

Reflecting Teams: Their Promise for Imaginative Education¹

Kym Alan Dawson, PhD, Rob Lees, EdD, Olga Sutherland, M.A.,
Suzanne Kerr, M.A. & Jeanette Geurtsen

Child & Youth Mental Health, Ministry of Children and Family Development,
Chilliwack, BC, Canada, V2P 4L4

Abstract

The Reflecting Team process is a relatively new therapeutic method embedded within post-modern approaches of narrative story-telling and constructionist theory. The process can be understood as an opportunity for a community of caregivers to join with “client systems” as well as “client/therapist systems” to discover new, life-giving meanings about a child. Anecdotal information from practitioners and families suggests that the Reflecting Team is a powerful method of therapeutic intervention.

Viewed from an educational perspective, Reflecting Teams provide opportunities for a group of teachers, parents, and other care-providers to find new and imaginative meanings for children’s problems. They are also flexible in approach and hold great promise for helping careteams and families discover new options for behaviour management. Mistakenly, the very real concerns about “problems” often assume a priority position over children’s strengths and imaginations that ultimately form the basis for resiliency. Acting counter to this reactive approach, Reflecting Teams focus deliberately on imagination and strengths and actively search for multiple perspectives on troubling situations.

The Child & Youth Mental Health Program in the Upper Fraser Valley of British Columbia has worked with the method for over 10 years. Public calls for greater accountability of government services prompted questions about the outcomes of Reflecting Teamwork. It was thought that exploratory research would be a means to collect outcome data while remaining faithful to the tenets of post-modern approaches.

¹We gratefully express appreciation to the following people for their generous contributions of time and meaning to this project: Kevin Austin, M.A., Marianne Bredlow, R.N., Carey Christiansen, M.A., Debbie Hancock, B.A., Charles Hodgins, M.S., Bonnie Kalkman, B.A., Jalene Klassen, B.A., Duncan MacDonald, M.S.W., R.M.F.T., Allison Wray, B.A., Jan Dawson, and David Geurtsen. We would also like to thank the children and families who participated in this research. Their contributions were invaluable. This article is based on the presentation given at the International Conference on Imagination and Education, July 16-20, 2003, Vancouver, B.C. and was funded by the Upper Fraser Region, Ministry of Children and Family Development.

Introduction

The idea to present our research on Reflecting Teams at a conference on Imagination & Education was first suggested to me by Dr. Rob Lees, the Regional Mental Health Consultant for the Upper Fraser Valley Region, where our research has been conducted over the past two years. Dr. Lees suggested that reflecting teams are a new way of doing family therapy, and thus, they are imaginative. He suggested that we use them as a tool to train our Master's level interns in family therapy here at the Child and Youth Mental Health clinic. Thus, they are educational. I would add that they are also educational in the sense that they help the clients we serve (children, youth, and their families) to tell new stories about themselves. They allow children and families to become each other's students and each other's teachers, to engage simultaneously in both a therapeutic and an educational experience. They allow children and families to remove themselves from a state of "stuckness" by providing new cognitive tools or new ways of thinking about themselves that they have not yet previously encountered, consciously explored, or put to use. I am so grateful for Rob's idea to present our research at the Imaginative Education conference because it provided me with an opportunity to explore the usefulness of the reflecting team, to increase my network with others interested in imaginative education, and to grow personally and imaginatively as a scientist-practitioner.

Reflecting teams derive from a postmodern, constructionist, and brief therapy approach to family therapy. In so doing, reflecting teams are a powerful tool for reconstructing stories with which people enter therapy. As Paré (1999) suggests, "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 the clients resist the influence of the problems in their lives."

In agreement, Michael White and David Epston (1990) propose that the generation of multiple perspectives is a central focus of therapy. These multiple perspectives generate "alternative knowledges". According to Tom Anderson, one of the early pioneers of the reflecting team process, reflecting teams help to overcome the sense of asking oneself the same questions over and over again. Without the generation of alternative knowledges, people are perhaps "standing still" or "stuck" and cannot move forward with their lives.

Reflecting teams have been widely used since the publication of Anderson's (1987; 1991) seminal work with his group in Norway. This has included their use in clinical training and counsellor education (Landis & Young, 1994; Paré, 1999), marriage and family counselling (Brecher & Friedman, 1993), and education of nurses and family practice residents in medical schools (Griffith et al., 1992; Lebensohn-Chialvo, et al., 2000). Although there is little systematic investigation of its use in educational systems, reflecting teams have also been used in a course on clinical supervision (Caldwell et al., 1997). Moreover, the reflecting team process is used regularly in our clinic for consultative purposes. For

example, we use it to gain constructive insight about “no-shows”, and to consult with peer clinicians on the best uses of the reflecting team process itself.

