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The Writing on the Wall - Comments on the Current Discussion about Empirically Validated Treatments in Germany

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ABSTRACT

This paper summarizes the current discussion about the effectiveness of psychotherapy in Germany which is - in contrast to the U.S. - more general and unspecific. First, the specific tradition of psychotherapy (and psychotherapy research) in Germany is described to show the different background of the current situation. Then different developments in the public political discussions about psychotherapy are briefly reviewed. The main focus of this comment is on comparing research results from effectiveness studies with psychotherapeutic practice in Germany. This comparison shows that psychotherapy research has an important role in critically evaluating research results.

INTRODUCTION

No doubt, the report of the Task Force on Promotion and Dissemination of Psychological Procedures on Manuals for Empirically Validated Treatments (EVT; Sanderson & Woody, 1995, Chambless, Sanderson, Shoham et al., 1996) -controversially discussed in the United States - has been noticed and commented upon also in Germany. On the one side, the reactions to this report inlcude non-acceptance, ridicule and surprise about the fact that the results of some major research programmes from the U.S. (and elsewhere) have not been considered in the Task Force's report (e.g. the Penn Psychotherapy Study, Luborsky, Crits-Christoph, & Barber, 1991; or Strupp's programme on brief dynamic psychotherapy, cf. Henry & Strupp, 1991). On the other hand, reactions include uneasiness with respect to the potentially dangerous political tendency to declare a set of manualised treatments, dealing with specific disorders according to the DSM, as scientifically validated and recommendable to those who finance the health system.

It is, of course, not unrealistic to expect that an initiative such as that of APA´s Division 12 could also gain importance in Germany - as so many things coming from the U.S. that have been accepted in Europe, sometimes rather uncritically.

Nevertheless, the reactions to the EVT discussion seems to be comparably mild. This can be explained by the fact that the German public has seen a much more fundamental dicussion about the effectiveness and efficacy of psychotherapy during the recent years, with the positive side effect of an increasing critical interest in findings from psychotherapy research within the psychotherapeutic community.

These „mild„ reactions might also depend on the specific profile of psychotherapeutic research and practice in Germany as compared to the United States. This is why this comment above all will focus on the specific tradition of psychotherapy in Germany to make clear why the EVT discussion (at the moment) is of minor importance in Germany. We then will briefly describe those developments that were characteristic for the public political discussion about psychotherapy during the past few years. Finally, we try to discuss from our subjective (and European)[1] view the question of the value of EVT, focusing less on methodological and philosophical aspects (for that see Warmpold, 1997; Henry, this issue) but rather on some results related to psychotherapeutic practice in Germany and some research activities dealing with the effectiveness/efficacy of psychotherapy in various backgrounds and settings. These results are used to show that psychotherapy research should be expected to have an important role within the recent political discussions on

health and that these expectations can only be fulfilled when psychotherapy research is considered as a „critical science„.

THE SPECIFIC TRADITION OF PSYCHOTHERAPY IN GERMANY

It is a common experience for psychotherapy researchers from German-speaking countries to reap scepticism and disbelief for research reports dealing - for example - with longterm psychotherapy or inpatient psychotherapy as an important part of the psychotherapeutic routine. Disbelief and scepticism either relate to specific treatment settings such as the inpatient treatment which seems to be quite unusual in other countries, or to the structure of the psychotherapeutic care system as well as funding of psychotherapy in Germany, which primarily comes from the public insurance and works - despite all obstacles - relatively unbureaucratically. The reasons for the specific characteristics of the psychotherapy delivery system in Germany of course are manyfold (cf. for example Thomae & Kaechele, 1994; Kaechele, Richter, Thomae, & Meyer, 1996).

There are some important historical markers responsible for the wrong, but commonly experienced impression that psychotherapy in Germany is practized under „heavenly„ conditions.

