Ladies and Gentlemen,

Today I am presenting the results of a study conducted from 2006 until 2011. My starting point was an unsatisfactory work situation in an open, acute, adolescent psychiatric ward with 14 beds in which I served as assistant medical director at the time. The ward had been opened five years previously to take some pressure off the adjoining, pre-existing neighboring wards. These included a closed acute case admitting ward with 11 beds as well as a psychotherapy ward with 14 beds which required patient motivation as a condition for admission. All three wards were designed for youngsters from 14 to 18 years of age and staffed by physicians, psychologists, nurses and psychiatric nurses, social education workers and educators from Germany, Switzerland, Austria and the Netherlands in an interdisciplinary and multi-cultural setting.

There were tensions in the team, a high rate of absences due to illness, little cooperation between adolescents and team members, recurring terminations of treatment initiated by the young patients, their parents or, as a disciplinary measure, by the team of professionals. Medication as a means of de-escalation and compulsion were parts of daily life. Violent attacks by the adolescents in part led to a climate of fear.

The tasks expected of the ward by referrers, parents, adolescents, officials, management, neighboring wards etc. ranged widely and in part contradicted each other. This added to the feeling of being stretched beyond one's limits.

The experience of self-efficacy was very low among all parties concerned. Communication was considered inadequate by all. In spite of all verbal protestations, a fixation on deficits was prevalent. Parents felt neither informed nor included although, from the team's point of view, a great deal was done for these very purposes. Team supervision and replacement of individual team members as well as the nursing and educational ward leadership brought no significant improvement.

At that point in time I was in training as a systemic therapist and psychiatrist. It therefore struck me that, if all team members became familiar with these systemic techniques, we would have fewer problems. This gave me my initial project idea. At that time I had no knowledge of the "SYMPA“- project yet.

Let me just mention the preparation for the project since I believe that it contributed decisively to its success. Each team member received a letter explaining the idea and asking for voluntary cooperation. Subsequently, I conducted an hour-long interview with each participant, asking what he or she thought needed to be changed most urgently, what might be improved , what was working well already etc. Consequently the training curriculum could be tailored to this specific team. This added to people's commitment which, on the one hand constituted already an intervention, on the other hand enabled everybody to participate completely voluntarily in the study.

Ulrike Borst and Liz Nicolai were won as team coaches and broadly accepted by the team.

Out of this situation the **aims** and **methods** of the study were developed:

The following hypotheses were to be investigated: after the intervention (training)

- team members talk more with adolescents

- team members talk more with parents
- adolescents run away less often, there are fewer police searches
- fewer compulsive measures are necessary, the use of need-based medication is reduced
- adolescents, families, officials and referrers are less dissatisfied with the treatment
- increased job satisfaction among the team and therapists, better team atmosphere, fewer sick-leaves, fewer communications mishaps (better flow of communication), greater experience of self-efficacy among staff, more intervision among the team

Three measuring points were defined: t0 just before the training, t1 six months after completing the training and t2 five years after the training (originally not part of the plan …). At the measuring points t0 and t2 the neighboring wards were also investigated by means of a questionnaire. In addition, at measuring point t1 a semi-structured interview was conducted with select staff members representing all the professions involved. The questions were aimed at addressing the effects of the intervention (analogous to SYMPA). Medications, police intervention and special events (compulsive measures, threatening situations) were recorded in a standardized manner.

The **intervention** consisted of three workshops of two days each, spread over a period of six months, in which almost the entire inter-disciplinary team took part. The training included the following topics:

basics of the systemic approach, genogram, life themes, crises, resources, resilience, questioning techniques, planning therapy aims, self-care, reflecting team, final comments, rituals, supervision waltz, networks, core competences of systemic therapy, live-interviews, all sorts of exercises.

After applying the newly-learned techniques the intervention was extended beyond the original plans to introduce basic innovations in the rapport system: the systemic hand-over (following Barry Mason) was introduced and the case discussion predominantly conducted together with the adolescents (youngster as team supervisor).

On the whole the following components were newly introduced or better standardized in daily operations: work with genograms, systemic individual and family therapy, systemic hand-over, solutions and resource oriented discourse culture, youngsters as team supervisors, systemic planning of therapy aims, negotiating about medication, about alternatives for measures of compulsion, about abrupt terminations of treatment as well as about diagnoses, allowing adolescents to read their discharge report as well as discussing it with them.

The main measuring tool which turned out to be statistically most useful was the so-called "FEAZ," the questionnaire for measuring job satisfaction, developed by the University of Neuchatel. The blueprint for the semi-structured interview came from Julia Zwack, Heidelberg, who developed it in connection with the SYMPA-study. Our study, however, did not include an analytical evaluation of contents (following Mayring) which is why we are able to make only qualitative statements.The statistical evaluation of the questionnaire was conducted using SPSS (Mann-Whitney-U-Test, Kruskal-Wallis-Test). The rate of returns in all three wards was above 95%.

The following **results** are statistically clearly to highly significant:

- There was a marked reduction in the frequency of alterations within the team.
- The effort of sharing information among the entire work group successfully increased.
- The aims of the team were perceived to be useful and appropriate even after five years had passed.

The comparison with the neighboring wards showed that the initially statistically significant deficit in the usefulness and appropriateness of the team's aims developed into a statistically significant advantage in this area. Moreover, the satisfaction with team colleagues dropped in the comparative teams between t0 and t2 significantly, but by means of the intervention resulted in a significant advantage of the ward over its neighbors by measuring point t2.

However, the following qualitative results of the intervention were most frequently reported and most impressive: The youngsters were, in spite of their sometimes massive impairments, generally thrilled by the case discussions in their presence which led to a decidedly improved cooperation in their originally predominantly unwanted hospitalizations. A more constructive closeness between care-givers and adolescents was created, parents felt better included, listened to, and supported. As less energy in the team was wasted on negative processes, the feeling was created on both sides that more time was available and that individuals were being given more time. The staff members in each profession felt better listened to and valued. An enthusiastic exchange of the different perspectives and linguistic cultures came into being. As a part of this, the devaluing talk about absent third parties, which had previously been passed off as "psychological hygiene," was massively curbed. The systemic hand-overs led to reciprocal effects between all those concerned being questioned. Thus the team dynamics became a matter of discussion much more quickly which meant that team members experienced more self-efficacy. The significantly increased transparency especially for the youngsters and the establishment of a negotiating culture, which includes the adolescent as an equal partner as much as possible, helped minimize the threats or uses of violence, grave infringements of regulations, escapes, or treatment terminations.

In spite of all its statistically significant, but also qualitatively demonstrable positive effects, the study has clear **weaknesses** in its scientific significance. The measuring point t2 (after five years) for one is so remote from t0 and t1 that the effects cannot easily be connected with the original intervention. Furthermore, although the questionnaires were completed anonymously and taken to the external evaluators in a sealed envelope, those answering the questions professionally depended on the investigator. An evaluation of the outcome variables among the adolescents and their families (the treatment results) had to be sacrificed because of a shortage of personnel. The study's strength is the initial definition of the task of the intervention and the high degree of motivation among all its participants. It is very much to be desired that this pilot project will lead to another study which investigates more variables and is therefore statistically more significant. Equally desirable is a manual (analogous to SYMPA) for putting such processes into action.

Thank you very much for your attention.