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**Clinical Social Work in Germany:
Development, current state
and future challenges**



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Abstract

In Germany, clinical social work is a relatively new (sub-)discipline of social work. The article provides an overview of the development and current state of theories and paradigms of clinical social work as well as of education, practice and research in Germany. Furthermore, central fields of practice and specific client groups are dealt with. The case study of an eleven-year-old girl and her family illustrates psychosocial diagnostics and interventions of clinical social work in a family counselling centre. Finally, future developments and challenges in clinical social work in Germany are presented.

1 Introduction

Clinical social work in Germany (and Austria and Switzerland) is a relatively new discipline of social work. In analogy to the American term “clinical social work” this concept was introduced into German social work in 1994/1995 as “Fachsozialarbeit” (for more on the history of its development see Feinbier, 1997; Mühlum, 2001; Wendt, 1995). In 1993 Helmut Pauls founded an institute for child and youth services (IPSG – Institut für Psycho-Soziale Gesundheit – which is linked to Coburg University of Applied Sciences and Arts) where by education and experience qualified clinical social workers provide social diagnostic and psychosocial treatment services to children, adolescents, and families, whose psychosocial functioning is severely disturbed by social and psychological stress or mental health impairment (Pauls 2004/2013a; Pauls & Reicherts, 2015; Romanowski & Pauls, 2020).

In 1995 Wendt (who was at the time president of the Deutsche Gesellschaft für Sozialarbeit¹) called for the development of a “profile” of clinical social work. In the year 2001 the first master’s program in clinical social work was offered at Coburg

¹ Engl. translation: German Society for Social Work

University of Applied Sciences and Arts. It was followed by others in Berlin (Alice Salomon University of Applied Sciences) and other cities in Germany, also in Switzerland and in Austria (Vienna). In 2002 a national certification body (Zentralstelle für Klinische Sozialarbeit², ZKS) was founded, in 2005 a scientific journal (Klinische Sozialarbeit – Zeitschrift für psychosoziale Praxis und Forschung³), and soon afterwards a new European institution (ECCSW – European Centre for Clinical Social Work, see Große, Giertz & Ehrhardt, 2022). Today the ECCSW has assumed all the activities of the former ZKS (today continued as a specialized publishing company).

While the reference to clinical social work in the USA that was emphasized in the initial years (Hahn & Pauls, 2008) is now seen as the historical starting point of clinical social work in the German-speaking countries, in Germany and Europe clinical social work has developed its own specific profile. However, the common classical core still remains (see also González & Gelman, 2015). A person who is in need of help, endangered and/or sick is not seen in isolation, but as embedded in and together with their context (“person-in-environment”) and as the focus of social and psychosocial interventions or supportive services aimed at improving the fit between the individual and the environment.

The aim is to modify both lifestyles and destructive, stressful characteristics of the person’s concrete life situation, especially by means of social therapy, psychosocial advice and counselling, social psychotherapy, crisis intervention, social networking, activation of societal resources and “empowerment”. These reference points open up a dual focus on both the phenomena of the person and phenomena in the environment, and on the interaction between the two. This brings the therapeutic function of clinical social work into the picture. It has now become a (sub-)discipline which brings together the specific building blocks of social work skills in clinical task areas. These are characterized by the roles of the specialized clinical social worker who advises, provides (psycho-)social therapy, mediates, supports, opens up access

² Engl. translation: Central Office for Clinical Social Work

³ Engl. translation: Clinical Social Work – Journal for Psychosocial Practice and Research

to resources, coordinates and does research on and evaluation of the advisory/counselling or intervention process (see also Dorfman, 1996).