- The German health service system (its structure goes back to Bismarck and his initiative to provide social security independent of the socioeconomic status) is patient-oriented. Every patient has the attested right to select his treatment, and every health insurance respects this right.
- The development of psychoanalysis has its roots in the German speaking countries. This has contributed to the dominance of psychodynamic treatment methods. The application of psychodynamic and psychoanalytic psychotherapy has been seen as the undisputed standard for a long time, but is also predominantly seen as a medical treatment. (In 1926/27 the General Medical Society for Psychotherapy <Allgemeine Aerztliche Gesellschaft fuer Psychotherapy> was founded, and has since then played an important role in constituting the modalities of the psychotherapeutic care system).
- The first genuine psychotherapeutic hospitals were founded in Germany before World War II (e.g. by Ernst Simmel in Berlin or by Georg Groddeck in Baden-Baden). This was one of the bases for the importance of inpatient psychotherapy in Germany (see below).
- Similar to psychoanalysis, an integrative and holistic medical psychotherapy and psychosomatic medicine developed even before World

War II in Germany - e.g. in the tradition of Victor v. Weizsaecker2. This opened the way for psychotherapy to become a special discipline.

Following World War II psychotherapy gained - as Geyer (1996) has put it - a „worldwide front position with respect to the degree of its institutionalization as a special as well as cross-sectional discipline in medicine„.

- In 1946 the first psychotherapeutic outpatient department was founded, financed by the Allgemeine Ortskrankenkasse Berlin (the Public General Health Insurance Company). Thanks to follow up studies of patients from this department by Duehrssen & Jorswieck (1965) psychodynamic and psychoanalytical psychotherapy became part of the standard service of the insurance companies in 1967. Behavior therapy was included into this catalogue in 1987 following the proposal of psychoanalytical peer reviewers.
- In contrast to a medically oriented psychoanalytic movement (presented for example by the AOK institute in Berlin) a second psychodynamic tradition emerged focusing on a more socio-cultural, philosophical and hermeneutical approach (e.g. represented by Alexander Mitscherlich who in his later years chaired the Sigmund-Freud Institute in Frankfurt, which constituted a „counterpart„ to the AOK institute). This tradition is still alive in large parts of the psychoanalytic community and is an important reason for any scepticism against experimental/empirical approaches in psychotherapy (e.g. Kaiser, 1993).
- The General Medical Society for Psychotherapy was refounded in 1947 and in 1949 the German Society for Psychotherapy, Psychosomatics and Depth Psychology (DGPPT) was established. Both of them were very influential in developing psychotherapy-relevant laws as well as training guidelines which regulate access to treatment funding by the insurance companies.
- Starting in 1946 a series of psychotherapeutic hospitals was founded in Germany. In addition, during the early Seventies and again in the second half of the Eighties, several hospitals for psychotherapeutic and psychosomatic rehabilitation were established contributing to the fact that Germany has well more than 10,000 hospital beds for psychotherapy outside of psychiatry (cf. Meyer, Richter Grawe, v.d. Schulenburg, & Schulte, 1991).
- It is of great importance for the development of psychotherapy in Germany that it happened largely independent of psychiatry. The decision to establish an additional qualification for psychotherapy enabling physicians

from all subdisciplines to undergo psychotherapeutic training contributed to this development. The rule that any medical student has to undergo a specific training in psychosomatic medicine and psychotherapy was established in the medical training rules in 1970. As a consequence, chairs for this discipline have been included in each Medical Faculty in Germany (again largely independent from psychiatry) as well as respective clinical departments (mostly comprising small wards for inpatient psychotherapy).

∑ While psychotherapy had already been established as a medical specialty in the former German Democratic Republic in 1978, this happened (with a specialization in „psychotherapeutic medicine„) in the Federal Republic of Germany in 1992.

∑ Although psychotherapy in Germany (and elsewhere) is still medically dominated, clinical psychologists were able to establish themselves within clinical institutions as well as private practices. In 1990, for example (see Meyer et al., 1991), the health insurance companies accepted psychotherapeutic services provided by 3895 medical psychotherapists and psychoanalysts, 1237 psychological psychoanalysts as well as 1360 psychological behavioral psychotherapists.

All the historical facts mentioned above have formed the institutionalisation of psychotherapy in Germany and have caused the psychotherapeutic care system - at least in times without economic pressure - to develop, though not optimally, but relatively undisputedly. For most of clinicians there was no need to confront themselves with the empirical results concerning the effectiveness and efficacy of psychotherapy. Especially in the field of psychodynamically oriented treatments there were few if any controlled studies dealing with the evaluation of this widespread treatment modality. Similar to other countries, the entire health system has come under dramatic economic pressure during recent years providing a fruitful basis for a discussion about the effectiveness of psychotherapeutic treatments in general. Apart from economic factors, there were also political and scientific issues which raised questions concerning the effectiveness of psychotherapy in the German public3.

