



Thematic review of family therapy journals 2011

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In this article the contents of the principal English-language family therapy journals published in 2011 are reviewed under these headings: child-focused problems, adult-focused problems, couples therapy, medical family therapy, military family therapy, theory, research, training, the new *Journal of Couple and Family Psychology* and *Human Systems* twenty-first anniversary.

Introduction

In 2011 many developments in a range of areas were covered in the family therapy journals. Some important family therapy articles were also published in clinical psychology and psychiatry journals. In this review, reference will be made to particularly significant articles and also to less significant but representative articles in the areas of child-focused problems, adult-focused problems, couples therapy, medical family therapy, military family therapy, theory, research, and training. Reference will also be made to the new *Journal of Couple and Family Psychology* and *Human Systems* twenty-first anniversary special issues.

Child-focused problems

With regard to child-focused problems, in 2011 there were noteworthy articles on cognitive behavioural family therapy (FCBT) for childhood obsessive compulsive disorder (OCD), attachment-based family therapy (ABFT) for suicidal lesbian, gay and bisexual adolescents, family interventions for childhood obesity, systemic consultation for staff addressing challenging behaviour in intellectual disability, multidimensional treatment foster care (MTFC) for juvenile offenders, multisystemic therapy (MST) for adolescent conduct problems, and

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both multidimensional family therapy (MDFT) and brief strategic family therapy (BSFT) for adolescent drug misuse. These articles are summarized below.

FCBT for childhood OCD

In a controlled trial of seventy-one children and adolescents, Piacentini *et al.* (2011) found that FCBT was more effective than psycho-education and relaxation training for reducing symptom severity, functional impairment and family accommodation for young people with OCD. Clinical remission rates were 43 per cent for FCBT versus 18 per cent for the control group. Treatment gains were maintained at 6-months follow up. FCBT involved twelve 90-minute sessions over 14 weeks. Half of each session was devoted to exposure and response prevention and half to family intervention. During exposure and response prevention young people were exposed to cues and situations that elicited obsessions and related anxiety, and refrained from engaging in compulsive rituals during exposure until they habituated to the anxiety-provoking stimuli. During family intervention, parents and family members developed knowledge and skills to help them refrain from accommodating to their children's compulsive rituals. Reduced family accommodation to adolescents' symptoms, preceding reductions in symptom severity and functional impairment of the young people, underlined the importance of family involvement in treatment. This empirically supported treatment programme is described in a manual and workbook (Piacentini *et al.*, 2007a, 2007b) which are useful resources for family therapists treating paediatric OCD. A separate article by Stewart *et al.* (2011) described the development of the OCD family functioning scale, which family therapists may find useful in assessing both OCD symptoms and related aspects of family functioning.

ABFT for suicidal lesbian, gay, and bisexual adolescents

In a treatment development study, Diamond *et al.* (2011) adapted ABFT to meet the unique needs of families of suicidal lesbian, gay and bisexual adolescents, and then evaluated its effects in an open trial involving 10 families. They found that families of adolescents with a minority sexual orientation could be recruited into ABFT and that twelve sessions of treatment led to significant decreases in suicidal ideation, depressive symptoms, and maternal attachment-related

anxiety and avoidance. Within ABFT a distinction is made between parent and adolescent problem states. Parent problem states include criticism, personal distress and deficits in parenting skills. Adolescent problem states include a lack of motivation, negative self-concept and poor affect regulation. Within the parent-adolescent relationship, these parent and adolescent problem states subserve a gradual process of disengagement. ABFT addresses this disengagement process and aims to enhance parent-adolescent attachment. The therapy involves the following sequence: (i) relational reframing; (ii) building alliances with the adolescent first and then with the parents; (iii) repairing parent-adolescent attachment; and (iv) building family competency. This basic model, which has been shown in controlled trials to be effective for adolescent depression, was adapted for families of lesbian, gay and bisexual adolescents to include more time working with parents in order to (i) process their disappointments, pain, anger, and fears related to their adolescent's minority sexual orientation; (ii) address the meaning, implications, and process of acceptance; and (iii) heighten the parents' awareness of subtle yet potent invalidating responses to their adolescents' sexual orientation. The manual for ABFT is available from Guy Diamond at diamondg@email.chop.edu.

