

NETWORK NEWS

Commentary and news from our regional and international correspondents

Introduction

This is the first edition of the new look Network News, whereby all contributions to the 'theme' section are merged into a single essay, which includes some specific regional initiatives and case illustrations. It is hoped that readers enjoy the difference in the presentation of this section. As a consequence of these changes, the correspondents' names and regions will be listed alphabetically (rather than contributions being ascribed to specific contributors) with guest correspondents identified as such.

Apart from the above, further changes have included the resignation of Carole Kayrooz, the ACT correspondent, whom we would like to thank for her work for the *Journal*, which has always been a pleasure to edit, as it has been of such high standard!

JANE CHAPMAN
Network News Co-ordinator

State Correspondents

Jan Drury, Hunter Region; Sarah Jones, Victoria; *Guest Correspondent for Victoria in this issue, Peter Brann*; Roslyn Phillips, New South Wales; Janet Roth, Queensland; Adrienne Wills, Western Australia.

Community Based Family Therapy

Definitions

In considering this topic, we have given thought to what is really meant by 'community based' family therapy. Does it mean family therapy that is conducted in community centres rather than, for example, hospitals or clinics? Does it mean family therapy conducted in homes? Does it mean working systemically with families in their community? Or is it simply being more aware of the family-community interface rather than issues internal to the family?

Community based family therapy probably means a combination of all the above, with one of the guiding principles being the need for the therapist to be cognisant of the circularity of influence of community and family on each other. This approach means that therapists need to be very flexible in how they work with the family and community.

Other comments define community based family therapy as 'grass roots' family therapy, i.e. family therapy (in its broadest definition and including narrative) effected by workers not attached to government departments, not in private practice and not employed by large non-government organisations. Whom does this leave? Services and individuals funded, for example, through such sources as the Community Service Grants Programme and Supported Accommodation Assistance Programme.

Thus 'community based' can encompass a variety of

meanings, ranging from the funding source, or physical location, to the philosophical stance of the therapist who prioritises the connection between the family and the community, and therefore emphasises the contextual influences on the family.

'Community based' may also mean that therapy happens in a centre where other activities take place, e.g. a neighbourhood centre, a youth centre. This allows for informal contacts to occur that make the therapist less strange to potential clients and broadens the referral base. This kind of setting also allows some experimentation, like groups for therapy, or conducting therapy outside the usual context that adolescents might find intimidating. The intimacy of a room the size of a regular office is often threatening to those whose early relationships have not been secure.

Working with families

Some regional examples of community based family therapy illustrate these differences in interpretation of the topic.

For example, in the early days of Youth Accommodation services in the Hunter, several services employed a consultant to assist them to set up their units along family therapy lines, with staff operating as a team and due consideration paid to contextual issues of the family as well as the residential unit. More recently, at least

one such unit is looking at extending its services to work with the families of residents.

Workers at all of the above services are keen participants in family therapy workshops and other training opportunities both local and further afield.

As an example from Jan Drury's experience, Newcastle Family Support Service (NFSS) was one of the first local community based services to look at the application of family therapy ideas to their work context. Their transition to a team based approach was accompanied by different ways of thinking about their referrals, their relationship with other agencies and their work with families, all of which were seen to benefit from the change. They found family therapy ideas to be highly compatible with their underlying philosophy of social justice, empowerment and participation.

Newcastle FSS staff perceive that the incorporation of family therapy thinking has enhanced their capacity to work with families in ways which impart dignity, respect and acceptance, such that families are better able to contribute to positive change in their own lives, and also to the service, which encouraged their active participation at a number of levels. The theme of empowerment and building on strengths is apparent at all levels of the organisation, from the management committee (which includes consumers) to the staff, to the users of the service. As a team, staff meet regularly and, within a busy agenda, make time to reflect on their work with particular families and, in general, on their functioning as a team. Recently, staff, management committee members and interested service users (of whom there were many), have worked together on a strategic planning activity to document the service philosophy and its implications for service provision. This reflection and collaboration has proved reinforcing of the service's practices and of the contributions made by each person, service users included.

