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Systemische Forschung – einige Entwicklungsstränge, Trends und Herausforderungen im internationalen Kontext

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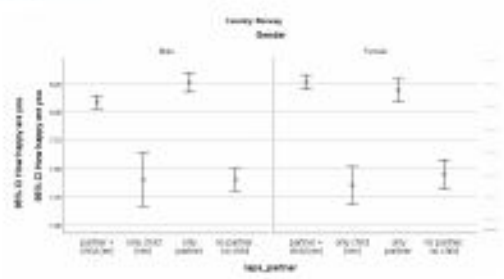
systemischer Familientherapeut,
Lehrender Systemische Therapie (DGSF)
FB Sozialwesen – HS Fulda

- Forschung – das „ungeliebte Kind“ systemischer Praktiker*innen?!
- Was hatte der 22.11.2018 mit Forschung zu tun???
- Wissenschaftliche Grundlagen und/oder Evidenzbasierung?
- Die Vielfalt aktueller Systemischer Forschungsperspektiven – einige Beispiele
- Systemische Forschung im Kontext der sozialrechtlichen Anerkennung

Üksikvanemlus ei ole probleemiks



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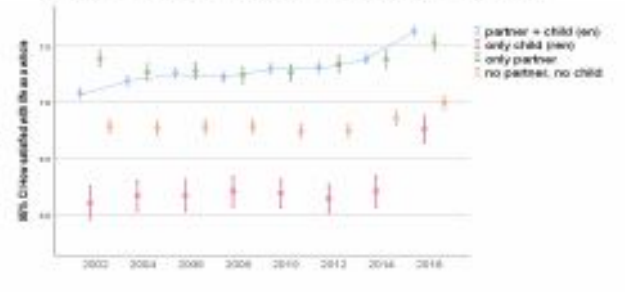

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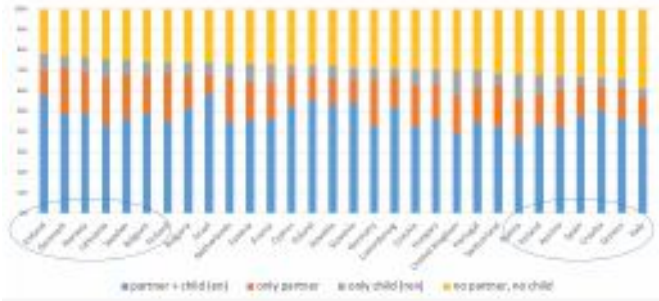

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DOI: 10.1111/j.1600-0447.2010.01571.x

ACTA PSYCHIATRICA SCANDINAVICA

Are multi family groups appropriate for patients with first episode psychosis? A 5-year naturalistic follow-up study

Rossberg JI, Johannessen JO, Klungsoyr O, Opjordsmoen S, Evensen J, Fjell A, Haahr U, Joa I, Langeveld J, Larsen TK, Melle I, Rund BR, Simonsen E, ten Velden W, Vaglum P, Friis S, McGlashan T. Are multi family groups appropriate for patients with first episode psychosis? A 5-year naturalistic follow-up study.

Objective: To compare outcome over 5 years for patients who participated in multi family groups (MFGs) to those who refused or were not offered participation.
Method: Of 301 first episode psychotic patients aged 15–65 years, 147 participated in MFGs. Outcome was measured by drop-out rates, positive and negative syndrome scale (PANSS) symptom scores, and duration of psychotic episodes during the follow-up period.
Results: Multi family group participants had a significantly lower drop-out rates at 5-year follow-up than patients who did not participate. However, the MFG participants had significantly less improvement in PANSS positive and excitative symptoms and had significantly longer duration of psychotic symptoms during the follow-up period.
Conclusion: Multi family groups appear to increase the chance of retaining patients in a follow-up study, but adjustment of the programme may be necessary with first episode psychosis patients to meet their needs better.

J. I. Rossberg[1], J. O. Johannessen[2], O. Klungsoyr[3], S. Opjordsmoen[1], J. Evensen[1], A. Fjell[1], U. Haahr[2], I. Joa[3], J. Langeveld[3], T. K. Larsen[3,4], I. Melle[1], B. R. Rund[5], E. Simonsen[6], W. ten Velden[3], P. Vaglum[7], S. Friis[1], T. McGlashan[8]

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Routledge

Multi-family therapy in anorexia nervosa—A qualitative study of parental experiences

Sofie Engman-Brodelid[1], Nivia Carballeira Suarez[2], Richard Levi[2], and Karin Nilsson[2]

[1]Child and Adolescent Psychiatry, Department of Clinical Sciences, Umeå University, Umeå, Sweden; [2]Rehabilitation Medicine, Department of Community Medicine and Rehabilitation, Umeå University, Umeå, Sweden

This qualitative study from northern Sweden investigated experiences of multi-family therapy (MFT) in 12 parents of children with anorexia nervosa (AN). The most reported benefit was the opportunity to talk to others in a similar situation, thereby sharing experiences and struggles. MFT resulted in new perspectives and insights that improved family dynamics and enabled new constructive behaviors. In conclusion, MFT seems to be a useful therapeutic modality in the treatment of AN in a northern European setting.

