European Family Therapy Association Series

Matthias Ochs
Maria Borcsa
Jochen Schweitzer *Editors*

Systemic Research in Individual, Couple, and Family Therapy and Counseling

Springer

European Family Therapy Association Series

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This series offers contributions from the European Family Therapy Association's community of senior authors and experienced editors. It brings together state-of-the-art contributions on crucial issues in family therapy in Europe with a focus on systemic family therapy. The topics alternate between those that make research findings accessible and of immediate value to practitioners and those that cover clinical areas. This series is essential reading for family therapists, counselors, and social workers across the globe.

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Foreword

The European Family Therapy Association and the Heidelberg Systemic Research Conferences

The European Family Therapy Association (EFTA) was established in 1990, integrating today 32 national organizations of family therapy all over Europe (EFTA-NFTO), plus the so-called foreign members from Canada, Brazil, Chile, Israel, Senegal and the USA, with 136 training institutes (EFTA-TIC) and 1100 individual members (EFTA-CIM). EFTA is an international association dedicated to scientific purposes. It is an independent and strictly nonprofitmaking association (Borcsa, 2017).

EFTA's involvement with the Heidelberg systemic research conferences started in 2009. Maria Borcsa, then chair of EFTA's Chamber of National Family Therapy Organisations (NFTO) and representative of the two German systemic associations in EFTA, convened a European meeting in Leipzig. The presidents of the two German associations, Cornelia Oestereich (for Systemische Gesellschaft (SG)) and Jochen Schweitzer (for Deutsche Gesellschaft für Systemische Therapie, Beratung und Familientherapie (DGSF)), were present to welcome all delegates. A scientific event had become a good tradition during these assemblies.

After that meeting, Jochen Schweitzer wrote to Peter Stratton:

> We met in Leipzig on a Friday evening in June (Your wife and grandson were there, too) and talked briefly about your work with SCORE. I want to invite you to come as a presenter to a conference called "Systemic research in therapy, education and organizational development". You will meet approx. 150 highly motivated researchers and practitioner-researchers.
>
> I would like you to participate in a two-hour symposium on "systemic research and the promotion of systemic research in Great Britain". I believe we Germans can learn a lot from you British folks in particular in that respect. (…) And we ask you to do a research methodology workshop on "developing the SCORE" in the afternoon of that same day. (…).

At the following 2010 Heidelberg conference, Peter duly presented on SCORE as "a collaborative endeavour of European systemic therapists" (Stratton, Bland, Janes, & Lask, 2010), the German version of SCORE was translated and introduced

by Maria (Borcsa & Schelenhaus, 2011). SCORE, an indicator of family functioning and therapeutic change, is both a purpose-built measure of therapeutic progress and an indicator of quality of life within the family and has become freely available on the EFTA website in more than 20 languages: http://www.europeanfamilytherapy.eu/efta-community-news (see also chapter "The Idiographic Voice in a Nomothetic World: Why Client Feedback is Essential to Our Professional Knowledge" in this book).

Subsequently, the EFTA Board recognized the work of Alan Carr and Peter Stratton by an EFTA Award for their contributions to family therapy research (Carr & Stratton, 2017). This prize was not the sole indication that the role of research within EFTA had increased during the years.

At the start of the presidency of Arlene Vetere (2004–2010), an NFTO Research Support Group and a wider "Research Task Force" were established with Peter Stratton (chair), Mina Polemi Todoulou and Nevena Čalovska Hercog as members. Their mission was to survey existing research in EFTA's training institutes, national organizations and individual members and to promote more (outcome) research throughout the organization. The EFTA Research Committee was formally constituted in 2010 with Peter Stratton as chair. Arlene's strong support for research was continued by the two subsequent EFTA presidents, Kyriaki Polychroni (2010–2013) and Maria Borcsa (2013–2017). For more details on the development of EFTA and the role of research, see Borcsa, Hanks and Vetere (2013) and Borcsa and Stratton (2016).

