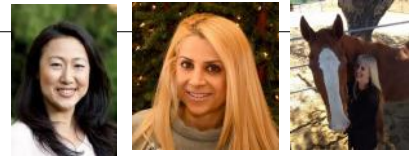


A Sea of Ideas on the Reflecting Process. Reflective Techniques in Community Engagement: A Collaborative Recovery Model

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This brief chapter focuses on the use of the reflecting team at Now I See a Person Institute. Angela, Tomomi, and Susan thought it would be appropriate for us to present our chapter by reflecting on our thoughts. Angela took the first step. Susan's reflections are next, followed by Tomomi's. We see reflections as the focal point of all collaborative conversations and meaningful change. Our work may include the "formal" process of reflections or the "sea" of meaning that occurs in reflective dialogue.

Angela's Thoughts on the Reflecting Team Approach:

In my experience, the reflecting team is an opportunity to open up the dialogue among various members of a system. This includes a reflection upon both the inner and outer dialogues that we all engage in as human beings (Andersen, 1995). We use these dialogues to create meaning in our interactions and relationships with others. The reflecting team approach uses these premises to provide space for inner and outer dialogues to be reflected upon and reworked as well as the co-creation of new meanings and new interpretations in novel ways. Because it is a non-confrontational method of presenting new options, clients are given the opportunity to reflect and respond to different ideas without feeling an obligation to take them on as solutions (Friedman, cultural norms or the goals of the therapist; because ideas are presented in an indirect fashion, clients are freed to respond in a manner that is appropriate for their family without feeling that they are in conflict with the therapist's thoughts or ideas. In many ways, the reflecting team appears to equalize the therapeutic relationship; tentative contemplation of the dialogue and ideas are presented with reservation, rather than statements.

In my work, the reflecting team may take many forms, from a formal configuration of a group of therapists listening to the clients' therapeutic dialogue and the clients listening to the therapists' dialogue during appointed times in

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session to a less formal configuration in which I might utilize the clients themselves as the reflecting team, asking various people to reflect on what others have said throughout the therapeutic dialogue (Andersen, 1991; Friedman, 1997). Regardless of which approach is used, I find that the most important element is that there are distinct opportunities within the session for listening and reflecting upon the spoken words and that the reflective, non-authoritative stance is maintained throughout (Friedman, 1997).

As a therapist, my role is to witness the clients' journey and provide the opportunity for them to engage in the co-creation of change; my role is not to force my interpretations upon them.

Angela's Thoughts on the Case:

In the case of Mary, Fred, Johnny, and Bess, ideally, I would like to invite all four family members (parents, child, and grandmother) to be involved in the therapeutic dialogue. Prior to beginning therapy, I might ask the family, whom else they've spoken with regularly about the problem and invite those people; they, too, are part of creating meaning around the problem. Since the problem appears to be centered on school behaviors, I might also invite Johnny's teachers or school administrators also to be part of the dialogue. All of these people may be involved in speaking about the problem and through their dialogue developing and maintaining the problem. To deconstruct this problem dialogue, I might find it beneficial to have all members of the dialogue present so that they can each be involved, creating and witnessing the change through reinterpretation. In this way, all members of the dialogue "buy-in" to the change process, becoming invested in the outcome, and in so-doing support long-term change.

During the first session, I might ask questions related to each person's interpretation of the problem, allowing the space for each person to add or reflect upon the thoughts and interpretations of the others involved. I might ask questions of each member of the system; things like, "Do you think Johnny might be doing or saying this because... or do you think it might be something else?" I might speculate about the interpretations of each individual and the collective system, tentatively posing questions related to the meanings behind the words. I might use words such as, "Do you think..." or "I wonder..." or "I don't know, but..." In my opinion, words such as these maintain my non-authoritative stance within the room and support a reciprocation of reflective dialogue from clients, allowing them to engage in a re-creation of meaning by opening possibilities for a new type of dialogue; which is the ultimate goal of the reflective approach.

Susan's Thoughts on the Reflecting Team Approach:

Nice ideas, Angela. When I think about the reflecting team, my thoughts draw upon the past, and what is happening currently at "Now I See a Person

Institute." At the Institute, we use the reflecting team often as a teaching opportunity as well as to provide clinical proficiency. Since the early eighties, I was fortunate to learn from Tom Andersen as he fine-tuned the reflecting process. At first, we were in a room, and the lights were turned out, so the clients could not see us, but we could see them. Then one or two brave souls would leave our safe sanctuary to offer reflections based on what the team talked about behind the one-way mirror throughout the session. Then Tom would take these ideas and tentatively offer them to the clients. I always wished to be the clever student and then faculty member, for it was hard for me to grasp the sacredness of this process of reflections (Andersen, 2001; Anderson, 2001; Gergen, 2001; Swim, St. George, & Wulff, 2001).

