

Wir sind UP – The Podcast

Guest: Johanna

Episode Title:

Finding therapy

Transcription:

***Intro*:**

Welcome to all listeners. In our podcast, we introduce you to students, teachers, and administrative staff from the University of Potsdam. These are people with and without disabilities, and we want to find out how inclusive the University of Potsdam is as a place to study and as an employer.

Erika: Hello, and welcome to today's episode of "We are UP." I am Erika, a student assistant at the University of Potsdam and also a student here. Today, I have Johanna as my guest. Johanna is an intern here with our "Barrier-Free" team and studies rehabilitation psychology at the University of Oldenburg. Today's episode is about how to access psychotherapy. There is a lot of uncertainty and confusion about this topic. For example, many people don't fully understand the financing aspect or even how to secure a therapy spot and what to keep in mind during the process. Johanna will clarify all of this for us and hopefully shed some light on the "therapy spot jungle."

Alright, now over to you, Johanna. Please introduce yourself briefly.

Johanna: Hi, I'm Johanna. In my studies, I've had many seminars and modules on psychotherapy. I became passionate about this because I noticed that although there are plenty of resources and support, very little of it reaches the general population – people like you and me, so to speak. That's why we thought it would be a good idea to create this podcast. I also love being in nature, although I'm not sure if that's important information, but I think we can start now.

Erika: Great, thank you. Let's dive into the questions. My first question is: What steps can I, as a patient, take when looking for a therapy spot? Which resources are particularly helpful?

Johanna: There are several ways to find a therapy spot. First, it's important to understand that psychotherapy is a service covered by statutory health insurance, meaning that the costs are covered once approval has been granted. So, it can be helpful to contact your health insurance provider directly and inform them that you're looking for a therapy spot. Many health insurers maintain internal lists of therapists and can offer advice. Some insurers also have individual contracts with therapists, which can reduce wait times and serve as a useful resource.

Additionally, there are several places where you can either call or search online for available therapy spots. For instance, you can contact the Brandenburg and Berlin Physicians' Association, which offers a service to help with the therapy spot search. Their service number is 116 117. They can arrange an initial consultation with a therapist, though they don't offer specific appointment times. Therefore, it's a good idea to do your own research first, look at the therapists' websites, and see if they might be a good fit.

There are also online resources like arztsuche.kvbb.de, therapy search portals such as therapie.de and psych-info.de, where you can search for therapists. It's essential to ensure during the search that the therapist can bill statutory health insurance by checking a box on these websites. You can also contact medical centers in your region, the psychological university clinics in Berlin and Potsdam, and the German Society for Psychotraumatology (degpt.de), which is a reliable resource for trauma-related therapy. Additionally, trauma clinics are available in Potsdam and Berlin.

Erika: Thank you. Which therapy forms are covered by statutory health insurance, and can you briefly explain the main characteristics of each?

Johanna: Currently, four types of therapy are covered by statutory health insurance: analytical psychotherapy, depth psychology-based psychotherapy, behavioral therapy, and more recently, systemic therapy. Analytical psychotherapy focuses on a person's basic psychological structure and how the subconscious affects their behavior and experiences. Psychoanalysis seeks to examine and explain one's inner patterns, thoughts, behaviors, and emotional states, which should be freely expressed during the therapy session. By examining this basic psychological structure, the goal is to gain understanding and resolve the conflicts that led the person to seek psychotherapy. It's important to note that this is the longest therapy method, covering up to 300 treatment hours.

Depth psychology-based psychotherapy focuses primarily on emotions and behavior patterns that developed from experiences and influences during childhood, adolescence, and adulthood, leading to current conflicts and difficulties in experiences, behavior, and relationship-building. Like analytical psychotherapy, it also deals with the psychological structure but is more present-oriented. For depth psychology-based psychotherapy, the statutory health insurance covers up to 100 treatment hours.

