

## **Further education in the field of addiction**

**Germany**

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To make reading easier the male form has been used, the female form is also meant

# 1 System

The German system helping addiction has been differentiated further as a subsystem of the social-and medical care (DHS 1999) It encompasses a broad spectrum of measures that includes the severity of the dysfunction, the willingness to cooperate and the personal and social resources of the people with substance abuse- and behaviour disturbances and their relatives (e.g. children and partners) (DHS 2001). In addition different treatment concepts are developed for the target groups.

In the working fields of the prevention, the social counselling, harm reduction and the treatment respectively medical rehabilitations, apart from the nursing staff especially social workers, social pedagogues, psychologists, pedagogues, doctors and in the self help, also voluntary (honorary) helpers work. A strict separation between the professionals involved in the treatment is difficult, as a multidimensional approach prevails and the different competences of the occupational groups have to converge in the whole treatment process of addicts. This also applies to the cooperation between professional staff in the institutions and honorary (voluntary) helpers in the self-help.

The named occupational groups usually work in the following fields:

- ambulant detoxification (surgeries, drug counselling centres),
- withdrawal in hospital (psychiatric clinics, "specialised" clinics),
- ambulant withdrawal (drug counselling centres),
- after-care institutions (assisted living, interim housing, hostels),
- operational addiction help and
- self-help (e.g. as full time consultants and CEOs).

The employees are usually organized within a professional association:

- for the doctors they are the federal and national medical associations,
- for the occupational group of social workers and social pedagogues it is the German Professional Association for social work, social pedagogic and therapeutic pedagogy (Deutscher Berufsverband für Sozialarbeit, Sozialpädagogik und Heilpädagogik e.V.)
- for the voluntary helpers they are the Federal organisations for self-help and patients' associations.

67 % of the therapeutic staff working in the ambulant addiction institutions belongs to the occupational group of social pedagogues or social workers (Sonntag and Welsch 2004). In the stationary institutions for legal substances nurses are the largest occupational group with about 20 %. They are followed by social workers and social pedagogues with about 19 %, and psychologists with 18 % and doctors with 15 %. In the stationary institutions for illegal substances the occupational group of the social workers and social pedagogues are the most strongly represented group with 24 %. The percentage of the doctors is 8.5 % (Sonntag and Welsch 2004).

Due to different educational structures and job policies representation of interests no standardised educational tradition has been developed in the addiction help (Fleisch 1997). At the beginning of the nineties the first joint general agreement with a mandatory character could be implemented, which primarily alludes to medical rehabilitation<sup>1</sup> and substitute drug treatment.

The further professional development in the job resulted from the change in society, legal and health policy regarding addiction help. New demands are made on the involved professionals. Mostly the first qualification is not sufficient any more to give addicts optimal

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<sup>1</sup> The aim of the medical rehabilitation is the restoration and respectively improvement of ability to work through solving or compensating body and psychological disorders. Hereby the abstinence of drugs is a wished and aimed behaviour.

and qualified counselling and treatment. In front of the background of the multi-professional cooperation in the whole treatment procedure of addicts, different professional-methodical competences have to be consolidated. This requires that the respective participants, apart from having competence in their special working field have to be capable to think along with the other disciplines to be able to cooperate with their representatives at all. The respective participants have different conditions of operating, interests and thus communicational requirements. Because of this reason the competences of the involved occupation groups have to be continually kept up to date by further education seminars.

In the addiction help training courses are offered, which take a short time and concentrate on one aspect of an area, as well as continuing education courses that have an independent degree (certification) or at least a professional theme introduction.

Training courses don't create a basis in the encompassing meaning of continuing education. but deal with an aspect of an area. Generally, existing professional competences are extended and differentiated (Nodes 2004).

Continuing education primarily is aimed at therapeutic and addiction medicine competences. Post-graduate further education studies e.g. Master studies and additional therapeutic qualifications are designed interdisciplinary. They mainly target the different occupational groups. In the field of addiction medicine there is no comparable postgraduate further education. Addiction medicine training courses are offered e.g. subject "addiction medicine primary health care" and subject "psychology of addiction", which are exclusively aimed at doctors. Obtaining specific professional skills for voluntary workers further education is mainly offered by the organized self-help.

The further information in this paper refer to the most important post further education post graduate studies and further education in the addiction help:

- Post graduate further education and course of studies for the occupational groups of social workers and social pedagogues, psychologists<sup>2</sup> and doctors for the area addiction therapy or social therapy.
- Expert (addiction medicine) further education only for doctors. As there is no addiction medicine postgraduate further education study for the occupational group of doctors, the following refers to exemplary the nationally introduced subject "addiction medicine primary health care" (Fachkunde Suchtmedizinische Grundversorgung).
- Topic centered and semi-professional further education and continuing education for voluntary helpers, leaders of self help groups and functionaries of abstinence and self help associations.

## 1.2 Post graduate further education

A postgraduate further education is characterized by the fact that it imparts further and specialized knowledge, in the framework of a curriculum, additionally to an existing degree (independent if the degree was obtained at university or at a polytechnic). The organising of continuing education during work is a didactic principle during this learning process. The core competences of the occupational groups are already covered by the basic studies and can be taken for granted. (The specialized learning process always takes place in the practical field of work where the students come from and is also structured by their acquired professional day-to-day experiences (DHS 2005).

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<sup>2</sup> On January 1st 1999 the "law concerning the jobs of psychological psychotherapists and the children and adolescent psychotherapists" (Law psychotherapy PsychThG) became effective. It contains et.al. changes of job and medical insurance concerns for psychological psychotherapists. The law expresses the claim to ensure quality standards in psychotherapy (Stock 2000) With this law, the new occupational group of psychological psychotherapists without the additional qualification demands, can treat addicts.