- Interviews: Experiences of parents
- Analysis: empirical, psychological, phenomenological method (EPP)

- new perspectives and insights that improved family dynamics and enabled new constructive behaviors

Topic
„multifamily therapy" + „multifamily groups"
(2017-2009)

WEB OF SCIENCE

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- 6 mal JOURNAL OF FAMILY THERAPY (1.07)
- 4 mal PRAXIS DER KINDERPSYCHOLOGIE UND KINDERPSYCHIATRIE (0.25)
- 3 mal EATING DISORDERS (0.79)
- 3 mal EUROPEAN EATING DISORDERS REVIEW (3.61)
- 2 mal CHILD & FAMILY SOCIAL WORK (0.85)

(In Klammern der jeweils aktuelle Impact Faktor (wie er in Researchgate mitgeteilt wird) der Zeitschrift)

Einige Schlussfolgerungen...

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- Keine Metaanalyse verfügbar zu MFT
- Qual./Quan./Mixed: MFT zeitigt meist positive Resultate
- MFT und SFT schneiden meist ungefähr gleich ab
- Es gibt auch wenige inkonsistente und negative Befunde
- Die Evidenzhierarchie sollte insgesamt ausgenutzt werden
- Qualitative Studien „hoch" publizieren (ist möglich, siehe Zeitschriftenliste mit IF´s)

Hauptvortrag

Ben Furman: Das glückliche Familien-Spiel und andere lösungsfokusierte Aktivitäten zur Verbesserung des Wohlbefindens in Familien

Helsinki Psychotherapy Study

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ELSEVIER

Journal of Affective Disorders xx (2007) xxx–xxx

JOURNAL OF AFFECTIVE DISORDERS

www.elsevier.com/locate/jad

Research report

Effectiveness of short-term and long-term psychotherapy on work ability and functional capacity — A randomized clinical trial on depressive and anxiety disorders

Paul Knekt [a,b,*], Olavi Lindfors [c], Maarit A. Laaksonen [b], Raimo Raitasalo [a], Peija Haaramo [c], Aila Järvikoski [d,e]
The Helsinki Psychotherapy Study Group [a,b,c,d,e,f]

[a] *Social Insurance Institution, Helsinki, Finland*
[b] *National Public Health Institute, Helsinki, Finland*
[c] *Biomedicum Helsinki, Helsinki, Finland*
[d] *University of Lapland, Rovaniemi, Finland*
[e] *Rehabilitation Foundation, Helsinki, Finland*
[f] *Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland*

2.3.1. The therapies

Solution-focused therapy usually included one session every second or third week, with a limit of 12 sessions, over no more than 8 months. Short-term psychodynamic psychotherapy was scheduled for 20 weekly treatment sessions over 5–6 months. The frequency of sessions in long-term psychodynamic psychotherapy was 2–3 times a week, and the duration of therapy was up to 3 years.

