flat fee for inpatient care that has to be negotiated with the umbrella organizations of the insurance agencies.

Outpatient care by physicians in private practice – and now also by psychotherapists in private practice – is covered on a fee-for-service basis. The payment an individual physician receives per quarter depends on the number of patients he or she has treated in that quarter and the volume and types of services rendered to each patient. Each procedure is given a defined score. The payment that a physician receives depends on the total sum of his/her scores for a quarter.

However, the actual Euro value of a score is variable and can change each quarter. The reason is that the insurance agencies allocate only a set amount of money. This amount is divided by the total sum of scores to get the Euro value of one score. If in that quarter the physicians in that region did treat many patients with many methods (for instance because of an influenza) – that means the total sum of scores is high in that quarter – the payment for the single service or the single score is low.

It is the task of the regional association of insurance-physicians mentioned above to distribute the total allocated funding depending on the total amount of services rendered by all physicians in a region.

This means that with each additional physician – or psychologist – working in the region and joining the association, the pool of services and scores will increase, thus reducing the income of all other physicians already working there: more individuals have to be fed from the same size pie. It is against this hard economic background that one must evaluate the implications of the entry of psychologists into the public health system.

3. Historical Overview

The law has had a long and arduous history that was influenced by social, political, financial, and scientific developments.

In 1968, health insurance agencies agreed to pay medical doctors for analytical psychotherapy. Some time later, psychologists were allowed to conduct psychoanalysis under the direction and supervision of medical psychotherapists: medical psychotherapists could delegate the conduct of treatment to a psychologist, but they remained the responsible therapist. Insurance agencies paid the physician, who passed the money on to the psychologist.

When behaviour therapy spread across Germany, the same provisions were supposed to be applied to behaviour therapists, but behaviour therapists rebelled against this subordinate status to physicians. At first, their objections did not have much impact, but they marked the beginning of the political battle for clinical psychology to become an independent profession.

A first bill for clinical psychology to become independent failed in 1978 due to conflicts between the various psychological and psychotherapeutic associations. When a psychologist became Minister of health for a short time in 1989, another attempt was made to pass the bill, but it also failed. It required another ten years before the law finally passed both Houses of the German Parliament (amended on June 16, 1998).

4. The Rules of the Law:

4.1 Recognised Therapies (Professional Law)

The new law defines psychotherapy as any “scientifically recognized” method for the assessment or treatment of disorders that are "diseases" in the legal sense and for which psychotherapy is indicated.

This is a rule of the professional part of the law. It means (1) that only psychotherapists are allowed to assess and treat disorders, and that other psychologists or clinical psychologists are not allowed to do this. Furthermore (2), according to this rule psychotherapy is recognized not only for the treatment of mental disorders, but also as a supplementary treatment for somatic diseases.

A further consequence (3) is that not all psychotherapy methods or “schools” are approved, but only those that are “scientifically recognized”. At the time the law came into effect, only psychoanalysis, psychodynamic therapy and behaviour therapy were politically accepted and regarded as scientifically recognized. These methods were already paid for by the insurance agencies before the law came into effect. A scientific advisory board (Wissenschaftlicher Beirat Psychotherapie) will decide whether and what other methods might be deemed scientifically acceptable (www.wbpsychotherapie.de).

4.2 Scientific Advisory Board (SAB) (Professional Law)

Only scientifically acceptable methods can be the subject of psychotherapists' training. Therefore the decisions of the board members will have a major impact on the development of psychotherapy in Germany.

Members of this board are psychological and medical researchers mainly in the field of psychoanalysis and behaviour therapy, with equal representation of psychologists and medical psychotherapists. The Board decided at the outset that – in contrast to the government's assumption – scientific acceptance cannot be ascertained in general for a method or a certain school of psychotherapy. If a method is efficient for instance to treat schizophrenia, it must not automatically also be efficient to treat stuttering. A given theoretical approach might be quite efficient for specific disorders but not for others. This is similar to the debate in the American Association of Psychology about "empirically validated methods" for specific disorders. However, as a kind of compromise, the scientific advisory board decided to verify empirical validity not for single disorders, but for groups of disorders.

The scientific advisory board defined 12 core fields of application for psychotherapy with adult patients. The diagnostic categories correspond with ICD-categories. Those being most important for psychotherapy were further differentiated.