The basis for a high-class additional qualification in the field of work addiction is the close linkage between the acquired knowledge during the further education with the practical demands and experiences of the daily work. Postgraduate further education can only achieve a relevant qualification if the intensive transfer between practise and education is ensured. So, a job in the addiction help, at least half the amount of regular working time, is required. This is also recommended for Master studies by the DHS (2005).

## 2 Additional therapeutic qualifications

In the addiction help a new approach to the understanding of addiction and dependence has been accomplished, due to a federal court judgment from 19th June 1968<sup>3</sup>.

In professional circles it was discussed how addiction and dependence can be understood in the background of psychotherapeutic concepts and how it could be implied in practice oriented forms of treatment. Classic theories from psychotherapy and e.g. the psychoanalysis and the behaviour therapy gained importance and had to be modified according to the special features of the treatment of addicts. This, in the framework of performance, resulted in new demands for the qualification of staff in the institutions being defined by cost units and funding companies.

Since 20th November 1978, the recommendation agreement for the cooperation between the medical and the pension insurance companies concerning the rehabilitation of addicts, form the social law basis of the treatment. They define, together with the quality assurance programme of the funding companies, the general framework for the treatment and regulate the further education and quality demands of the involved occupational groups.

As there was no governmental recognition or regulation for further education until the beginning of the nineties, the Association of German pension insurance companies (VDR-Verband Deutscher Rentenversicherungsträger) gave a project group of specialists (of the respective social insurance companies) the task to develop criteria/standards that should stipulate the specific-job related demands for the respective professions (that treat), facilities for further education of the associations and institutions. In 1992, the VDR additionally published the criteria for judging the "Further education courses for one to one and group therapists (field of work addiction)" according to the recommended agreement of 20th November 1978 and § 5 Abs 4, of the now current "Agreement Addiction-related illnesses of 4th May 2001"<sup>4</sup>. One has to consider that the VDR can finally only advise in this question, as it has no directive authority respectively supervisory authority over the social insurance companies. The formal issuing of the acceptance occurs at the national level e.g. by national insurance companies, social miners' and mine-employees' insurance and the Seamen's Accident Prevention and Insurance Association.

The goal was and still is, to enable people, from the social pedagogical, psychological and medicinal fields of work of the medical rehabilitation of addicts, to do an additional therapeutic training course. Only with a recognized qualification from the VDR can a person who treats at the ambulant and in-patient institutions administer therapy sessions and bill the medical and/or pension insurers. The demand for professionalism and specialisation in the field of work of the addiction help finally led to the associations of the free welfare work, professional associations, municipal institutions and other organisations developing their own further education problems and offering them to their staff. Concerning the creation of such offers different psychotherapy concepts were integrated into the respective curricula (DHS 2005).

### 2.1 Forms and contents

The therapeutic additional qualifications with the recognised certificate for social therapist respective addiction therapist are curriculum supported, dual further education courses with a methodical direction. They offer the opportunity to obtain a further (semi-professional) degree respective additional qualification, additionally to the existing one. The job titles social

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<sup>3</sup>The federal court (BSG-Bundessozialgericht) passed a judgment 18th June 1968, further developing the case law of the Reichsversicherungsamt deciding that (alcohol) addiction as such, regardless of its stage; due to the dependence the loss of self control is an illness.

<sup>4</sup> Kriterien zur Beurteilung von „Weiterbildungen für Einzel- und Gruppentherapeuten (Tätigkeitsfeld Sucht)“ gemäß der Empfehlungsvereinbarung vom 20. November 1978 und § 5 Abs. 4 der jetzt aktuellen „Vereinbarung Abhängigkeitserkrankungen vom 04.05.2001“.

therapist and addiction therapist are not protected in Germany. They are merely used for the qualification expression. Institutions for further education of the associations are among others, the association for drugs and intoxicants (FDR-Fachverband für Drogen und Rauschmittel e.V.), The association for addiction aid in the Diakonisches Werk (GVS-Gesamtverband für Suchtkrankenhilfe im Diakonischen Werk e.V.) and the regional authority Westphalia-Lippe (Landschaftsverband Westfalen-Lippe) with psychoanalytical and behaviour therapy as well as systematic oriented curricula. The participants are educated as such during the further education that they are able to counsel and administer therapy to individual clients, their relatives and in groups in a responsible way and independently. Altogether the competences must be taught in the areas of diagnosis, counselling, individual psychotherapy, group psychotherapy and work with "persons to whom patients relate". The therapists should also be qualified for other areas in counselling and caring such as (e.g. information for employers) (Ammer 1992, Helas 2000).

### **Costs for further education for the participants**

The costs for therapeutic further education, without boarding, food and travel expenses, with a duration of 600 hours, are between 6 000 and 8 000 Euro. The participants paying part is the precondition for further qualification. The aim of achieving more quality in the addiction work is opposed by the unwillingness of the employers to pay more for the qualification of their employees. Nodes (2004) points out that the often occurring job descriptions of many institutions (requirement additional therapeutic qualifications with usual pay scale) are to be regarded as an attempt to shift the costs for human resources development onto the employees. A few years ago it was possible for the staff to get into a higher salary group due to a necessary additional qualification. This is no longer possible, as the federal employee pay scale (BAT-Bundesangestellten Tarif) from 1991 no longer exists since the change. Due to lowered public benefits for the institutions during a period of time, they reduced human resources and human resources development costs. Some employers were first prepared to pay the costs for the further education courses, but this is no longer the case today (Nodes 2004). Benefits for participants, on the basis of the employment promotion law (AFG-Arbeitsförderungsgesetz), no longer exist since 1984. In single cases career advancement in the framework of reintegration into employment according to the regulations of the codes of social law SGB VI or SGB XII may be permitted. The costs of further education are tax-deductible as professional expenses at the Inland Revenue.