Helsinki Psychotherapy Study

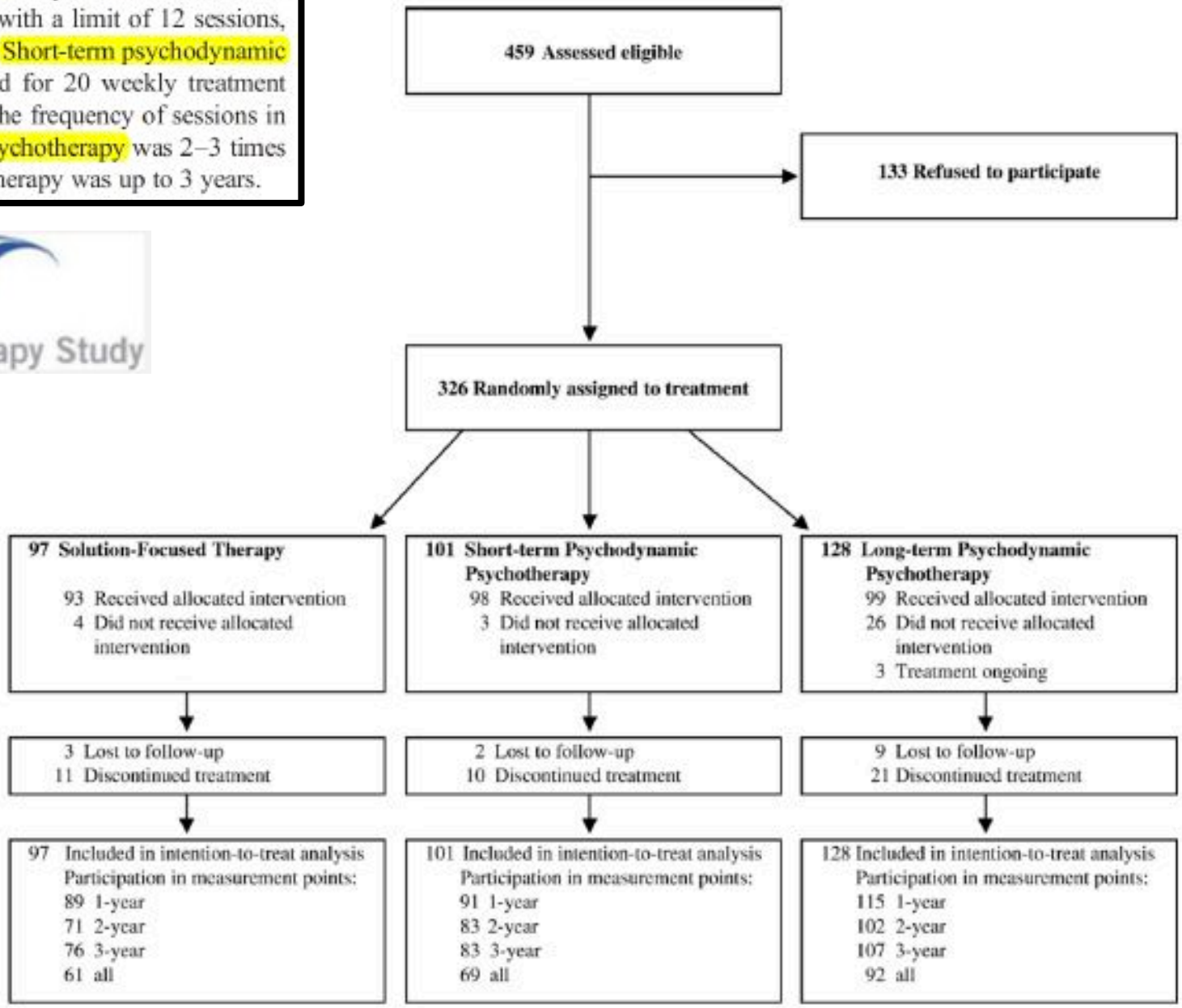

Fig. 1. Number of eligible patients who were assigned to study group and completed the protocol.

Helsinki Psychotherapy Study

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Ochs, M., Borcsa, M., & Schweitzer, J. (eds.) (2020). Linking systemic research and practice – Innovations in paradigms, strategies and methods. (EFTA Series, Vol. 5). Cham: Springer International.

Abstract

Data on the comparative effect of short- and long-term psychotherapy in anxiety disorders is scarce. The study compared outcomes of two short-term therapies and one long-term psychotherapy in the treatment of patients with anxiety disorders in secondary analyses of a large randomized trial. Altogether 50 outpatients with anxiety disorders as the only axis I diagnosis, were randomized to long-term psychodynamic psychotherapy (LPP), short-term psychodynamic psychotherapy (SPP), and solution-focused therapy (SFT) and were followed for 5 years. The outcome measures were psychiatric symptoms, work ability, need for psychiatric treatment, remission, and cost-effectiveness. During the first year of follow-up, no significant outcome differences were noted. During the following 3 years, LPP and SFT more effectively reduced symptoms, improved work ability, and elevated the remission rate than SPP. No significant differences between LPP and SFT were seen. At the end of the follow-up, the use of auxiliary treatment was lowest in SFT whereas no other outcome differences were noted. The average total direct costs were about three times higher in LPP than in the short-term therapy groups. In conclusion, the resource-oriented SFT may be a cost-effective option in this patient group, while unconsidered allocation of patients to LPP does not appear to be cost-effective.

Tabelle 42: Charakterisierung der eingeschlossenen RCTs im Störungsbereich Angststörungen und Zwangsstörungen

Studie	Interventionen[a]	Zahl der randomisierten Patienten[a]	Behandelte Störungen[a]	Ort / Zeitraum der Durchführung[a]	Auswertungszeitpunkte[a]	Zielkriterien[a, b]
Knekt 2004	▪ lösungsfokussierte Therapie (Solution-focused Therapy, LFT) ▪ psychodynamische Kurzzeittherapie (Short-term psychodynamic Psychotherapy, PDKT) ▪ psychodynamische Langzeittherapie (Long-term psychodynamic Psychotherapy, PDLT)[c]	142[d]	Angststörung[d]	Finnland / 06/1994–06/2000	Baseline, 7 Monate, 1 Jahr, 3 Jahre, 5 Jahre	**Primär:** Angstsymptomatik[d] Depressivität[d] **Sekundär:** Vollremission Angststörung
Rakowska 2011	▪ strategische Kurzzeittherapie (Brief strategic Therapy, SKT) ▪ minimalsupportive Therapie (Minimal supportive Therapy, MST)	120	soziale Phobie	Polen / k. A.	Baseline, 2 Monate, 5 Monate, 8 Monate[e]	**Primär:** k. A. **Sekundär:** Symptomverbesserung Angst Symptomverbesserung interpersonelle Unsicherheit[f] Vollremission Angststörung
Li 2010	▪ systemische Familientherapie (Systemic Family Therapy, SFT) ▪ keine Zusatzbehandlung (KZB)	32	Zwangsstörung	China / 2008–2009	Baseline, 1 Monat, 2 Monate, 3 Monate	**Primär:** Symptomverbesserung Zwang **Sekundär:** Symptomatik Angst
Yang 2005	▪ lösungsfokussierte Kurzzeittherapie (Solution-focused brief Therapy, LFKT) ▪ keine Zusatzbehandlung (KZB)	60	Zwangsstörung	China / 2002–2004	Baseline, 3 Monate	**Primär:** Symptomverbesserung Zwang **Sekundär:** k. A.

