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The Reflecting Team: A Training Method for Family Counselors

Jeff Chang¹,²

Abstract
The reflecting team (RT) is an innovative method used in the training and supervision of family counselors. In this article, I trace the history, development, and current uses of RTs and review current findings on RTs. In my opinion, many users of RTs have diverged from their original theoretical principles and have adopted RTs mainly as a technique. Although some aspects of the RT technique (spatial separation and the generation of multiple perspectives) are novel, the potency of RTs is derived from the strength of the working alliance. Finally, I make specific recommendations on how to use RTs in the education and supervision of family counselors.

Keywords
reflecting teams, counselor education, clinical supervision, collaborative therapy

Reflecting Teams in Counselor Education and Supervision
The reflecting team (RT) is an innovative method used in training and supervising family counselors. I trace the history, development, and current uses of RTs, review current findings on RTs, and present recommendations on the use of RTs in training and supervising family counselors.

Tom Andersen: Relationship, Collaboration, and Multiple Views
Tom Andersen (1987, 1992a, 1992b, 1993, 1995), a psychiatrist in Tromso, Norway, stumbled upon the practice that has come to be known as the reflecting team. He and his teammates were observing a counseling session from behind a one-way mirror. The counselor was “drawn into the pessimism of the family” (Andersen, 1987, p. 415). After three unsuccessful call-ins, Andersen suggested the counselor and family exchange places with the team, who reflected aloud about the family, while the family and counselor observed. The groups again exchanged positions and the counselor solicited the family’s reaction to the team’s reflections. As Andersen continued to use this practice, he came to believe that RTs are more collaborative and more effective than simply sitting silently behind the mirror, as he had been trained to do using the Milan systemic approach, (Selvini Palazzoli, Cecchin, Prata, & Boscolo, 1979), then emerging from behind the mirror to deliver an intervention message.

Reflecting Process: A Stance, Not a Procedure
Although Andersen (1987) offers a procedural description for RTs, he emphasizes that the purpose of RTs is to generate and offer multiple descriptions of the client situation. During the interview, the counselor attends to the multiple descriptions of the problem, unpacks these descriptions, and invites reflection on relationships, differences, and implications of changed perspectives. Exchanging physical positions, so the client can observe the team’s reflections, mirrors Andersen’s relational and attitudinal stance. The team shares its reflections speculatively, open to multiple possibilities and explanations, allowing clients to “select those ideas that fit” (p. 420). Specific guidelines for conducting reflecting teams can be found in a number of sources (Andersen, 1991; Freedman & Combs, 1996; Haley, 2002; Lax, 1995; Pare, 1999).

Popularization of RTs
The RT was seen as an innovative application of theoretical ideas that were already circulating in marital and family therapy (MFT). Lynn Hoffman declared that Andersen “electrified the field with a beautiful and dramatic format he called a reflecting team... Feeling this idea was heaven-sent in my search for ways to put a different voice into practice, I immediately adopted... it” (Hoffman, 1995, p. xi). Friedman (1995, p. 2), states that “the use of the reflecting team... has dramatically altered the landscape of family therapy...
"[T]hese new ideas represent both a further evolution and, in some ways, dissolution of family therapy as we’ve known it.”

The RT format, if not the initial theoretical premises (Monk & Gehart, 2003), was adopted by MRI brief therapists (Eubanks, 2002), those using an integrative approach (Shilts, Rudes, & Madigan, 1991; Wright, Watson, & Bell, 1996), narrative therapists (Freedman & Combs, 1996; Griffith & Griffith, 1995; Janowsky, Dickerson, & Zimmerman, 1995; Lax, 1995), Milan systemic practitioners (Tanji, 1996; Young et al., 1989), and solution-focused therapists (Johnson, Waters, Webster, & Goldman, 1997; Lowe, & Guy, 1996; Selekman, 1995). The RT format has been used with many problems and in many settings: families experiencing violence (Kjellberg, Edwardsson, Nielola, & Oberg, 1995); families with a psychotic member (Seikkula et al., 1995); medically marginalized persons (Griffith & Friedman, 1995); schools (Swim, 1995); managed care (Friedman, Brecher, & Mittelmeier, 1995); adolescents with severe behavior problems (Selekman, 1995); residential treatment (Nichols & Jacques, 1995); conflictual couples (de Barbaro et al., 2008; Miller & Lax, 1988); families with young children (Lax, 1989), the deaf (Munro, Know, & Low, 2008), and stepfamilies (Berger, 2000) to list but a few.

