Using Reflecting Teams in Clinical Training

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Abstract

The reflecting team offers a useful process for giving counsellors in training the opportunity to try out the ideas and practices they are learning, as well as providing potentially therapeutic input to clients. This paper recounts a brief history of the reflecting team's development, followed by an examination of the social constructionist underpinnings of reflecting team work. The author suggests a range of guidelines for using reflecting teams in clinical training, followed by a clinical illustration of the process in action.

Résumé

Le groupe de réflexion constitue un processus utile offrant aux conseillers-stagiaires l'occasion d'appliquer les idées et les pratiques apprises ainsi que la possibilité d'offrir aux clients des interventions potentiellement thérapeutiques. Cet article, après avoir rappelé la brève histoire de la création du groupe de réflexion, examine les fondements socioconstructivistes sur lesquels sont basés les travaux du groupe de réflexion. L'auteur énumère plusieurs recommandations concernant l'utilisation de groupes de réflexion dans la formation clinique. Une illustration clinique du processus en pratique est également offerte.

Somewhere between ten and twenty people are gathered in the room. They are intense, and focused, and share a number of characteristics. Each is concerned about human suffering, and for the most part those gathered here have shown a gift for listening to, and talking to, others about it. They are intent on exploring ways of being helpful, committed to ethical relationship practices, and familiar with stories of personal distress. To varying degrees, they have studied theories about therapeutic change, and engaged in conversations with persons striving to cope with problems in their lives.

This is a gathering of counsellors — graduate students in class, perhaps, or working therapists at a private workshop — and as a group they constitute one of the great under-utilized resources of clinical practice. In this essay I will describe some practices for drawing on this resource to benefit clients while simultaneously creating a rich learning opportunity for training participants. The centrepiece of these practices is the reflecting team, as originally described by Andersen (cf. 1987, 1995).

Following a brief history of reflecting teams, I will present some contemporary theoretical ideas for understanding their rationale and function. The main body of the paper is devoted to a practical description of the use of reflecting teams in clinical training, centred around a clinical illustration. In concluding, I will offer some cautionary provisos, as well

as making a number of suggestions about additional applications of reflecting teams.

THE REFLECTING TEAM: A BRIEF HISTORY

Tom Andersen is a Norwegian family therapist, trained in medicine and psychiatry, who coined the term "reflecting team" in 1985. The practice evolved from his experience working in teams with family therapists (1992). Family therapy has a long-standing tradition — originally developed in group clinical supervision settings — of drawing on the input of a range of therapists who observe sessions through a one-way mirror (cf. Selvini-Palazolli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, Weakland, & Fisch, 1974). This combination of live observation and input from a team of therapists can create some remarkably impactful therapeutic experiences for clients.

In a manner typical of these early family therapy traditions, the teams Andersen participated in remained hidden from the clients being interviewed. They acted as expert, neutral observers, who mutually discussed "cases" as they watched from behind the glass, and issued interpretations or homework via the therapist, who would leave the clients briefly to consult with the observing team.

Andersen (1992) says the idea of the reflecting team was germinated in his discomfort with certain aspects of this process. He felt that in announcing to families "This is what we see," he was being disrespectful of client knowledges by suggesting the professionals knew more about them than they knew of themselves. Instead, Andersen began to say "In addition to what you saw, the team saw this" (Ibid., p. 57). He also hatched the idea that it might be useful to share the team's discussions with clients, who might benefit from some additional ideas about how to work through the issues. In effect, he challenged a traditional conception that, as White (1995) put it, "if people know what we are up to in this work then it won't have its desired effect" (p.195).

One of Andersen's concern in making these discussions public was that the observing therapists tended at times to engage in critical talk — what he describes as "nasty words" — which might be harmful to clients. Instead, he found that when the team's reflections were shared with clients, the tone of the discussions immediately became more respectful and constructive.

He also noticed the language became more accessible and direct — less intellectual, less cluttered with analysis and theoretical terminology. A shift occurred behind the glass, as well: prior to the open reflecting process, the observing therapists fell silent, saving their thoughts for the clients. This resulted in a greater diversity of points of view emerging, because it prevented the tendency to collectively author a unified story about the clients and their situation.

