A QUALITATIVE UNDERSTANDING OF REFLECTIVE-TEAMS II: THERAPISTS' PERSPECTIVES

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ABSTRACT: A research team developed and asked questions to a reflective-team about their clinical practice. The purpose of the questions was to better understand reflective-team members' experiences, beliefs, and aspirations. A participant/observation methodology was used in formulating the questions to the therapists. Therapists stated that reflective-teams were valuable in resolving impasses, developing multiple perspectives on clients' problems, and encouraging interaction among team members, but were problematic if clients were unaccustomed to team practice or if there were physically too many people in the interviewing room. Therapists believed that reflective-teams as a team practice was not practical in typical practice settings.

Reflective-teams differ from other uses of treatment teams in that there is no orchestration of dialogue or of team members' orientation. When called upon by index therapists for comments, team members offer their speculations without the benefit of prior discussion with other members. Team members are free to disagree with one another and are encouraged to speak freely. The diversity of opinions among team members is considered a strength of reflective-

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teams; multiple perspectives allow multiple aspects of problems to be identified, supported and questioned (Smith, 1991; Smith & Jenkins, 1991). This study examined therapists' opinions of reflective-teams to better understand therapists' perspectives on benefits of reflective-teams practice.

Reflective-teams have been touted for their encouragement of therapeutic conversations between therapists and clients (Hoffman, 1988). By including clients in reflective-teams' unrehearsed dialogue, clients are included in the therapeutic decision-making process (Smith & Jenkins, 1991). Discussion among team members of clients' dilemmas may result in development of new, previously unvoiced ideas, thereby increasing the number of alternatives made available to clients. A sense of equality may be promoted between therapists and clients (Hoffman, 1988) as they become party to the team's thinking. As a result, clients may become more receptive to change (c.f., Andersen, 1990).

In a related vein, Andersen (1987) writes that by presenting clients with multiple and diverse views of their situation, clients are able to move away from a dualistic perspective to a view that supports multiple approaches. When clients are given an opportunity to hear team members endorse and criticize different aspects of their situation, they are less likely to feel scapegoated and may be more open to more alternatives (Miller & Lax, 1988). Team members' use of positive connotation, frequently endorsed by writers (Andersen, 1990, 1987; Hoffman, 1988; Lax, 1989; Miller & Lax, 1988; Roberts, Caesar, Perryclear & Phillips, 1989), avoids placing clients in defensive positions. It is for these reasons that reflective-teams are seen as particularly useful for client systems who are at an impasse or who have high levels of conflict (Miller & Lax, 1988).

The reflective-teams approach allows introduction and/or discussion of sensitive topics that index therapists acting alone may choose to avoid for fear of jeopardizing their relationship with clients. Further, the reflective-teams approach may allow introduction and/or discussion of sensitive topics without demanding that clients accept any or all of the introduced perspectives. This is accomplished by involving clients in a discussion of multiple and perhaps conflicting viewpoints (Fisch, Weakland, & Segal, 1982); therapists and clients both maintain their maneuverability, because they have been removed from "referee" and adversarial positions (Miller & Lax, 1988).

Although case examples of reflective-teams have provided in-

triguing summaries of therapists' success using reflective-teams, little has been published that documents therapists' perspectives. Presumably, therapists will have high regard for reflective-teams practice that stems from satisfied clients (Kassis & Matthews, 1987; Lax, 1989; Miller & Lax, 1988; Roberts et al., 1989). Unfortunately, no direct therapist commentary on the value of reflective-teams has yet appeared in articles or books. To gather direct therapist commentary more effectively the strategy adopted in this study was a participation/observation methodology.

Moon, Dillon, and Sprenkle (1990) recommended the use of qualitative research designs as a prelude to quantitatively focused process and outcome studies. In this study a qualitative design was promoted because it allowed the development of questions that could be asked in a more quantitatively focused study. Such designs allow discovery of phenomena without statistical data reduction that may obscure meaningful distinctions. With complex clinical phenomena, qualitative methodologies take on added importance. When clinical procedures such as the use of reflective-teams emphasize heterogeneous perspectives, designs that capture the uniqueness of reflective-teams practice are desirable (c.f., Joanning, Newfield, & Quinn, 1987).