**Research Review**

**Clinical Research**

The research on the clinical applications of RTs is sparse. Clients experiencing many different problems have reported positive therapy outcome. These include family service agency clients in Gottingen, Germany (Hoeger, Temme, Reiter, & Steiner, 1994); families experiencing a “therapeutic impasse” (Karr, 1998); couples (Lytton, 1998) and individual clients (Stough, 2000) in university counseling centers. Clients stated the RT format was helpful when the team’s feedback was tentative, curious, and suggestive of multiple options (Karr, 1998; Lytton, 1998). Therapists and a majority of clients agreed that RT consultations were beneficial when new perspectives on the problems, possible solutions, and the strengths of the family were discussed. Singh (1996) interviewed 11 narrative therapy clients, who reported that the team’s reflections and the RT format assisted clients to notice unique outcomes; hear new distinctions by allowing clients to listen from a distance; and become more aware of options for action. Participants reported a feeling of equality with the team.

Griffith et al. (1992) coded the communication of 12 families with a member experiencing a physical problem for which no medical cause was found, before and after an RT consultation. They found significant increases in communication expressing trust, reliance, and nurturance and decreases in communication expressing control, blame, monitoring, and belittlement after the RT consultation.

Two studies have evaluated the effect of RTs on treatment outcome and the therapeutic alliance (McGovern, 1996; Stough, 2000). Stough (2000) compared the therapeutic alliance and treatment outcomes with 26 clients at a university counseling center seen by 11 therapists of various theoretical orientations, and with a matched control group. Clients participating in RTs experienced neither stronger therapeutic alliances nor larger treatment effects than the control group. Stough suggests that common factors might have masked the effects of the RT format. McGovern (1996) compared “a new model of family therapy, the Reflecting Team Model” with strategic therapy. Clients reported no significant differences in the therapeutic alliance, optimism about problem resolution, or the use of self-generated solutions. Therapists and team members, however, expressed a preference for the RT format.

Sells, Smith, Coe, Yoshioka, and Robbins (1994) compared clients’ and therapists’ perceptions of the RT process. Clients reported benefitting from the multiple perspectives offered by RTs and appreciating the team’s accessibility. Therapists, however, were more concerned about how the RT created a context for change. Clients believed that RTs would be particularly helpful for overwhelming complex problems or if the family was highly conflicted. Although therapists agreed, they thought that teams would be effective only if the problem was clearly defined. Clients found RTs ineffective if introduced too early in counseling or if they thought the RT was more for the counselor or team. Although therapists thought that RTs were ineffective if the clients did not have specific treatment goals, clients thought that RTs were interesting and helpful even if their problems were ill-defined. Clients found spatial separation that prevented them from making an immediate verbal response to the team’s reflections allowed them to process the team’s reflections. Clients emphasized their perceived relationship to the team and the therapist, whereas therapists were more interested in language that made reflections acceptable to clients. Smith, Sells, and Clevenger (1994) replicated these results. Finally, Smith, Sells, Pereira, and Papagiannis (1995) used interpersonal process recall to study RTs. They found that a strong therapeutic relationship and careful preparation by the counselor enhanced clients’ receptivity to the team’s reflections.

**Reflecting Teams in Counselor Education and Supervision**

**Live supervision.** There are several extant accounts of live RT supervision. Wright et al. (1996) use a case presentation presession format, in which the counselor presents highlights from two readings, the team reflects and hypothesizes, and the clients observe. Cohen et al. (1998) report that the clients (who were also the third and fourth authors) found being present during the pre and postsession discussions “made therapy more comfortable” (p. 281) because it allowed them to understand what was to happen in session and feel more equal to the team.