Andersen's modification of traditional family therapy clinical team processes mirrors the emergence of a range of ideas moving to the forefront of contemporary counselling practice, and often identified with the diverse body of thought known as postmodernism. In highly distilled terms, the development of the reflecting team might be described as the evolution from) a unilateral, monologic, directive, and convergent process founded on a purportedly neutral and objective evaluation of client dynamics, to) a collaborative, dialogic, nondirective, and divergent process based on a subjectivist, pluralistic view of knowledge. The practice of reflecting is now common to a wide variety of clinical contexts (cf. Friedman, 1995; White, 1995, 1997). Later, I will suggest some practical guidelines for conducting reflecting teams; but first I will present some contemporary theoretical understandings of the reflecting process.

THE THEORETICAL CONTEXT OF REFLECTING

Reflecting teams embody a number of principles of the philosophy of social constructionism (cf. Drewery & Winslade, 1997; Gergen, 1994; McNamee & Gergen, 1992; Paré, 1995). As Neimeyer (1998) points out, social constructionism boldly challenges traditional forms of social theory, devoting heightened attention to the linguistic and interpersonal dimensions of the human world. Social constructionism is currently most evidently manifest in therapeutic approaches associated with narrative ideas (cf. Freedman & Combs, 1996; Monk, Winslade, Crocket, & Epston, 1997; White & Epston, 1991). Some of the following aspects of social constructionist thought receive greater attention than others in Tom Andersen's work; my intention here is to provide a snapshot of the wider theoretical context of reflecting team work as it has evolved in the past 15 years.

At the heart of social constructionism is a view of knowledge as the product of historical and cultural context. The world we inhabit is not merely given — it is shaped by the meanings we impose upon it. Social constructionists therefore argue that "objectivity" is unattainable, and that it is more appropriate to speak of experience in terms of subjectivity (cf. Tolman, 1996). Meanings are given primary emphasis, and are regarded as socially constructed — over time and in multiple contexts — mostly through the principle vehicle of human communication: language.

This perspective leads to a view of counselling not as a quest for the objective truth of our clients' situation in order to enact a corrective intervention, but rather as the co-construction of meanings through conversation (Anderson & Goolishian, 1988; Anderson, 1997). This of course includes reflecting; as Andersen (1992) points out, "talking with oneself and/or others is a way of defining oneself" (p. 64). White (1995) characterizes this definitional process as "re-authoring," and suggests

that when we explore preferred descriptions with our clients, we are collaborating with them in the re-authoring of their lives. Reflecting teams are a powerful vehicle for this process. It is one thing to arrive at new meanings on one's own, and quite another to do so in community, where alternate versions of self and relationship can take firmer hold through their performance before a supportive audience.

Social constructionism locates problems in the social realm. This follows from a view of experience as borne by language, and language as a product of communal interchange. In contrast with the traditional conception of problems as the manifestation of intrapsychic dysfunction located in the minds of individual selves, social constructionism takes an ecological view. Reflecting teams typically embody this emphasis on interpersonal context by exhibiting curiosity about the social origins of problems. By wondering aloud about the cultural context of problems, reflecting team members effectively "deconstruct" problem stories, creating space for alternative meanings (White, 1992).

Threaded throughout these ideas is an attention to the ways in which persons may be marginalized by dominant meanings circulating in society. These are imbedded in cultural discourses about everything from what it is to be a "good mother," to prescriptions for "mental health" or even personhood. Social constructionism calls for a vigilance about the ways in which counselling itself may inadvertently promote these prescriptions, thereby pathologizing clients in the process.

These ideas lead to a healthy skepticism about expert knowledge, on the grounds that, in lionizing therapist "expertise," we simultaneously construct client ignorance. As Nichterlein and Morss (1999, May) put it, "our depth becomes their shallowness." Social constructionism probably represents the most comprehensive critique to date of psychology's historical tendency to reify professional knowledges, thereby constructing clients in deficit-laden terms. Reflecting team members therefore avoid expert proclamations, and strive for an orientation of questioning curiosity, rather than certainty. A posture of therapeutic "transparency" (Freeman & Lobovits, 1993) about the ideas informing therapist reflections further helps to avoid the "disembodied speech acts" (White, 1997) that mystify the process and promote counsellor-client imbalance. By overtly sharing their personal beliefs and experiences, team members attempt to counter-act the tendency of arcane professional knowledges to position counsellors in a "one-up" position vis-à-vis their clients.