Family interventions for childhood obesity

In a systematic review of thirty-one studies of family-based interventions for childhood obesity Kitzmann and Beech (2011) concluded that there was considerable evidence for their effectiveness. They also found that the degree to which families were involved in such programmes and the range of family issues addressed had a bearing on programme effectiveness. They proposed that programmes with high levels of family involvement and an extensive family involvement may be more effective. Such programmes focus not only on parental management of the nutrition and exercise of obese children but also parent-child relationship issues. With childhood obesity on the increase, there is considerable scope for family therapists to make an important contribution to addressing this problem.

Systemic consultation for staff addressing challenging behaviour in intellectual disability

Rhodes *et al.* (2011) described a systemic consultation model to assist professional colleagues working with people who have intellectual

disabilities and who engage in challenging behaviour in complex and 'stuck' family and care-giving systems. This model involves the use of hypothesizing and circular questioning to help colleagues develop a sophisticated understanding of how interactions and relationships in the client's life contribute to their challenging behaviour, and how this systemic understanding may be used to inform behavioural interventions to address challenging behaviour.

MTFC for juvenile offenders

MTFC is a complex systemic treatment programme that has been shown in US controlled trials to successfully treat chronic juvenile offenders. MTFC integrates family therapy with time-limited placement of adolescents in specialist foster homes, where trained foster parents use behavioural parenting skills to promote prosocial behaviour. In the first European MTFC study involving thirty-five antisocial youths, Westermarck *et al.* (2011) found that 2 years after intake, adolescents of Swedish families who engaged in MTFC fared significantly better than those who received treatment-as-usual. The results suggest that MTFC may be an effective method in treating youths with severe behaviour problems in a Swedish context. Information about MDFT is available at these websites: Multi-dimensional Treatment in Foster Care (n.d.) and TFC Consultants (n.d.).

MST for adolescent conduct problems

In 2011 three important studies added to the large evidence base for the effectiveness of MST. In a 21-year follow-up study of 176 juvenile offenders who participated in a controlled trial of MST, Sawyer and Borduin (2011) found that in their mid-thirties those who had engaged in MST in adolescence continued to have better outcomes than those who received individual therapy. Recidivism rates for offenders who had participated in MST were only 35 per cent, compared with 55 per cent for those who received individual therapy. The odds of involvement in family-related civil suits during adulthood were twice as high for offenders who received individual therapy than in those who had participated in MST. In a study of ninety-nine families at five agencies who received MST, Gervan *et al.* (2011) found that MST led to reductions in maternal depression and that greater improvement in adolescent behaviour occurred in cases where fathers were involved in therapy. In a study of 1979 families treated by 429

therapists at forty-five sites, Chapman and Schoenwald (2011) found that when therapists showed high levels of adherence to the MST model there was greater improvement in behaviour problems at 1-year follow up and lower levels of criminality at 4-years follow up. Adherence ratings were higher when therapists and parents were from the same ethnic group.

The results of these three studies show that MST has a positive effect, not just on adolescent behaviour, but also on maternal depression; that father involvement in therapy and adherence to the MST model improves outcome; that adherence is higher where therapists and families are of similar ethnicity; and that the positive effects of MST on behaviour problems and criminality persist into middle adulthood. Information on MST training is available at Multisystemic Therapy (n.d.).