Behavioral therapy is a form of therapy that is very present-focused, primarily dealing with behavioral difficulties and disorders. It is based on the idea that all behavior is learned through conditioning and experiences, which means that behavior can be unlearned and reshaped through new learning processes. Consequently, burdensome and destructive behaviors can be changed through new learning processes. There are different branches of behavioral therapy, such as cognitive behavioral therapy, which focuses on the perception and reframing of thought processes and beliefs. There are also many other forms, and you can research to see which one interests you the most.

The last method is systemic therapy, which focuses on the person-environment relationship, particularly the social environment of the patient. A key factor in this therapy is including family dynamics or relatives in the therapeutic process to resolve psychological conflicts.

Erika: Okay, thank you. What should one consider after securing a therapy spot to determine whether the therapist or therapy form is really suitable for them, and how does the process of psychotherapeutic consultations work?

Johanna: Generally speaking, it's scientifically proven that 70% of a successful therapy outcome depends on the chemistry between the patient and the therapist, while 30% depends on the therapy method used. Many psychological disorders and emotional issues are rooted in relationship injuries, and these can be worked through and healed to some extent within the therapeutic relationship between the therapist and the patient. This process is known as a corrective relational experience.

Therefore, it's crucial to ensure that the relationship and chemistry between the therapist and the patient are a good fit.

This is where the psychotherapeutic consultation comes into play. Before starting therapy, it's mandatory to attend such a consultation unless you've had a hospital or rehabilitation stay due to a psychological disorder within the last 12 months. During this consultation, there's a get-to-know-you phase where the patient's psychological issues and therapy goals, as well as the appropriate therapy form, are discussed. The therapist assesses the necessity and urgency of psychotherapeutic treatment and may provide further recommendations.

It's also important to know that a patient can attend up to six sessions of 25 minutes each or three sessions of 50 minutes, covered by statutory health insurance, without needing a referral. You can just go with your health insurance card.

Erika: So, before the actual therapy or treatment begins?

Johanna: Exactly.

Erika: It's like a trial session where you discuss your concerns.

Johanna: Yes, where you can get to know each other and get a feel for whether the therapist might be a good fit for you.

Erika: And can you do this with multiple therapists?

Johanna: Yes, you can. You can do your own research, see which therapist appeals to you, call them, and request a consultation appointment. Therapists are also required to set aside a certain amount of time each week for such initial consultations.

Erika: That's good and important to know because I think many people don't realize that this isn't a major hurdle—that you don't need to go to a general practitioner first to get a referral, and that you don't need to worry about paying for this first session yourself before your health insurance approves it. That's not how it works; you actually have the right to organize and attend a few initial consultations or trial sessions to see if it's a good fit or not.

Johanna: Absolutely.

Erika: That's a very important piece of information. Okay, I'll move on. What therapy options are available, and how do you determine which option is right for you?

Johanna: There's a distinction between individual therapy, group therapy, and acute treatment. In a psychotherapeutic consultation, it's typically discussed which option is most suitable for your specific psychological issues and goals. It's also possible—this might be interesting to know—to combine individual and group therapy.

Erika: And acute treatment?

Johanna: Excuse me?

Erika: Acute treatment?

Johanna: Right. Acute treatment is available if you're in a crisis. The advantage is that you can start the therapy or acute treatment immediately without waiting for health insurance approval. This treatment consists of 12 sessions.

Erika: Okay. Could you also explain the pros and cons of short-term versus long-term therapy in individual therapy?

Johanna: When a therapy is deemed necessary, it must first be approved by the health insurance, regardless of whether it's short-term or long-term therapy. The treatment can only begin after approval. Short-term therapy is divided into 24 sessions, which are carried out in two treatment phases. The advantage is that the therapist doesn't need to write an extensive report, making the approval process easier. On the other hand, long-term therapy requires a report, which is more effort for the therapist. However, it's important to note that any short-term therapy can be converted into long-term therapy if necessary. So, if you start with 24 sessions in a short-term therapy and realize you need more time, it's possible to extend the therapy. For certain conditions, it might make sense to start with long-term therapy from the outset.

Erika: Okay, that makes sense. I sort of preempted the topic of acute treatment. That was actually my next question: What criteria must be met to qualify for acute treatment, and what does such treatment typically entail?