**Group supervision.** RTs have been used as an adjunct to group supervision (Attridge, 2007; Lowe & Guy, 1996; Prest, Darden,
The RT observes the supervision session and reflects in view of the supervisee and supervisor. The supervisor and the supervisee then discuss the team’s reflections. Lowe and Guy (1996) suggested specific questions for each stage of the process, from a solution-focused orientation. They make an important distinction between “pluralistic” and “theoretically aligned” approaches to RTs, and suggest that trainers and supervisors be explicit about their theoretical premises. Prest et al. (1990) observed anecdotally that supervisees tended to be less defensive when listening to feedback without having to respond directly to it.

University-based programs. Biever and Gardner (1995) describe their use of RTs in a counselor education program based on social constructionist principles. Asking, “How do you “train” someone within a model in which knowledge is negotiable?” (p. 49), they note RTs inherently provide multiple descriptions of every event, signifying that different people construct meaning differently. They also note that RTs engage the attention of supervisees by requiring active observation behind the mirror and are useful in shaping trainees’ behavior.

James, MacCormack, Korol, and Lee (1996) describe the use of RTs to teach systemic therapy concepts to students in an American Psychological Association–accredited clinical psychology program. After a course in family systems therapy, RTs were the primary mode of practicum supervision. The RT was used progressively to shape the trainee’s skills. Trainees first served as RT members, honing their observation and case conceptualization skills, before serving as primary counselor. Team members experienced greater involvement as a result of having to observe and prepare their reflections; improved self-confidence, having been a team member before serving as primary counselor; and the perception of enhanced skill development. When serving as counselors, trainees experienced support, encouragement, and validation. The team provided counselors with many hypotheses about cases, supporting the development of case conceptualization skills. Participants believed that case conceptualization and treatment planning skills would transfer across models and settings. Supervisors found that multiple observers generated more ideas for intervention.

Sloan-Power (2008) investigated the use of RTs as a vehicle for teaching assisting MSW concepts of spiritual diversity. A modified RT was used in classroom instruction, resulting in increased self-efficacy and decreased anxiety for dealing with spiritual matters. Landis and Young (1994) suggest that training should be delivered in a manner consistent with the models taught. They used RTs to deliver feedback during role-plays in an introductory master’s level MFT course. Trainees reported significant improvement in these skills. Smith, Jenkins, and Sells (1995) found that RTs helped trainees perceive multiple views of a case, which depolarized sociopolitical differences within the team.

Training in a family service agency. A series of papers prepared by the Bouverie Family Therapy Centre, Flemington, Australia, traces RT use longitudinally in their 3-year family therapy training program. The first (Young et al., 1989) described the inception of the RT in the training program. Young et al. (1989) suggested that RTs would reduce performance anxiety by distributing responsibility among the team; enable reflections to be better integrated with the interview; allow for multiple descriptions that would broaden counselors’ and clients’ perspectives; and create a more egalitarian format that would enhance the participation of female trainees. The trainer believed that the RT was consistent with her egalitarian values: “… my beliefs and rhetoric about the need for empowerment of trainees/families, and the validity of a variety of perspectives was being enacted” (p. 72). Trainees reported increased ability to develop “non-blaming, meaningful, and systemic constructions of family dilemmas” (p. 72). Trainees’ concerns about the power differential between the family and the team were moderated by the RT format. Clients reported that multiple perspectives of the team, focus on strengths, “being able to see the process they went through to give us an answer, rather than just getting an answer,” and the responsiveness of the team to the clients’ questions and comments were helpful. However, some clients desired more direct recommendations.

Perlesz, Young, Paterson, and Bridge (1994) performed a content analysis of an RT session and interviewed the clients about their experience. Clients did not find that the RT created multiple possibilities from which they could select. They thought team members promoted the same idea and were being covertly directive. This led Perlesz et al. to question whether RTs actually do implement the egalitarian values to which they aspire or are simply a more subtle way of being prescriptive.

Young et al. (1997) surveyed supervisors, trainees, and families about their experience of RTs. While supervisors thought trainees’ performance anxiety decreased, trainees did not agree. Although supervisors lauded the nonhierarchical nature of RTs, trainees still thought supervisors held the majority of the power. Although trainees were generally positive about RTs, some still experienced embarrassment for families; performance anxiety; concern that reflections would overwhelm the family; feelings that the counselor’s voice was overwhelmed by the team’s; prohibition from disagreeing with the team; and reluctance to share for fear of “saying the wrong thing.” Some trainees believed clients may not be as comfortable with RTs as counselors think and may acquiesce out of deference to the counselor.

