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Editorial

This special issue is devoted, to the topic of self-harm, mostly focused on one large research project (SHIFT). Self-harm is a major public health issue that is the second commonest cause of death in the 10-24 year age group after road traffic accidents (Hawton et al 2012). It is common, a recent review concluded that 9.7% of adolescents had self-harmed in the previous year in the community (Evans et al 2005) and rates have been rising (Hawton et al 2007).

Despite this, there is limited evidence on effectiveness of clinical interventions with a failure to demonstrate any effect on reducing repetition of self-harm among adolescents receiving a range of treatment approaches (Hawton et al 2015). A recent review (Ougrin et al 2015) describing interventions to reduce self- harm found the proportion of participants who self-harmed was slightly (but statistically significantly) lower in those allocated to treatment interventions. However, the authors were comparing widely disparate samples and interventions and acknowledge that the quality of studies examined was poor.

Why do we think it is worth allocating a special issue to this topic? In answering this question, we summarise the comments of an anonymous reviewer as we could not put it better ourselves! We think that this is important because first "systemic practice has to engage constructively with randomised controlled trials given their place within the health economy", second the issue "engages with some of the concerns that family therapists and systemic practitioners have about the practice implications of these research methods", and third "family therapy in the UK does not have sufficient institutional presence within the academy, with its associated networks of support for researchers". In addition, as clinicians who wish to practice as effectively as possible, we are genuinely troubled by the lack of an evidence base to inform how we support families where self-harm has occurred. We believe that family systemic practice has something to offer, and when we saw a call for bids to evaluate a 'family therapy intervention' following self-harm, we felt almost duty bound to engage with the project despite the many complexities set out in this issue.

The timing of this issue means that we are writing before the availability of the results of the research, which should be should be published later this year. We could have waited until the results were complete but instead, have chosen to provide a snapshot of various aspects of the trial itself.

The first paper sets the scene for those that follow with a description of the challenges but also the pleasures of working as part of a large research team attempting to evaluate systemic practice (Boston et al.). It describes briefly the trial methods and has longer sections about the development and supervision of the manual and various issues that arose in the trial.

Then two papers foreground some of the learning and practice of the SHIFT research family therapists who delivered the trial intervention and worked within the manualized approach (Amos et al., Schmidt et al.). Both highlight emotional interactions but also, offer an insight into team processes and usefulness to the therapy. The issues of blame and shame are developed, capturing the familiar feelings of 'walking on eggshells' or being in the middle of explosive recriminations that can be evident in family work where there is a concern about self harm (Amos et al.). Emotions are reviewed in a more general sense and considered in different theoretical frames (Schmidt et al). Attachment theory is helpfully incorporated. There are very useful illustrations of how the therapist crafts a move from exclusive focus on the adolescent's distress to something that invites all family members to engage as participants in the re-shaping of their emotional field.

We include a more formal literature review of research about family factors relating to self-harm (Fortune et al.) and also a paper not related to the SHIFT trial but very much related to better understanding of adolescent self-harm, particularly from the adolescent's perspective. (Palmer et al).

Randomised control trials require interventions to be clearly specified so that if proven effective others know what it is that was delivered. It is challenging to offer enough specificity for comparison and replication of a systemic approach in complex clinical settings without constraining the artfulness and judgements of experienced family therapists. So important is this to clinical trials practice that our final paper addresses the complex task of developing a tool to rate the adherence of therapists to our manual (Masterson et al.).

We hope that you find the papers in this issue enjoyable and stimulating. We hope also that it will inspire readers to get more involved with research about effectiveness, whether it be small local evaluation projects or large multi-centre evaluations.

Paula Boston & David Cottrell
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