Other experiences also provide one with some understanding of how beneficial community based family therapy can be. One of Adrienne Wills' current cases springs to mind, a Western Australian family of four children, three of whom experience behavioural and emotional problems, and where the mother is chronically depressed. The family were not benefiting from the more traditional family therapy approach. Appointments would be made at the clinic, most of which would be missed, or if the family did attend, they would invariably come late, stay long, and there was always a sense of unfinished business. Something needed to change! A cautious suggestion of home visits was made, so that therapy could be conducted in the home. This was readily accepted by the family, and has resulted in many positive outcomes.

Firstly, the family, who had a long history of involvement with helping agencies and were critical of help they received, developed a greater trust in the therapist's commitment to assist them in a way that was appropriate for them. Secondly, making home visits provided the worker with an insight into this family's relationship with their local community. Neighbours

(whether friendly or otherwise) would drop in uninvited, and seek out this deprived family's support. At times, the mother would shut herself in her bedroom, because she couldn't cope with this. The maternal grandmother, who was being treated for schizophrenia, lived in a caravan in the backyard, and would wander through the house at odd times and create a lot of havoc. The therapist wondered whether any good outcomes could result from these family visits! *However, what emerged was that the therapist was able to set the structure so that sessions started and ended on time, the family members most central to each session were always there, and appropriate boundary-setting was modelled for the family.* The parents eventually took over the setting of the structure by, amongst other things, asking their guests to leave and return at a more suitable time. This then enabled the family to give priority to their own members. Another unexpected benefit was that there were no further crisis calls!

This case illustrates the benefits of the therapist joining more closely with the family, by being seen as part of the community and showing a willingness to meet them on their territory. Other examples of this readiness to join the family's participation in the community are attending school and family meetings, or agency-family meetings.

A therapist from Western Australia reported the positive outcomes of her experience of community based family therapy, with another 'multi-problem family'. A depressed and withdrawn thirteen year old girl who would not communicate, and blamed the therapist for not caring or understanding, lived in a family where there was a second girl, with a severe eating disorder, a third girl, who had been sexually abused, a depressed mother who had made prior suicide attempts, a deceased abusive father, and a lad labelled psychotic.

None of the family would seek help for themselves, and they were not easy to access physically or emotionally. The enterprising therapist, through joining with the family on their territory, was able to join these individuals. She found that other family members would hang around and overhear conversations when she was there. When the topic of the father's death arose, all members of the family were there to contribute. It is doubtful whether such engagement of a very needy family would ever have occurred through clinic based family therapy.

A powerful illustration of community based family therapy was provided some years back by John Morison, who is part of a team of people at the Nicklin Adolescent Program in Brisbane, a program that provides direction and programs to students who are 'falling off the educational conveyor belt'.

The team became involved after a newspaper exposed the Education Department's failure to get an eleven year old boy to school for eighteen months (a most embarrassing situation!) 'Tony' had become a 'TV Truant', staying home each day just to watch TV. He lived in a chaotic home, where drug and alcohol abuse were the norm. Home was more like a camp. In Tony's words, 'You never know who'd be there when you

woke up.' The Housing Commission was receiving complaints about the lifestyle (e.g., stolen car chases, wild scenes, police stakeouts) and was threatening to evict the family.

John and his team decided to convene a huge community meeting (a problem-solving exercise) after all previous efforts had failed.¹ All were invited: the regulars who floated in and out of the family, the sister's boyfriends, neighbours, relatives, peers, the truancy network (other truants who came to watch TV), the Department of Family Services, the Housing Commission. Prior to the meeting, the team gained the trust of all parties and established credibility. Information was shared between agencies, and cooperation was sought, i.e. for the Housing Commission to hold off on eviction.