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Gemeinsamer Bundesausschuss

IQWiG Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen

Methodenbewertung

Nutzen und medizinische Notwendigkeit der systemischen Therapie anerkannt

Berlin, 22. November 2018 – Der Gemeinsame Bundesausschuss (G-BA) hat am Donnerstag in Berlin den Nutzen und die medizinische Notwendigkeit der systemischen Therapie bei Erwachsenen als Psychotherapieverfahren anerkannt. Nach der somit abgeschlossenen Nutzenbewertung wird in einem weiteren Schritt die Psychotherapie-Richtlinie des G-BA angepasst.

IQWiG Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen

IQWiG-Berichte – Nr. 513

Systemische Therapie bei Erwachsenen als Psychotherapieverfahren

Abschlussbericht

Auftrag: N14-02
Version: 1.0
Stand: 24.05.2017

- 2014-2017: 12 interne/externe Expert*innen über 3 Jahre

Extensive Literaturrecherche:

- zunächst 3133 relevante Publikationsquellen (nach Volltextsichtung wurden davon 2837 als nicht relevant klassifiziert).
- Weitere 231 Literaturquellen waren Sekundäranalysen,
- 65 Publikationen, die sich auf 28 Studien bezogen, erfüllten die methodischen IQWIG-Kriterien
- Am Ende blieben 33 RCT-Studien, die über Daten verfügten, die für das IQWIG verwertbar waren. In sieben sogenannten Störungsbereichen wurde der Systemischen Therapie Nutzen bescheinigt (vgl. auch Baumann et al., 2017; Retzlaff et al., 2017)

SYSTEMISCHE GESELLSCHAFT

DGSF
Deutsche Gesellschaft für Systemische Therapie, Beratung und Familientherapie

Systemische Therapie als Psychotherapieverfahren für Erwachsene

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Evidenzübersicht für den Nutzen Systemischer Therapie: 12 Nutzennachweise aus 34 RCT-Studien über 7 Diagnosebereiche (IQWiG-Abschlussbericht, S. 7)

1) Störungsbereich Depression (6 RCT-Studien)	
Systemische Therapie versus andere Psychotherapie	**Evidenz** ✓
Systemische Therapie versus Beratung	**Evidenz** ✓
Systemische Therapie versus keine Behandlung	**Evidenz** ✓
2) Störungsbereich Angst und Zwang (4 RCT-Studien)	
Systemische Therapie versus Beratung	**Evidenz** ✓
Systemische Therapie versus keine Behandlung	**Evidenz** ✓
3) Störungsbereich Essstörungen (3 RCT-Studien)	
Systemische Therapie versus andere Psychotherapie	**Evidenz** ✓
Systemische Therapie versus Beratung	**Evidenz** ✓
4) Störungsbereich Schizophrenie (5 RCT-Studien)	
Systemische Therapie versus keine Behandlung	**Evidenz** ✓
5) Störungsbereich Körperliche Erkrankungen (9 RCT-Studien)	
Systemische Therapie versus andere Psychotherapieverfahren	**Evidenz** ✓
Systemische Therapie versus keine Behandlung	**Evidenz** ✓
6) Störungsbereich gemischte Störungen (1 RCT-Studie)	
Systemische Therapie versus andere Psychotherapieverfahren	**Evidenz** ✓
7) Störungsbereich Substanzkonsumstörungen (6 RCT-Studien)	
Systemische Therapie versus Beratung	**Evidenz** ✓

Tabelle 1: Bereiche, in denen das IQWiG den Nutzen von Systemischer Therapie festgestellt hat.

empirische Evidenz:
die durch empirische Erhebungen und Daten untermauerte systemische Praxis

Zusammen?

- Gloy (2006, S. 221) in Einführungsbuch zur Gegenwartsphilosophie: „Wo von System und Systemtheorie die Rede ist, liegt der Gedanke der Konstruktion und des Konstruktivismus nicht fern".
- Moser (2011) spricht vom „systemtheoretischen Konstruktivismus", als dessen Ausgangspunkt sie „die Beobachtung konstruktiver Prozesse im Kontext von Theorien der Selbstorganisation" (S. 10) nennt.

Getrennt?

- Lock & Strong (2010) zeichnen vielfältige philosophische theoretische Einflüsse auf den sozialen Konstruktionismus nach, wie Phänomenologie, Hermeneutik, Marxismus oder Dialogismus, die rein gar nichts mit Systemtheorie zu tun haben.
- Schiepek (2010, S. 6) fragt und beantwortet im Rahmen systemwissenschaftlicher Forschungsüberlegungen: „Welche Rolle spielt der Konstruktivismus? Keine".