Johanna: As I mentioned, it typically includes 12 sessions. The main criterion is that you're in a crisis. This is partly up to the therapist's assessment. You describe your crisis, explaining, for example, that you're in an acute mode, especially if you've recently experienced something traumatic, such as violence or other severe events. In such cases, the need is usually very apparent. But even if you have an existing psychological condition and are in acute distress, you can seek help and request acute treatment. The therapist will assess the urgency, and if they deem it necessary, you can start the treatment immediately without waiting for health insurance approval.

Erika: Okay, good to know. Does the approval have to be obtained afterward, or can acute treatment be completed as such?

Johanna: The therapist will still submit something to the health insurance, but they don't have to wait for approval. If it becomes clear that 12 sessions aren't enough, the therapist will apply for long-term therapy.

Erika: Okay, that makes sense. We often talk about therapists—

Johanna: I forgot one thing. For acute treatment, it's also possible to split the 12 sessions of 50 minutes each into 24 sessions of 25 minutes. This way, you can stretch it out a bit longer, but you'll need to consider whether 25 minutes per session is enough.

Erika: Do I, as the patient, decide that, or does the therapist?

Johanna: Generally, you, as the patient, can decide. Of course, there are situations where the therapist might have a different opinion, but you always have the right to express your preferences regarding how the therapy should be conducted, including your goals and the length of the sessions.

Erika: Okay, great. We'll discuss patient rights later. For now, I'll move on to my next question. What are the different roles and qualifications in the field of psychotherapy? This often causes confusion about what a psychologist, psychotherapist, psychiatrist, and so on, actually do. My specific question is: How do the roles and qualifications of psychologists, psychological psychotherapists, psychiatrists, and alternative practitioners for psychotherapy differ?

Johanna: First, there's a difference between psychologists and psychological psychotherapists. Psychologists have a master's degree or a diploma in psychology, or at least a four-year bachelor's degree with 240 credit points. In contrast, psychological psychotherapists have, in addition to a completed master's degree in psychology, undergone at least three years of subsequent psychotherapy training, culminating in a license to practice psychotherapy. Only with this license can they conduct psychotherapy.

Then there's the psychiatrist. Psychiatrists, unlike psychotherapists, have completed a medical degree. This is the key difference. Following the medical degree, they undergo several years of specialist training in psychiatry. Therefore, psychiatrists are also authorized to conduct therapy and prescribe medication, such as psychotropic drugs.

Erika: That's something psychological psychotherapists cannot do, right?

Johanna: Exactly, that's the difference. To briefly touch on alternative practitioners for psychotherapy: It's important to know that they don't have the same comprehensive psychotherapeutic training as licensed psychotherapists. Therefore, services provided by alternative practitioners for psychotherapy are not covered by statutory health insurance. These practitioners often come from diverse professional backgrounds, such as education or social work. The crucial thing to understand is that the depth of therapeutic training for alternative practitioners in psychotherapy is not comparable to the formal psychotherapy license. So, if you're dealing with serious psychological issues, it's essential to seek out a licensed psychotherapist to ensure the quality and seriousness of the treatment.

Erika: And also the qualification of the therapist, of course. Thank you. What options do patients have if they can't get appointments with multiple therapists? Could you also explain the cost reimbursement process?

Johanna: Yes, this is an important topic because many people face long waiting times when searching for a therapy spot. According to the Federal Chamber of Psychotherapists, the average wait time for a therapy spot is five months. In many cases, it can take even longer, especially for specific conditions that require specialized training, such as trauma therapy. However, according to a court ruling, a wait time of six weeks is already considered unreasonable. This discrepancy between the ideal and the reality is significant. Thankfully, if you're left waiting for weeks or months without securing a therapy

spot despite needing psychotherapy, the cost reimbursement process of the health insurance can be used. Health insurance companies are legally obligated to cover the costs of necessary psychotherapy once the need has been established during an initial consultation.