THE DISCUSSION ABOUT THE EFFICACY AND EFFECTIVENESS OF PSYCHOTHERAPY IN GERMANY

Whilst the discussion provoked by the results of the Task Force in the United States mainly dealt with specific treatments for specific disorders, there were at least two occasions for a more general debate about the effectiveness of different therapeutic approaches:

1. Connected with the preparations of a law regulating psychotherapy[4] (amongst other questions dealing with the access of psychological psychotherapists to the health care system and to funding by insurance companies), the German Ministery for Youth, Family, Women and Health in 1989 initiated an expert report concerning scientifically based recommendations about the requirement of psychotherapy, the actual situation as well as potential rules for training, access and funding of psychotherapy within the health care system. The group centered around Adolf-Ernst Meyer at Hamburg University, who was authorized to give this report published in 1991 (Meyer et al.; 1991). The report is a rich source of data concerning the present psychotherapeutic care system and the role medical doctors and psychologists play within this system. The part of the statement which is of special relevance for this paper is the evaluation of some basic psychotherapeutic orientations. The authors define those psychotherapeutic methods as „basic orientations„ which:

- comprise a specific system of theories including a theoretical model of illness, health as well a theory of etiological treatment relating to „important„ other disciplines,
- are sufficient to treat the entire field of psychological disorders,
- comprise diagnostic methods to formulate case- and treatment conceptions,
- comprise a theory of treatment for differential treatment selection and for different treatment settings,
- apply a comprehensive repertoire of interventions and form the therapist-patient-relationship on the basis of specific conceptions of the therapeutic alliance,
- are able to refer to a wide range of clinical applications,
- and offer institutionalised training at different places (cf. Meyer et al., 1991).

The reviewers finally concluded that a law of psychotherapy should not mention specific therapeutic orientations. Instead, training of psychotherapists should be based either upon the the psychodynamic orientation or on one that is directed to the results of empirical psychology, pronouncing that any

training of psychotherapists should comprise „the entire relevant knowledge concerning the field of psychotherapy„ (cf. Grawe 1997). The reviewers further concluded that - at present - only three psychotherapeutic methods really have plausibly demonstrated their effectiveness, i.e. psychodynamic psychotherapy, cognitive-behavioral psychotherapy as well as client centered psychotherapy, with the latter having a lower value „because of its lack of an etiological theory„. Only the first two - according to the reviewers - would be able to claim being scientifically sound psychotherapeutic methods with a broad spectrum of applications and effects. This statement, combined with the specific suggestions to exclude some methods, such as autogenic training or Jungian analytical psychotherapy, from the catalogue of refundable treatments, lead - as one can imagine - to upset in the scientific community.

2. An important part of the expert report and the basis for the scientific evaluation of the effectiveness of specific treatments was a metanalysis of controlled treatment studies by Grawe, Bernauer, & Donati (1994) using the „vote-counting„ method (cf. Grawe, 1992, see also Grawe, Bernauer, & Donati, in press). Within this metanalysis, 897 controlled studies, published up to 1983 have been analysed using a special assessment manual.

The analysis revealed a large group of treatments lacking any confirmations of effectiveness (e.g. NLP, jungian analytic psychotherapy). For a further group of treatments the authors reported a couple of methodologically acceptable studies results of which questioned their effectiveness more than they confirmed it (e.g. transactional analysis, Gestalt psychotherapy). A third group of methods (e.g. bioenergetics, music therapy) was characterised by a „certain amount„ of effectiveness data with equivocal results. This is why the authors could not add these methods to the established treatments. Finally, the fourth group covering three major methods (i.e. behavior therapy, psychodynamic therapy, and client centered therapy) was thankfully shown to demonstrate effectiveness. Nevertheless - and this discriminates this publication from the statements in the above mentioned report - the authors qualified this conclusion with respect to client centered psychotherapy (as a method of „limited value for clinical care„) and psychodynamic treatments (as a method with an outcome which is „not impressive„ and with a lack of controlled studies for long term psychoanalysis, cf. Grawe, 1992). In their report the authors strongly criticized the failure to apply the conclusions of outcome research to psychotherapeutic practice in the German speaking countries (and elsewhere).