CONSTRUCTIVIST APPROACHES AND RESEARCH METHODS
A PRACTICAL GUIDE TO EXPLORING PERSONAL MEANINGS
PAM DENICOLO
TREVOR LONG
KIM BRADLEY-COLE


Handbook of
CONSTRUCTIONIST
RESEARCH


SOCIAL WORK
CONSTRUCTIVIST
RESEARCH
MARY K. RODWELL


ROUTLEDGE ADVANCES IN RESEARCH METHODS
Research and Social Change
A Relational Constructionist Approach
Sheila McNamee and
Dian Marie Hosking

Psychologischer Konstruktivismus

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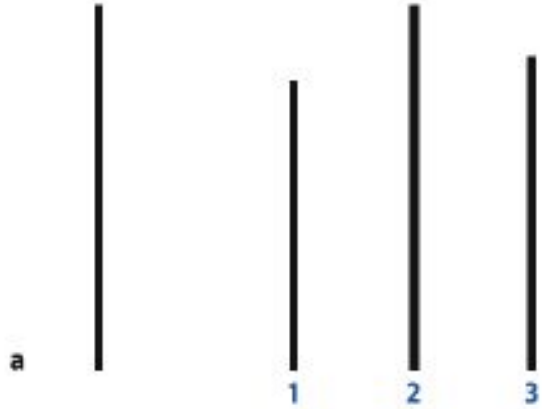
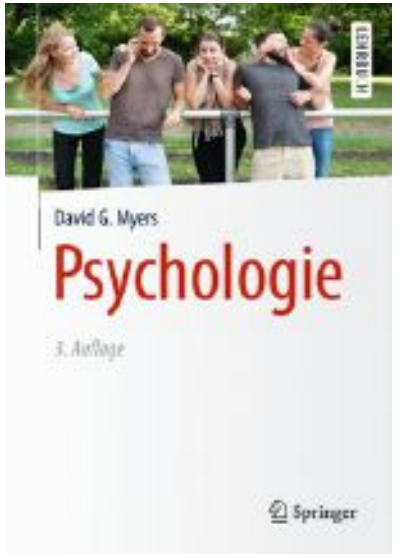


Bildliche Darstellung des tatsächlichen Unfalls

Erinnerungslenkende Frage:
»Wie schnell fuhren Ihrer Meinung nach die Autos, als sie aufeinander krachten?«

Konstruktion der Erinnerung



Dirk Baecker

Die Texte der Systemtheorie

Zusammenfassung

Der Beitrag der Systemtheorie zur empirischen Forschung besteht erstens in der Überprüfung von Annahmen der Selbstorganisation komplexer Phänomene, zweitens in der Untersuchung der Wissenschaft als ihrerseits komplexes Phänomen und drittens in der Beobachtung der Interaktion zwischen Forschung und Gegenstand. Primärdaten der quantitativen und qualitativen, statistischen und hermeneutischen, experimentellen und ethnografischen Forschung werden mit Hilfe von Begriffen sortiert (»kodiert«) und interpretiert, die auf das Problem reagieren, dass komplexe Phänomene weder kausal (wenige heterogene Faktoren) noch statistisch (viele homogene Elemente) verstanden werden können. Komplexe Phänomene bestehen stattdessen aus vielen und heterogenen Elementen, die untereinander in selektiven und wechselnden Beziehungen stehen. Der Beitrag diskutiert die Begriffe »Information«, »Kommunikation«, »Kontrolle«, »System«, »Umwelt«, »Funktion«, »Beobachtung«, »Form«, »Selbstreferenz« und »Komplexität« als so genannte Metadaten, die es erlauben, Primärdaten im Hinblick auf die Annahme der Selbstorganisation neu zu beschreiben, die Wissenschaft ihrerseits als Beobachter zu thematisieren und der Interaktion zwischen Forschung und Gegenstand auf die Spur zu kommen.

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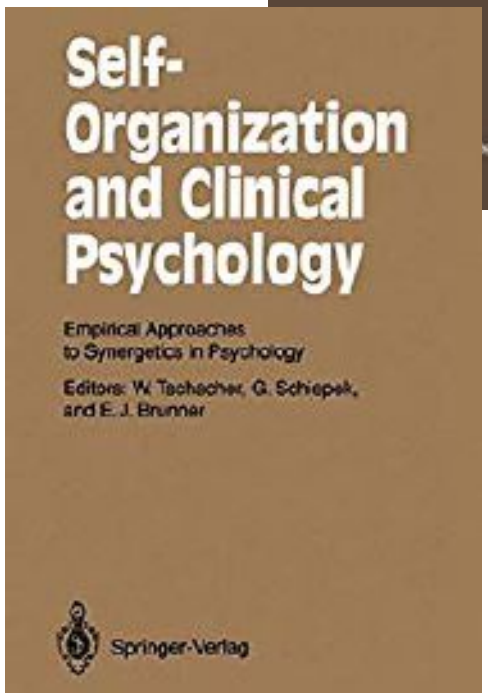