1. Mood disorders (F3)
2. Anxiety disorders (F40, 41, 42)
3. Reaction to severe stress and adjustment disorders (F43)
4. Somatoform disorders, dissociative disorders (F44, 45)
5. Eating disorder (F50)
6. Sexual dysfunction, sleep disorder (51, 52)
7. Psychological/behavioural factors associated with diseases (F54)
8. Disorders of adult personality and behaviour (F6)
9. Substance-related disorders (F1, F55)
10. Schizophrenia and Delusional Disorder (F2)
11. Mental Retardation (F7)
12. Neuropsychological disorders (F0)

(Similar fields were defined for disorders of children and adolescents)

The evaluation criteria are as follows: At least three independent, methodologically sound studies demonstrating the efficacy of a psychotherapy method are necessary for the method to be accepted as scientifically recognized for a given field of application. A psychotherapy method (or school) will be accepted as a main area of training when its efficacy is established in about 50 % out of the fields of application mentioned above. At present the board is developing more standardized review procedures and rules of defining empirical evidence.

Up to now, nine psychotherapy methods have been evaluated by the SAB:

1. Roger's Person-Centered Therapy (RPC). The board concluded that RPC is scientifically acceptable for four fields of application (1, 2, 3 and 7). (Some of the investigations taken into consideration were published only in German.);
2. A generic, broadly defined Systemic Therapy (ST), including individual and family interventions: not recognized as scientifically acceptable (a new application has been made);
3. Neuro-psychology: recognized as scientifically acceptable for one field of application, neuropsychological disorders (however, not accepted as a main area of training);
4. Psychodrama Therapy: not recognized as scientifically acceptable;
5. Hypnotherapy: recognized as scientifically acceptable for two fields of application (7 and 9);
6. Interpersonal Psychotherapy (IPT): recognized as scientifically acceptable for two fields of application (1 and 5);

7. Eye Movement Desensitisation and Reprocessing (EMDR): recognized as scientifically acceptable only for PTSD.

The SAB also evaluated those methods already regarded as scientifically recognized at the time the law came into effect on account of political decisions:

8. Psychodynamic Therapy: recognized as scientifically acceptable for nine (1-5, 7-10) of the 12 fields of application.
9. Cognitive Behaviour Therapy: recognized as scientifically acceptable for the first 10 of the 12 fields of application.

4.3 Outpatient Psychotherapy in Private Practice (Social Law)

Methods accepted by the SAB as scientifically acceptable (a question of professional law) will not automatically be paid for by the insurance agencies (a question of social law), but only those methods which in addition are considered to be efficient and economical. To date, only psychoanalysis, psychodynamic therapy and behaviour therapy fall under this rubric; Roger's person-centered therapy is under examination.

Decisions about psychotherapy service coverage are made by another national board comprising representatives of insurance agencies and of the national association of the insurance-physicians and now also psychological psychotherapists. This board also regulates other issues such as what patients/disorders should be covered, acceptable treatment durations (short-term treatment up to 25 sessions, long-term treatment up to 80 sessions for behaviour therapy, and 240 sessions, in special circumstances 300 sessions, for psychoanalysis). In addition, the board regulates the fees paid to therapists (currently about €60 per session), and whether therapists must meet special conditions for special services such as group psychotherapy.

In order to receive payment for treatment, the therapist, also medical psychotherapists, must write an initial treatment plan that is consistent with one of the recognized schools of intervention, e.g. for behaviour therapy, a behavioural analysis must be included. This report will be reviewed by special reviewers from each school, recognized by the insurance agency. Integrity of treatment is not evaluated beyond these methods.

These issues are only relevant for patients who require insurance coverage; the policies do not apply to self-paying patients or for patients receiving inpatient treatment.

4.4 Training (Professional Law)

The law also specifies the training requirements for new professionals. As mentioned above, students must have graduated with a psychology diploma (roughly equivalent to a Master Degree), which must include a specialization in clinical psychology; in the case of child and adolescent therapists, they may also have graduated with an education degree. Subsequently, students have to enter

a psychotherapy training programme in one of the scientifically recognized schools for an additional three years (full-time) or five years (part-time) of study at a university or a federal government-accredited private school.