Another way to capture the social constructionist view of knowledge — so central to the therapeutic modalities such as reflecting teams which exemplify it — is to distinguish "either/or" from "both/and." Polkinghorne (1988) writes of how, since Plato, we have adopted the habit of carving up the world into categories, such that things are either this, or that. Social constructionism posits that in the world of meaning, boundaries blur and overlap. And indeed, there is no reason to assert that some event cannot be both one thing, and another simultaneously.

Reflecting teams embrace this pluralistic view of meaning by inviting multiple interpretations rather than zeroing in on a purportedly correct view of what is happening for clients.

Social constructionism's emphasis on multiplicity is perhaps most strikingly evidenced in its view of the self. Abandoning the quest for an underlying reality, social constructionism also lets go of the notion of an essential or authentic self at the core of each person. Gergen (1991) writes of how we inhabit multiple contexts which invite forward different "selves" as it were. And he argues that these selves may well contradict each other in significant ways. Discourse psychology (cf. Davies & Harré, 1990) presents a variation on this idea, suggesting we are "positioned" differently relative to different discourses, and that therapeutic conversations promote discursive re-positioning. Taking their cue from these (non-essentialist) ideas, reflecting teams do not strive to capture or crystallize clients' purported true identities. Rather, they generate multiple descriptions — and especially descriptions that highlight qualities which help clients resist the influence of the problems in their lives.

A pluralistic view of the self therefore suggests a non-confrontatory relationship, because it does away with the notion of clients being "in denial" of the truth about "who they really are." Says Andersen (1995): "An important prerequisite to being able to both hear and see carefully and precisely is for the listener (e.g., the therapist) to *avoid* thinking that the person who speaks means something other than what he/she says" (p. 25). This collaborative spirit is a hallmark of a range of approaches —social constructionist and otherwise — associated with postmodern counselling.

For a number of years, I have offered clients the opportunity to work with reflecting teams, through live supervision in university graduate programs and with colleagues in private practice. Based on the comments of clients, I have found them to be amongst the most helpful — often dramatically so — of clinical interventions. More recently I have invited clinicians participating in trainings I have offered to provide feedback to (absent) clients via the reflecting format. Like the clients themselves, these clinicians have been almost uniformly enthusiastic about the reflecting process. In a number of ways, the use of reflecting teams in clinical training provides a useful teaching tool while simultaneously providing clients with rich and varied input. The following description of the practical steps of the process precedes a clinical illustration.

REFLECTING ON CLIENT STORIES IN A TRAINING CONTEXT

As readers will gather by now, the philosophical underpinnings of the reflecting process do not presuppose one "correct" way to conduct reflecting teams in training contexts. But there is no reason that reflecting teams, like any other clinical interventions, might not be used in a

manner that is more harmful than helpful to clients. Reflecting teams offer a forum for affirming client strengths and noticing positive developments; but they could also be experienced as rituals of public shaming, or group pathologizing exercises, if team members are not vigilant of the potential impact of their interactions. In this section I will describe some ideas and guidelines that I draw upon in attempting to ensure that, *at the very least*, reflections are not harmful to clients.

Inviting participation by clients

Not surprisingly, while some clients welcome the opportunity to widen the circle of helpers, others find the prospect threatening. It is important to ensure that clients do not feel pressured to participate in a reflecting process, and that they are affirmed for whatever choice they make. When presenting clients with the option of working this way, I offer the team as an additional service they may or may not find beneficial. I emphasize that they have the chance to receive some additional input from a range of clinicians, and that while many people I have worked with have welcomed this chance, others have preferred the intimacy of our one-on-one working relationship.

I describe the team as a group of counsellors who may provide some helpful thoughts on the basis of "many heads are better than one." I also present some options for engaging with a team: by conducting a live session with the team present, by sharing a videotaped or audiotaped session with the team, or by providing the team with a description of our work together.