It is obvious that many readers of Grawe et al.'s report (mis-)interpreted this as a political action since the central message of the publication is a) that

only controlled studies may confirm the scientific basis of a treatment method, b) that cognitive-behavioral treatments are - according to this standard - the best methods, suitable to reach treatment goals within the shortest range of time, and c) that treatments with a duration of more than 40 sessions should be seriously questioned.

In contrast to the expert report mentioned above, the study of Grawe at al. also reached the general public in Germany. This led to reactions of uncommon vehemence with respect to this meta-analysis and to a series of critical comments on the Bernese study (e.g. Hoffmann, 1992; Mertens, 1994; Kaiser, 1993; Tschuschke, Kaechele, & Hoelzer, 1995; Meyer, 1995; Rueger, 1994) and replies by the first author (e.g. Grawe 1995). In view of the historical tradition of psychoanalytic therapy in Germany which has been described above, it is not surprising that the most violent reactions to Grawe's publication came from the psychoanalytical community which experienced itself as a „victim„ of the Bernese group. The attacks against Grawe even went so far that the Division of Clinical Psychology of the German Society for Psychology published an appeal in 1995 supporting the virtues of scientific dialogue in the discussion about the state of psychotherapy and its scientific foundations (Fachgruppe Klinische Psychologie, 1995).

Meanwhile, the waves have been smoothed: Similar to the representatives of other therapeutic schools, e.g. transactional analysis, analytic psychotherapy, systemic family therapy) many psychoanalysts have acknowledged a deficit of evaluations and are compensating for this deficit by initiating large scale studies on the effectiveness of longterm treatments and by trying to answer questions with respect to the context of psychoanalytic settings (e.g. the importance of session frequency and treatment duration for outcome, cf. Kaechele, 1994).

This brief summary of the discussions about the effectiveness of psychotherapy in Germany may show that the main focus of this discussion is (still) different from that in the U.S., because the major questions relate mainly to the general effectiveness of psychotherapeutic methods, instead of the application of specific manualized methods for treating specific disorders[5].

Questions surrounding the relationship between experimental treatment research and clinical practice are at the center of the present discussion about the effectiveness and efficacy of psychotherapy in Germany. However, this discussion should play an important role in the evaluation of empirically validated treatments and - finally - show that psychotherapy research will only be able to bridge the gap between research and practice if it succeeds in discussing its results self-critically and in acknowledging its own limitations.

Controlled treatment studies, such as the TDRCP (Elkin, 1994) which is discussed with so much enthusiasm in the U.S, are characterized by extremely short duration treatments whose brevity is due largely to reasons of research practicality. This is only one of many limitations which have been discussed for controlled clinical trials for many years.

In a lively discussion over the Internet (SSCPNET), Jacobson (1995) mentioned - amongst other issues -

- ∑ the overestimation of the practical value of clinical trials „for the typical clinician who is not rigorously trained, monitored, or supervised during the course of a trial„,
- ∑ the questionable „exportability„ of a treatment „into naturalistic settings, since competence seems to drift downward even among highly experienced therapists who were well-trained to a certain level of competence„,
- ∑ the limited representativeness of controlled trials because of the „subject selection procedures designed to homogenize the sample and detract from its representativeness to clinical practice„ (where comorbidity might be the rule),
- ∑ the efficacy „which is exceedingly modest from the standpoint of clinical significance„.

Of course, limitations like those mentioned by Jacobson (1995) reflect assumptions (probably referring to skilled and competent psychotherapists), and values concerning the priorities that should be set within psychotherapy research. They must be the subject of further discussions. Nevertheless, arguments like these should make clear how important it is to differentiate between controlled studies and field studies as observations of the routine application of psychotherapy (cf. Kaechele & Kordy, 1995).