### **Financing of the institutions for further education**

The institutions for further education such as the association for drugs and intoxicants (FDR) or the association of addiction aid finance their further education solely by the contributions of their members. The regional authority Westphalia-Lippe as a public law responsible body receives national funds.

## **2.2 Quality demands and evaluation**

Since 1992 the standards of the VDR (see chapter 2.1) are valid. They regulate the quality demands of the occupational groups involved in therapeutic treatment processes and set standards for the setting of further education courses.

Necessary quality demands for the respective occupational groups:

- Doctors have to have a further education according to the further education regulations of the respective medical association.
- Qualified psychological psychotherapists must have a qualification according to the psychotherapist law.
- Psychologists need a suitable further education (there are no particulars about this).

- Social workers and social pedagogues have to finish a field of work specific (occupational training), i.e. a further education aimed at the indication addiction

The institutes of further education have to verify a defined organizational and didactic set up of their offers. The curricula have to contain the examination of an illness model of addiction as well as a statement of a personality model. Hereby it is to be taken into account, that from the broad variety of possible personality models only those are accepted which can be deviated from a scientifically founded theory. The contents have to relate to the teaching of sufficient medical basic knowledge regarding the development of addiction illness, the planning and implementation of treatment, intervention methods and evaluation (Heise 2000, Neupert-Schreiner 2003).

Additionally the institutions have to fulfil the following minimum requirements to receive the recommendation for acknowledgment:

- The further education has to be organised additionally to the job.
- The duration of the further education has to be a minimum of two years, with 600 hours (400 hours teaching of therapeutic skills, 200 hours theory), as well as self-awareness and supervision units. A final exam is compulsory.
- The teaching staff may only be professionals from the fields medicine, psychology and social work, who have some years of working or professional experience.
- A suitable job related practice area has to be available with the relevant opportunities to practice. Parallel to participating at the course a full time job with at least 50% of the weekly working hours are required. (As the further education should qualify one for a psychotherapeutic job in the treating institution).
- A condition to participate is the professional training as a doctor, psychologist, social worker or social pedagogue.

Meanwhile 12 further education- and two additional curricula<sup>5</sup> are recommended for acknowledgment (status quo January 2003).

German Head Office for Dependency Matters (Deutsche Hauptstelle für Suchtfragen) helped to create the quality standards, they had made their own professional criteria in 1991 these are part of the standards now. For a few years the DHS has been trying to achieve a revision of the VDR standards, as current developments in the addict help are not taken into consideration. Here problems in the following areas arise:

- For experienced staff, whose further education was accomplished some time ago (and thus is not VDR recommended) it is almost impossible to change jobs.
- For shortened basic or additional courses positive decisions from the VDR are missing. 2000, only two basic curricula for a limited target group, with an indication comprehensive additional training, were acknowledged e.g. additional curriculum "Social therapy emphasis addiction" from the European academy for psychosocial health and the additional curriculum "Addiction therapy" from the Hamburg institution for gestalt oriented Further education.
- Graduates of an indication comprehensive additional training only receive an acknowledgment related to their current job.
- Participation at a further education course, recommended by the VDR, requires a job in the framework of medical rehabilitation. At the same time employment in this field is only possible with at least advanced job related specific further education. Job starters have no chance to enter this field.

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<sup>5</sup> In the stated selection criteria it is determined that, within an interim period, long standing staff just have to complete their previous further education through individually defined further education components to be acknowledged as therapists. Out of this interim regulation the necessity arose to develop criteria for a so-called additional curriculum. The criteria catalogue for additional curricula is a standard for the assessment of additional further education courses

- With the introduction of the psychotherapy law a great uncertainty has arisen, especially for the occupational groups of social workers or social pedagogues. The psychotherapeutic work in the framework of ambulant or hospital withdrawal treatments are only a segment of the social work in the addiction help. Here the legality of acts in this area was discussed. Furthermore it should be regarded that here German law is opposed to European law and claims at the European Court cannot be ruled out. As for example 17 psychotherapeutic methods in Austria were acknowledged (also the systemic family therapy, which is not acknowledged in Germany).

So far there is no representative research concerning the empiric examination of the therapeutic further education courses. However the institutions do submit their own questionnaires to their graduates but the results are not published. General statements about study results, satisfactions of the participants, improving of the job situation are currently not available.

The documentation and evaluation of "further education social therapist" of the academy for scientific talk therapy (GwG-Akademie der Gesellschaft für wissenschaftliche Gesprächspsychotherapie) from Schultz (2004) does concentrate on the assessment of courses, the framework conditions, and the effectiveness of the course. But only the statements of 24 graduates were taken into account. Accordingly 12 participants had improved their job situation since the beginning of the course. The improvements refer to taking on new tasks, taking over managerial functions, full time jobs, job security, better salary opportunities e.g. higher income group, and more autonomy.