Finally, Young et al. (1997) surveyed five families about their experience of RTs. Most families found RTs helpful and positive. One family stated that RTs might better suit families who were more assertive, and thought that the team would offer reflections only if the family required correction. Most families disliked the lack of concrete recommendations. Although the families found the RT open and supportive, clients experienced “… a hierarchical structure, where it is assumed therapists [make] decisions about how therapy will proceed ...” (p. 34).


**Recommendations for Training and Supervision**

In this review, several trends have emerged. I will describe these trends, specify the implications for education and supervision of family counselors, and provide recommendations for educational or supervisory practice.

**A Technique in Search of a Theory**

Despite the excitement that greeted RTs (Friedman, 1995; Hoffman, 1995), counselors have apparently adopted the RT technique without much theoretical clarity. Adopters of the RT have had varied theoretical explanations and procedural purposes than Andersen (1987, 1991). For instance, narrative therapists use RTs in Foucauldian fashion, to circulate subjugated knowledge that run counter to the dominant, problem-supporting discourse (White & Epston, 1990). More recently, some narrative therapists (Carey & Russell, 2003; Morrison, 2009; White, 2000) have combined RTs with anthropologist Barbara Myerhoff’s (1986) idea of definitional ceremonies. Definitional ceremonies are rituals, witnessed by outsiders, performed to legitimize and construct specific aspects of a new identity. Solution-focused therapists use RTs as an efficient way to deliver compliments to clients (Johnson et al., 1997). Using an MRI brief therapy model (Eubanks, 2002), the RT was used to deliver a pattern interruption intervention (Watzlack, Weakland, Fisch, 1974). Although the RT format is a common thread, it serves a different purpose in each case. White (2000) states:

Although there are similarities in the structure of the reflecting-team work that is practiced from place to place, today there exists no uniform approach to the emphases, content, themes and styles of team reflections . . . [Nor is there] consensus [about] the mechanism at work . . . in relation to its frequently transformative effects (p. 71).

The RT format has evolved from Andersen’s (1987) initial intent. Davis and Lax (1992) cautioned against RTs being reduced to a mere technique. It appears that RTs have in fact become a mere technique.

Clinical research has not clarified this issue. Although McGovern (1996) referred to “a new model of family therapy, the Reflecting Team Model” (p. 2091), this is defined by the RT format, not by a particular theoretical shift. Stough (2000) used the RT format with “11 therapists of various theoretical orientations” (p. 5793), wherein the RT was overlaid onto each counselor’s orientation. In these cases, the RT is simply a technique. This is not necessarily inappropriate, as in the history of counseling and therapy, many practices that emerged from a particular theoretical orientation have been adopted as techniques. It simply requires counselor educators and supervisors to be clear about their theoretical premises. Without so doing, they may confuse students and supervisees.

**Supporting theoretical clarity.** Effective use of RTs in counselor education and supervision requires that counselor educators and supervisors clarify their theoretical positions, communicate this clearly to trainees, and encourage trainees’ theoretical development. Lowe and Guy (1996) suggest one way to do this. They distinguish pluralistic or atheoretical approaches focused on process (e.g., Andersen, 1987, 1991) from theoretically aligned RTs in which the members advance a theoretically driven purpose. Lowe and Guy align their RT supervision with solution-focused therapy. Accordingly, they recommend specific solution-focused questions for team members to pose while reflecting. Lowe and Guy pose the following questions to counselor educators to assist them to clarify their theoretical positions:

Is the job of the interviewer simply to elicit information and facilitate the client’s (or supervisee’s) story . . . to create grist for the reflecting team’s mill? Or does the primary interviewer actively work for change according to a theoretically informed stance? . . . Conversely, does the reflecting team develop its own conversation independently of the interviewer’s work, or do team members deliberately align themselves with the interviewer’s strategies and seek to extend them? (p. 29)