Then the lights came on for the clients and the therapist team to look and see each other. The security of our small room rose to bright lights and the clients saw us speaking. As the rooms with the clients and the therapists became transparent to each other's voices with the team and the family/couple clients being able to see each other and the dialogues' ensuing, there was more openness among the team players and less of the prejudice that Tom often alluded to. Then as the reflecting progressed, as does all clinical/theoretical venues do, much to my anxiety we were in the room with the clients with our reflections. We no longer were separated from the clients. It was here that I learned not to be clever, it was here that I learned to honor the voices and reflect on the immediate discourse devoid of the prejudices of prior theories, personal experience, clinical assessment, or what I felt was right or wrong for the client, and it was here that I learned to embrace the reflecting team when seeing and hearing clients, trainees and interns, graduate students, and organizational development (Swim, 1995).

Angela, just in writing this brings such a rush of emotions. I feel so fortunate to be able to carry on this process with you and our students. Now I See a Person Institute reflects the works of Tom Andersen, Harry Goolishian as well as a host of others. We use what we call at the Institute Community Engagement: A Collaborative Recovery Model. In our recovery model of community-based work, we work within the entire client system. It is a reflective venue where the clients are the expert in their treatment and aides in directing the course of therapeutic change. The therapist's position is to reflect the clients' dialogue back to them in a different enough manner that new possibilities arise. In this manner, the dialogue evolves in a way that is not too unusual for the clients to hear. During the reflection, the therapist alters the discussion through slight changes (similar to the differences between waves on the sea) and through these slight changes, the clients are able to steer a new course.

In our experience, any participation with clients must derive from authentic collaboration. In all of our work, we embrace the idea that severe mental illness and addictions are often symptoms that make a person be seen as a deficit. Often, all that is seen are symptoms and not the person, the context, nor the relationships in—or potential relationships within—the community. We think that most of the "people" we work with have the possibility of recovering their own

agency, deciding for themselves the best “solutions of their own situation,” and have the opportunity to empower themselves to design their possibilities to live in a better way. Therapist, psychiatrist, social workers, client, and community support are all team players on the client’s team. Our clients see themselves as the directors of their services, for if services are not self-tailored to the needs of the individual in the community, then these plans are for services that only serve ourselves! Clients wish and need to be in charge of their treatment and lives; we wish to create an environment where no one feels judged but, rather, is allowed a conversational space where the client leads “the team” to what is important to talk about. Clients need the freedom to express their thoughts in a manner that respects and hears their ideas for change. We speak in the clients’ language. We work with severe and chronic mental health illnesses in this manner on the premise that no one wishes to be talked to, but talked with. These ideas are evidence-based and reflect the works of the Houston Galveston Institute, Kanankil Institute; Now I See a Person Institute, and the Institutes of Miller, Duncan & Hubble (1997), Jaakko Seikkula in Finland, the Rhizome Way of Christopher Kinman, and Lynn Hoffman. In our research on Community Engagement and the reflecting process, we have found that 80% found successful change.

How do we do this? We work through relationships and reflections. As Tom’s ideas and those mentioned above have changed through the course of our lives, so has our participation in the reflecting process at our Institute. One thing that has never changed is the reverence that we must embrace when working in this manner. We talk about the immediate discourse that all members are invested in. Because we work with such large numbers at one time, we have a sea of conversations that ebb and flow in the most amazing of directions and create such novel and proficient self-tailored possibilities and solutions.

Susan’s Thoughts on the Case:

In starting off with Mary, Fred, Johnny, and their systems of support, I think of the first phone call. I am always interested in why someone decided to pick up the phone to call now. Many times there is a severe precipitating event that is crucial to learn. It gives a platform for issues to be voiced, processed, reflected by all, and new meaning to start to be generated.

So Angela and I share the same thoughts on our inclusion of participants. We wish to invite all that participate in the challenge at hand. We would never offer who should come but ask as a host would when inviting beloved guests. We like to see everyone together. We have a team of about ten therapists and are fortunate to have the time and energy to address the concerns of all. In this manner, we could see all involved ideally including Mary, Fred, Johnny, Bess, the teacher, siblings, and any other school interested personnel. Angela, you spoke to reinterpretations, and I think a sea of reflection for me... for all voices are heard and reflected on. This may take the form of a formal reflecting team or

the currents of new meaning and thoughts from therapist continuously reflecting on what was just said.