Evidence based medicine: what it is and what it isn't

It's about integrating individual clinical expertise and the best external evidence

Evidence based medicine, whose philosophical origins extend back to mid-19th century Paris and earlier, remains a hot topic for clinicians, public health practitioners, purchasers, planners, and the public. There are now frequent workshops in how to practice and teach it (one sponsored by the *BMJ* will be held in London on 24 April); undergraduate[1] and postgraduate[2] training programmes are incorporating it[3] (or pondering how to do so); British centres for evidence based practice have been established or planned in adult medicine, child health, surgery, pathology, pharmacotherapy, nursing, general practice, and dentistry; the Cochrane Collaboration and Britain's Centre for Review and Dissemination in York are providing systematic reviews of the effects of health care; new evidence based practice journals are being launched; and it has become a common topic in the lay media. But enthusiasm has been mixed with some negative reaction.[4,5] Criticism has ranged from evidence based medicine being old hat to it being a dangerous innovation, perpetrated by the arrogant to serve cost cutters and suppress clinical freedom. As evidence based medicine continues to evolve and adapt, now is a useful time to refine the discussion of what it is and what it is not.

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the

BMJ VOLUME 312 13 JANUARY 1996

„Doctors have traditionally placed high value on numerical data, which may in reality be misleading, reductionist, and irrelevant to the real issues. The increasing popularity of qualitative research in the bio-medical sciences has arisen largely because quantitative methods provided either no answers or the wrong answers to important questions in both clinical care and service delivery. If you still feel that qualitative research is necessarily second rate by virtue of being a "soft" science, you should be aware that you are out of step with the evidence" (Greenlagh & Taylor, 1997, S. 740).

Ochs, M., Borcsa, M., & Schweitzer, J. (eds.) (2020). Linking systemic research and practice – Innovations in paradigms, strategies and methods. (EFTA Series, Vol. 5). Cham: Springer International.

Eva Deslypere & Peter Rober

Family Secrecy – A challenge for researchers

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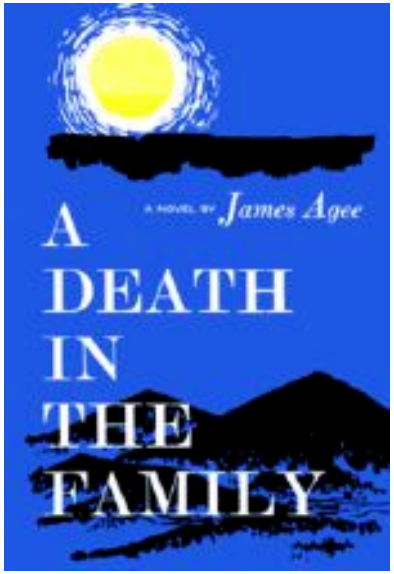
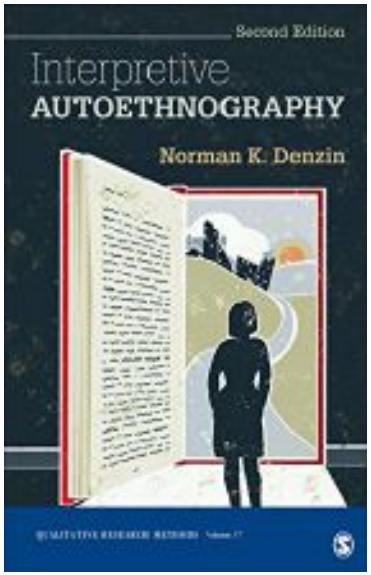
- novel
- documentary film
- autoethnographical study





P. Nyman-Salonen, M. Borcsa et al.

Significant moments in a couple therapy: An integration of different levels of analysis

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- Dialogical Investigations of Happenings of Change (DIHC)
  - organizing the session thematic entities
  - focuses on dialogue quality (how things are said and how they are responded to)
  - differentiate dialogical and monological dialogue in pt conversations
  - analyze dominances in dialogue (e.g. interactional dominance)
- Electrodermal activity (Skin conductance responses SCRs)
- Stimulated Recall Interviews
  - video-assisted method investigating what people recall concerning their own inner thoughts and emotions in an event in which they participated
- Nonverbal synchrony

Fig. 1. The principle of Motion Energy Analysis (MEA). All pixel changes within the original video recording (left panel) of an interaction scene are highlighted (right panel). The rectangles delimit the respective regions of interest.

jüdische Neo-Kantianer (Marburger Schule)

Dialogisches Verständnis von etwa Rosenstock-Hussey, Cohen, Rosenzweig umfassender, als jenes von Buber:

- Buber's „Ich-Du" meint im Kern „lediglich", dass das Ich u.a. das Du benötigt, um ein Bewusstsein von sich selbst zu erhalten: „Der Mensch wird am Du zum Ich" (Buber, 1923, S. 32).
- Rosenzweig: das Bewusstsein ist nicht nur dyadisch, sondern in Polyphonie, in Gemeinschaft verortet. In Brief an Buber schreibt Rosenzweig:
  - „'What would become of the I–Thou if they will have to swallow up the entire world and Creator as well? . . . For my and your sake, there has to be something else in this world besides me and you!' (zitiert in Batnitzky, 2000, p. 253, note 44, letters of Martin Buber)

Jaakko Seikkula

From research on dialogical practice to dialogical research

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Table 5. Psychiatric treatment and disability pensions in year 2015 approximately 20 years after the start of treatment.