### **3 Master degrees in the addiction help**

In the last years, due to the modernisation and internationalisation at the universities, an increasing number of master degrees were developed, which will have effects on the area of addiction help in future. The legal basis and a binding basis for the introduction of bachelor and master studies were created by the amendment of the university law (HRG-Hochschulrahmengesetz) in August 1998. According to § 19 HRG test studies can be created, that lead to a bachelor or a master's degree (Accreditation Council 2005). Currently there is only one master course of studies in the addiction help. This development however, with academic titles, creates a long-term alternative and competition for the existing offers outside university and should receive special scrutiny. In this context the DHS has phrased "Recommendations for postgraduate curricula in the addiction help (2005)", which define content related and structural basic requirements for curricula in the field of addiction help. With the recommendations the studies emphasis on the fields of work and fields of activity for social workers and social pedagogues will be set. The recommendations are mainly valid for the different offers of postgraduate further education courses, especially further education courses from the organisations and scientific polytechnic or university studies.

The Catholic Polytechnic/College in Cologne (Katholische Fachhochschule in Köln) offers the master studies course offers the Masters study course for "Addiction Prevention and Treatment" "Master of Science (M.Sc.).

Whereas the qualifications of the institutions for further education only have the therapeutic competence as a goal, with the offer of Master studies courses, further focus points of the addiction help, such as prevention, are taught. At the same time the participants, with the same duration of studies receive, additionally to the VDR acknowledgment, an internationally accepted academic degree and the possibility to do a doctorate. So their chances on the job market are improved. (One has to regard that only the universities still have the right to award a doctorate).

#### **3.1 Forms and Content**

The course of studies at the Catholic College in Cologne encompasses 812 lessons. The seminars take place at weekends and in 3-4 week lesson blocks (Klein 1999). Following the VDR standards the curriculum is based on cognitive-behaviour therapeutic and systemic basis. From its methodology and didactic theory and basic knowledge (e.g. addiction psychology, addiction medicine, social and pedagogical work in the addiction help, law and interdisciplinary addiction research), therapeutic methods and techniques, supervision, casework, and self-awareness are taught (Klein 1999).

#### **Costs of the further education for the participants**

The costs for the Master's Degree at the Catholic College in Cologne with a duration of 4 semesters are stated as 8 000 Euros, without board and lodging. (The general tuition fees vary according to the different federal states). If the standard period of study is exceeded, mostly the tuition fees per semester are increased. In the framework of the master's degree there is the advantage that a grant can be received. Who plans a postgraduate master's studies course according to § 9 of the HRG and already has a degree in a former course of studies can receive a loan for students in advanced stages of training.

#### **Financing of Master's degree studies**

Usually the universities and the colleges are financed by the respective ministries of the federal states. Additionally target agreements are made between the federal government and (represented by the ministry of science) and the respective university, these regulate quality

aspects as well as financial agreements. And the universities refinance their costs through the participants' tuition fees.

### **3.2 Quality demands and evaluation**

For the field of the universities at the federal state level e.g. North-Rhine Westphalia, regular evaluations of studies, teaching and research are determined as a basic task of the universities. Internal and external evaluations are tasks for the universities by law. The aim is that the universities inform about the status quo of the implementation of their objectives set by themselves about the status quo of their studies, teaching and research and about their creation of profile.

1999 The ministry of education's conference (KMK-Kultusministerkonferenz) decided on cross federal structure specifications for the introduction of bachelors' and masters' studies. The aim of these specifications is to provide clear and reliable information about the studies in Germany and the quality of the achieved degrees. To guarantee a careful examination of and reliable quality assurance of the master studies a cross federal accreditation council was set up. It coordinates the process of professional and content related surveying of the new studies and permits the agencies assigned for the respective faculties. As a sign of a passed quality inspection the certified studies have the sign of approval from the accreditation council.

The Catholic College in Cologne (2004) has undertaken its first final evaluation of its masters study course "Master of Science (M.Sc.) in Addiction Prevention and Treatment" with 24 participants. According to this the graduates certify that the studies course had a high quality referring to teaching the scientific and therapeutic competences in the fields of addiction theory, addiction therapy and job related self-reflection. Room for improvement was seen in the organisational processes and the transparency of courses and in regard to performance requirements and teaching of quality control and- assurance in the therapy. Furthermore 58.3 % of the graduates stated that their position at work hadn't changed, while 38.5 had been able to improve their position at work (Klein and Hoff 2004).

## 4 Expert further education courses (addiction medicine)

Addictions to legal or illegal drugs make special demands on the qualification of doctors in the basic medical care. Every year 75% of all people with alcohol problems visit a doctor's surgery. About 25% let themselves be treated in a hospital (federal medical association 1999).

Thus the necessity arose to develop measures for early detection and a structured short-term consultation at surgeries and in hospitals. With the aim to induce addicts to change their consumption behaviour (John et al. 1996, Follmann and Kremer 2003). The board of the federal medical association reacted to this need and decided on the subject "addiction medicine basic care". This was passed as a model curriculum in 1999 after the suggestion of a working group of the federal medical association (Follmann and Kremer 2003, federal medical association 1999).

The implementation of the subject "addiction medicine basic care" as qualification proof for the field of addiction medicine, received special importance with the amendment of the narcotic law for prescription (BtMVV-Betäubungsmittel-Verschreibungsordnung) in 2001. Here an addiction therapy qualification as a requirement for doctors, who want to treat patients addicted to opiates with substitution medication was set. This addiction therapy basic qualification is determined by the respective federal medical associations. Hereby it is mostly the stated subject. Additionally the doctors, according to the so-called BUB-directives<sup>6</sup> of the federal committee of doctors and medical insurance companies, need a corresponding permit, which is only given when the professional qualification has been proven. The verification is given by presenting the certificate of the subject (Follmann and Kremer 2003).