In contrast to clinical psychology, psychotherapy and psychiatry (Gahleitner & Pauls, 2010; Ohling, 2015) the main focus of clinical social work are social aspects, the main aim being able to diagnose psychosocial disorders, strengthen resources and apply its methods reliably (Pantuček & Röh, 2009). These aspects are described in detail in numerous important publications (see, for example, Bösel & Gahleitner, 2020; Deloie, 2011; Deimel, 2013; Giertz, Große & Röh, 2022; Kröger, Hahn & Gahleitner, 2022; Kröger, Pauls & Gahleitner, 2023; Lammel, Jungbauer & Trost, 2015; Lammel & Pauls, 2017/2020; Ningel, 2011; Ortmann & Röh, 2008; Pauls, 2004/2013a; Pauls & Gahleitner, 2022; Schaub, 2008; also the volumes of the yearbook on clinical social work published since 2008, see Gahleitner & Hahn, 2008, 2009, 2010, 2012; Gahleitner, Hahn & Glemser, 2013, 2014).

2 Contemporary theories guiding clinical social work practice

The goal is to attain “a competent linkage between scientific research and practice (,scientist practitioner’) as the hallmark of a genuine professional identity for social work” (Mühlum & Gahleitner, 2008, p. 49). With the biopsychosocial model as its main theoretical foundation (see originally Engel, 1977 and currently Gahleitner, Hintenberger & Leitner 2015; Pauls, 2013b, 2021), clinical social work also uses a number of other theories and models to help conceptualize its procedures in specific cases and situations. These are

- theories and models of (identity) development and socialisation (e.g. Lesser & Pope, 2011; McLean & Syed, 2015),
- theories and models with an understanding of health and sickness oriented towards salutogenesis (e.g. Pauls, 2004/2013a, see originally Antonovsky, 1987; Saleeby, 2013; Greene, 2012),
- attachment theory and theories of the therapeutic relationship and social embedding, also and especially theories of social support (e. g. Gahleitner 2017, 2018; Nestmann, 2010; Nowacki, Gahleitner, Izat & Schröder, 2023; in English see Mallinckrodt, 2010; Mikulincer, Shaver & Berant, 2013; Pearson, 1990),

- various models of counselling and social therapy (e.g. Binner, Ortmann & Röh, 2010; Deloie, 2011; Ningel, 2011; Lammel & Pauls, 2017/2020; Pauls, Stockmann & Reicherts, 2013; Ortmann, 2006, 2018; in English e.g. Turner, 1978; McLeod, 2013; Feltham, Hanley & Winter, 2017)
- various different epistemological models of social and psychosocial diagnosis (e.g. Buttner, Gahleitner, Hochuli Freund & Röh, 2018; Gahleitner, Hahn & Glemser, 2013; in English e.g. Karls & Wandrei, 1994; Probst, 2015),
- recently, in addition to ethical aspects and aspects of (social) legislation, an increasing number of neurobiological aspects (regarding epigenetics see Pauls, 2013b and O'Donnell & Meaney, 2020 for a current overview in English; see also Applegate & Shapiro, 2005; Rutter, 2012; Sarto-Jackson, 2022).

Clinical social workers are therefore required to have at their disposal also bodies of knowledge of cognate disciplines (e.g. clinical psychology, psychiatry, sociology, law) and to be capable of reflecting critically upon their relevance for their practice, so as to be able to relate them to the range of social work tasks and target groups with which they are confronted. In this process interdisciplinary co-operation plays an important role in implementing “its own form of clinical theorizing and practice” (Schaub, 2008, p. 21) in a way that is specific to the respective indication and fitting in the given situation and to allow social workers to assert themselves as independent and professional partners who can engage in dialogue with other helping professionals in the health system and other areas (Mühlum & Gahleitner, 2011).

3 Research on clinical social work

The ongoing increase in the number of various locations in Germany, Austria and Switzerland where clinical social work can be studied has accelerated its development as an academic discipline. More and more students are going on to do postgraduate studies after completing their master's courses and some of them now even have chairs at German, Austrian and Swiss universities. Clinical social work also needs "to constantly further develop suitable forms of support in order to cope with the increasing complexity of challenges with which social work is confronted in the fields of health and societal structure" (Pauls & Gahleitner, 2022, p. 515). As a discipline that is oriented towards applied science, with a mandate to use professional methods to comprehend lifestyles and life situations it is particularly important that clinical social work should be grounded on evidence-based research (Gahleitner & Mühlum, 2010; Gahleitner, 2022; Steiner, 2021; see also Drisko & Grady, 2015).