MDFT for adolescent drug use

There were three key articles on MDFT in 2011, two of which concerned European studies. Phan *et al.* (2011) outlined the development of an MDFT trial of 450 families of cannabis users that is being conducted in five European countries (Belgium, France, Germany, The Netherlands and Switzerland). The study is known as the INCANT trial, which stands for international cannabis need of treatment. In this preliminary article the equivalence of groups receiving MDFT and treatment-as-usual on baseline demographic and clinical variables was described. Results from this large multinational European MDFT trial will be available next year. In a Dutch study of 109 families of adolescents who used cannabis, Hendriks and Blanken (2011) found that while MDFT and cognitive behaviour therapy had similar outcomes at 12-months follow up, treatment intensity and retention were significantly higher in MDFT. In a US two-site controlled trial of families of incarcerated drug users, Liddle *et al.* (2011) found that a modified version of MDFT facilitated treatment retention and community reintegration post-detention of detained adolescents, compared with patients in an enhanced treatment-as-usual control group. In routine MDFT therapists work simultaneously in four interdependent treatment domains – the adolescent, parent, family and extra-familial systems, each of which is addressed in three stages. In stage 1 a foundation for change is built; in stage 2 individual and family change is facilitated and in stage 3 changes are solidified. At various points throughout treatment, therapists meet individually

with the adolescent and parents as well as conjointly with families depending on the treatment domain and specific problem being addressed. In the modified version of MDFT in stage 1, treatment was provided to adolescents and parents in short-term juvenile detention settings as soon as possible after arrest. These sessions used the crisis of the recent arrest and detention to motivate adolescents and parents to engage in post-detention treatment sessions to change the potentially negative life trajectories of these adolescents. This work built a platform for stage 2 post-detention adolescent, parent and family sessions that occurred after the adolescent returned home. Stage 2 also incorporated multifamily psycho-educational sessions on human immunodeficiency virus (HIV)/sexually transmitted diseases prevention and case management for 4 months. These studies show that MDFT can be successfully conducted in Europe and adapted for use in juvenile justice detention settings. More information on MDFT is available at University of Miami Leonard M. Miller School of Medicine Center for Treatment Research of Drug Abuse (n.d.).

BSFT for adolescent drug use

In a multi-site, multi-ethnic study of 480 families and forty-nine therapists in eight agencies, Robbins *et al.* (2011a) found that, compared with treatment-as-usual, BSFT was better at engaging and retaining family members in treatment, improving parent reports of family functioning and reducing the number of days of self-reported drug use at 12-months follow up. BSFT combines structural and strategic family therapy theory and intervention techniques to address systemic interactions that are associated with adolescent substance use and related behaviour problems. Early sessions are characterized by joining interventions to establish a therapeutic alliance and also include tracking and enactment interventions to identify family strengths and weaknesses and develop a treatment plan. Reframing interventions are used to reduce family conflict and create a motivational context for positive change. In later sessions restructuring strategies are used to transform family relations from problematic to effective and mutually supportive relations. In a second article based on the multi-site trial mentioned above, Robbins *et al.* (2011b) reported on the development of a reliable and valid scale for rating adherence to BSFT. The scale measured the clinical interventions of joining, tracking, reframing and restructuring. This study showed that higher levels of adherence on the scale's restructuring and

reframing factors were associated with engagement and high adherence scores on all four factors were associated with retention in treatment. High levels of adherence on the joining factor were associated with improvements in family functioning and with reductions in adolescent drug use. Further information on BSFT is University of Miami Miller School of Medicine (n.d.).

Adult-focused problems

With regard to adult-focused problems in 2011 there were noteworthy articles on systemic interventions for psychosis, depression and substance use.

Psychosis

In a systematic review and meta-analysis of psychosocial trials to prevent a relapse in first-episode psychosis, Álvarez-Jiménez *et al.* (2011) found that psycho-educational family therapy programmes were more effective than treatment-as-usual in preventing relapse. In the context of a large US trial evaluating the effects of antipsychotic medication, Glick *et al.* (2011) found that contact with supportive family members increased medication adherence which, in turn, improved outcome. These two articles contribute to the large evidence base on systemic interventions to foster family support and prevent relapse in psychosis.