Contracted doctors from any field have to prove a regular further education, after the law to modernise the compulsory health insurance companies 14.11.2003 (GMG-Gesetz zur Modernisierung der gesetzlichen Krankenversicherung)<sup>7</sup> was passed, if they do not want to lose parts of their fees or the to be struck off the medical register. Hereby they should "earn" 250 "further education points" every 5 years. The points can be obtained by e.g. attending congresses (e.g. DHS symposium), participating at quality working groups and so-called inter active further education courses<sup>8</sup>). For the subject "addiction medicine basic care" e.g. 50 250 "further education points" are given. The events and modules have to be checked and certified by the federal medical association. Depending on length of the event (seminar hours) "further education points" are given.

### 4.1 Forms and Contents

The subject "addiction medicine basic care" aims at the basic care for addicts. Here detailed knowledge and skills should be taught, concerning prevention, diagnosis, therapy and early rehabilitation of addiction diseases. 10 federal medical associations (medical corporate bodies) already, have taken the subject "addiction medicine basic care" into their further education regulations, after they were approved by the respective ministry of health. (federal medical association 1999, Follmann and Kremer 2003). The courses are offered by the further education departments of the regional medical associations and academies for further education of doctors. They consist of 50 hours. The frequency when they are offered varies

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<sup>6</sup> The previous "Guidelines about the assessment of doctors' examination and treatment methods (BUB guidelines) according to § 135 Abs 1 SBG V were newly worded after the decision of the federal committee of 1st December 2003 and renamed "Guidelines to assessing doctors' examination and treatment methods (BUB-guidelines).

<sup>7</sup> Law to modernise the compulsory health insurance from the 14.11.2003, stated in BGB I 2003 Nr. 55. from 19.11.2003.

<sup>8</sup> Further education in the field of E-learning could not be realised yet.

between once or four times a year. The courses mainly take place at the weekends. The contents of the courses comply with the federal medical association's further education curriculum.

The curriculum is based on 5 modules (with the possibility of one's own main focus) The theoretical contents are in the foreground (e.g. main features of the medical care system and legal foundations), focal point training of motivating conduct of conversation and practical exercises for the optimal usage of the things learnt. Also didactic and respectively methodical hints how to lead the courses are contained. The curriculum encompasses all types of addiction and forms an integrative concept for the field of legal and illegal drugs (federal medical association 1999).

### **Costs of further education for the participants**

Usually the doctors pay the further education from their own personal budget. A financial compensation e.g. in the sense of a loss of earnings, when the surgery is closed during the education period does not exist. Benefits for the addiction basic medical care for addicts (e.g. early recognition and short term intervention for alcoholics in surgeries) are not paid by the medical insurance companies (Follmann and Kremer 2003). Haumann (2004) expounds the problems that the relatively high hurdle of a further education subject "addiction medicine basic care" with 48 hours deters many doctors, so they forgo the approval of substitution and stop their treatment. Nevertheless further education points are given, which have to be proven anyway.

### **Financing the subject**

The courses of the subject "addiction medicine basic care" refinance themselves through the participants' contributions.

## **4.2 Quality demands and evaluation**

The implementation and organisation of the further education is done by the regional medical associations and the Federal Association of CHI Physicians (KBV – Kassenärztliche Bundesvereinigung). The Regional Medical Associations certify these, while the Federal Association of CHI Physicians does the quality control.

Under the lead management of the Medical Association Westphalia-Lippe (2001) a nationwide survey was done about introducing and implementing of the subject "addiction medicine basic care" in the Regional Medical Associations. It was assumed that with the introduction of the therapy qualifications for doctors in the field of substitution, there would also be effects on the supply for patients who are substituted. Further, the organisation and implementation of further education for the subject in the different federal states should be compared. The result that could be noted was, that in 10 regional medical associations included the subject in the further education regulations, and 3 others started planning it. Altogether 924 "proof of competency, subject: addiction medicine basic care" were granted, 50 % of these to medical specialists for general medicine and internal medicine.

There are regional and special area related differences concerning the demand of obtaining this special subject. Most doctors who treated substituted patients in their surgeries were not prepared to learn this special area subject. From their point of view there were no incentive system). Due to this Follmann and Kremer (2003) expect a negative impact on the supply of substitution patients, as some different areas are already undersupplied.

## **5 Further education for Self Help**

The organised addiction self help is active nationwide and has an area-wide net of help (outreach) for addicts and their relatives. The actual basis of these helps (outreaches) is about 8 000 groups on the spot, which meet regularly, (mostly weekly) to and offer talks with people who have problems with substance abuse. Additionally to this there are also participants in self-help groups from the free welfare work. Mainly the self-help groups are frequented by primarily alcohol addicts. In the field of ambulant drug help there are about 3 000 affected people which work in groups (Fredersdorf 2001).

The abstinence and self help organisations e.g. Anonymous Alcoholics, Guttempler in Germany and Cross Federation (Kreuzbund), have an over 100 year long tradition of working with addicts. During the last 40 years these self help organisations have broadened their voluntary and honorary helpers competences, by offering special training. These special training offers are not oriented at a basic job, but refer to a self-help oriented job.

With the offer of further training the idea of self-help and the particular mission statement of the particular association is made known to the public. The providers of the training courses are primarily the abstinence and self help associations (national, municipal organisations and regional groups). Altogether the abstinence and self-help organisations conducted 4 815 further education activities a year. Additionally to this 3 190 seminars and further education (training courses). The offer is increasing. With the offers of further education the group leaders reflect and analyse their work and thus receive new input and methods of resolutions, to develop the offers of help further for the addicts and their relatives.