This type of clarification will enhance the utility of the RTs for students. Once counselor educators and supervisors have clarified their theoretical positions, it is useful to clarify model-specific instrumental tasks. For example, given their theory of choice, what should trainees watch for from behind the mirror? For instance, is the goal to locate evidence of a new story and circulate it, as a narrative approach to RTs would suggest? Or is it to highlight exceptions and deliver compliments as a solution-focused RT might? Supervisors should also orient trainees thoroughly with the general guidelines for RTs (Andersen, 1991; Freedman & Combs, 1996; Haley, 2002; Pare, 1999). In this respect, RT supervision and training is no different from supervision or training in any other technique or approach to counseling.

**Supporting the appropriate use of theory.** Competent counselors use theory to determine what information to collect, organize and conceptualize the information, and formulate treatment plans based on the information (Mead, 1990; Tomm & Wright, 1979). Thus, competent therapists can move back and forth from theory to specific information and back to theory.

Authors from several training programs stated that trainees on RTs are more actively engaged as observers than when they are simply observing passively. Because trainees are expected to offer sensible reflections based on the client’s presentation and the interaction between the counselor and the clients, they are more likely to attend to the process and the content of the interview. This encourages trainees to become more perceptive observers (Biever & Gardner, 1995; James et al., 1996; Wright et al., 1996; Young et al., 1989), which is an important first step in the development of theoretical fluency. Trainers and supervisors of family counselors could, for example, assign trainees specific observational tasks designed to increase their ability to...
notice theoretical concepts, consistent with the programs and the trainee’s goals.

Assisting Trainees to Strengthen the Therapeutic Alliance

Relationship factors appear to be the chief contributor to effective RTs. Two studies (McGovern, 1996; Stough, 2000) measured the working alliance as a function of RT use without finding any main effect. Although Stough suggested that common factors might have masked the effects of the RT, the corollary to this is that the RT format is not robust enough to overcome common (relationship) factors. Given what we know about the relative contributions of the common factors (Miller, Duncan, & Hubble, 1997), this is not surprising.

Clients report that inattention to relationship factors interfered with the usefulness of RTs. When the RT was introduced too early in the course of therapy, clients were less open to the team’s input (Sells et al., 1994). Clients also experienced RTs as less useful when the therapist’s or team’s agenda was pushed (Perlesz et al., 1994; Sells et al., 1994). Clients who desired specific recommendations or advice found the team’s reflections unhelpful (Hoeger et al., 1994; Young et al., 1994, 1997). The experts surveyed by Jenkins (1996) specified contraindications largely in terms of relationship factors such as “... when it is being forced or insisted upon,” when participants “do not believe ... it would be helpful,” and when “it is not guided by dialogue between the family and therapist” (p. 231).

However, clients identified what are essentially artifacts of the therapeutic relationship as helpful (Sells et al., 1994; Smith, Sells, et al., 1995). Clients appreciate the team’s accessibility, transparency, and responsiveness (Brownlee, Vis, & McKenna, 2009; Cohen et al., 1998; Sells et al., 1994; Young et al., 1989), exemplified by emerging from behind the mirror, meeting the team, and being able to observe how the team developed reflections and recommendations.

Authors from several training programs suggest that reflecting teams assist trainees to notice client strengths and solutions and conceptualize cases in collaborative and non-blaming ways (Andersen, 1987; Johnson et al., 1997; Wright et al., 1996; Young et al., 1989), it is also important to be sincere. The father in a family I saw several years ago, who disdainfully stated that the team was “just trying to blow sunshine up my ass” did not feel understood, and did not believe in the team’s sincerity.

Supervisors and trainers can assist aspiring family counselors to use RTs to maximize relationship factors in the following ways: First, trainers should familiarize trainees with the literature on common factors, which tells us that the therapeutic alliance is the primary contributor to change over which counselors have any influence. With RTs, this is more complex, because it requires attending to both the relationship with the primary counselor and with the team. Given that participating in an RT is an often intermediate step toward acting as a primary counselor, counselor educators can prompt trainees to attend to process and relationship as they reflect. This is one way of shaping the complex skill of simultaneously speaking and monitoring the reactions of others.