EFTA was fortunate to have a succession of leaders who supported research and put EFTA in a strong position for its members of EFTA to become regular contributors to the Heidelberg conferences. In 2014, EFTA formally became a participating organization and the conference developed into a European Systemic Research Conference, correspondingly with active participation of the authors: Maria Borcsa gave a keynote speech on "The State of Implementation of Systemic Therapy in the National Health Care Systems in Different European Countries" (Borcsa, 2016) and organized an EFTA Research Group Symposium on "Qualitative Research in Couple and Family Therapy: Multiple Perspectives" (Borcsa & Rober, 2016). Peter Stratton presented a keynote on "Researching the Effectiveness of Systemic Therapy Within Europe", a discussion panel "Evidence-Based Systemic Research and Practice" and a workshop "Knowing What We Are Trying to Achieve: Assessing Therapeutic Progress Through Quality of Life in the Family System – The SCORE Index of Family Functioning and Change".

In 2017, the scope was widened even further, and the conference became the International Systemic Research Conference "Linking Systemic Research and Practice". Besides other associations, EFTA functioned again as a participating organization, helping to promote the conference all over Europe and beyond. Rodolfo de Bernart represented EFTA as then new president, and numerous EFTA members participated in various formats.

The triumphant International Systemic Research Conference 2017 has unhappily transpired to be the last of the series in Heidelberg. This is a great sadness for all of us in EFTA who have enjoyed the conferences, the wonderful city of Heidelberg

and especially the professional organization and the hospitality of Jochen Schweitzer, Matthias Ochs and their teams; we wish to express our unlimited gratitude!

In showing our recognition, we, Maria and Peter as EFTA book series' founding editors, are pleased to introduce major contributions of this conference to the reader.

We dedicate this volume in memoriam Rodolfo de Bernart, who sadly died after a serious illness in February 2019.

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About the Editors

Matthias Ochs is a professor of Psychology and Counselling at the Department of Social Work, Fulda University of Applied Sciences, Germany. He is also a diploma psychologist, a psychological psychotherapist (licensed by German Psychotherapy Law), a Gestalt therapist, a family therapist and a certified teacher for systemic therapy/counselling. His Diploma and PhD theses were honoured with research awards. He was co-president of the two International Systemic Research Conferences in Heidelberg (2014 and 2017); vice president of the German Association for Systemic Therapy, Counselling and Family Therapy (DGSF); member of the General Board of the European Family Therapy Association (EFTA); and professorial member of the PhD Centre Social Work of the Official Hessian Universities of Applied Sciences. With Jochen Schweitzer, he edited a German systemic research textbook. His current special research interests are unwanted side effects and negative events in systemic therapy/counselling, systems theory/practice regarding interprofessional/inter-institutional cooperation and networks, systemic practitioner research, dialogical-systemic practice and the interrelation of social work and psychotherapy.

Maria Borcsa, PhD, is professor of Clinical Psychology at the University of Applied Sciences in Nordhausen (UASN), Germany, licensed psychological psychotherapist (CBT), family therapist, trainer and supervisor. She is founding member of the Institute of Social Medicine, Health Care Research and Rehabilitation Sciences at UASN; coeditor of the scientific journals *Systeme* (2001–2014) and *Psychotherapie im Dialog* (2007–2019); member of the Editorial Board of the journals *Testing, Psychometrics, Methodology in Applied Psychology* and *Contemporary Family Therapy*; advisory editor of *Family Process*; associate editor of *Encyclopedia of Couple and Family Therapy*; and founding editor of the EFTA Family Therapy book series. She has been board member of the Systemic Society (Systemische Gesellschaft) German Association for Systemic Therapy, Counselling and Family Therapy (2005–2011) and European Family Therapy Association (EFTA) (2007–2016), chair of the Chamber of National Family Therapy Organizations of

EFTA (2010–2013) and president of EFTA (2013–2016). Her research interests focus on qualitative methods in mental health and on globalized families. In 2019, she received an award from the European Family Therapy Association for her excellence in the research field of family therapy and systemic practice.