### **5.1 Forms and Contents**

Offers of training in the addiction self help range from addiction specific topics, in the form of day and/or week seminars for group leaders, - members and their relatives, to block seminars lasting some weeks respective training programmes. The day and weekend seminars teach basic knowledge concerning self-help support, founding groups and leading groups.

In the further education courses that last a few weeks, the methodical abilities with parts of self-awareness and critical reflection of (one's) practical activities is taught. Especially group- and discussion leaders, voluntary helpers, association members and functionaries are targeted. Participation is often a requirement in the organised self-help to take on an honorary post or lead self-help groups.

The International Organization of Good Templar (IOGT-Guttempler in Deutschland) offer a further education to a voluntary addiction helper. Here seminars and course days of altogether 130 hours are conducted. This further education does not prepare one for a full-time job in the addiction self help, instead it methodically teaches important and necessary knowledge in the field of voluntary help. In the foreground are the reflection of one's own attitude, limits of the possibilities to help, knowledge about alcohol- and drug difficulties, structures and cooperation partners within the help system. At the end of the training the participants take part at a colloquium and have to present a theoretical assignment. For this the association issues its own certificate. The further education in other self help associations are designed in a similar way organisationally and as regards content.

#### **Costs for the participants**

The costs for members of the addiction self help organisations are about 400, -- Euros and for non-members 800, -- Euros. This amount also contains costs for accommodation and board. Some seminars are recognised according to the paid educational leave of the respective federal state. That means the helpers receive special company leave from their employers, if they are employed additionally to their voluntary work. Usually the participants

pay the training themselves. Self-help members who have accomplished such training or a comparable one are respected in the association and have semi-professional competences.

### **Financing the further education**

Not least because of the shortage of public funds have political decision makers recognised that the tasks, voluntary done by the self-help, are effective and contribute cost-efficiently to the care and support of addicts. The addiction self help is supported financially by pay roll deductions and voluntary deductions from the social insurers (medical and pension insurers) and public authorities (e.g. town councils and ministries) These public benefits also refer to the development of and realisation of regional, national- and federal further education offers). For example during 2003 around 400 schooling- and seminar offers for group members, group leaders and voluntary helpers of the Federal Insurance Institution For Employees (BfA-Bundesversicherungsanstalt für Angestellte) were supported.

### **5.2 Quality demands and evaluation**

The offers for further education are not very transparent and concise, for members and leaders of self-help groups, who are not organised in a self-help association. Additionally, often only members have access to the offers. A requirements planning and coordination of the offers for further education between the institutions that offer them only occurs marginally. General quality criteria for the design of the contents of teaching do not exist. The content of the spectrum is large and overlaps.

The Cross Federation (Kreuzbund) has made it a condition for their group leaders, to have a certificate from a relevant further education course. Other associations reject such quality demands. From their point of view such quality raster question the self-help character and lead to an increasing professionalization of self-help.

Currently the DHS-expert committee "Self-help" is assigned with compiling a common position paper about the topic "Quality and Self-help".

Evaluations in the addiction self-help will play a stronger role in future, especially when self-help groups and associations are supported by social insurance agencies or by the state. Statements about the transparency, accessibility, and usage of the different offers are demanded increasingly. Evaluations are significant, which permit statements concerning the efficiency of further education in self-help and describe their effects upon the care for addicted target groups.

## 6 Developments/Perspectives

So far the addiction help's field of work has been determined too much by different further education structures, job political lobbies and different standards. The implementation of further education offers, with heterogeneous job- and qualification structures in a structured social contribution system and thus different competencies and responsibilities, is problematic.

2001 a changing process began for social work with the establishing of Master studies at the universities, Bachelor- and Master studies should enable a European standardization of educational achievements until 2010.

Keywords such as two-phasing, practice orientation, modularisation, and standardised duration of studies, quality assurance, and accreditation are discussed and implemented at European and German level at the polytechnics and universities.

Two possible perspectives arise from the situation: 1. Master studies do conduce to standardisation but on a short-or long-term basis they lead to an increase of the already existing variety and complexity. 2. A cutthroat competition is taking place. In the medium-term certain forms of further education will become extinct.

It is not clear which developments will arise hereby for the established therapeutic further education courses of the institutions, which determine the further education market for the non-medical occupational groups. Many faculties at the universities are already developing new studies. The question occurs if the therapeutic field will not continue to be reserved for the further education institutions of the associations. It is supposable that addiction specific further education courses (e.g. addiction therapy) will be integrated in the university field in future, as the polytechnic/college in Cologne has already implemented. (merge of the therapeutic further education and addiction prevention to a Master studies). With the changes in the university system measures for quality assurance, like ranking, evaluation and accreditation are increasingly playing a larger role. Higher performance requirements are not only demanded from the students but also from the teaching staff and their institutions. The faculties have to disclose their graduate school programmes and their curricula, also for their own legitimation (Buttner 2005). Additionally the further education offers are closely linked to the market and have to self-finance. That means Master studies that have to be paid for or therapeutic further education courses can only exist on the future further education market if they are applied for advertised for accordingly.

The evaluation of the further education courses, especially statements from the students about their satisfaction with the respective further education course as well as prognosis for their job perspectives will form quality features in future, which ensure competitive advantages.

The demonstration of the single quality profiles will lead to more transparency of the offers for further education and their comprehensibility.