There was a huge turnout (fifteen to twenty people), far better than anticipated, and a very positive spirit. A solution-focussed approach was the order of the day. Everyone in the room had something to do with the problem, and were stakeholders in finding solutions. The community was asked how they thought things had got to this point (define the problem), and they proceeded to elaborate all details of the problem. They were asked such questions as, 'What could be done? Do you want to solve this? How do we solve this?' The outcome was astounding. The entire group was united in its efforts to assist. An enormous sense of shared responsibility was generated. For example, one of the neighbours said, 'If [that drunk] comes around, come running for me and I'll take care of him!' To resolve the truancy issue, the neighbours decided to mind the TV until later in the day, after Tony returned from school. *The change in Tony following this community based family therapy was nothing short of dramatic. For the first time, he realised that there was a lot of support within his own network for attending school.* Several years later, at age fifteen, Tony was still attending school.

Working with the homeless

Family therapy in a community sense can thus be the use of systemic ideas in guiding practice with a community group. For example, several projects in Victoria which commenced following the Human Rights Commission into Homeless Young People have taken a systemic approach to the problems of youth homelessness and mental health. The Human Rights inquiry into homeless young people reported increasing numbers, '... who have suffered from psychoses, chronic depression, violent outbursts, participated in self-mutilation and attempted suicide' (Burdekin, Carter and Dethlefs, 1989: 238). The Homelessness Agencies Resource Projects (HARP) are fundamentally concerned with creating a collaborative relationship between the network of psychiatric services and the network of services involved with homeless young people, in order to improve both accommodation and mental health outcomes. The model underpinning the project conceptualises both youth accommodation services and psychiatric

services as co-working in a relationship around those homeless young people who use, or could potentially use, either system. Mental health care is best delivered in settings where people are most likely to accept that care. Though not by design, Youth Accommodation services do act as primary mental health services for many of their clients, and are often preferred to the formal psychiatric system.

Both systems have their own expertise and knowledge base which can be used to produce better outcomes for their clients. HARP focuses on the dissemination of skills and knowledge through both systems in order to increase the possibility that accommodation and mental health needs will be recognised and addressed, irrespective of the system with which the client has prime contact.

From a systemic framework, the projects assume that:

- The pre-eminence of family in family therapy has been a restraint to conceptualising and working with homeless young people.
- The pre-eminence of the family as a unit of thought is not self evident from the theoretical base of systems theory.
- Systems include those who are engaged, or who are likely to be, or should be engaged around the problem (the last is added to avoid committing the naturalistic fallacy that what exists is what should be).

Past authors (e.g., Furlong, 1989; Scott, 1989; Milgrom and Green, 1990) have provided examples of family therapists providing consultation to systems broader than the family. Importantly, they demonstrate that other organisations can be treated as an integral part of the therapeutic system, rather than the background upon which the 'real' family therapy is conducted. To generalise, these authors have attempted to alter and improve the connections and relationships between particular families and the systems within which these families find themselves, less than voluntarily, entwined.

The HARP projects extend these authors' examples and ideas by attempting to intervene in a way that in the long run will ensure the creation of a functioning meta-system. The difference here is that the focus is on the patterns of relationship between organisations and what activities are best likely to modify those patterns over time. Systemic activities are located in, and create, context. Hence there are implications for community based family therapy in context, and how it may evolve in the current climate of privatisation.

Privatisation

Health care is becoming increasingly dominated by the currently fashionable purchaser-provider model of government services. In essence, the government is moving away from providing health services and towards being a purchaser of health services on behalf of the population. Health providers will compete for the

contracts. The purchaser-provider model has some advantages, but space prevents offering a critique of it here. While this shift is far-reaching and will have enormous impact in the public sector, the private sector is rooted in this model.