Research in social work in Germany has a long tradition which, influenced by Salomon und Wronsky (Salomon, 1926; Salomon & Wronsky, 1926), had a strong focus on clinical work and specific forms of social therapy from the start, but was

interrupted by the National Socialist era. In this period social work was used by the National Socialists as an instrument of selection. This catastrophe led to a fatal interruption of its development as an academic discipline. Empirical research was also not considered to belong to the “core activities” of the discipline in the post-war period (Miethe & Schneider, 2010, p. 64). A “vacuum” of many years followed, the gap being filled with medical and psychological outcome research, which dominated the research scene in social work for a long time, or in fact replaced it (Maier, 1999). Since the mid-1990s contemporary clinical social work has been developing a self-definition that can be described as a synergy between empirically supported theoretical and methodological competence (understanding of efficacy models and theories) and hermeneutic competence (understanding of a case, Dewe, 2006) (Mühlum, 2004; Mühlum & Gahleitner, 2008, 2010). In the last two decades there has also been a substantial increase in research on clinical social work, reflecting this commitment. The volumes of reviews on the research carried out in social work (Maier, 1999; Miethe & Schneider, 2010; Ehlert et al., 2017; Engelke, Maier, Steinert, Borrmann & Spatscheck, 2007; Engelke, Spatscheck & Borrmann, 2009; Eppler, Miethe & Schneider, 2011; Miethe, Fischer, Giebeler, Goblirsch & Riemann, 2007; Hoff, 2010) include numerous projects with a clinical orientation (for an overview see Gahleitner, 2022).

The research directory of the “Deutschen Vereinigung für Soziale Arbeit im Gesundheitswesen”⁴ and the clinical section of the “Deutsche Gesellschaft für Soziale Arbeit”⁵ on social work in the health system (<https://dvsg.org/die-dvsg/fachbereiche/forschung/forum-forschung/>) offers an overview of the state of the art – even if this now once more requires updating. In recent years the journal “Klinische Sozialarbeit – Zeitschrift für psychosoziale Praxis und Forschung”⁶ has presented a series of research projects on a broad range of different subjects. For example, Hahn (2007a, 2007b) identified protective factors in former forensic

⁴ Engl. translation: German Association for Social Work in the Health System

⁵ Engl. translation: German Society for Social Work

⁶ Engl. translation: Clinical Social Work – Journal for Psychosocial Practice and Research

patients. Schulze (2006a, 2006b) presented a study on migration and illness using methods of biography theory.

Wunderer (2015) has developed an empirically based treatment of eating disorders. In the field of clinical social work Dettmers (2014) has investigated social participation in stroke patients. Pauls and Reicherts (2015) have presented results from empirical single case studies conducted in the area of child and youth welfare services, and Hahn and Pauls (2020) one for the field of clinical forensic interventions (work with offenders in enforced treatment). Gahleitner and colleagues (e.g. Gahleitner & Krause-Lanius, 2013; Gahleitner et al., 2018a; Wesenberg et al., 2020) have conducted several studies to evaluate the effects of treatment in therapeutic residential groups for adolescents with severe problems. In some locations research groups have carried out studies in specific subject areas (in Switzerland Sommerfeld, Dällenbach & Rügger, 2010 and Sommerfeld, Dällenbach, Rügger & Hollenstein, 2016 in the field of psychiatry; in Austria Gahleitner et al. 2015a, 2015b, 2018b, 2019 on work with traumatized persons).