	OD (N=108) (%)	TAU (N=1763) (%)	Chi-Square-test x^2	p
30 or more hospital days at onset	18.5	94	32.4	.000
Neuroleptics started at onset	16.7	75.5	389.7	.000
Neuroleptics in 2015	36.1	81.1	110.4	.000
Treatment contact in 2015	27.8	49.2	16.7	.000
Disability pension in 2015	33	61	28	.000

Domestic Violence Focused Couples Therapy

- 17 single couple treatment, 26 multi-couple group, 9 no-treatment
- 18 weeks (six weeks of primary gender-specific treatment, 12 weeks conjoint treatment), co-therapists.

Pre/6-month-follow-up:

- Revised Conflict Tactics Scale, Novaco Anger Index, Differentiation in Couple Relationship Scale, Kansas Marital Satisfaction Scale

Results:

- 1/3 of couples to no-treatment group sought out treatment in other settings.
- Drop-out rate was higher in single couple treatment condition.
- Partners in both treatment conditions reported that their partners were less physically violent after treatment than before, no significant change occurred in no treatment group.
- Female partners reported: male partners were less psychologically violent in both treatment conditions but no changes were reported in no-treatment group.
- Men and women in the multi-couple group reported higher levels of relationship satisfaction, self and partner differentiation, and lower levels of anger.
- only women in the single couple group reported higher levels of relationship satisfaction; men reported more positive self-changes in all variables measured in the multi-couple group than in the single couple treatment.

- However, conjoint treatment has numerous advantages (Stith & McCollum, 2011).
  - Many couples want to continue their intimate relationship, even after experiencing violence and wish to have couples therapy when seeking help
  - In separate treatment programs the spouses get individual help, but their relationship may remain untreated
  - Couples therapy enables the validation of the victim's experiences, when the therapists are witnessing and verbalizing the perpetrator's problems in interaction, offering the victim a confirmation that the problems are real and not imagined
  - Conjoint treatment does not increase the risk of physical violence, when the treatment is designed especially for treating IPV.
  - In some cases conjoint treatment can be dangerous for the victim, and therefore it should be offered only for carefully selected couples

„Central in this discussion is the objective of user involvement by applying systematic feedback that is suggested as a means to integrate the nomothetic and idiographic levels of knowledge.“

Evidence based practice!!

Rober (2018):

- RCT research is important because it shows that psychotherapy in general works– but this kind of research has limitations (e.g. focus on the average patient instead of on the unique patient, doesn't teach us exactly what works, limited external validity, …)
- Feedback oriented therapy – the client's feedback as a guide… is efficient, has beneficial effects, and connects better with the essence of psychotherapy as it focuses on the unique patient.

P. Stratton, A. Carr, L. Schepisi

The SCORE in Europe: Measuring effectiveness, assisting therapy

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University of Applied Sciences

Describing your family Date.....

We would like you to tell us about how you see your family at the moment. So we are asking for YOUR view of your family.

When people say "your family" they often mean the people who live in your house. **But we want you to choose who you want to count as the family you are going to describe.**

For each item, make your choice by putting ☒ in just one of the boxes numbered 1 to 5.
If a statement was "We are always fighting each other" and you felt this was not especially true of your family, you would put a tick in box 4 for "Describes us: not well".

			✓	

Do not think for too long about any question, but do try to tick one of the boxes for each question.

For each line, would you say **this describes our family:**	1. Describes us: Very well	2. Describes us: Well	3. Describes us: Partly	4. Describes us: Not well	5. Describes us: Not at all
1) In my family we talk to each other about things which matter to us					
2) People often don't tell each other the truth in my family					
3) Each of us gets listened to in our family					
4) It feels risky to disagree in our family					
5) We find it hard to deal with everyday problems					
6) We trust each other					
7) It feels miserable in our family					
8) When people in my family get angry they ignore each other on purpose					
9) We seem to go from one crisis to another in my family					
10) When one of us is upset they get looked after within the family					
11) Things always seem to go wrong for my family					
12) People in the family are nasty to each other					
13) People in my family interfere too much in each other's lives					
14) In my family we blame each other when things go wrong					
15) We are good at finding new ways to deal with things that are difficult					
	1	2	3	4	5

Now please turn over and tell us a bit more about your family.