Family therapists are not alone in their increased presence in the private sector. Training courses in individual therapy are commonly found alongside therapy with families in the private sector. Anecdotally, it appears that the aim of many of those in the public sector is to establish a little private practice to get away from public sector hassles; to gain a bit of control, to choose their clients, to work with fewer constraints. It's hard in the private sector, but at least there are perceived to be fewer meetings and fewer forms to fill out.

Service provision in a contractual context becomes more circumscribed. The parameters of the relationship with the client are determined by the contractual relationship. The more family therapists operate on a contractual basis ('we are paid to work with a certain client group'), the more likely it is that attention to neglected and marginalised (contract-poor) groups will become the province of a few family therapists rather than the concern of a substantial number whose roles entail consideration of the non-paying public. This is not to criticise those in private practice, or to suggest that they are less socially concerned. Perhaps it is harder in private practice to do work with non-paying clients (the 'public', the 'reluctant', the 'unidentified', the 'community'). *The purchaser-provider model clarifies*

expectations of the public sector, but in its inherent use of the private sector as an ideal, it may substantially alter what family therapists, as a whole, do.

So, to community family therapy. We are in context and we create a context. It will be interesting to see whom we work with over the next few years. We hope that we would name the community that comprise the 'contract poor' as well as name the community that family therapists are engaged with. We need more than articles giving examples of all forms of work. The question for us as family therapists is: with whom do we define ourselves as being in relationship? Whom shall we see? Hopefully, we can articulate from the experience of those brave souls in the contractual sector some possible answers.

References

- Furlong, M., 1989. Can a Family Therapist Do Statutory Work? *The Australian and New Zealand Journal of Family Therapy*, 10, 4: 211-218.
- Milgrom, J. and Green, M., 1990. Systems Consultation in a Hospital. *The Australian and New Zealand Journal of Family Therapy*, 11, 1: 11-19.
- Scott, E., 1989. The Family, the Statutory Worker and the Therapist Working Together for Change? *The Australian and New Zealand Journal of Family Therapy*, 10, 4: 219-225.
1. See Speck, R.V. and Attneave, C.L., 1973. *Family Networks*. New York, Random House. Speck and Attneave pioneered network therapy, which called upon all interested members of the extended family and community network to be involved in designing and delivering a solution.
- See also Cynthia Hickman's description of Arnold Mindell's Processwork Therapy in her contribution for Victoria in *Network News*, ANZJFT, 17, 4. Eds.

Local News

AUSTRALIAN CAPITAL TERRITORY

Watch this space. Sue Glenn-Hume has kindly agreed to act as our correspondent for the time being!

HUNTER REGION

As the year began in the Hunter, the hunt was on for new committee members for the 1997 HAFST Inc. committee. Association members are reminded that membership runs from January to January, so fees may be overdue.

On review, 1996 was a stimulating year, with many and varied interesting monthly presentations as well as a successful workshop. The 1996 committee did considerable groundwork also for 1997, with many ideas for our monthly meetings as well as the possibility of a workshop with Paul Gibney.

In the interests of supporting potential family therapists to build professional networks, HAFST Inc is trialling the introduction of a significantly reduced membership rate for full time students. This is currently being promoted in psychology, social work and social welfare

courses and will be reviewed towards the end of the year.

JAN DRURY
Hunter Correspondent

NEW SOUTH WALES

At the time of writing, the year had not developed its full momentum. The Association had its Annual General Meeting in November, and David Horner, the Acting President, was voted into the position of Vice-President. Cathy O'Brien is now President.

The committee has reversed the earlier decision to have bi-monthly meetings and proposes to hold meetings every month starting from March. Each meeting is to have a clinical focus. It will be interesting to watch what happens with this move as the earlier decision was aimed at maximising effectiveness and interest value. It had been found hard to maintain good attendances and a high standard of presentation with more frequent meetings. The new committee, no doubt, has lots of good ideas to more than fill each month's programme.

