



SCIENTIFIC COMMENT

Tele-Psychotherapy in Germany

Nicole Feldmann^{1,2}

Affiliations

- 1) Lazar Research Consortium
A non-profit entity
Established by Dr. Marius Lazar
- 2) Clinical Psychotherapist
German Federation

Corresponding Author

LCG Greece
Nicole Feldmann
(fully licensed clinical psychotherapist in Germany)
Lazar Group Non-profit Research Consortium
Kifissias 16, Athina, 115 26
Hellenic Republic
LazarClinicGroup@post.com

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Abstract

Long strictly forbidden, tele-psychotherapy has now also found its way to Germany. This article is one of the first experience reports, written a year after the liberalization of this kind of medical service in all 16 German federal countries.

Comment

As a cognitive-behavioral psychotherapist in Germany, we usually hold our therapy sessions exclusively in a face-to-face setting. The rules are very strict and psychotherapy was not allowed digitally or by phone for a long time. This changed quickly with the Corona crisis in March 2020, and under immense pressure, health authorities allowed telephone sessions and tele-psychotherapy. Video sessions have since been allowed only through providers approved by regulators who ensure strict privacy. This conflicts with the telephone being allowed as a mode of communication in therapy because telephones, especially landline ones, are not end-to-end encrypted. I am grateful nonetheless, because the crisis required quick decisions.

Psychotherapy is a high-risk COVID-19 transmission situation because the therapist and patient produce aerosols in the room incessantly for 50 minutes during each session. Wearing a mask is a barrier in psychotherapy, in my experience, because mimic expressions of emotions are very important to both parties; especially with new patients when building a therapeutic relationship is an important primary goal. However, it was easy to convince my patients to try tele-psychotherapy. Some had privacy concerns, but when patients were provided with information by explaining the process and provider certification, and by actively encouraging them to try it, concerns became less. Most patients immediately expressed relief at being able to continue their therapy without risking COVID-19 infection. None of my patients refused video sessions. Each patient was provided with an information form that included the requirements for a successful therapy session:

- a room where they can speak freely in a quiet environment
- no pictures or recordings allowed at both ends
- technical requirements must be met: a working camera and microphone and a stable/reliable internet connection

Patients had to sign a written consent form (to ensure transparency²) and were then e-mailed a link that opened in all major browsers; so there was no need to install an additional app. One assumption was that the elderly would not have access because they are not as used to modern technology as younger people, but with a little extra help here and there, they were all successfully brought online. Currently, my oldest patient is 78 years old and she reports that she has had no problems. In my perception, tele-psychotherapy has not had a negative impact on the patient-

psychotherapist relationship or on the therapeutic process. This is also the feedback I have received from my patients. I use the same therapeutic techniques that I use in the office, and via screen sharing we can work as if we were using a whiteboard in the office. Psychotherapists in general are known as technology skeptics in Germany and many of my colleagues expressed concerns, some even hostility against the use of tele-psychotherapy, even though there are already studies showing that online therapy is as effective as face-to-face therapy.¹

There are other benefits that have become apparent:

- Access to psychotherapy is now easier, especially for a certain group of people who either don't want to physically walk into a psychotherapist's office because it is still perceived as a stigma for some. Also, certain patients with diagnoses such as social phobia or panic disorder who are unable to leave the house can now work on their problem in their comfort zone at home, although the long-term goal is still to reduce avoidance behaviors.
- There has been a significant increase in the proportion of male patients, particularly white-collar workers in management positions. Their workdays tend to be very long and these patients often do not find their way to psychotherapy, either because of a lack of time or because of a stigma issue.
- Since most patients attend their psychotherapy sessions from home, the psychotherapist gets a glimpse into the patient's very private world.³ Additional information is always good. I have asked my patients if it makes them uncomfortable that I get to see a part of their lives in this way, to which they invariably replied that it does not.
- Patients who live in rural areas save time and money on transportation, a factor that should not be underestimated.
- Greater flexibility for the psychotherapist, as it allows me to offer appointments at "unusual" times, e.g. in the evening, so that people who work full time have a higher chance of getting an appointment

German media was quick to assume that a major mental health crisis was imminent due to the effects of the Corona pandemic. This does not square with my personal experience, which of course is only a small sample. None of my patients have sought psychotherapy because of coronavirus related mental health issues, and the problems that lead them to seek help are more or less the same as they were before the pandemic erupted. Some patients report some minor stress because of the pandemic, but so far I haven't had a single case with problems due to working from home or because some businesses or shops are closed; and some patients even feel less stressed since the crisis broke out because they spend more time at home and have a slower pace of life as a result.

An entirely new and tragic problem involves survivors of COVID-19 disease.⁵⁻⁹ Most of them had to be treated in an intensive care unit. They suffer immensely from the physical and psychological consequences caused by the disease, including PTSD.

Most of them are still unable to work after many months. One female patient in her late twenties still cannot manage to climb stairs after fourteen months, had to quit her job and developed Chronic Fatigue Syndrome (CFS). Most of them suffer significantly from the fear of being re-infected with a new COVID variant.

As to legal issues, I would only admit new patients with suicidality or a history of suicide attempts to digital care with extra caution. That being said, these patients need help the most, and part of our job is to manage that risk. We're all well trained in assessing suicidality, and I think it's just as possible to do that assessment via tele-psychotherapy.^{1,4} But because the legal side of that has not yet been fully regulated to my knowledge, I would not take that legal risk. For the same reason, complex personality disorders with other comorbidities should be treated face-to-face until more data are available and the legal side is settled.

Conclusion

So, my experience with tele-psychotherapy is overwhelmingly positive. Nevertheless, the German Psychotherapy Boards (federal and states) still considers face-to-face therapy to be the "gold standard" and I expect they will quickly curtail the use of tele-psychotherapy as soon as the Corona numbers are "low enough", whatever this means. However, there are no studies that I know of that show that face-to-face is actually the gold standard in any form of evidence-based psychotherapy. Rather, deep-rooted conservatism seems to influence decisions here and a culture of "doubt," which probably also explains why Germany is lagging behind in digitization by international standards. I would consider it a step backward and a missed opportunity if restrictions were imposed again. It should be the freedom and the responsibility of the psychotherapist to decide who gets psychotherapeutic treatment face-to-face or via telemedicine.

Conflicts of interest

None.

Ethical standards and patient's rights

This comment is in accordance with the Declaration of Helsinki.

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