METHODS

This study employed a participant-observation methodology (Schatzman & Strauss, 1973; Hammersley & Atkinson, 1983; Patton, 1987). As Jorgensen (1989) observed, " . . . through participation, the researcher is able to observe and experience the meanings and interactions of people from the role of an insider" (p. 21). The goal was to introduce "an observer in the system." Joanning, Newfield, and Quinn (1987) stated:

> Family therapy researchers and theoreticians have argued for the need to adopt an "observer in the system" perspective in regard to research and therapy. This approach often follows the theoretical orientation of constructivism and cybernetics of observing human systems (p. 19).

By immersing a research team (here, a faculty member and two doctoral students) into the routine activities and discussions of a reflective-team, it became "an observer in the system." The research

team attempted to study the context of reflective-team therapists during a three-month period at a university-based marriage and family therapy clinic that served the campus and the community. After observing and interacting with therapists for several weeks, the researchers wrote a series of initial, preliminary questions. Because the research team both observed and interacted with therapists and one researcher was active in every phase of reflective-team practice, the study methodology followed a participant-observer model. The researchers believed as do many (e.g., Van Maanen, 1988; Joanning, Newfield, & Quinn, 1987) that such field research is essential in understanding cultures of social groupings.

Participant/observation is a methodology that has become increasingly used as a qualitative research methodology (e.g., Taylor & Bogdan, 1984; Strauss & Corbin, 1990). Use of this method allowed the faculty member to act in both a clinical and a research role. To ensure that the process could be understood, the faculty member encouraged the reflective team to take leadership in making clinical decisions and in planning for future sessions. The faculty member relied on the research team members to provide additional perspectives in construing the events both behind and in front of the mirror.

Context of the Training Team

The training team consisted of three doctoral students and a faculty supervisor. The training team's experience with reflective-teams averaged seven months, and ranged from two months to one year. Their experience as therapists ranged from 1.5 to 5 years and averaged almost four years. Doctoral students came from diverse socioeconomic and educational backgrounds, and had differing treatment philosophies, ethnic backgrounds, and levels of experience. One team member was familiar with the literature on reflective-teams and had more than a year's experience in its use. The other team members were skilled in structural/strategic methods. Although the faculty member's experience was limited to a year's experience with reflective-teams, he was familiar with narrative-based and solution-focused models.

The team met in one hour pre-sessions to discuss the evenings' cases. During the pre-session, dinner was catered by one team member for other members. Pre-sessions were used to decide which clients would be in front of the mirror and who would benefit most from a reflective-team format. Each team member had one hour per evening

reserved in front of the mirror. One-hour post-sessions were conducted at the close of the evening. During post-sessions, members debriefed their sessions as they reviewed their experiences.

A reflective-teams paradigm was originally adopted as a heuristic method to respect differences among training team members (e.g., Smith & Jenkins, 1991). The egalitarian climate of reflective-teams was attractive in its inclusivity and acceptance of differences. This climate allowed a series of discussions behind and in front of the mirror on the inadvertently oppressive nature of traditional family systems practice paradigms in treating couples and families.

Context of the Researchers Within the Training Team

The researchers' interest was in understanding therapists' opinions about reflective-teams practice. To conduct the research, a doctoral student and a postgraduate social worker collaborated with a clinic faculty member to implement the qualitative research study. The sociology doctoral student had completed extensive coursework in qualitative methodology and published articles in which it was used. The social worker's experience in a grant-related clinical research setting gave her familiarity with conducting scholarly investigations with client populations. The faculty member's clinical research experience helped meld the contributions of each research team member.

The sociology doctoral student and social worker had primary responsibilities for data collection, were never included as members of reflective-teams, and were introduced to clients as unaffiliated with the clinic (except in their roles as researchers). The clinic faculty member was active as both a clinician and a researcher. The researchers maintained interactions with therapists through treatment team meetings in which dinner was prepared by one of the members. The integration of researchers with reflective-team members was aided because the clinic faculty maintained a dual role as both clinician/supervisor and researcher. The faculty member acted as a participant/observer in viewing team interactions and clinical sessions. The researchers' desire in building rapport with therapists was in understanding better the context of reflective-teams and their activities. The sociology doctoral student and social worker participated in bringing dinner, but did not join in case discussions. Their primary role as observers, however, did not prevent them from interacting freely on reactions to sessions with the faculty member at regularly scheduled research team meetings. To help clinicians understand bet-

ter the research activities, therapists were explicitly told that the research objectives were not evaluative and that efforts were aimed at gaining a better understanding of reflective-teams.