What happens in a reflecting team process? There are many different ways in which a reflecting team process might be conducted (after all, it is a narrative/constructive approach). At our clinics in Chilliwack and Abbotsford, British Columbia, we use a five-step approach:

1. After arrival of the client-family, their regular therapist, and the group of therapists who ordinarily comprise the reflecting team itself, the regular therapist escorts the client-family into the family therapy room. This is followed by introductions. Typically, the reflecting team goes around the room, introduces themselves, and gathers the names of the family members who are present. This is most often done using first names in an effort to power-balance with clients and reduce any performance anxiety that might be related to the large group of professionals who will be “watching them”. It should be noted that prior to this, the regular therapist has explained the reflecting team process to the client-family and they have consented to engage in a process that usually takes about 1 to 1.5 hours;
2. The reflecting team then retreats from the family therapy room behind a one-way mirror. From there, they observe the regular therapist talk with the client-family about how things have been going and what they would like to see change. This provides the reflecting team with an example of each of the family member’s attitudes, feelings, and behaviours, as well as illustrating some key family dynamics;
3. The next step is for the family/regular therapist to move behind the one-way mirror and watch and listen to the reflecting team (now in the family therapy room) reflect on what they saw and heard from the family;
4. Fourth, there is a final switch of the family back to the family therapy room. There, the therapist then debriefs with the family what was helpful, what was not, and opens up any new directions with the family...Again, this is done with a view towards emphasizing strengths and developing multiple perspectives;
5. After step 4, the family exits (typically after the therapist typically promises a letter to summarize the activities of the session). After escorting the family out of the building, the regular therapist returns to debrief the entire process with the reflecting team.

It is important for educators, or those interested in imaginative education, to recognize that the participants in this process can vary considerably. However, it is important to state that, like all new therapeutic or educational approaches, reflecting teams should not be done without adequate supervision and training.

What is the promise of Reflecting Teams, then, for Imaginative Education? First, teachers, parents, and other care-providers encounter problems that they cannot address within the traditional

demands and confines of the classroom. Second, there is a feeling of “stuckness” when trying to address specific problems experienced within the context of educating any particular child in the midst of competing priorities, competing stakeholders and agendas, high student-teacher ratios, and demands for standardized, curriculum-based education rather than individualized, strength-based and narrative education. The children with whom these educational problems and issues become identified are occasionally referred to our Child and Youth Mental Health clinics. They are frequently referred for behaviour problems and learning difficulties which centre around the schoolroom.

After experiencing the reflecting team process, we have had anecdotal reports of families leaving the reflecting team process saying that nobody had ever before pointed out strengths about them. Also, the reflecting team process has been associated with many anecdotal reports of therapists who have made “quantum leaps” in their level of insight about the therapeutic needs and life direction of the client. The reader may wish to sample theoretical approaches and clinical case reviews available in a recent special issue on Reflecting Teams in the *Journal of Systemic Therapies* (202, volume 21).

These narrative reports, along with the literature already cited, together suggest that reflecting teams might work by emphasizing multiple perspectives and clients’ strengths. They might also work by preventing impulsive reactions to what might be called “wrong”. This non-reactive approach holds promise for providing imaginative education in terms of developing a more flexible, positive orientation to allow school-based careteams to discover new options for managing difficult situations in the classroom. In addition, reflecting teams offer the opportunity to find new and imaginative meanings for children’s problems. Likewise, reflecting teams focus intentionally on imagination and strengths and actively search for multiple perspectives on troubling situations. Finally, reflecting teams are open and flexible enough that “families” and “therapists” could conceivably include care-givers from outside the traditional family unit. These might include grandparents, aunts, uncles, cousins, community elders, teachers, social workers, probation workers, clergy, and so on. It is an open question how the various points of view of these participants can be understood by a particular family or care-giving system, but at the very least, and speaking imaginatively, we can begin to apply systems theory and narrative approaches to new types of systems. As it is said in Star Trek, “Go where no one has gone before!”

Method and Results

As a summrization of the methodology and results of our research, we used the reflecting team process to study itself. Two reflecting team events were planned and mental health clinicians and Masters level counselling psychology interns were invited to participate in a discussion of “the meaning of reflecting teams”. There were approximately 80 years of total clinical experience reflected in the two participant groups. As the most experienced clinical interviewer on the research team, Dr. Lees interviewed the participants using a non-directive interview style.

The raw conversation among participants during the reflecting team process and the field notes of the research team (who served as the reflecting teams at these events) were the data. Both interviews and reflecting team processes were videotaped for both events. Using domain analysis, two questionnaires were derived: one for therapist meanings and one for client-family meanings. Briefly, the results indicated general agreement between therapists' statements during interview and their subsequent response by questionnaire. This indicates good content validity of the therapist questionnaire. The results also indicated general agreement between therapists' statements of what they think is meaningful to clients about reflecting teams and client-families' responses to their questionnaire.