If you can't get a therapy spot despite trying to schedule an appointment through service hotlines and initial consultations, you can contact your health insurance and request to use the cost reimbursement process. You can then approach private practices, which are staffed by licensed psychologists with the same training as those who work with statutory health insurance but don't have a contract with the health insurance providers and therefore can't bill them directly.

Erika: So, I would pay the therapist myself and get reimbursed?

Johanna: No, not exactly. You would contact private practices, reach out to therapists to see if they can take you on, and ask if they can assist with the cost reimbursement process. The therapist would then submit an application to your health insurance stating that they would like to provide treatment to you as a private therapist. As the patient, you need to collect written rejections from therapists who work with statutory health insurance. You must contact several therapists, ask for a spot, and if rejected, make sure to get it in writing. You only need five of these rejections, which can be collected relatively quickly in certain regions.

Erika: Unfortunately, yes.

Johanna: Yes, unfortunately. You then submit these rejections along with the application for psychotherapy in the private practice and the confirmation of the need for therapy to your health insurance.

Erika: So, it's still quite a bureaucratic process.

Johanna: Yes, it is. It's also important to know that the treatment should not begin until after the health insurance has approved it to ensure that the costs will indeed be covered. A tip to reduce this bureaucratic effort: Some health insurance companies have individual contracts with private practices to counteract the long wait times and the shortage of therapy spots. If these contracts are in place, you can bypass the cost reimbursement process by calling your health insurance to ask if they have individual contracts. If they do, they can send you a list of therapists, and the bureaucratic effort will be significantly lower.

Erika: That's really helpful information. Okay, moving on. What rights do I have as a patient?

Johanna: As mentioned earlier, patients have various basic rights that must be observed by psychotherapists. These include the right to choose your doctor or therapist freely, and the right to change your therapist at any time. It's important to know that you don't have to stay with a therapist if you've started therapy—you can switch at any time. Patients also have the right to seek a second opinion from another doctor or therapist. If there's a problem, you can also file a complaint with the state chamber of psychotherapists if the therapist is a member of the chamber. The independent patient advice service in Germany, a non-profit and free service based in Berlin, also offers help and advice on health-related questions and issues. Their phone number is 0800 011 77 22.

Additionally, patients have the right to be informed about the nature, scope, and risks of the treatment and to participate in these decisions. This means that patients can refuse treatment methods that are recommended by doctors or therapists. Another important right is confidentiality and data protection in therapy. All data, documents, and information related to the patient are confidential and can only be shared with the patient's consent or under legal requirements. Patients also have the right to access their records at any time, which can only be denied in exceptional cases. For further research, I recommend the Federal Ministry of Health's website, where patients' rights are clearly summarized. You can find it at www.bmg.bund.de.

Erika: Perfect. My last question is about privately insured patients. What special considerations apply to the financing of psychotherapy for privately insured individuals? What should be known about private practices and potential additional costs?

Johanna: Generally, the coverage provided by private health insurance varies depending on the individual contract. If you're privately insured, for example, through your parents' family insurance, you must check the contract terms regarding coverage for psychotherapy. It's crucial to inquire about this over the phone or in writing. You can also talk to your parents about it. In any case, you'll need to apply for psychotherapy in writing and obtain approval for the coverage of therapy costs from your private health insurance before starting treatment. There's no way around this. Once you have approval, the advantage is that you can seek therapy in private practices, where waiting times are usually shorter, and you might get a therapy spot more quickly. That's one of the biggest advantages. However, private health insurance usually only reimburses treatments with psychotherapeutic methods recognized by the Federal Joint Committee as guideline psychotherapy. It's advisable to get the coverage approval in writing before starting treatment.

Erika: Okay. Thank you very much, Johanna, for all your research and for sharing your knowledge with us. This is a very important topic, and I'm sure this podcast will help many people. Just a quick note for all listeners: you'll find important links, phone numbers, and resources summarized in the description of this podcast episode—everything Johanna mentioned here. Finally, I'd like to say that it's never too late to seek help, and the process might not be as difficult as it initially seems. Thank you again, Johanna, for being here.

Johanna: You're very welcome.

Erika: ...and thank you to all our listeners for tuning in.

Johanna: Goodbye.