Depression

Kuhn (2011) found positive outcomes for patients with anxiety and depression treated with systemic therapy in the Newham pilot site of the UK improving access to psychological therapies programme. Recovery rates were above 50 per cent and the effect sizes were large. Most of the clients were satisfied with the service. A trend towards employment was identified. In a qualitative study of multi-family groups for major depression involving twenty-four patients hospitalized for depression and twenty partners, Hellemans *et al.* (2011) identified eight important therapeutic factors: (i) the presence of others; (ii) cohesion and understanding; (iii) self-disclosure; (iv) openness; (v) discussion; (vi) insights; (vii) observational experiences; and (viii) guidance from the therapist. These two studies contribute to the evidence base on systemic intervention in adult depression.

Substance misuse

There was a special issue of the *Journal of Family Psychotherapy* (vol. 22 no. 3) on substance misuse. It contained articles on the history of systemic intervention for substance misuse (Smock *et al.*, 2011), behavioural couples therapy (BCT) for alcohol and drug problems (O'Farrell and Schein, 2011), incorporation of motivational interviewing for substance use into couple therapy for intimate partner violence (McCollum *et al.*, 2011), family therapy for recovering young adults (Matheson and Lukic, 2011), multi-family groups and recovery (Shumway *et al.*, 2011) and a relapse resilience process model of addiction and recovery (Harris *et al.*, 2011). Smock *et al.*'s (2011) historical overview is a useful article to orient readers new to the field and the remaining articles offer a wealth of detailed clinical guidance on working with families where drug and alcohol problems are a central concern. A comprehensive review of BCT for substance users, which is one of the most strongly empirically supported treatments for adult alcohol and drug problems, also appeared in *Substance Use and Misuse* (Klostermann *et al.*, 2011). O'Farrell and Fals-Stewart (2006) have produced a BCT treatment manual which will be of interest to family therapists who work with adults with alcohol and drug problems.

Couples therapy

In a thoughtful position article in *Family Process* Gurman (2011) reviewed research on couple therapy and the effect of this on the day-to-day practice of couples therapists. He concluded that couples therapy is effective in alleviating relationship distress in about two out of three cases; that it is also effective for a range of problems such as anxiety, depression and substance use; that there is no evidence yet that one approach to couples therapy is greatly superior to any other; that behavioural couples therapy and emotionally focused couple therapy (EFCT) have the largest evidence bases; that research to date has told us little about how couple therapy works; and that research results have very little impact on the day-to-day practice of most couples therapists. Gurman proposed a solution to the problem of researchers having limited impact on therapists. He argued that effective couple therapy requires a good fit between the person of the therapist and her primary theoretical orientation; and that findings about effective therapy processes within their preferred models are of greater interest to couples therapists than results of treatment

outcome research about specific techniques. Because of this, researchers should aim to influence the practice of couple therapists by informing them about effective therapeutic processes associated with the models to which they have a primary theoretical allegiance.

In the *Journal of Marital and Family Therapy* (vol. 37 no 4) there was a special section on learning EFCT that contained articles on the effects of training in EFCT (Montagno *et al.*, 2011), the experience of learning EFCT (Sandberg and Knestel, 2011), supervision in EFCT (Palmer-Olsen, 2011) and a commentary by the originator of EFCT – Susan Johnson (2011). This set of articles contains evidence that training in EFCT is demanding but has a positive impact on therapist competence and personal development.

Medical family therapy

There was a special issue of *Contemporary Family Therapy* (vol. 33, no 2) on medical issues, families and systemic therapy with articles on marital adjustment of couples who conceived through assisted reproductive technologies (Gameiro *et al.*, 2011), adolescent pregnancy (Pedrosa *et al.*, 2011), older couples decision-making about amniocentesis (Nazaré *et al.*, 2011), couples therapy at the transition to motherhood where a partner has HIV (Pereira *et al.*, 2011), breast cancer and marital functioning (Moreira *et al.*, 2011) and family functioning where children have asthma (Crespo *et al.*, 2011).