There is still no news of the activities of the Institute

of Family Therapy. As has been noted before, key figures of the Institute have changed some of their professional activities. Everyone's time has many demands on it and other agencies and individuals now do some of what the Institute set out to do originally. The uncertainty creates some tensions, however, and decisions need to be made.

ROSLYN PHILLIPS
New South Wales Correspondent

QUEENSLAND

A brief overview of QAFT may be in order, especially in light of our tremendous growth in membership in recent years. One of our members (who shall remain anonymous) discovered that she had collected every QAFT Newsletter since the beginnings back in about 1979. Unfortunately, she also threw them all away! Hence, the following will be only brief snippets of various people's memories.

In the early days, QAFT seemed to be dominated by psychiatry and its scientific model. This has certainly changed and there has been a marked decline in psychiatrists' representation in the membership. Social workers have always maintained a strong presence in QAFT, and continue to do so. Psychologists and Guidance Officers are also represented, although to a lesser extent, in the current membership.

In the early 1970s and early 1980s, the Batesonian perspective took over in an attempt to define distinct boundaries for the domain of family therapy. Unfortunately, its accompanying jargon, which became a language of its own, may have alienated other professional groups. This has certainly changed as family therapy, and hence QAFT, is more inclusive of other perspectives. The 1983 Family Therapy Conference entitled 'Merging the Streams (Strategic/Structural/Psychoanalytic)', aroused grave suspicions at the time. By contrast, the 1990 Conference in Brisbane is remembered for its friendliness, relaxed atmosphere, and superb organisation.

Our increasing membership may not only be due to family therapy's generally higher profile, but also to the QAFT workshops and the effort and initiative of the committee. QAFT has recently more than doubled its numbers and attendance at the monthly clinical meetings has soared. Kathy Uszoki and Chris Lobsinger have worked diligently in order to ensure that we would have the benefit of hearing interesting and inspirational speakers from a wide range of services. Glenn Munt and Chris Lobsinger have explored ways to create a Video Outreach program so that our regional members could also benefit from the clinical meetings. In 1996, the Video Outreach program began, and has been well received. Although our growth has many positive benefits, it also has placed more demands on the committee in terms of managing the organisation. The present committee is dedicated to building a firm policy foundation for the future.

The evolution of our Newsletter to a vibrant and inter-

esting publication is a credit to the efforts of Hugh and Maureen Crago. They were continually searching for new ideas, information, and profiles. Of course, they are now editing this Journal! When Andrew Simmons stepped into their big shoes, he continued to find ways to enhance the publication.

The above has merely been some broad brush strokes to give people a sense of a larger, evolving picture of QAFT. For those readers who would like to gain a deeper understanding of Family Therapy's Development in Queensland over the years, Helen Pavlin has written an impressionistic view for the Social Workers' 50th Anniversary Special Newsletter.

JANET ROTH
Queensland Correspondent

SOUTH AUSTRALIA

Watch this space! Liz Mackenzie, who is also an assessor, will join as state correspondent later this year.

VICTORIA

Family Therapists like everyone else are moving into the new millennium on the waves of institutional and economic change. The creation of joint appointments between universities and health organisations is one of the many ways the government sees as improving service delivery. In my own organisation, this occurred when the University of Melbourne funded its budget deficit by reducing its permanent core of academic staff and employed social workers in certain related agencies to teach some of the course work. The politics of such changes revolve around whether this approach is seen to demoralise academic workplaces and reduce the overall standard of the curriculum, or whether this is an opportunity to import experienced clinical teachers into universities and promote closer collaboration between 'town and gown'.

One of VAFT's bigger names, Peter Brann, Guest Correspondent for the themed section of this Network News, and retiring editor of VAFT's Newsletter, has recently taken up such an appointment, which combines a joint clinical and academic position. Based as a psychologist at Moorondah Hospital Child, Adolescent and Family Service, he is also lecturer in the Department of Psychological Medicine at Monash University. Peter received a travel grant from the Mental Health Branch at Human Services to research outcome evaluation in Britain. He will continue to pursue his interests in measuring outcomes in child and adolescent health services. Family therapists in public agencies will be forced to consider outcome evaluation measures over the next few years. If readers would like this topic to be discussed more broadly, they should let the editors know of their interests.