Preparing with clients to meet with a reflecting team

When the reflecting process is live, I review the physical arrangement with clients beforehand, emphasizing that this is an "unusual" way of working, to acknowledge the newness and unfamiliarity. These "rehearsals" help to reduce the understandable discomfort of having a counselling conversation before an audience. When possible, rehearsals are conducted by walking through the space that will be used for the reflecting process. Otherwise, I share a step-by-step description of the process, pointing out that clients typically report not thinking about the observers once the counselling conversation gets underway. If the team will be reflecting in response to a tape, or to my description of the work I am doing with my client(s), I briefly describe the reflecting process, explaining that I will bring their taped, and in some cases written, reflections back.

Preparing with clinicians to reflect

It should be clear by now that reflecting team work is far more than merely talking with other counsellors about clients within their earshot. Whether working with a team in a graduate counsellor training pro-

gram, or a training offered to working clinicians, I precede the reflecting work with a detailed exploration of social constructionist ideas and values. I also distribute some general guidelines (see Table 1). These advocate for a sort of "multiplicity within limits" designed to encourage reflections that are respectful and constructive[1].

TABLE 1

Reflecting Team Guidelines

Objectives

Three central objectives of reflecting are:

1. To develop an empathetic understanding and to convey it to clients.
2. To notice experiences and ideas that do not fit the dominant problem narratives.
3. To notice discourses that support problems, and to trace their origins.

The reflecting team's richness comes from the multiple points of view it offers; none of these general guidelines should be viewed as rigid "rules of reflecting." Consider them reminders to reflect in ways that are both respectful and supportive of clients.

Maintain an optimistic, competence-focused outlook.
Reflections generate experience. Focus on generating constructive and helpful experience.

Reflect to other team members — not the clients or primary counsellor.
When teams reflect to each other, it offers clients the chance to be a "fly on the wall," and gives them more freedom to accept or reject comments.

Ensure that all clients are included in reflections.
When there is more than one client present, try to be inclusive in your reflections, rather than aligning with one person.

Be tentative and curious.
A generally "not-knowing" stance keeps the conversation open to further possibilites, and honours clients' uniqueness.

Situate reflections in your own experience.
Reflections purportedly located in objective truth have a way of shutting down conversations. Sharing personal values and experiences avoids the impression of coming from a position of expert certainty and reduces the counsellor-client hierarchy.

No talking behind the glass.
Comments and hypotheses contaminate the listening process and are disrespectful to the speakers.

Keep reflections brief and focused.
Reflecting teams typically generate a wide range of ideas. Trying to assimilate all of these can be overwhelming. Keeping reflections to one or two clear ideas is helpful.

Reflecting in Three Phases

I follow the reflecting format evolved by Andersen and his colleagues, involving three phases:

1) Client(s) and counsellor converse while the team observes, typically (but not necessarily) from behind a one-way glass. In a 1-hour session, this usually takes about 30 or 40 minutes.

2) Client and counsellor switch places with the team, going behind the glass to observe about ten minutes of open-ended reflections.

3) The two groups exchange positions again and the consulting counsellor debriefs with the clients for the final ten minutes or so[2]. The debrief is intended to solicit clients' initial reactions about what was helpful and what was not, and is best not used to open up new areas of exploration so near to finishing time.

When clients are present for the reflecting, they are asked whether they would like to directly greet the team before or after the process. If they would prefer not to meet the reflectors face to face, they can step into a side room with their counsellor while the room switch occurs. When clients cannot be physically present, the first of the three reflecting phases mentioned above consists of playing a video/audiotape, or describing some work with clients. If describing the work, I record my summary on the same tape that will include the team's reflections, so that clients know which "story" the team is reflecting upon. The team's reflections are then audiotaped or videotaped to be shared later with the clients.

Because too many reflections can contribute to information overload, live reflecting teams are usually limited to four to six people, balanced between men and women. I sometimes join the reflecting team if training participants indicate a reticence about getting started. When the reflections are taped (which gives clients the opportunity to review the reflections more than once) I may suggest that whoever among the training participants wishes to reflect may do so by rotating through the handful of chairs set up for the team.

Participants who are interested in reflecting but not live or to tape are invited to do so by way of a therapeutic letter (cf. Nylund & Thomas, 1994; White & Epston, 1991). Space restrictions do not permit a detailed description of therapeutic letter writing; suffice it to say that in this context, the letters function as written reflections from training participants.