Hence the demand derives, that in the framework of the modularisation process, the study- and quality targets, interdisciplinary in the exchange with the professional experience representatives, the universities and the students, should be inspected regarding their up-to-datedness and relevance. The orientation towards the demands of the fields of work, e.g. the prevention, the social counselling, the low-threshold work and the medical rehabilitation (treatment) are evident for the development of such curricula. The current "Recommendations for post graduate curricula in the addiction help" of the DHS (2005) are a step in this direction. They should also be considered in the further development of and inspection of curricula. (This concerns e.g. the admission of Master studies). The DHS wants to thus ensure that the corresponding education in the post graduate field orients itself at the quality standards of the addiction help and include the associations' further education institutions decades of experience.

Addiction medicine further education courses are met with a moderate response by doctors, although according to Follmann and Kremer (2003) the facilities for medical care have the

highest attainability quota of addicts. Although the (professional) subject “addiction medicine basic care” could be implemented nationwide, it is not used much by the doctors so far. The reason for this is, benefits (payments) for the addiction basic medical care for addicts (e.g. early recognition and short term intervention for alcoholics in surgeries) are not paid by the medical insurers. Follmann and Kremer (2003) fear, due to this, only a small group of dedicated doctors will provide medical care for this patient group. In front of this background the demand derives, that doctors for the medical care of addicts should be further informed and schooled by their medical profession and addiction medicine associations. Here, a promising strategy would be, to focus on their responsibility and function as a “gatekeeper” (linking function) that they have in their field of work (e.g. in surgeries or hospitals) when it concerns early recognition and motivation about damaging use for patients and transfer them to other help systems (e.g. ambulant withdrawal therapy or withdrawal therapy in a hospital). Further incentive systems (e.g. invoicing, further education points in E-learning in the area of addiction). In addition it would be wished that the area “addiction medicine” were already deep seated nationwide in the basic training (during medical studies).

Further education in the self-help has proven itself for many years and is met with a lot of approval by the voluntary and honorary helpers. That self-help effectively contributes to treatment of addicts is undisputed in Germany and statutory. The individual and collective participation (via self-help associations) and information of patients is stated in the social security statutes (e.g. in SGB IX and SGB I.) Because of this reason, further education and training in the self-help are essential preconditions that the involvement of citizens in the health care sector can be institutionalised and that the representatives of the self-help are also acknowledged by other professions.

## 7 Literature

1. Akkreditierungsrat (2005): Fundstelle: [www.akkreditierungsrat.de](http://www.akkreditierungsrat.de). Datum: 22. April 2005.
2. AHPGS (2002): Standards und Kriterien für die Akkreditierung von Bachelor- und Masterstudiengängen im Bereich Heilpädagogik, Pflege, Gesundheit und Soziale Arbeit. Stand Oktober 2002. Freiburg.
3. Ammer, F. (u.a.) (1992): Beurteilung von Weiterbildungen für Einzel- und Gruppentherapeuten (Tätigkeitsfeld Sucht) gemäß der Anlage 1 der Empfehlungsvereinbarung vom 20. November 1978 und § 5 Abs. 4 der Empfehlungsvereinbarung Ambulante Rehabilitation Sucht vom 29. Januar 1991. In: Deutsche Rentenversicherung 7-8, Frankfurt am Main, S 468 - 473.
4. Bundesärztekammer (2005): Fachkunde „Suchtmedizinische Grundversorgung“. Fundstelle: <http://www.bundesaerztekammer.de/30/Weiterbildung/35Initiativ/FachkSucht.html>
5. Bundesärztekammer (2005): Fachkunde / Qualifikationsnachweis und Curriculum „Suchtmedizinische Grundversorgung“. Fundstelle: <http://www.bundesaerztekammer.de/30/Praevention/20Sucht/70Qualifikation/>
6. Bundesärztekammer (Hg.) (1999): Curriculum „Suchtmedizinische Grundversorgung“. Texte und Materialien der Bundesärztekammer zur Fortbildung und Weiterbildung, Band 20. Köln.
7. Buttner, P. (2005): Soziale Arbeit und Hochschule. Ein Thesenpapier. In: Soziale Arbeit. Bachelor- und Masterstudium für soziale Arbeit, 5-6.2005, S. 171-177.
8. Deutsche Hauptstelle gegen die Suchtgefahren (1999): 10 Punkte-Katalog der Deutschen Hauptstelle gegen die Suchtgefahren zu einer umfassenden Suchtstoffpolitik und einem nationalen Gesundheitsprogramm Sucht. Hamm.
9. Deutsche Hauptstelle gegen die Suchtgefahren (Hg.) (2001): Situation und Perspektiven der Suchtkrankenhilfe - Positionspapier 2001. Hamm.
10. Deutsche Hauptstelle für Suchtfragen (2005): Empfehlungen zu postgraduierten Curricula in der Suchthilfe. Hamm.
11. Fleisch, E. (1997): Zur Bedeutung der Bildungsinitiativen in der Suchtarbeit. In: Fleisch, E. Haller, R. und Heckmann, W. (Hg.): Suchtkrankenhilfe. Lehrbuch zur Vorbeugung, Beratung und Therapie, Weinheim und Basel. Beltz Verlag, S. 16-24.
12. Follmann, A. und Kremer, G. (2003): Fachkunde „Suchtmedizinische Grundversorgung“: Ziel-Inhalt-Umsetzung. In: Rumpf, H.-J. und Hüllinghorst, R. (Hg.): Alkohol und Nikotin: Frühintervention, Akutbehandlung und politische Maßnahmen. Schriftenreihe zum Problem der Suchtgefahren, Band 44, Freiburg im Breisgau. Lambertus-Verlag.
13. Frank, R. & Vaitl, D. (Hg.) (1998). Empirische Beiträge zur Weiterbildung in Verhaltenstherapie. Verhaltenstherapie, 8, S. 234-244.
14. Fredersdorf, F. (2001): Ambulante Drogenselbsthilfe in Deutschland. Bundesministerium für Gesundheit. Bonn.
15. Gesetz über die Berufe des Psychologischen Psychotherapeuten und des Kinder- und Jugendlichenpsychotherapeuten (Psychotherapeutengesetz – PsychThG. In der durch den Deutschen Bundestag am 27.11.1997 verabschiedeten Fassung (BRD 927/97) mit eingearbeiteten Beschlüssen des Vermittlungsausschusses vom 4.2.1998, verabschiedet vom Deutschen Bundestag am 12.2.1998, verabschiedet vom Bundesrat am 6.3.1998 und am 1. 1.1999 in Kraft getreten.
16. Guttempler in Hamburg (2004): Suchthelferausbildung 2004. Broschüre.
17. Haumann, R. (2004): Untersuchung von Qualitätsmerkmalen der ambulanten Methadonsubstitution in allgemeinmedizinischen Praxen im Bereich Südwürttemberg vor dem Hintergrund der historischen Entwicklung. Inaugural-Dissertation zur Erlangung des Doktorgrades der Medizin der Medizinischen Fakultät der Eberhard-Karls-Universität zu Tübingen Aus dem Lehrbereich für Allgemeinmedizin der Universität Tübingen. Leiter: Professor Dr. G. Lorenz. Reutlingen.