Medical family therapy was also a theme in a number of other family therapy journals in 2011. In a systematic review of 14 studies that evaluated systemic interventions for couples in which one spouse faces cancer, Baik and Adams (2011) concluded that such interventions facilitate emotional support in couples and dyadic coping, as well as reducing the distress associated with cancer. In a controlled trial of 256 somatoform patients with medically unexplained symptoms from seven primary care centres in Chile, Schade *et al.* (2011) found that brief strategic therapy was more cost effective than treatment-as-usual 6 and 12 months after treatment. This approach, which typically involved only three sessions, changed families' usual ways of dealing with problems by interrupting negative interpersonal behaviour patterns and promoting alternative positive patterns using homework tasks and progress scaling questions to monitor progress. This is an important article because few studies on systemic interventions for somatoform disorder and medically unexplained symptoms have been published.

Military family therapy

In the *Journal of Family Psychology* there were a number of articles on the effects of military operations on families with deployed family members. These articles covered a range of issues including distress in spouses with combat-related post-traumatic stress disorder (PTSD) (Renshaw *et al.*, 2011; Renshaw and Campbell, 2011; Verdeli *et al.*, 2011), couple adjustment where war veterans have PTSD (Erbes *et al.*, 2011) and depressive symptoms (Knobloch and Theiss 2011), the impact of military deployment on parenting (Cohen *et al.*, 2011) and the adjustment of children of deployed service personnel (Card *et al.*, 2011; Esposito-Smythers *et al.*, 2011). These articles underline the fact that for some, but not all, families of military personnel, deployment has adverse affects. Where veterans develop PTSD this usually leads to relationship distress (Erbes *et al.*, 2011). The numbing and withdrawal cluster of PTSD symptoms is particularly detrimental to the partners of those with PTSD; however these symptoms are associated with less distress in partners who perceive that service members experienced high levels of deployment trauma (Renshaw and Campbell, 2011). PTSD and combat-induced stress reactions are associated with insecure parent-child attachment (especially attachment avoidance) and both sets of factors lead to impaired parental functioning and parental satisfaction in veterans (Cohen *et al.*, 2011). In a particularly useful review article Riggs and Riggs (2011) presented a comprehensive family attachment network model of military families during deployment and reintegration grounded in attachment theory and family systems theory. This research and these articles point to the potential value of systemic therapy as an important element in the treatment of families of traumatized war veterans.

In the *Journal of Contemporary Family Therapy* there were a couple of articles on military marriages. Baptist *et al.* (2011) reported on a qualitative study of the challenges faced by couples where one partner has been on military duty in Iraq and Afghanistan. Transparency and communication quality rather than frequency of communication were central to good adaptation. Hollingsworth (2011) described a community model of family therapy to promote resilience in military families where a member has been deployed to Iraq or Afghanistan.

In *The Family Journal* Jordan (2011) gave an overview of the unique personal challenges associated with deployment in Afghanistan or Iraq and subsequent reintegration into civilian life. This process has

an impact on attachment within couples, an issue which Jordan argues may be addressed in EFCT.

There was a special issue of the *Journal of Feminist Family Therapy* (vol. 23, nos 3–4) with articles on PTSD (Frey *et al.*, 2011; Worthen, 2011), the role of being a military wife (Aducci *et al.*, 2011), divorce among military women (Kanzler *et al.*, 2011) and clinical practice with families of military women (Papaj *et al.*, 2011). This special issue also contains a review of Figley's (2010) book on systemic therapy with military families. Taken together, these articles highlight the profound effects that military deployment may have on families and the importance of developing and evaluating systemic interventions to address these issues.