Jochen Schweitzer is associate professor of Medical Psychology and Psychotherapy at Heidelberg University Medical School and head of its Division of Organizational Psychology in Medicine. He gained his Diploma in Psychology from the University of Giessen in 1978, his doctorate in Social Sciences from the University of Tübingen in 1986 and his habilitation in Medical Psychology and Psychotherapy from Heidelberg University in 1995. In 2002, he co-founded and then co-chaired the Helm Stierlin Institute for Systemic Training in Heidelberg. His primary interests include family therapy in medicine, psychiatry and juvenile services, organizational consultation in non-for-profit institutions and political contexts of psychosocial practice, for example with refugees or poor clients. Among his major projects have been the implementation of family systems psychiatry (SYMPA) in German Hospitals and the Heidelberg Systemic Research Conferences from 1998 to 2017, serving as president (2007–2013) of the German Association for Systemic Therapy, Counselling and Family Therapy (DGSF) and gradually with many others helping to introduce systemic therapy into evidence-based medicine and health insurance coverage in Germany between 2003 and 2018. His work was honoured by awards from the American Family Therapy Academy in 2016 and the European Family Therapy Association in 2019.

The Heidelberg Systemic Research Conferences: Their History, Goals and Outcomes

Jochen Schweitzer and Matthias Ochs

A Brief History

The Heidelberg Systemic Research Conferences started at the Department of Medical Psychology at the Heidelberg University Hospital in 1998 – as a place for exchanging ideas and approaches for scientists, practitioners and students, interested in the question, what it means to do research in a systemic way. The conference restarted 2004 after a 6-year pause and then took place as a German language conference biannually until 2012. It finally turned into a larger European conference in 2014 and into an international conference in 2017 (www.ISR2017.com). Jochen Schweitzer initiated and then directed all conferences from 1998 to 2017; Matthias Ochs joined him as conference co-president in 2010.

All conferences had three major goals:

- We wanted to represent systemic research approaches on psychotherapy and counselling (including coaching, supervision and team development) in the fields of medicine, education, social work and organizations/management. Systems theory (dynamical and sociological systems theory) and/or constructivism (especially social constructionism) had inspired these practices, they had spread into all these fields of application, and we wanted to support that "dissemination" of the systemic approach by providing a regular platform for further scientific "professionalization" via research and ongoing theoretical discourses.

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- We wanted to help "linking practice with research" – which became the continuous subtitle of the conference. Therefore, we encouraged practitioners to bring to the conferences their research-related ideas, interests, projects, questions and impulses– and to do "practitioner research". Once there, we wanted to connect them to senior and junior researchers (e.g. Bachelor, Masters and PhD students).
- We wanted to stimulate the discourse on what exactly differentiates "systemic" from "non-systemic" research and what theories and research methods are more or less appropriately called "systemic".

Attendance grew from 150 in 1998 to 500 participants in 2017. This research conference will now possibly move to another location. This turning point makes it interesting to look back on the motivations, the history, the format and the possible outcomes of these Heidelberg systemic research conferences.

The Start: Why and How It Began in 1998

The late 1990s formed a transitional period in systemic research. There had been much research in the early American development of family therapy – e.g. the Palo Alto Group in the 1950s and the investigations of Murray Bowen, Lyman Wynne and Helm Stierlin et al. at the US National Institutes of Mental Health in the 1960s or of Salvador Minuchin's research on families of the slums and on psychosomatic families in the 1970s.

In the German language countries, many systemic research activities developed in the 1970s and 1980s in the Heidelberg University Department of Psychoanalytic Basic Research and Family Therapy (Helm Stierlin, Michael Wirsching, Inge Rücker-Embden-Jonasch, Fritz. B. Simon, Arnold Retzer, Gunthard Weber, Gunter Schmidt, Jochen Schweitzer), with projects on systemic therapy for patients with cancer, psychosis and eating disorders. Research on couple therapy had a focus in Zürich (Jürg Willi, Josef Duss von Werdt, Rosmarie Welter-Enderlin), Multigenerational Family Therapy in Göttingen (Eckart Sperling, Almuth Massing, Günther Reich). The year 1990 saw the start of the so-called Herbst Akademie (Autumn Academy), an annual or biannual meeting, dedicated to the study of self-organization processes in psychology and social sciences, under the paradigm of the theory of dynamical systems (especially synergetics); pioneers then were Günther Schiepek, Ewald Johannes Brunner, Jürgen Kriz and Wolfgang Tschacher.