4 Training and licensure of clinical social workers

Over the past 25 years clinical social work has developed into the widespread specialist discipline of “Fachsozialarbeit”, both due to the high demand for services for disadvantaged people and as a result of numerous stakeholders becoming involved in the practice and research domains. This has led to a substantial increase in the development of basic training and further and continuing training courses at higher education establishments that teach clinical social work in Germany, Austria and Switzerland (for example, in Coburg, Berlin, Hamburg, Munich, Coblenz, Landshut, Aachen, Nordhausen, Mittweida, north-west Switzerland, Vienna and Vorarlberg, etc.). Standards of qualification for professional practice have been compiled that follow a “System of Progressive Levels of Professional Competence in Clinical Social Work” (Pauls & Gahleitner, 2008). The goal was to create a framework of standards under the overall heading of clinical social work that would integrate and forge links between basic training, further and continuing training, practical experience and the new bachelor’s and master’s degrees, all with a basic focus on psychosocial casework as an area of specialization. It is currently possible to qualify as a “Social Worker Specialized in Clinical Social Work” at different levels, i.e. at the

level of Clinical Practitioner (CPECCSW), the level of Clinical Social Worker (CSW-ECCSW) and at the level of Clinical Mentor (CMECCSW).

5 Modalities constituting clinical social work practice: individual, couples, family, group, and/or community

Social work is the “addressing of problem situations considered to be relevant by society and the profession” (Klüsche, 1999, p. 44) and thus has an essentially socio-political and ethical mission. In response to the inequality of social conditions it is necessary to develop forms of intervention that can also provide suitable support for disadvantaged persons in their current life contexts (Gahleitner & Pauls, 2010). The psychosocial emphasis of clinical social work creates “links between person-centred ‘direct practice’ and the traditional ‘provision of social advice’ with a view to supporting the coping resources and integration of individuals and groups in particularly precarious life situations” (Mühlum, 2005, p. 14).

Dialogical and co-operative procedures in the respective case- and situation-specific contexts form the basis for this kind of support. There are many different kinds of services for individuals in all age-groups and also for couples and families. In many contexts group work is a central intervention. The community is included in “social environmental” and other approaches. The target groups include aids sufferers and their families, people having experienced physical and mental abuse, sexual abuse

and other forms of traumatization, people with mental disorders and people with emotional disorders, people with drug and alcohol addiction, victims of violence and perpetrators of violence, people with a history of dissocial or criminal behaviour, people suffering from chronic physical illnesses, disabled people, people with family problems and people in developmental or situational crises. Attention is increasingly being drawn to people who are disadvantaged due to their ethnic and/or cultural affiliations. This is a focus that has become particularly important in the last few years following the reception of millions of refugees in Germany, Austria, and Switzerland, many of whom are traumatized.

6 Major areas and special populations of clinical social work practice

It follows from the above that it is mainly people with multiple problems that have become the main target groups of clinical social work. In the last two decades these people have come to be referred to as “hard to reach” clients (Labonté-Roset, Hoefert & Cornel, 2010 for a comprehensive overview, see also Giertz, Große & Gahleitner, 2021). The term “hard-to-reach” is used to describe people who urgently need support but do not receive sufficient care or are not being sufficiently reached within the health and social systems, or whose trust in people and institutions has been destroyed by numerous ruptured relationships. In her search for the causes Brackertz (2007) found demographic, cultural, structural and behavioural aspects. In this view, “hard-to-reach” clients are confronted with difficulties in accessing support and could therefore better be described as “seldom heard”, rather than “hard to reach” (e.g. Doel, 2012; Kelleher, Seymour & Halpenny, 2014; see also Gahleitner & Wesenberg, 2019).