Theory

Integrative problem-centred meta-frameworks

There was a special section in *Family Process* (vol. 50 no 3) on a new, exceptionally comprehensive integrative psychotherapy model called integrative problem centred meta-frameworks (IPCM) with articles by Breunlin *et al.* (2011) and Pinosof *et al.* (2011). This new US model integrates concepts from Breunlin *et al.*'s (1997) meta-frameworks model and Pinosof's (1995) problem-centred model, along with insights from Sprenkle's (2009) common factors model. IPCM is a multisystemic, integrative, empirically informed, and common factor perspective for family, couple and individual psychotherapy. The first article set out the theoretical foundation of IPCM and showed how the model informs hypothesizing, assessment and case formulation. The second article focused on intervention and described the processes of planning, conversing with clients and using feedback. Intervention is conceptualized as a process in which therapists formulate hypotheses about the web of constraints in a client-system that prevents problem resolution; develop a therapeutic plan based on those hypotheses; implement the plan through dialogue with the clients; and evaluate results. If the intervention is not successful, the results become feedback to modify the web of constraints, revise the plan and intervene again. Guided by the therapeutic alliance, this process is repeated until the presenting problems resolve. Among the major techniques of IPCM, strategies and common factors from a range of family therapy models and other therapeutic approaches (especially those that are empirically validated) are sequentially integrated so that therapists are guided to use some strategies and techniques before others. To

formulate hypotheses and evaluate interventions, therapists collaboratively use information from a structured self-report assessment instrument called the systemic therapy inventory of change (Pinsof *et al.*, 2009). In the twenty-first century the development of sophisticated, integrative, evidence-based practice models will be central to the growth of family therapy. IPCM is a bold step forward on this path.

Theories that influence contemporary Australian family therapy

In the second of two articles in the *Journal of Australian and New Zealand Family Therapy* on the development of family therapy practice in Australia, Flaskas (2011) outlined how the Milan systemic, narrative and solution-focused frameworks and the dialogical perspective have become the most influential approaches in recent years. Social constructionist and narrative ideas together constitute the current dominant common theory. A previous article covered the frameworks (such as structural and strategic family therapy) that were influential from the 1960s to the 1990s. Flaskas argued that three sets of influences – ecosystemic epistemology, the feminist challenge and postmodernist ideas – led to post-1990 changes in practice and theory.

Research

Crane and Payne (2011) reported on a US study of the cost of individual and family therapy provided by marital and family therapists, nurses, social workers, physicians, psychologists and counsellors to 490,000 clients over 4 years in a US managed-care company. They found that family therapy was substantially more cost effective than individual psychotherapy. Marital and family therapists had the highest success (87 per cent) and lowest recidivism rates (13 per cent). Similar findings were reported in two related articles (Hamilton *et al.*, 2011; Moore *et al.*, 2011).

Training: competencies for family therapists

A number of journals had articles on core competencies of systemic therapists. In the *Journal of Family Therapy* Stratton *et al.* (2011) described the development of an authoritative statement of the expected clinical competencies and professional standards of systemic therapists in the UK. The statement was drawn up by an expert group

following a review of systemic treatment manuals from successful controlled trials and after wide consultation. This statement of core competencies and occupational standards allows the profession to clearly set out what systemic therapists have to offer the National Health Service and other potential employers in terms of effective assessment, therapy and other professional contributions to health services. It also clarifies the outcomes expected of family therapy training programmes and suggests areas for continuing professional education. In response to a UK government initiative, similar statements have been developed for all major forms of psychotherapy including cognitive behavioural and psychoanalytic approaches. Northey (2011) offered a useful comment on Stratton *et al.*'s article and discussed a similar process which occurred in the USA in 2003 where an American Association of Marital and Family Therapy (AAMFT) task force identified 128 core competencies essential for the practice of family therapy in the USA.

In 2011 there were a number of articles on these competencies. For example, Gehart (2011) argued that AAMFT core competencies and new US accreditation standards for family therapists mean that family therapy training programmes must develop competency-based curricula, adopt a learning-centred and outcome-based pedagogy and assess student mastery of core competencies. On the same theme in *Family Process*, Le Roux *et al.* (2011) described the development of the Rochester objective structured clinical evaluation for assessing family therapy skills based on the direct observation of trainees demonstrating clinical competencies.