The debriefing with live clients after the reflecting is to provide the opportunity for any immediate reactions, and to seek closure. This phase is of course omitted if clients cannot be present; instead, they are later presented with tape and/or letters, and invited to respond in turn to the reflecting team, if they so wish. This feedback from the clients may serve a number of purposes: it gives clients a chance to acknowledge

(and in some cases critique) the team's input; it reduces the sense for the team of their reflections being sent off into a void; and it contributes to the learning process by highlighting which reflections resonated with clients, and in which ways.

<div align="center">MARK AND THE GNOMES: AN ILLUSTRATION</div>

"Mark" is the pseudonym for a young man with whom I worked for some time in my private practice. He and I have spoken and corresponded about the prospect of sharing his story with details slightly altered, and he agreed with some enthusiasm.

When I met Mark, he had consulted recently with his physician, who speculated that he might be experiencing psychotic symptoms. He said he had lately been disturbed by new memories of the sexual abuse he was subjected to between the ages of 4 and 10 at the hands of a male relative. He described bouts of feeling disconnected from his own experience — which might be described as "dissociation" in some contexts. We mutually settled on calling this "the trance thing," which he contrasted with "feeling crisp". Mark also spoke of concerns about excessive drinking, which he said he indulged in to counteract feelings of inadequacy and self-criticism; these in turn he associated with the abuse. Mark also spoke of bouts of feeling "down," and said he would "beat himself up" when he felt this way. He said "I should be able to change my body chemistry".

At the time I met Mark, he was enrolled in trade school, developing his skills in electronics, for which, by his account, he appeared to have a considerable gift. He had recently broken up with a girlfriend. Like the drinking, the "trance thing," and the "down moods," Mark understood his difficulties with relationships as further fallout from the childhood abuse.

Mark gave me a rich account of his struggles with the abuse and its aftermath over the years. I shared my anger and sadness with him after he described how, when he would begin to feel better about himself, a palpable feeling of fear would re-enter his experience. It was as though the perpetrator of the abuse was ever-vigilant of Mark, though no longer present in Mark's life.

We examined the ways in which victims of abuse often blame themselves for events instigated by others who have exercised power in an exploitative fashion. We explored those ways in which Mark was currently resisting this story of self-blame. And we tracked his success in cutting back significantly on his drinking, along with the life goals he said motivated him to make these changes.

When I asked Mark what name he might apply to the "project" he was engaged in with my collaboration, he said he wanted to "get back to

Mr. Gnome" — an affectionate nickname he had taken on over the years. Mark told me in some detail about his long-time interest in gnomes — the elusive little people said to live in forests and who manage to avoid, for the most part, the gaze of humans. Mark spoke of how, when he felt close to the gnomes, he felt relaxed but also energized. For Mark, gnomes provided an island of comfort and security, a sense of peace away from the fears and self-castigation he was determined to overcome.

I had met with Mark five or six times prior to offering him the opportunity to receive some reflecting input from clinicians who would be gathered for a one-week training intensive I was offering in another city. I prefer to spend some time establishing some mutual comfort with persons I work with prior to introducing the option to solicit reflecting team input. Mark expressed interest in the idea and agreed to audiotape a session.

I shared the taped session and a description of our counselling work together with a group of about twenty working counsellors during a one-week training intensive devoted to social constructionist ideas and narrative practice. For Mark, I audiotaped my description and the reflections of participants, who gathered around a microphone in the centre of the room.

The reflectors began somewhat tentatively, and tended to withhold references to their own experiences — perhaps because they were among a group of colleagues they had only very recently met. Most of the reflections, including the brief excerpts below, focused on alternative descriptions of Mark that stood counter to the problem stories he brought to counselling. I do not include these excerpts as templates for duplication. They are examples from first-time reflectors of a few among many possible responses to Mark's story in a reflecting context.

I was also wondering what it would be like for Mark if he was to further weaken embarrassment rather than strengthen it, and would that make a difference? And how would that make a difference?

I was wondering whose voice he hears when he's labelling himself with negative thoughts that he has, whose voices, and who's given him that label. I was wondering who gave that to him.