Second, supervisors and counselor educators can ensure that clients are prepared for, and comfortable with, the RT format. Trainers can provide trainees with specific guidance on how to explain the procedure, obtain informed consent, and continue to check in with the clients as to their comfort with the RT format. If necessary, the counselor should abandon the RT if clients are not comfortable. Pare (1999) suggests presenting the team as an additional service, providing a number of options for the involvement of the team, and affirming whatever choice the clients make. Client welfare must be placed above the team’s need to perform or their interest in the novelty of the RT.

Third, trainers should ensure that trainees focus on the post-reflection portion of the session when the primary counselor interviews the client(s) about the team’s reflections. If clients did not feel heard, this can be mitigated by sensitive follow-up interviewing and debriefing.

Assisting Trainees to Maximize Format-Specific Factors

Spatial separation. Both clients (Sells et al., 1994; Singh, 1996) and supervisees (Prest et al., 1990) reported that spatial separation increases their receptivity to the team’s reflections. The practice of not responding directly to the team as they were reflecting was underlined by the spatial separation from the team, whether the RT was in a separate room behind a one-way mirror, or some distance away in the same room, conversing among themselves. Supervisors and trainers of family counselors are advised to acquaint trainees with this procedural aspect of the RT and instruct trainees to orient clients to the physical environs, as part of the informed consent process.

Multiple perspectives. RTs assist clients and trainees alike by generating multiple perspectives about the problem (Biever & Gardner, 1995; Brownlee et al., 2009; James et al., 1996; Karr, 1998; Lytton, 1998; Sells et al., 1994; Smith et al., 1994; Young et al., 1989). Clients particularly appreciate multiple options when dealing with complex problems. However,
clients also ask that counselors assist them to manage the diverse information from the team, set the stage for the team’s reflections (Sells et al., 1994), and ensure the reflections are conceptually integrated with the interview (Smith, Jenkins, et al., 1995; Smith, Sells, et al., 1995). I am reminded of a client who stated that listening to the team’s reflections was like “trying to drink from a fire hose.” He required assistance to sort out the multiple perspectives of the team. It is therefore recommended that supervisors coach trainees to set the stage for the entrance of the team by orienting the clients to both the procedure and the process. Pare (1999) emphasizes gaining the clients’ informed consent and providing a description of the process and an orientation to the physical space to be used. In addition, I suggest that counselors prompt clients to prepare a cognitive set so they can attend to the team’s reflections, perhaps in a form like this:

As I mentioned, now we will change places with the team, and they will have a conversation about what they have seen and heard in our session. What they are saying is not “the way it is,” just their perceptions. As you listen to the team’s reflections, note what fits for you, what does not fit for you, what seems to be useful, and what jumps out at you. After they’re done, we’ll meet again for a few minutes to sort it all out.

This can open space for clients to hear what the team has to say, accept what is beneficial, and reject the reflections of the team that do not resonate for them.

A supervisor using RTs can coach trainees to conduct the post-reflection interview with sensitivity to clients’ need to sort out all they have heard. Pare (1999) states that debriefing helps clients by giving them a chance to acknowledge and perhaps critique the team’s input, reduce the sense of “being sent off into a void” (p. 391), and highlight reflections that resonated for them.

The generation of multiple perspectives can facilitate reflective practice. According to Griffith and Frieden (2000), reflection is defined as “the active ongoing examination of theories, beliefs, and assumptions that contribute to counselors’ understanding of client issues and guide their choices for clinical interventions” (p. 82). Reflective thinking facilitates cognitive complexity in counselors (Holloway & Wampold, 1986), which in turn assists counselors to develop case conceptualization skills. RTs are but one strategy to encourage reflective thinking in novice family counselors.

Assisting Trainees to Hone Their Executive Skills

The RT provides a ready format to shape trainees’ executive skills (James et al., 1996; Landis & Young, 1994; Pare, 1999). James et al. (1996) suggest having students observe, then exercise executive skills by sharing their reflections while observing clients’ reactions, and finally act as primary counselor. This provides a structure for progressively increasing the complexity of coordinating the trainee’s perpetual, conceptual, and executive skills. Pare asserts that RTs are helpful in training as an incremental step toward direct client service, adding “intensity and focus [since they] know they are not merely role-playing, but responding to persons who are interested in their input” (p. 300). Biever and Gardner (1995) assert that RT supervision should be supplemented by other modes of supervision, such as individual videotape and case consultation.