Training programs in Victoria abound, as readers would have noted in last year's training insert in this Journal. I shall not be reporting further details unless contacted by local trainers who were not included. Max

Cornwell was the guest speaker at the VAFT AGM in mid March.

SARAH JONES
Victorian Correspondent

WESTERN AUSTRALIA

With the beginning of a new year comes some activity in the area of family therapy. Moshe Lang visited WA and conducted a number of workshops in early February. He was brought to Perth by the APS College of Clinical Psychologists (WA) in association with the WA Family Therapy Association. The first workshop, 'The Long Shadow', was about working with survivors of trauma and their families. The second workshop was 'The

Therapist's Resilience', about therapists' own survival in this field. There was also a public lecture, 'Resilience', which is also the title of Moshe's most recent book. Hopefully, a report of how these workshops were received will appear in *ANZJFT*, 18.3.

Unfortunately, another series of workshops late in 1996, to have been conducted by David Epston, needed to be cancelled due to David's ill health. I know there were many disappointed people who had been looking forward to attending these workshops.

I would invite any family therapists in WA to contact me on (09) 0448 5544, if they have any news, or other contributions they wish to make to this column.

ADRIENNE WILLS
West Australian Correspondent

Heroes of the (Eleventh) Hour

Jane Chapman and her team of correspondents are among the people who have been asked to work to extraordinarily tight deadlines for this issue. The Editors, whose term was due to begin on January 1, this year, were in mid-negotiations with Jane at the end of November last about the changes to the format in Network News, when they were informed that the deadline for this issue *had been* November 11th! The Network News team had only just finished their final copy for 17, 4. Jane was asked to convey new, tight deadlines for her team. A great debt of gratitude is owed to them, and to Jane, for their patience, and for their willingness to produce copy over the Christmas break, when the rest of you went into holiday mode! Furthermore, Jane herself accepted a new brief, to edit the contributions to the themed section into one single essay, a significant addition to her existing role. Thank you indeed, Jane Chapman, Jan Drury, Sarah Jones, Roslyn Phillips, Janet Roth, Adrienne Wills, and guest correspondent for Victoria, Peter Brann!
Eds.

Letter from Britain

*JOHN HILLS

You don't have to be a social constructionist to know that to start to give something a reality, it must have a name. Once it has entered the stadium of language, we can locate it and start to get into some relationship with it. After all, the first meaningful act is to give a newborn baby a name (and what names, sometimes!) So, even before knowing what to include in this column, I spent a lot of thought giving it a title and therefore a context.

This is not as easy as it first seems. As every therapist comes to know, language is never truly neutral, but reflects the disposition of its creator. It can be a worse imperialist than a thousand invading armies. So, 'Letter from Up Yonder' and 'Up Over' moved out of the frame as quickly as they had moved into it. I remembered how

as school kids we used to point to playground tarmac, referring to Australia and New Zealand as if somehow buried in some dark, mysterious forbidding places. This was 'Down Under'. (Now, of course, post-*Neighbours*, for anyone 25 and younger, it's a paradise inhabited only by teenies and a few adult 'sports' or 'spoilers'). 'Down Under' and 'Up Over' still have colonial references—even when it might seem they were just describing geographical relationships.

'Letter from England' would rightly offend Scottish, Irish and Welsh sensibilities. 'Letter from Europe' would not be strictly true, for the Brits are continuing to agonise over whether we are part of Europe, or some free-floating island linked to wherever in the world suits our current view of ourselves. So, after disqualifying other alternatives, 'Letter from Britain' it is!