SCORE-15 © Association for Family Therapy www.aft.org.uk

Country	source	Non Clinical	Clinical I	II	III
Belgium	Report to EFTA (2016)	115			
Czech Republic	Report to EFTA (2017)	148	48	21	
Finland	Report to EFTA (2013)		54	27	4
Germany 1 (Nordhausen)	Report to EFTA (2014)	80	240		
Germany 2 (Schwerin)	Report to EFTA (2017)		184		112
Greece	Report to EFTA (2017)	50 (families)	115 (families)	35 (families)	35 (families)
Ireland 1	Fay D. et al. (2013)	403			
Ireland 2	Hamilton E. et al. (2015)		701	433	
Ireland 3	O' Hanrahan K. et al. (2016)		199		
Italy	Presented at ISR, Heidelberg (2017)	264	660	299	94
Poland	Report to EFTA (2016)	42	679	337	125
Poland II	Presented at ISR, Heidelberg (2017)		332*	202*	85*
Portugal	Vilaça M. et al. (2015)	482	136		
Portugal II	Report to EFTA (2016)	406	146	77	50
Spain	Report to EFTA (2016-2017)	85	506	238	60
Sweden	Report to EFTA (2018)	70 (families)	152 (families)		
UK	Stratton P. et al. (2014)		584	247	

EVOS (Evaluation of Social Systems Scale)

In EVOS können Sie eines Ihrer für Sie wichtigen **sozialen Systeme** (Paarbeziehung, Familie oder Arbeitsteam o.a.) einschätzen. Er ist überall anwendbar, wo zwei oder mehr Menschen miteinander verbunden sind, zusammen leben oder arbeiten.

Bitte entscheiden Sie sich beim Beantworten für eines Ihrer folgenden sozialen Systeme:

...Ihre Paarbeziehung ☐
...Ihre Familie ☐ _____(Mitgliederzahl)
...Ihr Arbeitsteam ☐ _____(Mitgliederzahl)
...Sonstiges/Welches ☐ _____(Mitgliederzahl)

Sie sind Mitglied dieses Systems (Paarbeziehung, Familie, Arbeitsteam o.a.)
seit: _____ (z.B. März 2012)

Bitte denken Sie bei jeder Aussage an **nur eines Ihrer sozialen Systeme** (entweder Ihre Paarbeziehung, Ihre Familie oder Ihr Arbeitsteam o.a.) in den **letzten 14 Tagen**. Bitte beantworten Sie **alle** Aussagen mit **einem** Kreuz, selbst wenn Sie sich Ihrer Einschätzung nicht völlig sicher sind.

	nicht gut	**eher nicht gut**	**eher gut**	**gut**
1. Wie wir miteinander reden, finde ich ...	☹	😕	🙂	☺
2. Unseren Zusammenhalt finde ich ...	☹	😕	🙂	☺
3. Was wir füreinander tun, finde ich ...	☹	😕	🙂	☺
4. Die Stimmung unter uns finde ich ...	☹	😕	🙂	☺
5. Wie wir verabreden, was getan werden soll, finde ich...	☹	😕	🙂	☺
6. Wie wir erkennen, was uns beim Erreichen unserer Ziele hilft, finde ich ...	☹	😕	🙂	☺
7. Wie wir Entscheidungen treffen, finde ich ...	☹	😕	🙂	☺
8. Wie wir neue Lösungswege finden, finde ich ...	☹	😕	🙂	☺
9. Wie wir uns auf Veränderungen einstellen, finde ich ...	☹	😕	🙂	☺
10. Ich denke, dass wir (die Systemmitglieder) diese Fragen ähnlich beantworten würden.	**stimmt nicht** ☐	**stimmt eher nicht** ☐	**stimmt eher** ☐	**stimmt genau** ☐


We Can Do It!
Quick
&
Dirty
Research
???

Fazit???

MATTHIAS OCHS | WIESBADEN/HEIDELBERG

Pluralität und Diversi(vi)tät systemischer Forschung

Übersicht: Die Pluralität und Diversi-(vi)tät der Forschungsansätze und -konzepte, die sich selbst als systemisch verstehen, korrespondieren mit der Vielfalt systemischer Praxis, wie sie sich darstellt in a) ihren verschiedenen historischen und aktuellen Entwicklungslinien, b) den breit gefächerten Praxis- und Anwendungsfeldern sowie c) dem breiten Zugang zur systemischen Weiterbildung, was grundständige Ausbildungen und Berufe angeht. Dies wird zunächst veranschaulicht, um darauf aufbauend, zu argumentieren, dass diese mit der Praxis korrespondierende Diversität und Pluralität systemischer Forschungsansätze und -konzepte eine Ressource und einen »Distinktionsgewinn« für »die Systemiker« darstellen. Zudem werden drei zukünftige Trends systemisch orientierter Forschung skizziert.

- Practitioner Research mit Klienten-Feedback
- Mixed-Methods
- Come together!!!

Systemische Forschung „in the aftermath of the“ sozialrechtliche Anerkennung???

Hochschule Fulda
University of Applied Sciences

- Verbundsprojekt-Forschung
- Erfassung der Entwicklung spezifischer Kompetenzen
- Berücksichtigung der Befund zur Expertise-Forschung
- Berücksichtigung der Supershrink/Toxic-Shrink-Forschung
- Negative und unerwünschte Nebenwirkungen sowie Schäden von ST in den Blick nehmen
- Practitioner-research-Perspektive integrieren