Angela, on the thought of the three questions, I think I would start out by asking them something about themselves to establish a safe and warm environment and not get to the problem talk too quickly. I like your mention of tentative and curious questions. I would need to look at the participants before I could ask the questions as I learned from Tom. To watch if what I said was too unusual or perhaps harming to the client.

The goals of therapy are what the participants come up with when talking with us. These goals are continuously changing and evolving until the challenges deconstruct. I think when all voices are heard and honored this deconstruction occurs. In that vein, a singular goal seems less important than our goal of serving our clients. Change is facilitated by the new meaning created in the discourse. All participants are agents of change for one cannot sit and discourse in the presence of another and not be impacted, even if the impact is at first small.

Tomomi's Thoughts on the Reflecting Team Approach:

As Angela provided the basic concept of the reflecting team approach and Susan added how it has evolved over the years and how it is effectively used in our clinical setting, I was having a "sea of ideas" in my head. I recall first being introduced to the reflecting team technique in school: a classmate had a presentation on the Collaborative Language Systems Therapy, and she divided the twelve of us into co-therapists, the client (family), and a reflecting team to conduct a role play. I found this method unique and very dynamic as it provided many different perspectives quickly and led the team to hints to a solution that the client could accept. It felt as though the client's unspoken, and "not-yet-said" goal was achieved during that one-hour demonstration.

What struck me the most reading Susan's thoughts and what is perhaps one of the most important things that I, too, learned from this method is that we honor our clients' voices more than anything. It is truly a client-centered approach. I recall a session where a husband tried to convince his wife that both her view and her emotional experience were skewed, while his wife kept crying, saying that her view may be skewed, but that her emotional experience was nothing but real to her. One thing we needed to make clear in this particular session was that at our Institute, every person's reality is honored and respected. Therefore, our reflecting team offered ideas such as "The husband does not necessarily have to "agree" with what his wife is saying, but I wonder if he can at least "acknowledge" or "accept" what she is saying," and "Sometimes it is better to stop trying to be "right" in order to be "happy" in a relationship."

In another session with a foster family, a foster mother and a teenage boy were having difficulty accepting what each other had to say. Their frustration and anger level had become so high that they could not really articulate what they were experiencing internally and just accused and attacked each other. We had

them take a pause, and a reflecting team of seven therapists offered their thoughts. Each member of the family seemed to be contemplating deeply as they listened to the therapists who indirectly spoke for the family, with great empathy and understanding. It was done in a non-accusatory manner, so we were able to speak out what each member wanted to convey, but they could not express constructively. The reflecting team helped bring a dynamic shift in the air and thus aided in changing the tide – the tension that had been felt by all disappeared. The family must have felt that their voices were heard and their hurt was deeply understood by others. They could speak calmly and more humbly with each other after that.

Accepting differences of opinion, I believe, is the key to resolving conflicts and bringing harmony to most relationships whether it is between a couple, among family members, co-workers, or among larger systems, “easier said than done.” Even for clinicians, accepting different views and honoring clients’ reality is not always easy: we often hear from our clients that they have been seen by a therapist who made a judgmental comment during the session and they were made feel much worse after the session. They did not go back to the same therapist and we don’t blame them. While engaging in dialogical conversations with clients, collaborative therapists pay close attention to subtle cues and ensure the clients are given a safe space where they can talk about anything that they wish to talk about.

The reflecting team can provide an opportunity for therapists to learn from other team members and grow as a therapist. Therapists can enhance skills/abilities to honor and respect other people’s views or perspectives, and also absorb new techniques (especially from more experienced therapists). As therapists demonstrate to accept differences without denying each other, they can provide modeling for their clients so that clients can also do the same in and outside the session. Furthermore, having other therapists in the session, it allows us time to process without worrying about a silence. The same can be said for the client, too: clients can pause and just listen or reflect internally while therapists engage in reflecting team conversations. It is a non-direct, non-threatening way of mutually exchanging ideas and understandings in order to co-create new realities, come up with a solution, and promote change.

I would like to reiterate Susan’s comments that we cannot underestimate the impact a diagnosis can have on a person. Often, we encounter clients who have previously been diagnosed with one or more severe mental illnesses, and we find their stories centered on the diagnosis. These clients often sound as if their diagnoses have become their own identity and the person tries to fit in the diagnosis criteria (i.e., they become what others may expect them to be). Unfortunately, stigma is attached to many mental illnesses, and these clients are often isolated without the necessary help and understanding from others, even though they experience great emotional pain inside. Their internal “bleeding” is not visible to others unlike those who are injured in a car accident and who can get help quickly.