Clinical social work also includes large areas of child and youth welfare services, the provision of advice, counselling and support to victims of violence, acute psychosocial care, rehabilitation and enablement, addiction services, work with

relatives of sick persons, services for offenders, etc. In Germany clinical social work participates in interdisciplinary psychosocial care programmes in the above-mentioned careproviding institutions and networks of various different service provider systems established under the provisions of social legislation, including (see Pauls, 2013b, p. 16)

- in child and youth welfare services with their increasing tasks at the interfaces to child and adolescent psychiatry and schools (including intensive individual case support, family support, support for parenting or legal guardians, social pedagogical therapy for children and adolescents, play therapy, social work in schools);
- in the provision of psychosocial advice and counselling and social therapy in a wide variety of different outpatient counselling institutions (especially counselling for child-rearing, families, couples, family and life counselling, legally required psychological and practical advice in case of unwanted pregnancies and sexual counselling);
- in core and peripheral psychiatric services;
- in the out- and in-patient treatment of addictions;
- in specialized and acute care hospitals;
- in institutions for compulsory treatment and resocialisation;
- in geriatric services and gerontopsychiatry;
- in work with refugees.

Clinical social workers thus work with clients with a very wide range of problems and disorders in highly varied settings in which the focus is always on the person within their lifeworld (Richmond, 1917) or the “person-in-environment” (German & Gitterman, 1980, p. 3).

7 Case example/illustration of specialty areas of clinical social work practice

Clinical social work plays an important role in child and adolescent and family welfare services. The following case was empirically evaluated at the “IPSG-Institut für Psycho-Soziale Gesundheit”⁷ mentioned above.⁸

The Youth Welfare Office commissioned the counselling centre to provide psychosocial support for the eleven-year-old Petra and her family. The reasons for the intervention were massive behavioural problems, including frequent stealing at home and at school, enuresis both during the day and at night, uncontrolled outbursts of anger, very poor school achievements and grades and Petra’s having an outsider role in her class. The girl’s teacher had turned to the Youth and Family Office because her talks with Petra’s parents had failed to bring about any change and it no longer seemed acceptable to keep Petra in her class due to her smelling of urine and her frequent stealing.

⁷ Engl. translation: IPSG Institute for Psychosocial Health, headed by Helmut Pauls.

⁸ A more detailed description of the case, including the statistical methods employed, is given in Pauls & Reicherts (2015).

Both of Petra's parents are out of work and in their second marriage. Petra is the mother's child from her first marriage. In her early childhood Petra was exposed to her biological father's massive violence towards her mother. She herself had been under threat less in the concrete physical sense than from the atmospheres she experienced. The mother reports that she was able to control her husband's violence by complying with the victim role, i.e. she allowed herself to be beaten or "calmed him down" by means of sexual intercourse. She had finally left him, experiencing strong guilt feelings. In previous contacts with institutions (Petra's school and teacher, her paediatric psychiatrist and the Youth and Family Welfare Office) she had felt unjustly treated. Both the mother and the step-father felt at a loss, they only wanted the best for the child and agreed to a counsellor (clinical social worker) visiting them. They mentioned in passing that Petra had recently been diagnosed with incipient diabetes mellitus and that she had to take tablets. However, on no account did they want to "give her away".

One of Petra's main issues is her loneliness in her school class and her lack of girlfriends. She feels greatly stressed by her bad grades and her tense relationship with her schoolteacher. She therefore sometimes plays truant from school and does not do her homework. She says her parents do not understand her and only tell her off. When asked about her diet she said that her mother rarely cooks and if she does have a hot meal it is a pizza out of the deep-freeze or a hamburger from McDonalds, or a doner kebab and that her mother does not pay any attention to what she eats or her diabetes. She sleeps in a tiny room on a mattress and feels tormented by her brother, who is two years younger. No girlfriends visit her and the others do not invite her to their homes. Hesitantly she also talks about her highly embarrassing issues such as her stealing, enuresis and personal hygiene.