Questions Guiding the Interview

Data for this study were obtained through use of audiotaped open-ended interviews with therapists at the end of the sessions. Original questions for interviews were drafted from conversations with therapists and observations of reflective-team sessions. Because the dinners focused on both the concepts underlying practice methods, the reflective-team frequently discussed how its process would play out with specific cases. Such dinner discussions were invaluable in constructing questions that were drawn directly from therapists' concerns and opinions about reflective-teams. Because none of the therapists were novices and were comfortable with each other, the dinner discussions from which questions were drawn were spirited and theoretical in nature. As much as possible, the research team tried to capture the wording and the essence of the discussions in its research.

Prior to regularly scheduled research team meetings (in which reflective-team members were not present), each research team member condensed the reflective-team discussions into recurring themes. Although no formal rules were used to establish what constituted a recurring theme, the ideas that concerned team members were expressed frequently. Because of the consensus in reflective-team members' concerns, it was not difficult to reconstruct the themes present during dinner discussions. Once these recurring themes were identified, questions that focused on therapists' guiding themes were constructed. In general, interview questions attempted to capture how members constructed their understanding of reflective-teams (Berger & Luckmann, 1966; Joanning, Newfield, & Quinn, 1987).

The audiotaped post-session interviews were transcribed prior to their analysis. Researchers independently examined transcribed interviews in order to understand team members' answers to questions around guiding themes. Differences among researchers were discussed and consensus reached on the perceived meaning of team members' statements. The consensus in discussions were necessary to ensure a check and balance in understanding team members' answers. The research team members believed that their discussion prevented idiosyncratic interpretation of therapists' answers. A constant concern throughout such discussions was to strive for an understand-

ing of reflective-teams that was faithful to therapists' experience versus the researchers' opinions. It can be debated however whether it is possible to avoid interjecting personal opinions into an interpretation of narrative content. Despite a suspicion that an objective stance in interpretation is impossible, the researchers desired to remain credible in reporting study results. The claim that any objective reporting is not possible would have been inconsistent with the researchers' purpose.

Although final analysis did not occur until after the interviews were transcribed, the research team's initial impressions (of team members' answers) helped it redefine questions (Corbin & Strauss, 1990). As a result, the final set of questions resulted from an iterative process and were not predetermined at the project's beginning. See Table 1 for a list of the original, revised, and final questions.

RESULTS

Therapists' responses to the questions are presented here. Editing of their responses was kept to a minimum in order to allow readers to infer better therapists' construal of reflective-teams. The results of how therapists construct reflective-teams were based on therapists' understanding of reflective-teams, value of reflecting teams, recommendations on changes to reflective-teams, disagreement among team members, limitations of reflective-teams, and therapists' expectations on future use of reflective-teams.

Therapists' Understanding of the Reflective-team

When asked how the reflective-team was useful, therapists responded:

> The team is useful in several ways; one way is that it helps me to be more maneuverable; I don't have to take extreme positions with clients or to isolate my position, I can let them (the reflective-team) do that work for me and then I can just present the "evidence". Another way the team is useful is for the clients just to hear different viewpoints on things, the team can sell it, they can be more believable on different subjects maybe than I can, the team is useful to help me get unstuck, when I don't know where to turn, when I don't know what topic to even approach, they can bring up ideas

TABLE 1
Evolution of Questions to Therapists

Original Questions (Week 3)	*1st Iteration (Week 7)*	*2nd Iteration (Week 8)*
1. How do you make sense of the team?	1. Was it useful?	1. Are reflecting teams useful?
2. How important is the team to you?	2. How does the team work?	2. How does the team work?
3. How does the team work?	3. What kind of things do you learn from the team?	3. When doesn't the team work?
4. What kind of things do you learn from the team?	4. What would you change about how the team works?	4. What kind of things do you learn from the team?
5. How is this different from other therapy sessions?	5. What relationship do you expect will exist between you and your therapist?	5. What would you change about how the team works?
6. Who are these people and what do they do?	6. Does it matter whether your therapist is a man or a woman?	6. What relationship do you expect will exist between you and your team?
	7. What does it mean to you when team members disagree?	7. Does it matter whether your team is predominantly male or female?
		8. What does it mean to you when team members disagree
		9. How can the team be disruptive?