Ironically, my first offering was drafted in your 'half' of the globe, during a family Christmas in Nepal, where my elder daughter is working, teaching in a school in

* John Hills is the Editor of *Context*. He is a child and family therapist in Canterbury, UK.

the interior of that beautiful country. Nepal was one of the few countries in Asia to resist British colonial blandishments in the last century. The eighteenth century Ghurkha leader who unified the country knew all about the dominant discourse of British imperialism—‘first the bible, then the trading station, then the cannon’ he counselled successfully.

The Nepalese papers were full of reports from Australia about a Queensland Member of Parliament complaining at the level of Asian immigration into Australia.

She was described as a chip shop owner in ‘small town’ Queensland, as if that explanation were a plea of mitigation (i.e. parochial and peddling the dietary icon of Anglo-Saxon identity). The leader writers were quietly sympathetic and rational in support of Australia’s record in encouraging multi-cultural immigration. It was second to none in Asia in the past decade, they favourably intoned, better by far than neighbouring Bhutan, which has systemically ‘ethnically cleansed’ its Nepali population over the same period.

So what has been happening ‘up yonder’ in the British family therapy scene over the past year? Well, quite a lot, really. There have been the usual visits from overseas ‘superstars’: Michael White, from somewhere near you, presented to packed workshops in Doncaster, in northern England, and Edinburgh; Tom Andersen, a perennial favourite, gave live consultation seminars in Leeds, and Harlene Anderson in Liverpool. Of course, because Britain is so small, it is quite easy to travel across the whole country to hear a visiting presenter.

Late last year, the Association for Family Therapy celebrated its 21st birthday and a ‘coming of age’ at the annual conference in September. The Association has undergone huge life cycle and identity changes, as you might expect, over this period. Under the chairpersonship of Phillipa Seligman (formerly a colleague of the Pom-defector Brian Cade at the Cardiff Institute) over three years ago, and now under Arlene Vetere, the professionalisation of family therapy has gathered pace and not to everyone’s liking.

AFT, as it is affectionately (usually) known, has for many years been the only national organisation to foster the development of family therapy in the public, human services. Until recently, besides training centres and the small voluntary sector, almost all family therapy was

conducted in social work or National Health Service Centres (mostly with children and families). Three years ago, all the psychotherapy associations joined together to regulate psychotherapy through the United Kingdom Council for Psychotherapy. The Council holds a national register of all psychotherapists, which includes a section for family or systemic psychotherapists (with the sex therapists). The responsibility for registration for some of this section has devolved to the AFT, so now there are two strands of Association members, the main special interest group members who, as before, want to develop their systemic skills alongside their core professional practice, and the so-called professional family therapists (just over two hundred) who are beginning to develop their private practices as well.

This whole change has generated some tension and conflict, but so far, through the skilful leadership of Arlene Vetere and organisational beliefs about respecting difference, the synthesis seems to hold.

The Association has just become a limited company and forged a link with one of Britain’s larger public service unions to actively promote the interests and perspective of systemic therapy. These are exciting times, but AFT has no independent means besides our annual subscription fees from members.

It’s all a long way from the conference debate over five years ago to change the name to the British Association of Family Therapists on the reasonable basis that it could be confused with any family therapy association in the world. It conveyed a very British absolutist view of the world—we were THE Association for Family Therapy. Which is where we came in, looking at names. Dear old Britain, we still believe we are the centre of the universe, the point of reference for zero longitude, Greenwich Mean Time—and THE centre for family therapy. It’s all unintentional of course and unselfconscious, but then I suppose a cultural relativist perspective never makes a colonialist. The motion was defeated, but that is another story which, with our twenty first birthday celebrations, is the subject of my next letter.¹

Note

1. John Hills was the first person we approached to be one of our Foreign Correspondents. This reflects the Editors’ admiration for John’s editing of *Context*, rather than an Anglocentric view of the world! Eds.