The complexity of Petra's case is typical of the challenges of multiple biopsychosocial problem constellations. In addition to reducing her mental and social symptoms, the general goals of the interventions in this case are to improve the interactions between the family members and Petra's social integration, particularly at school, improve her performance at school and ensure that she receives suitable, child-oriented care from her parents (diet, personal hygiene, communication). Therefore both aspects of Petra's lifestyle and of her family (how they experience things,

behave and conduct their relationships), her school and of her social network (relatives, peers) are included in the intervention. To this end a multimodal, social therapy approach was used which includes elements of both clinical social work and social therapy. Diagnostic sessions were carried out to assess Petra's status by means of questionnaires (history, parent and teacher questionnaires), scales, projective tests, achievement tests and behavioural observation. The findings were collated and evaluated in supervision. The following areas of intervention were decided upon:

- *Creation of a treatment setting that would provide structure and be situated within a social and institutional network, promotion of commitment.* Interventions: explanation of the intervention plans, the probable course of the treatment and the goals, duration and varying locations of meetings with Petra (at the counselling centre, at her home, at the youth centre, at locations in the city with a view to addressing her lifeworld, promotion of a participating social environment); inclusion of further significant others and active support, clarification of questions regarding public offices; talks with the teacher, explanation of symptoms, binding agreements regarding how any future thefts were to be dealt with; from the start clear structures, rules and orientation on the work together. At the initial intake consultation regular appointments for the parents and Petra were agreed on for an extended period. Any sessions that did not take place were to be discussed with both the child and her parents and alternative appointments offered. If Petra was absent without having excused herself her parents were to be phoned and support or "holding" was to be provided through reliability and the offer of a positive relationship.
- *Reduction of Petra's enuresis, stealing and neglect of personal hygiene; development of a positive self-image.* Interventions: emotional relief and understanding and explanations in dealing with symptoms, promotion of awareness, promotion of self-esteem. Means: play therapy and role-plays, orienting of the dialogue towards experience, inclusion of creative media and techniques that activate experiencing (imaginative exercises, drawing/painting, working with clay), procedures from behavioural therapy (reinforcement plans

for social behaviour and personal hygiene, development of dietary habits suitable for Petra's diabetes).

- *Improvement of school achievements.* Interventions: play therapy sessions with Petra were complemented by four hours a week of special, individualized tuition with a social work trainee with training in educational therapy (under supervision). The parents were informed about how to obtain funding for materials needed by Petra at school and accompanied to the Office for Youth and Family Welfare. Regular monthly talks with the teacher: the specialized social worker is to talk with the teacher about problems in the family that have relevance for school (with release from the confidentiality oath), Petra's symptoms and her attempts to adjust to her living environment.
- *Care on the part of the family.* Interventions: counselling of the parents, support for child-rearing, special focus on diet, personal hygiene, dealing with symptoms (enuresis and stealing), improvements in Petra's learning situation at home, encouraging the parents to do social activities with the children. Provision of "care" to Petra in the play therapy sessions (lying down, being covered with a blanket, tea, relaxation, empathy and warmth/expression of positive regard), conversations about how she can "care for herself" at home.
- *Communication in the family.* Interventions: Child-rearing counselling with the parents – specific issues: handling conflicts, needs and consequences; accepting help, even if this is unpleasant – reducing the fear of control with a view to promoting acceptance of support services; communication training with the parents and leisure-time activities with the children.
- *Social integration.* Interventions: inclusion of social resources – bring in the child's godmother and maternal grandmother; have the family assume step by step all activities that were initially only done in the presence of the social worker (trips to state authorities, appointments with the schoolteacher – even if it takes somewhat longer, appointments at the paediatric psychiatrist's); helper conferences: together with all those involved (professionals from the counselling centre, the Youth Welfare Office, the schoolteacher and the paediatric psychiatrist): determine what hobbies and talents Petra has, contact institutions of the non-governmental youth welfare organisations and, to start

with, actively accompany Petra to afternoon study groups at school, integrate Petra in the school choir (she soon became a key singer), a dance group for girls and the school magazine.