> that maybe need to be touched on that I haven't brought up or even thought of; you know bring up things like gender, or whatever may be important that I have been blind to. . . (Therapist 2).

Therapists reported that the team did not work in the following situations:

> I don't know that much about the team yet, it might not be best to use it before there is any kind of joining, or with somebody who's uncomfortable being in therapy . . . and then I don't know (Therapist 1).
>
> . . . It fails when a client is overwhelmed with all those people in the room, it fails when there is too much information going on and too much information being thrown out in the session and too many alternatives are presented . . . it fails with little kids in a session who don't know what's going on, when there's too many people in there, too much stimulation, . . . it fails when the clients don't understand what's happening, when they're not informed on how it works and they don't know if they're supposed to respond, or react . . . (Therapist 2).
>
> I think there are times when it would probably not be beneficial for the client if they were present, especially in the beginning stages of disclosing problems that clients consider very hard to disclose such as sexual abuse, ah, any sexual dysfunction, things that take clients time to establish a rapport with an (index) therapist in order to really feel free enough to tell that therapist and if you bring a reflective-team in, at that point in time, I don't see that would be useful (Therapist 3).

Value of the Reflective-team

The reflective-team therapists reported that they thought that the clients learned the following from the reflective-team:

> One thing they might learn is that they are heard, . . . that someone does understand their viewpoint, that there's lots of alternatives, that the team struggles just as (clients) do over what to do in situations and how to handle (problems) and what's the best alternative (Therapist 2).

Therapists reported that they learned the following from the reflective-team:

> What I learn (from reflective-team experiences) is to help me stay open and flexible, and open to new ideas so I don't get stuck, the team is also helping in extending my range and playing different roles, other people's styles, it's a nice way to supervise and the (supervisor) is in there . . . it is very educational to me . . . different styles, different concepts of the team (Therapist 1).
>
> I learn, how to present something that can be believable to a client that I might not have thought of . . . I learn, different ways of viewing the situation, I learn things that I'm blinded to that I don't realize is going on; (I learn about what) needs to be addressed, and I don't know if that's a unique quality of a reflective-team but that's something a team does for me, maybe the reflective-team is unique in that characteristic. (Therapist 2).

Suggestions for Changes of the Reflective-team

Therapists would change how the reflective-team works in the following ways:

> Sometimes when you are in there, there is a sense that things are really flowing and sometimes it feels real awkward and real, ah, disjointed . . . I guess by just emphasizing that it's a team concept. . . . (Therapist 1).
>
> Keeping the time the client speaks rather short, I mean let them be heard but don't continue it on for too long before you ask the team to come in and join, give their points, and don't let the team drag on too long, keep it short and smooth between (when clients speak and when the team speaks) . . . One of the greatest changes is maybe when to use it and when not to use it and and when it is most helpful, I wish we knew . . . I would change some of the 'how to' and 'when to' knowledge that we have on the subject. (Therapist 2).

Disagreement Among Reflective-team Members

Reflective-team therapists were asked what it meant when team members disagreed. They reported that disagreement meant:

> That probably depends what role I'm in, if I'm the (index) therapist, there is more responsibility in having to make sense out of all the talk, if I'm one of the disagreeing partners, that can be kind of fun and more challenging in its different perspectives; it's a little more intense if you are the

(index) therapist because you kind of have to draw it all together and sometimes you feel like you have to make sense out of all that, . . . it can be kind of exciting, it can be kind of relieving that somebody is bringing up these points, then it can also be threatening I suppose . . . (Therapist 1).