Therefore, we would like our clients to feel that they are so much more than and apart from a label that has been given to them by others. We wish to provide a space where they feel that they can be who they are while they are with us and eventually at all times.

Tomomi's Thoughts on the Case:

First, I would like to note that I purposely did not read what Angela and Susan had described before I conceptualized this case. This way, I am using the "Not knowing stance" in understanding a client's situation. This technique helps us to see and listen to the client in front of us with our own eyes, ears, and heart - without having preconceived ideas, prejudice or judgment. At the very beginning of my traineeship, I was shocked that my supervisor did not provide me with any background information and encouraged me to just "go see" clients. Later I learned that this is a very effective way of learning about and honoring the client's story with a clean slate, as I genuinely tune myself in.

During the initial session with Mary, Fred, and Johnny, I would like to understand their family environment. I would ask who else is living in their household, whether Johnny has siblings, with whom he typically spends time, how often Bess calls or visits the family, and so forth. I would try to learn the family dynamics as well as who is currently in Johnny's support system (family members, relatives, friends, etc.). As Susan mentioned, it is very important to

- 1) first join the client before asking about the problem,
- 2) ask why they sought help at this point,
- and 3) whether there has been any precipitating event or significant change within the family.

I would also ask a question, "How long has it been since this problem first started?" to each member, as they may have different views. In order to find out where Johnny and the family's strengths and resources lie, questions such as "How have you been able to cope with these challenges on your own until you came to seek help?" or "What has been working in dealing with these challenges?" should be asked.

Last, but not the least, I would ask each family member, "What kind of change would you like to see as you continue to come to see us?"

This would be a client-tailored, client-set goal, which can be modified at any time as they guide us on their journey to healing and transformation.

In order to facilitate change in the family, I would like to help them realize that they are equipped with strengths. I would focus on those strengths and encourage the family to do more of what is working well. I might ask questions such as "How were things different when you did not have these challenges?" and "When is the time when things are better?" As for the conflict between Mary and Fred having different views on parenting, I would respect each spouse's reality, validate their frustration and concern, and help them understand where

his/her partner comes from, so they can validate each other's stance and come to an agreement on their best solution.

Just as Angela and Susan mentioned, I would also invite anyone who is significant for Johnny and anyone who is involved in this family's life because this would help us find out when and in what situations this family's strengths and resources can be optimized. We might see all individuals conjointly and individually as appropriate.

Conclusion

Working with clients using a reflecting team format enables everyone present in the session room to flow in a vast sea of thoughts between and within individuals; we often refer to this as the inner dialogue of the individual and the outer dialogue within the system. This way, new ideas are shared, and new realities are co-created, which can lead to necessary change and transformation. It is indeed a systemic approach and manifests the notion, "The whole is greater than a sum of its parts."

There is not a main way to run the reflecting process, but there are key components. The first is to allow the client to talk about what they want to talk about at their own pace, not ours. This establishes a listening environment.

The other component involves reflecting on what the therapist(s) listened to, noting what was said in a non-confrontational and curious manner. Next, it is important for the therapist(s) to reflect on the local conversation, meaning a reflection on what is said in the room devoid of therapist interpretations of the content. This may mean that the therapist does not comment on observations or interpretations that the client does not own. For example, if a therapist notices that one client becomes silent or appears to have a reaction at particular points in the conversation, the therapist may not mention it without the client first bringing it into the dialogue. For, our intent as reflective therapists is to be respectful and refrain from pressuring a client to express something that may not be relevant to the therapeutic content at this point. Lastly, we would note that the reflecting process is something that happens parallel to the client's dialogue and becomes part of the dialogue only when the client invites the reflection into the conversation. We do this so that the client is free to accept or reject the reflection and decide whether or not to integrate it into her change process.

The reflecting team may consist of multiple therapists or a combination of therapists and clients interfacing in a multitude of configurations or even a single therapist using herself as a reflecting team. To the casual observer, this may look as though the reflecting team, who is not facing the client, is having a side conversation within itself that the client is allowed to observe. Alternately, if only a single therapist is involved in making the reflections, he or she may not make eye contact, which is a physically non-confrontational cue. Again, the client is being free to accept or reject the reflection.

Compared to other models of family therapy, reflective techniques may appear harder to be explained in words, and those who are new to this method may find it a bit difficult to grasp its concepts fully. However, not having a structured treatment manual gives therapists freedom to engage in dialogical conversations spontaneously, let clients self-tailor their own treatment plan, and to accompany them on their journey to healing and recovery in their own environment. We recommend that adequate hands-on training and experience be gained by mastering this model of family therapy.

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