Results. The interventions were evaluated by means of an analysis of the time course of the process using several time series (time series analysis), measurements being recorded every 14 days. Some of the values were taken from a summary of primary data recorded weekly or even daily by the client and clinical social worker, and occasionally by the teacher, and by the child's parents. The measurements were made with the aid of scales developed specifically for this individual case at the beginning of the interventions. The treatment was carried out for approx. 20 months, with 41 measurements taken in 82 weeks. The time series data (multivariate, dependent variables) show important developments and phenomena, some of which can be directly linked to the various different interventions (see above): there were significant improvements (trends) between the first and second halves of the interventions in the enuresis and stealing (Petra stopped stealing and no longer has enuresis), in her school achievements and the dietcare activities on the part of the parents. In the parent-child relationship and social participation a good degree of change was attained at the last 6 measurements (when Petra became able to stabilize the above successes she gradually became able to win the confidence of her schoolmates). Thus, at the end of the treatment mainly positive and statistically significant goal attainment results were found for Petra which reflect the important changes seen clinically.

8 Future directions and challenges pertaining to clinical social work

The first-generation courses in clinical social work have now been re-accredited repeatedly. The associated career history surveys and graduate assessments show a high level of satisfaction. Graduates especially mention an increase in professional skills in social diagnosis and intervention and changes in their professional lives, such as improvements in themselves as professionals, benefits for their everyday practice, embrace of tasks with more responsibility and also explicit improvements in their positions and salaries (Ortmann & Gahleitner, 2017, see also Kröger & Gahleitner, 2022).

Today students in the German-speaking countries can no longer complain of a lack of literature. There are numerous handbooks and textbooks on the market (e.g. Buttner et al. 2018; Dettmers & Bischkopf, 2019; Giertz et al., 2021; Kröger et al., 2022; Lammel & Pauls, 2017/2020; Lammel et al., 2015; Ortmann & Röh, 2008; Ortmann, 2018; Pauls, 2004/2013a; Pauls et al., 2013; Sommerfeld et al., 2016; Steiner & Ehrhardt, 2021), book series have been and continue to be inaugurated (Gahleitner & Hahn, 2008, 2009, 2010, 2012; Gahleitner, Hahn & Glemser, 2013, 2014). The annual conferences on clinical social work also provide an opportunity for

professional exchange and a focus on key discussions. The long-standing journal “Klinische Sozialarbeit” and the publisher ZKS-Verlag (<https://zks-medien.de>) offer a broad range of titles for students and practitioners in both print and electronic formats.

Future developments will include theory-building and the evaluation of the outcomes of interventions, in order to obtain empirical evidence of improvements in the care of persons with psychosocial problems – not just “hard-to-reach” clients – and to draw the attention of employers and funding bodies to the need for the expertise of clinical social work. This will include the promotion of (quantitative) outcome studies on groups and differentiated qualitative and quantitative single case studies, as shown by the continuing discussion on evidence-based research (see Gahleitner & Pauls, 2019; Gahleitner, 2022).

There is still far too little funding for research programmes. Questions related to the role of clinical social work need to be clarified at the political level so that it can be accorded a suitable degree of independence and/or equal standing, e.g., with clinical psychology/psychotherapy and psychiatry (Buchholz-Schuster, 2018). Its position in between the health and social sciences and education remains a challenge. One new focus that has been pushed intensively in the last few years and picks up on the traditional basic principles (c.f., for example, Salomon & Wronsky, 1926) is social therapy, which has been focused by the “Sektion Klinische Sozialarbeit” of the Deutsche Gesellschaft für Soziale Arbeit⁹ (DGSA) (<https://www.dgsa.de/sektionen/klinische-sozialarbeit>) as the forum of the scientific community. The planning has reached an advanced stage and there are a number of recent publications (e.g. Deloie, 2017; Deloie & Kröger, 2023; Kröger, 2018; Lammel & Pauls 2017/2020; Mayer, 2018; Pauls, Stockmann & Reicherts, 2013; Ortmann, Röh & Ansen, 2020; Ortmann, 2018; Röh, 2022).

In sum, to echo Sommerfeld’s (2010) appraisal of the situation of clinical social work in the Germanspeaking countries: “The prospects for the future ... are excellent” (p. 39).

⁹ Engl. translation: German Society for Social Work

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