The curriculum includes 600 hours of coursework covering theory and methods, 600 hours of supervised treatment of at least six patients, 120 hours of "Selbsterfahrung" (self-awareness training to reflect on one's own therapeutic role and actions; in psychoanalysis: training analysis), 1,200 hours practice in a psychiatric inpatient facility and 600 hours practice in an outpatient facility. Upon passing a comprehensive exam under state supervision, trainees are awarded a license to practice psychotherapy.

Students must pay for this postgraduate training themselves. The fees for the three year training vary: from €10,000 to about €30,000, and over €50,000 for Psychoanalysis.

4.5 Self-Government of Psychotherapists (Professional Law)

The law has authorized psychotherapists to create their own legal chambers for psychotherapists to establish policies and procedures to carry out the specific provisions of the new law, with the exception of financial matters. Financial details will remain the prerogative of the existing regional associations of insurance-physicians mentioned above, which now include insurance-psychotherapists.

4.6 Outpatient Clinics at University Psychology Departments (Professional Law)

University departments of psychology are now officially allowed to establish their own outpatient clinics under the direction of a psychological psychotherapist, normally the head (full professor) of the department of clinical psychology. Such clinics provide an opportunity to combine research and teaching in psychotherapy. Treatments are paid for by insurance agencies. Payment amounts will be similar to those allocated to therapists in private practice. Money received by clinics can be used to pay therapists and to cover some costs of research projects. Conditions of research have much improved as a result of this regulation.

5. Resistance and Difficulties: Background Conditions of Passing the Law

It was a long and arduous struggle to establish this law, despite all opposition and prejudices. Let me list some of the major difficulties which had to be overcome on the long way to the law.

Fear of charlatanism - There was a great deal of distrust of psychotherapy in wider parts of society. The press often reported about obscure excesses that were passed off as psychotherapy. Against this background it was important to obtain press reports about serious forms of psychotherapy and especially about empirical research in psychotherapy. Psychotherapy research documented more

and more that psychotherapy indeed is an effective and efficient method to treat mental disorders and, even more, to promote the treatment of many somatic diseases. However, researchers had to overcome their reserve against newspapers and television and to present their results to a more general public.

Politicians demanded regulations that only empirically validated treatments will be applied in the context of the public health system. During the first attempt to draft a law the ministry of health planned to codify some serious therapy schools in the law. Now the Scientific Advisory Board (SAB) is responsible for guaranteeing serious psychotherapy. As you can imagine, not all of our colleagues are happy about that, and the SAB has often been attacked because of its decisions.

To sum up: A first aim and at least a precondition of establishing the law was the improvement of the image of psychotherapy.

Supply bottleneck - In the 1950s, the government had transferred the responsibility to ensure the medical care of the population to the state-based association of insurance-physicians mentioned above. Because of the interest of medical psychotherapists and, of course, because of a demand for psychotherapy, psychoanalysis was introduced as a service paid for by insurance agencies as early as 1968. Once introduced, the demand for psychotherapy was growing more and more. The medical psychoanalysts could not meet this growing demand. This is the reason why some times later the association of insurance-physicians also permitted psychologists to conduct psychoanalysis, however only under the direction and supervision of medical psychotherapists. From this point on clinical psychologists were part of the field, however not yet as an independent profession.

That, however, was not enough to meet the patients' demand. Again it was the association of insurance-physicians that started negotiations with the associations of behaviour therapists about 1970 to recognize behaviour therapy as a service of the insurance agencies. As behaviour therapy was mostly conducted by psychologists, the number of psychologists working in the public health system thus continued to grow.

Even now the patients' demand could not be met. Therefore the insurance agencies themselves allowed psychologists to treat their patients even if the psychologists were not accepted by the association of insurance-physicians. This was a semi-legal way, but it was tolerated. The result was an unsatisfactory situation which called in the long term for a political solution.

Thus, we can state as a second precondition of the law, psychologists were established as psychotherapists and came to be indispensable before they were granted legal recognition.

To date, we have in Germany about one psychological psychotherapist in private practice per nearly 7,000 inhabitants and about one child and adolescent psychotherapist in private practice per nearly 34,000 inhabitants.

Financing - As in all countries, costs for the public health system are growing. One main cost-factor is the number of persons offering health services. The German Government had developed strategies to limit the number of physicians in private practice by introducing upper limits for physicians of specific specializations. This indeed worked, but not for the field of psychotherapy. If a medical psychotherapist was not allowed to set up practice, one of the tolerated psychological psychotherapists could do so.