Maximizing the Experiential Aspects of Reflecting Teams in Training

Family therapy educators have found that RTs are an excellent way to teach systemic concepts (James et al., 1996; Wright et al., 1996; Young et al., 1989) and to illustrate diversity issues (Merl, 1995; Sloan-Power, 2008; Smith, Jenkins, & Sells, 1995; Wright et al., 1996). Hill (2003) suggests that multicultural competencies in counselor education can be enhanced by recognizing the phenomenological aspects of oppression and diversity; developing a systemic perspective that recognizes the impact of social, political, and environmental factors on human behavior; and creating structures that implement a collaborative nonhierarchical approach. Because RTs are a microcosm of a training program (e.g., Smith, Jenkins, et al., 1995; Smith, Sells, et al., 1995), they can supplement other efforts at diversity training (Arthur & Januszkowski, 2001).

Attending to Power and Hierarchy: Intent Does Not Guarantee Effect

Notwithstanding the lack of evidence for differential treatment effects when therapy includes the RT format, therapists prefer them (McGovern, 1996), believing that RTs are more collaborative (Cohen et al., 1998; Singh, 1996; Young et al., 1989). Young et al. (1989) reported that the trainer in their study enjoyed RT work because it was consistent with her “egalitarian values.” However, more recently, Young et al. (1997) found that, while trainers thought the RT format leveled the hierarchy, trainees did not always agree. The same study found that, although clients appreciated the openness of RTs, they still experienced counseling as a process where professionals were in charge. Young et al. conclude that RTs challenge the cultural expectations of clients, who seek expert consultation for problems. Counselors may not be as collaborative as they aspire to be or as they think they are. Although RTs intend to reflect collaborative nonhierarchical values, as Tomm (1988) states, “intent does not guarantee effect.” As Goldner (1993) notes, making a direct recommendation to a client does not mean that the counselor is being hierarchical or impositional, and phrasing directives as suggestions does not make a social system nonhierarchical.

As Young et al. (1997) point out, whenever counselors select a technique, they are exercising power, based professional knowledge. Perlesz et al. (1994) caution that using the RT may lead to “a false sense of virtuous collaboration” (p. 119). Perhaps, using RTs can lead to a larger scale reflection.
on whether our training programs and supervision practices are, in fact, collaborative, transparent, and as nonhierarchical as possible. Although we may attempt to implement collaborative therapeutic practices like RTs, we cannot entirely eliminate hierarchy. For example, in a master’s program in MFT, Fine (2003), noted that, despite the program’s efforts to create a collaborative context, subtle competition between students was unavoidable, given the need to achieve high grades to obtain advantages like scholarships, assistantships, and entry to doctoral studies. Fine and Turner (1997) make several suggestions on how training programs can operationalize a collaborative approach by being transparent about multiple levels of power relations, evaluation, conduct of supervision sessions, goal setting, responsibility for the conduct of therapy, and so on. Using RTs outside of a context collaborative practice is inconsistent with the intent of the practice. We would do well to heed Pare (1999, p. 306):

Reflecting … 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 [huge] 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 with the ideas and values informing [these] practices.

Conclusion

RTs have been embraced by those who espouse a postmodern collaborative approach to family counseling, offering an innovative way to provide feedback to clients, in a way that is consistent with the values of postmodern and social constructionist practice. RTs are generally embraced by clients as well, who find them to be positive, supportive, and a useful source of multiple perspectives. RTs are also a popular innovation in the education and supervision of family counselors. However, RT use has been subject to a lack of theoretical clarity. RTs have evolved into more of a technique than a specific orientation or approach to therapy. Although RTs appear to rely largely on relationship factors for their effectiveness, there are some potent format-specific factors (spatial separation, multiple perspectives, providing an experiential microcosm). RTs do not guarantee collaborative practice, and are best used in the context of an overall approach to training that attends to issues of context and hierarchy.

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