One crucial presumption for deriving conclusions from clinical studies to the reality of psychotherapeutic care (as Grawe et al., 1994, do it) must be a description of the clinical reality. Such descriptions are only sparsely distributed in the relevant literature. As an example, we refer to the data related to all treatments performed between 1973 and 1987 at the psychotherapeutic outpatient unit of Ulm University (cf. Kaechele, Hohage & Mergenthaler, 1993). Table 1 shows the broad spectrum of treatments offered in this unit (despite its psychodynamic orientation).

Table 1. Treatments (and their application) at the Outpatient Unit of the Psychotherapeutic Department at Ulm University.

Counseling	13.0 %
Brief Therapy	22.1%
Psychodynamic Psychotherapy	12.0%
Psychoanalysis	3.9 %
Couple Therapy	7.9 %
Family Therapy	2.5 %
Behavior Therapy	5.9 %
Supportive Therapy	17.9 %
Group Therapy	7.8 %
Group work	2.1 %
Autogenic Training	5.0 %

Figures 1-2 about here

The relationship between the duration of the psychodynamic treatments (sessions) and the cumulated percentage of completed treatments is shown in Figure 1. 35% of the treatments are completed after 10 sessions. After 40 sessions, 70% of all treatments are terminated, after 60 sessions 82%. Figure 2 (from Kaechele, 1994) shows the duration of selected treatment formats at the Ulm unit. It can be seen that in practice the cumulative curves for brief psychodynamic therapy and behavioral treatments are surprisingly similar.

To some extent caused by the public discussion mentioned above, some attempts were made by researchers from other psychotherapeutic orientations to represent the clinical practice: Eckert & Wuchner (1994) for example report a mean treatment duration of 69.2 sessions (or 24.9 months) for client centered psychotherapy in Germany with a range from 8 to 275 sessions or 2 to 86 months.

Despite all restrictions discussed during the recent months, the Consumer Reports Study might serve as another example for a picture of the clinical reality. Similar as in the study of Howard, Kopta, Krause, & Orlinsky (1986), the Consumer Reports Study indicated a clearcut relationship between treatment duration and the global outcome (cf. Seligman, 1995). With respect to the EVT discussion it might be relevant that on the basis of his experience with the Consumer Reports Study Seligman (1995) came to the conclusion that „the efficacy study is the wrong method for empirically validated

psychotherapy as to how it is actually done, because it omits too many crucial elements of what is done in the field (p. 966)„.

Table 2
Average number of sessions and mean durations of controlled treatment studies summarized by Grawe et al. (1994): Cognitive-behavioral, psychodynamic and humanistic therapies[6].

Treatment	Average number of sessions (N of studies)	Mean duration (weeks) (N of studies)
Cognitive-behavioral	11.2 (429)	7.9 (434)
Humanistic	16.1 (70)	11.6 (76)
Psychodynamic	27.6 (82)	30.7 (80)

The statistical data presented in Fig. 1 and 2 from the Ulm unit show the wide variability of time and costs characterising psychotherapy in its natural context in contrast to treatments from clinical trials where a fixed (and shorter) duration is usually scheduled (cf. Table 2). It seems obvious that many open questions of psychotherapy research (one of which relates to dose-effectiveness) cannot be answered by controlled clinical trials.

There are already some initiatives considering this fact on a research basis at a political level in Germany: The German Ministery of Education and Research together with the State of Baden-Wuerttemberg is generously funding a multicenter study of the inpatient psychodynamic treatment of eating disorders in 1992 with high financial input (approximately 5 million Deutsche Mark) focussing - besides other goals - on the relationship between treatment outcome and treatment duration and -intensity (Kaechele, 1992). Data on follow-up of approximately 1200 patients will be available in 1998.

THE STUDY OF EFFECTIVENESS AS AN IMPORTANT TASK FOR „CRITICAL„ PSYCHOTHERAPY RESEARCH

„Any scientific efforts aiming to increase our knowledge about a certain treatment method under the conditions of routine application can be counted under phase IV„ (Linden, 1987; translated by the authors).