However, systemic research activities in the German language countries declined between mid-1980 and mid-1990, for several reasons:

- The perspectives of radical constructivism and of second-order cybernetics made it questionable to research what "really happened" in families or in family therapies. If the construction of reality solely relied on the perspective of an observer, it seemed to no longer make sense to search for an objective understanding of social realities. This epistemological debate was sometimes criticized as "epistobabel" but certainly diminished the popularity of empirical research in the systemic context.

- The systemic approach as a set of very practical psychosocial attitudes and tools had become quite popular and fascinating among psychosocial, medical and organizational practitioners. That generated a rapidly growing "training market", mostly outside university contexts in private institutes. In those years, training in systemic therapy was great fun and experienced a great boom, and to train systemic therapists/counsellors became much more rewarding than researching, experientially as well as financially. The "experienced evidence" of systemic practice work seemed so strong, that no need was felt for additional "scientific evidence". (Of course, this practice research gap can be observed in many other approaches of counselling and therapy: for practitioners, research feels boring and irrelevant; for scientists, practice feels "built on sand", theoretically and empirically).
- Systemic practice and training flourished mainly outside universities and other research oriented contexts. This situation had negative implications for systemic research: there were only very view university professorships with an explicit systemic orientation, and so the possibilities of running research projects, graduate colleges or doing bachelor/ master thesis, PhDs or habilitations with a clear systemic stance were very limited. This, in turn, had adverse effects on supporting systemic junior researchers.

Motivations for and styles of doing research changed in the midst of the 1990s. The so-called "neoliberal economies" had reached the health and social services sector. Quality and cost management became a topic. Esthetic fascination by therapies counted less; figures and statistics demonstrating "quality" started to count more. In the medical field, "evidence-based medicine" called for facts and figures on the efficacy and effectiveness of what providers do. Psychotherapy was about to become regulated. In Germany, the "Psychotherapeutengesetz" (psychotherapy regulation law) was expected to become effective in 1999 – and it was expected to leave systemic therapy outside the domains of "acknowledged" treatments. At German language universities, those psychiatric pioneers that had established family therapy and social psychiatry research institutes at medical departments in the late 1960s and early 1970s – H.E. Richter, H. Strotzka, E. Sperling, H. Stierlin, L. Kaufmann, L. Ciompi, J. Willi and a few others – had already retired or were about to retire. It was expected that their work would often not be continued in the same universities.

So there was a very vivid, lively, growing field of systemic practitioners, trainers and theorists on the one hand and a shrinking research field. Both were at the same time confronted with the new challenges of the "evidence-based" philosophy and of "regulation by science", in which the old virtues of action research and theory development by practice observation were in danger to become outdated. However the systemic field started to react. One response was some sort of systematic knowledge management by the writing of first "teaching books of systemic therapy" by e.g. Kurt Ludewig (1992), Arist von Schlippe and Jochen Schweitzer (1996) and Klaus Mücke (2003). Another response was that the – at that time – three German systemic associations asked Günter Schiepek in 1995 to collect and present all available knowledge on empirical process and outcome research about systemic

therapy (Schiepek, 1999). Unfortunately, that endeavour failed to win the approval of a then newly established "´Scientific Approval Board for Psychotherapy" of the German Psychotherapy Law in 1998. (According to the German Psychotherapy Law, the purpose of this board is to give the health administration recommendations concerning the licensing of psychotherapeutic methods and approaches for trainings. The board consists of six medical and six psychological psychotherapists.)

It was in this context that Jochen Schweitzer decided early in 1997 to organize a rather experimental conference. Networking should substitute structures, excitement should substitute thoroughness, and experimental conference designs should complement classical formats of lectures, posters and workshops. Experimental forms included a talk show and a plenary research consultation of a PhD candidate by three professors of very divergent theoretical orientations (Professor of Social Work Maja Heiner, Professor for Microsociology Bruno Hildenbrand, Professor for Psychoanalytical Family Therapy Manfred Cierpka). These formats tried to combine the interest of the systemic field in innovative, experimental and reflexive settings with the research topic.