Family Process also contained an important article by Sexton *et al.* (2011) that proposed a model for classifying interventions as evidence informed, evidence based, or evidence based and ready for dissemination. In this model interventions are classified on the basis of evidence for their overall effects on clinical problems, their demonstration of specific change processes, and their applicability across cultural contexts. The classification of systemic interventions using this model may guide therapists, health service managers and policy-makers in identifying effective and appropriate clinical interventions for families with specific problems and inform stakeholders about the competencies that family therapists should aim to acquire.

The overriding message from these articles is that there is an international commitment to clearly defining the range of skills that characterize competent systemic therapists. These competencies include the basic and advanced skills essential for assessing and

treating couples and families with a range of problems and discharging other professional duties typically undertaken by family therapists. The skills include those required to engage in evidence-based and evidence-informed clinical practice. Family therapy training programmes and continuing professional education short courses should be designed to foster these competencies. The core competencies of systemic therapists should be highlighted when marketing family therapy to service providers.

New journal of couple and family psychology

In 2011 a new family therapy journal was launched – *The Journal of Couple and Family Psychology: Research and Practice*. This journal marks the establishment of family psychology as a specialty in the USA and is the official publication of the Society for Family Psychology which is a division of the American Psychological Association. The central feature of family psychology is the systemic conceptualization of human behaviour and the use of evidence-based systemic interventions to address psychological problems (Stanton, 2011). The first issue of the *Journal of Couple and Family Psychology* contained articles on a wide range of topics including functional family therapy for delinquency (Sexton and Turner, 2011), family of origin experiences and romantic attachments in adulthood (Dinero *et al.*, 2011), former infertility and the transition to parenthood (Flykt *et al.*, 2011), family interventions for paediatric obesity (Kitzmann and Beech, 2011), post-traumatic stress in children exposed to family violence (Margolin and Vickerman, 2011), multi-family therapy with war veterans (Sherman *et al.*, 2011) and the role of the therapeutic alliance in psycho-educational family therapy for schizophrenia (Smerud and Rosenfarb, 2011).

Human Systems twenty-first anniversary

Celebrating its twenty-first birthday in 2011, there were two special issues of *Human Systems: The Journal of Therapy, Consultation and Training* (vol. 22 nos 1 and 2) which is published by Leeds Family Therapy and Research Centre and the Athenian Institute of Anthropolos. These special issues contained 38 of the most significant articles published in *Human Systems* in the preceding two decades. There were articles by Hoffmann (2011) on discourse, Carr (2011) on power, Burnham (2011) on approach, method and technique in systemic practice,

Gergen (2011) on social constructionism, Boscolo *et al.* (2011) on language and change, Anderson and Swim (2011) on collaborative conversation, McGoldrick (2011) on culture, class race and gender, Colgan-McCarthy (2011) on working with welfare families from the fifth province position, Lange and McAdam on (2011) on stories and therapy, Penn (2011) on metaphors, Jones (2011) on working with the therapist's self in consultation, Stratton (2011) on anticipatory schemas in family therapy, Elkaim (2011) on resonance in supervision, Cronen *et al.* (2011) on circular questions and coordinated management of meaning theory and Cecchin *et al.* (2011) on a systemic critique of the intolerance of eccentricity. These two special issues are a treasure trove of ideas that have been particularly influential in the transition from first-order to second-order social constructionist approaches to family therapy in the UK. These articles reflect a shift in emphasis from families as observed systems which therapists attempt to fix, to therapy as a process involving observing systems comprising families and therapists in which language, discourse and narrative are central to co-constructing new and adaptive alternatives.

Conclusions

In 2011 there was some expansion of the evidence base for systemic practice with child-focused and adult-focused problems, couples problems and family therapy conducted in medical and military contexts. There were important developments in the areas of integrative systemic practice models, competency-based training and real world research on the cost effectiveness and comparative effectiveness of family therapy. A new US journal on family psychology was launched and a UK systemic practice journal celebrated its twenty-first anniversary.

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