Thus we have to consider as a third precondition that the law was also a way to limit the costs of the public health system, and that the psychologists had to accept that.

"Grand parenting" Procedures - In this context the question arose as to how many of the psychological psychotherapists who up to then had been "tolerated" could be included in the new profession and under what conditions. The compromise reached is very complicated with different regulations for different groups. Some experienced psychologists who used to practice humanistic or other types of psychotherapy not identified as "scientifically recognized" had to engage in special training to acquire at least one of the scientifically recognized methods.

Although in principle this was only a temporary problem, its solution required a large amount of effort and time.

Rivalry with physicians - Opposition to the law came mainly from physicians. So far physicians had had a monopoly on public health services, if we disregard dentists. A second problem was financial rivalry. Psychological psychotherapists were paid out of the same budget, even before the law. The proportion of the budget going to psychologists could only be limited if the psychologists became part of the system. It seems that the financial shortcoming weighed heavier than the professional aims.

Again this illustrates that the limitation of costs was an important background condition of introducing the law.

Many associations – many opinions - Last not but least, the rivalry of the many associations in the field of clinical psychology and psychotherapy in Germany has to be mentioned. There are several professional associations and several associations of the different psychotherapeutic schools. Each association has its own interests – and each managing committee or chairperson has to demonstrate his or her importance. This dissent was a significant reason why the first attempt to establish a law failed. One of the most difficult challenges has been to bring these different opinions and interests under one umbrella.

6. Experience and Outlook

Of course, not all the wishes and hopes of the clinical psychologists were fulfilled by the law. However, the status of clinical psychologists has improved dramatically. The new statutory chamber of psychotherapists is now asked for its opinion on almost all questions concerning the public health system. The

chamber is a full member of all important organizations and boards of the health system, and in principle it has the same rights as the medical representatives.

At the beginning, the association of insurance-physicians, which is responsible for the payment of all physicians and now also for the therapists, tried to cut the fees for psychological psychotherapists. A number of Court judgments were necessary to stop these attempts. The financing of psychotherapists is now secured and guaranteed, but its level now depends on the development of the costs of the public health system, and this development is causing concern. Some psychotherapists fear that in the long term psychotherapy might be excluded from the standard insurance benefits; however, this risk exists independently of the law. With the law the risk might even be lower than without the law. It is the job of research to continue to document that in the long run psychotherapy is very cheap for the insurance agencies; in fact it helps to reduce costs, because after psychotherapy the total costs for the patients concerned are lower than before treatment, as documented in several studies.

Fortunately, many – about 20 – university departments of psychology have started postgraduate training for psychotherapists. However, most psychotherapy training is provided at private institutions with no direct connection to research. We must take great care that psychotherapy remains an academic discipline and part of the science of clinical psychology. Therefore, in order to influence the practice of psychotherapy, it is essential that researchers continue to conduct psychotherapy outcome research and ensure that the public and insurance agencies are aware of ongoing findings in the field. If academic researchers fulfil this obligation, then it may be possible to develop a practice of psychotherapy in Germany that reflects current knowledge as our field continues to evolve.

One worry has developed in the last few years: the concern about the number of the new generation of psychotherapists. One reason that fewer students decide to become psychological psychotherapists is the high cost of the training. Another reason is the long qualification period. To become a psychological psychotherapist, a minimum of nine semesters, in reality about 13 semesters are required to study psychology; after that, another six to ten semesters training in psychotherapy are required. For the new generation of researchers in clinical psychology and psychotherapy we have to count about eight additional semesters of doctoral training. There is now a lot of discussion and planning to find ways to reduce this long qualification period.

Altogether, the positive consequences of the law are clearly predominant. It acknowledges and establishes for the first time that psychotherapy is a recognized service that is to be provided and covered by the German public health system. As such, it enhances the esteem of the professions of psychology and psychotherapy.

Note: This paper is a revised version of a paper, presented at the Symposium “An International Comparison between Changing Models of Clinical Psychology: The Interaction between Values, Needs, and Evidence” University of Tokyo, Tokyo, 19th March 2006

References

Behnsen, E. & Bernhardt, A. 1999. Psychotherapeutengesetz (PsychThG). Köln: Bundesanzeiger.

Pulverich, G. 1998. Psychotherapeutengesetz Kommentar. Bonn: Deutscher Psychologen Verlag.