Networking by Conferencing: The German Language Conferences, 2004 Until 2012

The 2004 conference restarted biannually, now with a somewhat more "mainstream" conference format, but still with strong experimental features. Now, internationally known and mostly Anglo-American keynote speakers were invited and came – among them José Szapocznik, Bill Pinsof, Russell Crane, Chuck Borduin, Guy Diamond, Peter Fraenkel, Eia Asen, Peter Stratton and Charlotte Burck. German-speaking keynote speakers included those with a strong focus on systems theory (Helmuth Willke, Dirk Baecker, Jürgen Kriz), on empirical methods of a more quantitative (Günther Schiepek, Wolfgang Tschacher, Ewald Johannes Brunner) or a more qualitative nature (Michael Buchholz, Bruno Hildenbrand) and scientist practitioners (Arist von Schlippe, Johannes Ruegg-Stürm, Rolf Arnold, Julika Zwack).

The 2004 conference became quite important for the next decade of systemic research in Germany. The so-called expertise group (consisted of Kirsten von Sydow, Stefan Beher, Rüdiger Retzlaff, Jochen Schweitzer) met by happenstance on this conference and started to cooperate collecting the evidence for the positive outcome of systemic psychotherapy (von Sydow et al., 2007). This cooperation was very successful, because it led, in 2008, to the scientific acknowledgment of systemic therapy by the same council (the Scientific Approval Board for Psychotherapy), which had disapproved of the first attempt 10 years earlier. This acknowledgment had professional legal effects in that sense, that it was now allowed by the health administration to do trainings in systemic psychotherapy for treating mental illnesses; it had no effects regarding the funding of systemic psychotherapy by the public health insurances.

Besides this, the "German language only" conference years from 2004 to 2012 bore some other important "fruits":

- They encouraged practitioners to do "practitioner research" via a PhD path.
- They allowed a lot of networking for junior and senior researchers, students and research- interested practitioners in the systemic field.
- They stimulated the discourse between different systemic theoretical orientation (e.g. sociological systems theory, dynamical systems and social constructionism), different research approaches (e.g. quantitative, qualitative, process and outcome oriented, critical rationalism and constructivist research) and different fields of application (see above).
- They made systemic research observable by the professional, discipline and social political environments (e.g. we invited chairs, presidents and experts from non-systemic associations and organizations for welcome words and discussion panels).
- In cooperation with the two German Systemic Associations DGSF (Deutsche Gesellschaft für Systemische Therapie, Beratung und Familientherapie) and SG (Systemische Gesellschaft), we launched in 2008 a German Internet platform for systemic research: www.systemisch-forschen.de.
- In 2012 we (Matthias Ochs, Jochen Schweitzer) published a German edited textbook on systemic research "Handbuch Forschung für Systemiker" (textbook of systemic research) (Ochs & Schweitzer, 2012) that tried to represent the diverse perspectives and approaches on what systemic research could be – as they were presented at the conferences in those years.
- In 2012 we did a thematically oriented conference on "research on rituals" with colleagues, such as Jan Weinhold, Bruno Hildenbrand, Guni Leila Baxa, Gunthard Weber, Diana Drexler and Christina Hunger, that were partially active in the so-called Heidelberg DFG Sonderforschungsbereich "Ritualdynamik" – a complex inter- and multidisciplinary research network located at the Heidelberg University and funded by the German Research Foundation (DFG Deutsche Forschungsgemeinschaft) with the aim to study the multidimensionality of structures and dynamics of rituals (www.ritualdynamik.de).