18. Helas, I. (2000): Theorie und Praxis der Weiterbildung zum Sozialtherapeuten in Deutschland – dargestellt an einem psychoanalytischen Lehrgang. In: Uchtenhagen, A. und Zieglgänsberger (Hg.): Suchtmedizin. Konzepte, Strategien und therapeutisches Management. München und Jena. Urban und Fischer, S. 464-468.
19. John, U., Hapke, U., Rumpf, H.J., Hill, A. (1996): Prävalenz und Sekundärprävention von Alkoholmissbrauch und –abhängigkeit in der medizinischen Versorgung. Schriftenreihe des Bundesministeriums für Gesundheit, Band 71, Baden-Baden. Nomos.
20. Klein, M. (1999): Praxisfeld Suchthilfe. In: Badry, E., Buchka, M. & Knapp, R. (Hg.). Pädagogik. Grundlagen und Arbeitsfelder. Neuwied. Luchterhand, S. 495 -505.
21. Klein, M. und Hoff, T. (2004): Evaluation des postgraduierte Studiengangs „Master of Science (M.Sc.) in Addiction Prevention and Treatment“-Suchthilfe als Studiengang zur Verbesserung der therapeutischen und wissenschaftlichen Kompetenz von Suchthilfemitarbeitern. In: Suchttherapie 2004, S. 5:30-36.
22. Leune, J. (1998): Weiterbildung in der Suchtkrankenhilfe. In: Gölz (Hg): Moderne Suchtmedizin, 3/1998, Stuttgart, Georg Thieme Verlag, S. D.2.3-1-5.
23. Neupert-Schreiner, A. (2003): Beurteilung von Weiterbildungen für Einzel- und Gruppentherapeuten (Tätigkeitsfeld Sucht) gemäß der Vereinbarung „Abhängigkeitserkrankungen“ vom 404.05.2001. Die Kriterien für Ergänzungscurricula. Anhang 3. Erläuterungen zu den Auswahlkriterien zur Beurteilung von Weiterbildungen für Einzel- und Gruppentherapeuten. In: Deutsche Rentenversicherung 3-4/2003, S. 226-237. Nodes, W. (2003): Lohnen sich Fort- und Weiterbildungen? Fundstelle: Deutscher Berufsverband für Sozialarbeit, Sozialpädagogik und Heilpädagogik e.V. Fundstelle.  
[http://dbsh.de/Fort\\_und\\_Weiterbildung.pdf](http://dbsh.de/Fort_und_Weiterbildung.pdf)
24. Ohm, Peter (2003): Soziale Therapie in der Suchtkrankenhilfe. Gegenwärtige Situation. Erfolgreiche Modelle - Perspektiven. Dissertation. kassel university press 2004, GmbH Kassel.
25. Scheipers, R. (1994). Therapeutische Weiterbildungen. Die Standards der Renten- und Krankenversicherungsträger. In: W. Scheiblich (Hg.): Sucht aus der Sicht psychotherapeutischer Schulen. Freiburg. Lambertus, S. 106-117.
26. Schulz, W. (2004): Dokumentation und Evaluation der „Weiterbildung zum Sozialtherapeuten klientenzentriert/gesprächspsychotherapeutisch orientiert“. In: Suchttherapie Heft 1/2004. Stuttgart. Thieme-Verlag.
27. Sonntag, D. und Welsch, K. (2004): Deutsche Suchthilfestatistik. Sonderheft. In: Sucht. Zeitschrift für Wissenschaft und Praxis, 50. Jahrgang, Sonderheft 1, Dezember 2004. Geesthacht. Neuland.
28. Stock, C. (2002): Die neue Vereinbarung „Abhängigkeitserkrankungen“ und das PsychThG-Auswirkungen auf die berufliche Tätigkeit als Behandler von Abhängigkeitserkrankungen. In: Sucht. Zeitschrift für Wissenschaft und Praxis, 48. Jahrgang, Heft 1, Februar 2002, Geesthacht. Neuland, S. 50-55.
29. Wienberg, G. Perspektiven für eine alte und problematische Beziehung – Zehn Thesen zur Rolle und Funktion der Medizin in der Behandlung von Menschen mit substanzbezogenen Störungen. Partner Magazin, 36.Jg., 4, S. 200-215.