Outcomes of the Research

1. Established a research program to determine outcomes of a therapeutic method provided by a publically-funded mental health service
2. Developed two questionnaires to empirically-validate responses of therapists and client-families to the method
3. Found results which support continuation of the reflecting team method
4. Presented research at conferences with submissions made to conference proceedings
5. Developing plans to address issues around contraindications, cross-validation, and pilot-projects involving reflecting teams processes specifically addressed to facilitating integrated case management and school-based careteams

Discussion and Directions

The literature reviewed earlier on the use of the reflecting team process in clinical training of physicians, nurses, and therapists strongly suggests that the reflecting team is a useful educational tool. To elucidate the theoretical background, illustrate the linkage to imaginative education, and provide some preliminary research results has been the focus of this paper. So far, our preliminary results suggest that the use of the reflecting team can extend from the adult education contexts (which already has fairly wide acceptance) to the psycho-education of children, youth, and families in a therapeutic context. However, even though this generalization would seem on the surface a relatively simple task, the transmission of this narrative tool to childhood education per se has – to our knowledge – not yet been practiced. A pilot project in a local school system would seem a reasonable outcome of the knowledge about Reflecting Team processes summarized here.

Building on the context of education, then, the ways children learn and make decisions must be paramount. From the point of view of mental health, the cognitive tool-kit (see Egan, 2003 at <http://www.iERG.net/cogthoughts.html>), reflects the collection of tools for learning and decision-making that children have at their disposal. One thing that follows from this study is that the reflecting team is a

new cognitive tool for both students and teachers. There will need to be another installment on the topic of reflecting teams to enter this complicated area in much more detail and we would welcome discussion and input from readers. Suffice it to say that because the reflecting team process is quite intentional, positive, and non-reactive, it can help both learners and trainers to build creative, imaginative and original solutions to problems. It becomes important to consider their value for educational processes in general.

In conclusion, and “thinking outside-the-box” of Piaget’s well-known theory of childhood cognitive development, reflecting team processes appear to house aspects of “post-formal” reasoning in their acceptance and recognition of knowledge and “reality” as relative, temporary, and often contradictory (Arlin, 1984; Kramer, 1983; Perry, 1970). In addition, they have the ability to help synthesize contradictory thoughts, feelings, and behaviours into coherent wholes. Further, they seem to act against the general suspension of critical thinking that seems to permeate teamwork that involves multiple agendas and pressures to come to a quick solution (as if there is only one). In a climate of complaints about “problem students” or a “lack of funding”, the development of a systematic method to exemplify and model cognitive maturity would be a gift-horse. The reflecting process would seem to be a suitable candidate. The study of the creative learning opportunities enlivened by reflecting teams should be the focus of ongoing investigation, if only because imaginative education can yield an improvement in the mental health of a child.

References

Anderson, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, 26 (4), 415-428.

Anderson, T. (Ed.). (1991). *The Reflecting Team: Dialogues and Dialogues about the Dialogues*. New York: W.W. Norton & Co.

Arlin, P.K. (1984). Adolescent and adult thought: a structural interpretation. In: M.L. Collins et al. (eds.), *Beyond Formal Operations: Late Adolescence and Adult Cognitive Development*. New York: Praeger.

Brecher, S., & Friedman, S. (1993). In pursuit of a better life: A mother’s triumph. In S. Friedman (Ed.), *The New Language of Change*. New York: Guilford.

Caldwell, K., Becvar, D.S., Bertolino, R., Diamond, D. (1997). A postmodern analysis of a course on clinical supervision. *Contemporary Family Therapy: An International Journal*, 19 (2), 269-287.

Egan, K. (2003). Some thoughts on cognitive tools. In: Imaginative Education Research Group website, <http://www.iERG.net/cogthoughts.html>.

- Griffith, J.L., Griffith, M.E., Krejmas, N., McLain, M., Mittal, D., Rains, J., & Tingle, C. (1992). Reflecting team consultations and their impact upon family therapy for somatic symptoms as coded by structural analysis of social behaviour. *Family Systems Medicine, 10*, 53-58.
- Kramer, D. (1983). Post-formal operations? A need for further conceptualization. *Human Development, 26*, 91-105.
- Landis, L.L., & Young, M. (1994). The reflecting team in counsellor education. *Counsellor Education & Supervision, 33*, 210-218.
- Lebensohn-Chialvo, P., Crago, M., & Shisslak, C.M. (2000). The reflecting team: an innovative approach for teaching clinical skills to family practice residents. *Family Medicine, 32* (8), 556-60.
- Paré, D.A. (1999). Using reflecting teams in clinical training. *Canadian Journal of Counselling, 33*, 293-306.
- Perry, W.G., Jr. (1970). *Forms of intellectual and ethical development in the college years: A scheme*. New York: Holt, Rinehart, & Winston.
- White, M. (2000). *Reflections on Narrative Practice: Essays and Interviews*. Adelaide: Dulwich Centre Publications (Available at: <http://www.dulwichcentre.com.au>).