Going Big: The European Conference 2014 and the International Conference 2017

Meanwhile, our European and international systemic research networks grew, which made us consider to "go bigger". Therefore, in 2014 we established a European systemic research conference, with similar goals and a similar mission. Of course, this was only possible with strong European cooperation partners: Maria Borcsa, then president of the European Family Therapy Association (EFTA), and Peter Stratton, then chair of the research committee of EFTA, who supported us heavily regarding that project. This support helped us to connect more strongly with European research colleagues and their excellent work, such as Jakko Seikkula

(Finland), Peter Rober (Belgium), Rolf Sundet (Norway), Terje Tilden (Norway), Gilbert Lemmens (Belgium), Gail Simon (UK), Bogdan de Barbaro (Poland), Laura Fruggeri (Italy), Elefteria Tseliou (Greece) and many others. Since funding of systemic therapies by health insurances was and still is an important topic in several European countries, we also used the 2014 conference to discuss the cost effectiveness of treating families vs. individuals in medical mental health (Crane & Christenson, 2014) and the integration of systemic psychotherapy in the official psychotherapeutic care system in European countries (Borcsa, 2016). The conference attracted 300 participants from roundabout 20 European countries and North America. It was, in the view of most participants, a great success, so we developed the idea to broaden the perspective also outside of Europe.

The 2017 conference attracted 500 participants from 29 countries, among them 130 from non-German-speaking European countries, 30 from Asia and 20 from the American continent. This time, a major focus was on the discussion with other than explicitly "systemic" schools of psychotherapy. Keynote speakers like Peter Fonagy (psychodynamic therapy), Lesley Greenberg (emotion-focused therapy) and Bruce Wampold (generic factors research) symbolized this "psychotherapy in dialogue" approach. Relational neurobiology, with reference to couple therapy applications (Mona Fishbane, Beate Ditzen), was included for the first time in the conference. Also we "pick up" the mindfulness movement in psychotherapy and counselling and its applications to social contexts (Diane Gehart, Corina Raab). Wider political topics became discussed, most prominently refugee aid (Renos Papadopoulos), collective trauma (Michal Shamai), the resilience of young people worldwide (Michael Ungar), family and intimate violence (Sandra Stith, Justine van Lawick, Margreet Visser) and the populistic turn in politics worldwide (Sheila McNamee, Susan McDaniel). Instant electronic feedback to therapists and clients, a topic already opened in 2006 and meanwhile quite well-developed, was demonstrated (Bill Pinsof, Günter Schiepek, Terje Tilden and others), instructed and critically discussed. We could win most of the abovementioned colleagues to contribute to this present editor book that documents some of the most interesting contributions to the Heidelberg Systemic Research Conference in 2017 and is also for us some kind of completion of our activities in the context of the Heidelberg Systemic Research Conference.

So What? An Attempt to Look Back on Process and Outcome of These Conferences

As a personal conclusion, we can say that these conferences, although their preparation involved tremendous labour, were fun to organize and to participate in. It was possible to create an atmosphere of curiosity, stimulation, cooperation and friendliness. A lot of cooperation started here or was intensified. Quite a number of systemic practitioners were encouraged by the conferences to do a master thesis or a PhD thesis with a systemic focus. Several research instruments later became

quite practical and are today used widely in clinical and organizational evaluations. Many junior researchers later reported these conferences to be their "moment of initiation". Contacts with invited psychotherapy leaders (e.g. all of the three presidents of the German Psychotherapy Chamber and several professors of psychiatry, psychosomatic and clinical psychology) certainly helped to create a favourable climate for the professionalization of systemic therapy in Germany.

However, some conflicts implicit in the conference's conception were never really solved, and some goals were not really achieved until today:

1. It has remained open, whether there are "genuinely systemic" research methods that can be clearly differentiated from "non-systemic" methods (we discussed that topic, e.g. in Schweitzer & Ochs, 2012; Ochs, 2013).
2. The conference has primarily become a psychotherapy conference – the involvement of organizational researchers remained much weaker, and the involvement of social work and education researchers remained very weak.
3. Within the psychotherapy communities of various countries, it is generally recognized today that systemic therapy and consultation have a strong theoretical and empirical basis. However, their representation in the big research-active universities and powerful research institutions is still weak as of now. This may and we hope will change during the next 10 years. There is a much brighter picture at the Universities of Applied Sciences, where systemic thinking seems well-established today. (Matthias Ochs, e.g., is supervising systemic oriented PhDs as a full professorial member at the Promotion Centre of Social Work in Hessen/Germany.)