As many reviews show, psychotherapeutic treatments - at least in the context of the three basic orientations mentioned above - have proven to be

generally effective. Controlled clinical trials have contributed considerably to reach this conclusion. These studies should not obscure the view to clinical practice. This practice is characterized by different questions (such as the effects of a treatment for specific patients at specific costs and within a specific time) and by different rules which are incongruent with efficacy studies:

- Within clinical practice, psychotherapy optimally corrects itself, while in controlled trials therapists are controlled by treatment manuals and supervised by measuring adherence. Problems connected with this procedure have already been discussed (e.g. Strupp, 1993). One could argue that the effects of psychotherapy in a „natural context„ should be more effectively caused by the above mentioned „self regulation„. (This could be determined by comparing the effect sizes from naturalistic studies with those many measures from controlled clinical trials).
- Effectiveness could be increased by the fact that in clinical practice psychotherapy optimally reflects an active search for suitable treatments while the formation of a therapeutic alliance reflects much more the process of negotiation than in controlled trials, where patients are „assigned„ to a treatment.
- One has to consider comorbidity in patients in clinical practice who normally would not be allowed to enter a controlled trial. This underlines that in daily practice psychotherapy focusses much more on the treatment of individual patients than on specific disorders. There is a set of psychotherapy studies showing that diagnoses are not sufficient to explain a larger proportion of the variance of treatment outcome (according to Beutler, 1996, it might be less than 2% of the outcome variance). In a study dealing with the effectiveness of inpatient group psychotherapy (Strauss & Burgmeier-Lohse, 1993) it could be shown that patients with similar disorders gained differentially from the treatment depending on the degree of congruence between the therapeutic concept of the therapist (which surely is much more than the technique which could be prescribed in a manual) and the patient's expectations, to mention one of the reasons. Other authors spoke of the „susceptibility„ for specific therapeutic heuristics (Ambuehl & Grawe, 1990) or of „addressability„ (Eckert & Biermann-Ratjen, 1988) in this context and consider these combinations as probably the most important curative factor within any psychotherapy.
- Psychotherapy in clinical practice primarily aims for an amelioration of general functioning rather than at a reduction of symptoms. The latter is considered to a much greater extent within efficacy than effectiveness studies (sometimes simply because of their temporal limitations). Psychotherapies

from different backgrounds might have a set of common goals, but equally there are different goals which should be considered in empirical validations (cf. Ambuehl & Strauss, in press).

Psychotherapy research has collected an impressive number of important and relevant results in relation to the efficacy and the process of psychotherapeutic treatments. Additionally, there are a number of open questions that can only be answered in a continous exchange between theory and clinical practice and by a „healthy tension between discovery oriented and confirmatory research methodologies„.

We started our comment with a description of the specific (let us say pluralistic) tradition of psychotherapy in Germany to illustrate the background of the current discussion about the effects of psychotherapy in this country. This long tradition may have lead to a delayed onset of critical self-reflections, but also to a settled self consciousness within the psychotherapeutic community that prevented panic reactions in view of the EVT publications. These traditions have also contributed to the fact that natural studies of psychotherapy are much more valued in this country and that discovery oriented studies are much more citable than in the English speaking world.

Nevertheless, predominantly caused by economic pressure which always endangers developed traditions, the letters >EVT< are already written on German walls. Only a critical evaluative view of the results of psychotherapy research and more research on both clinical trials and naturalistic studies will help to prevent the menetekel.

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Footnotes

1 The standpoint of the authors naturally is subjective and represents the (limited) view of psychotherapy which might be representative for the various departments of psychosomatic medicine and psychotherapy, and – in part – medical psychology at German universities. These departments stand for a very important part of the psychotherapeutic service system. The judgements about EVT may differ considerably within psychiatry – just re-discovering psychotherapy – and clinical psychology.

2 This „integrative„ medical psychotherapy demands the ability of any physician to „psychosomatically„ evaluate and treat his patients. Today, this approach is primarily represented by Thure von Uexküll (cf. Uexküll, 1996).

3 One could find discussions about the efficacy and effectiveness of psychotherapy in nearly every German magazine during the last few years.

4 With drafts dating back into the seventies, this law still has not passed the parliament.

5 This might change in the near future. Connected with efforts to increase quality assurance, several medical (including psychotherapeutic) associations have started to formulate „guidelines„ for the treatment of specific disorders.

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6 Our thanks to Thomas Hillecke (Stuttgart) for preparing these figures.