And I'm interested in where he gets all these ideas that he was a loser. How long has this loser thing been with him, and been manipulating his life, and his drive to work. And he seems to have a lot of qualities which seem to be in direct opposition to his problems, and they're keeping him moving ahead in his life . . . He's dealing with embarrassment, he's dealing with this loser concept, and he's dealing with all these things. I'm intrigued at his ability to handle so many different things, and they seem to have been with him for a long time, and yet he's pushing them back in his life, and he's making strong progress.

Mark mentioned that his friend doesn't have the same experience of him, as he thinks of himself. I'm wondering what Mark thinks his friend notices about him that makes him think differently about himself.

Some of the training participants chose to write letters to Mark, rather than reflect out loud. Letters ranged from three or four sentences to two densely packed pages. The letters acknowledged Mark's courage and strength in the face of a difficult struggle. More than one writer shared that they, too, had experienced abuse as children. One letter drew on the metaphor of swimming, and noted Mark's ability to stay afloat and climb back to safety when washed overboard. Another remarked on how Mark had managed not to let shame keep him in trance. And one letter writer shared her own fascination with gnomes, and suggested that gnomes are choosy about who they reveal themselves to.

Next time I met with Mark, I gave him a copy of the taped reflections and the letters. At the following session, we talked about his reaction. He had listened to the tape for the first time on a long drive, and said he had almost needed to pull over because "I was crying, I was so happy." He described listening to the tape three or four times, saying it took some time for the realization to sink in that team members were speaking about him and his life.

Mark described the reflections as "very helpful." I asked what in particular had helped; he said it was knowing someone was rooting for him, the sense there was a "team" supporting him. I asked him if there were any *specific* things which stood out. He mentioned the comment that the "loser thing" doesn't fit that well with the rest of his life. He also mentioned the letter which reflected on the gnomes, saying it was good to know there are people out there who think the same, even if they are few and far between.

Shortly after this, Mark saw his physician, who remarked on how different he looked, and canceled plans to initiate a psychiatric assessment. At our last meeting, Mark said "I can't remember being this excited and happy" — a comment he repeated when I gave him a copy of this article for his input. Since I stopped working with Mark, he has competed his training apprenticeship and made a trip to Norway, a country strongly identified with gnome legendary. He is now making plans to move to Norway and practice his trade there.

Mark's story is presented as an illustration of the reflecting process, and is not intended as "evidence" for the efficacy of this way of working. Certainly Mark's commitment to moving forward in his life, and his contagiously open-eyed view of the world contributed to the events described here. However, I believe his comments resonate with much of the feedback I have received from clients working with reflecting teams: they recount their sense of wonder that a group of persons with no personal ties to them might evoke such concern, and notice their strengths in the face of difficult circumstances.

In my informal written polls of clinicians working with the reflecting process at trainings, the most common response is that reflecting gives

them a chance to actually try out what for many of them is a new way of thinking/speaking about clients. They also frequently comment that it adds intensity and focus knowing they are not merely role-playing, but responding to persons interested in their input.

<div align="center">CONCLUSION</div>

There are many potential variations on the reflecting protocols described here. In facilities without one-way glass, the teams can sit within the room with clients, but beyond their line of vision during the initial interview. Alternately, reflecting teams can interview primary counsellors in front of clients in order to make visible the values and ideas informing the counsellor's questions (Madigan, 1994). When more than one client is present, the counsellor may interview each separately while the others observe. The counsellor then debriefs with the observers about what they witnessed. This approach requires no "team" per se; I have found it particularly helpful in working with couples.Reflecting as it is described here involves a great deal more than deciding who talks to whom while who else listens. It is founded on an ethic of relationship which suggests that how we think, and how we speak to/about persons makes a hugely important difference. There can be a fine line between working collaboratively with persons, and imposing purportedly collaborative practices upon them without truly informed consent. Educators and clinicians interested in working with reflecting processes can help to minimize these risks by familiarizing themselves more thoroughly with the ideas and values informing reflecting team practices.

Notes

[1] Many of these ideas are drawn from the work of Karl Tomm, and from Parry and Doan (1994). I do not include them as representative of the "state of the art" of reflecting team work; rather, they provide a point of departure for developing one's own practices.

[2] An alternate format involves adding a fourth phase in which all participants come together for an open-ended conversation. Among other things, this provides the opportunity for clients and reflecting team members to query the primary counsellor on the ideas and intentions behind her/his questions.

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