At the point of writing this manuscript, it is not yet clear if this conference will continue in the future, in Heidelberg or elsewhere. In both cases, we hope the many inspiring collective experiences of many people made during these eight conferences will live on in new ventures and activities, no matter where and when.

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Part I
Innovations in Systemic Research Paradigms

Contributions of Systemic Research to the Development of Psychotherapy

Günter Schiepek

Challenges of Contemporary Psychotherapy

Compared with its early decades at the beginning of the twenty-first century, psychotherapy has less urgent needs to legitimate its effectiveness in general but is confronted with other challenges concerning the development of the profession, the question of how research should be realized and how the effectiveness of treatments can be optimized. Other challenges concern the development and dissemination of psychotherapy in health-care systems and the understanding of the mechanisms of change. The points I will bring up for discussion refer to our knowledge on the field as represented in contemporary conferences and textbooks (e.g., Duncan, Miller, Wampold, & Hubble, 2010; Lambert, 2013; Wampold & Imel, 2015):

1. Psychotherapy works on the average, but not for every client. There is a considerable number of nonresponders, deteriorations, or not sustainable effects. One of the consequences could be optimized and tailored treatments for the individual.
2. Psychotherapy works, but we do not know how, or in other words, we have many concepts on this (each therapeutic confession has its own), but no approved and generalizable models, may it be on the level of neurobiological or psychological mechanisms (Kazdin, 2009).

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3. We have acquired an accumulated knowledge on the ingredients or factors (e.g., common factors) contributing to the effects of psychotherapy, but not on how they interact. The development of models which could explain change dynamics is at its very beginning.
4. We cannot predict the trajectories of change, and we cannot predict if and when therapeutic crises will appear.
5. Interventions or treatment techniques have only a small impact on the outcome. This may have consequences for how we conceptualize psychotherapy.
6. Discontinuous jumps to the better or to the worse appear, but the jumps often are independent of interventions. Existing linear models cannot explain this; the phenomenon has the status of empirical "anomalies."
7. There are many approaches in psychotherapy (maybe several hundreds), but no unifying paradigm.
8. Research data often are not produced in real-world practice but are collected in artificial settings (e.g., RCTs in the setting of university hospitals). Practice-based research in realistic settings of health care should create ecologically valid and generalizable results.

Systemic research has to be judged by if and how it contributes to meet these challenges. Independent on how we may define systemic research, any step on this way requires that the term "systemic" will not be reduced to research on a psychotherapeutic school (e.g., systemic therapy) or on a specific setting (e.g., family therapy). We define *systemic research* as a *theoretical and methodological approach to measure, analyze, and model the structures and functioning of complex dynamic systems at a biological, mental, and/or social level*. Examples of complex systems may be brains, physiological systems (e.g., endocrine or immune networks), cognitions and emotions, communication and social interaction, health-care systems, and others. The methods to be applied should cover a wide range of approaches, qualitative and quantitative, idiographic (focused on the individual) and nomothetic ones (focused on generalizable models and theories) (see Schiepek, 2012 in Schweitzer & Ochs, 2012).

Principles of self-organization and basic features of nonlinear dynamics are independent of contexts and of the substrate of the concrete system we are concerned with. Self-organization and nonlinear dynamics are ubiquitous phenomena occurring at different spatial and time scales. One example is the relationship between the connectome of the brain (neural network structures) and its functional connectivity dynamics (Hansen, Battaglia, Spiegler, Deco, & Jirsa, 2015; Ritter, Schirner, McIntosh, & Jirsa, 2013); another is the mental or behavioral change dynamics during psychotherapy. In this general sense, the systemic approach is a meta-theoretical or paradigmatic framework for multi-methods research. Systemic research and complexity science are characterized by transdisciplinarity and by a structuralistic view on theories (Haken & Schiepek, 2006; Stegmüller, 1973). However, in clinical contexts (psychotherapy), in counseling, and in organizational development, systemic research often adopts the criteria of practice-based and participative procedures and of ecological validity. Data should

be produced in real-world settings by active cooperation with subjects, may it be practitioners, clients, or members of social networks (see Seikkula, this volume). One approach fulfilling these criteria is Internet-based real-time monitoring of change dynamics in everyday routine practice.

Combining Practice and Research by Monitoring Change Dynamics

Since many years and in diversified clinical contexts, practitioners have used therapy feedback for continuous cooperative process control of change processes (Schiepek, Eckert, Aas, Wallot, & Wallot, 2015; Tilden & Wampold, 2017). The technical device for realizing real-time monitoring and feedback procedures is the Synergetic Navigation System (SNS), an Internet-based tool for the continuous assessment of change processes by self-related or interpersonal ratings of the included subjects (e.g., clients, coaches, family, or team members). Continuous assessments create time series data which is the raw material for any further analysis.

Systems like human or social networks are characterized by their ever-changing dynamics – pattern formation and pattern transitions (Haken & Schiepek, 2006). In consequence, feedback systems have to mirror these dynamics by the option of performing frequent (e.g., daily) assessments and by applying methods of nonlinear time series analysis on the data. Given the fact that nonlinear and chaotic processes are complex, unpredictable, and specific in each case, these features have to be represented by feedback systems. Individual dynamics do not follow any standard track or expected response curve (Schiepek, Gelo, Viol, Kratzer, Orsucci, et al. 2020).

The Synergetic Navigation System

The Synergetic Navigation System (SNS) is a highly flexible and generic Internet-based service for data acquisition, time series analysis, and visualization of outcome and process data as well as analysis of results. It allows for the implementation of various questionnaires or coding systems. Data can be entered and results can be checked by most web-compatible devices, including PCs, notebooks, tablets, or smartphones (ubiquitous computing). Also an SNS app is available.

The sampling rate of the data acquisition (time sampling, event sampling) is up to free choice (e.g., pre-post, weekly, session-related, once per day, higher frequencies). Using the questionnaire editor of the SNS, outcome or personal process questionnaires can be created. Comment fields for text entry and scales for quantitative measures can be combined. Global indicators of change processes can be defined by a “traffic lights” editor. The system does not expect standard tracks.

Outcomes are visualized by histograms, and processes are visualized by time series graphs. Different sizes and alignments of the diagrams can be chosen. If necessary, all diagram fields can be configured independently. The selected item configurations can be saved. When selected again subsequently, the changes automatically are activated and show the current stage of a client's development. When the cursor is moved over the graph of a time series, it displays the value, the entry date, and the diary entry of each data point.

The available analysis and visualization tools:

- Visualization of time series
- Superposition of time series (even if the time series are only partially overlapping or were recorded with different sampling rates, e.g., once per day and once per session)
- Color-coded visualization of the values of one or many time series in a diagram
- Calculation of the dynamic complexity in a running window
- Color-coded visualization of the synchronized dynamic complexities of many time series (complexity resonance diagram)
- Dynamic correlation pattern analysis
- Colored Recurrence Plots

A further option is to assess interpersonal relations by a dynamic interaction matrix tool for dyads (e.g., in couples therapy), families, groups, teams, or organizations.

Interested users can get into contact with the Center of Complex Systems for using this web service. License fees are 780 Euro/year for an outpatient psychotherapy office; see www.ccsys.de. There is an international and transdisciplinary SNS network/community of users and also a professional user group at the German Society of Systemic Therapy and Family Therapy (DGSF).

Hospitals and institutions using the SNS (selection):

- University Hospital of Psychiatry, Psychotherapy, and Psychosomatics, Salzburg, Austria (Dept. of Psychotherapy, Dept. for Crisis Intervention and Suicide Prevention, Day Treatment Centre of Psychosomatics, Institute of Clinical Psychology)
- University Hospital of Child and Adolescent Psychiatry/Psychotherapy, Salzburg, Austria
- Klinikum Grieskirchen-Wels, Dept. of Psychotherapy, Dept. of Adolescent Psychosomatics, Grieskirchen, Austria
- University Hospital of Lower Austria, Psychiatric Day Treatment Centre, Tulln, Austria
- Psychosomatic Clinic St. Irmingard, Prien am Chiemsee, Germany
- Clinic for Psychosomatics (Chiemseewinkel), Seebruck am Chiemsee, Germany