To me, it means good, I'm glad, I don't want them to all agree; I want team members to present different sides of arguments because I imagine clients are thinking of different sides anyway so let's bring them out in the open, let's let the clients feel heard, it is not a fear of mine at all when they disagree; I look forward to them disagreeing because I enjoy that, I enjoy being a team member that's able to disagree and I don't mind at all being the (index) therapist who is handling the disagreement while it happens, so to me it's a joyous event when the team disagrees (Therapist 2).

Limitations of the Reflective-team

The therapists reported that the reflective-team could be disruptive in the following ways and situations:

The team can be disruptive when they don't follow what the clients are talking about, when the clients don't feel heard, . . . it's like when (the reflective-team) just go off on tangents; when they, when they present too much information, it's disruptive; I feel (it) is disruptive, to be in the room and not offer anything can in fact be disruptive because it's like (the team is) there for a purpose, so . . . bring to life some of this discussion that's going on in this room . . . (Therapist 2).

Future Use of Reflective-teams

Finally, when the therapists were asked what they anticipated would be their future use of the reflective-teams, they told us:

That's the sad part, I think it's a real, real constructive tool for supervision and teaching, (but) I'm not sure how feasible it is in the real world, in terms of being able to have staff to come in and do that, I suppose if you have the resources and staff, it would be great . . . (Therapist 1).

I hope to continue using it . . . reflective-teams can possibly be used with just a single client; I mean just with a single therapist, and . . . (the therapist) can bring to life these different discussions and paddle them back and forth for clients without actually having to have a team in the room, so possi-

> bly, you know by saying, 'some would say this and some would say that', and 'someone else might say that' . . . bring to life dilemmas . . .
>
> I would hope to be in a situation that would be, possible, I would say it would not be typical for people to have four clinicians, to have that many therapists available to be a reflective-team, but certainly in a university setting, that could be possible, and it would be possible . . . even in private practice, but it would really have to be set up with the whole institution (Therapist 3).

DISCUSSION

The current study found that team members enjoy the experience of multiple realities as long as they increase options for clients and clinicians but do not result in "chaotic" interactions that are possible with reflective-teams. Such a stance suggests that active discussion (i.e., therapeutic conversations) among team members is a tonic for clinical impasses but that aimless talk promotes dissatisfaction. Discussions of perceptions of differences allow rigidity to dissolve and provide an examination of the dialectics of phenomena. These clinicians experienced the role of index therapists as critical to successful sessions; adroit facilitation and review of team and client comments were prized. Reflective-team members, however, were mixed in their impressions regarding future use. Such impressions seemed to arise from concerns about the difficulty in assembling a reflective-team in cost-conscious practice settings although university settings were viewed as an ideal setting in which to employ reflective-teams for supervision and training goals.

Reflective-teams seemingly engender a dialectic process in therapists' experience of therapy. The dialectic symbolized by the unvarying support and challenge present in every session by team members provided the team with a method to understand and accept changes in their thinking. Just as clients both earnestly desire and dread change in their index symptomology, therapists appeared to enjoy the friendly yet intense differences that occurred among team members. Just as clients seem to suggest that they grew to have therapeutic relationships with the team itself, team members were apparently fond of each other and the team process.

Smith, Yoshioka, and Winton (1991) reported that the centrality of index therapists changed because reflective-team members' dispa-

rate opinions prevented the impression of a consensual reality. With only one voice representing team decisions, index therapists are central in formulating and/or delivering interventive messages. Presumably, such centrality should give rise to focused sessions. However, Mendez, Coddou, and Maturana (1988) speculate that clients believe that there is a single, discoverable objective reality and that this belief is manifested in how they argue. If clients believe that their perception of reality is the only "accurate" version, then it stands to reason that they will be displeased with others who promote other versions. Thus, therapists who enjoy their centrality and who attempt to dictate their understanding of clients' ontology to other team members are isomorphic with clients at an impasse. The dilemma that may confront reflective-teams is to find a balance between coherence and chaos or between rigidity and polyocularity (see Maruyama (1977) for a discussion of polyocularity).

Open-ended interview schedules proved to be useful in understanding different facets of reflective-teams. Use of qualitative methodologies in investigating process or outcomes of family therapy will undoubtedly continue to grow in popularity and credibility. Although this study primarily used qualitative methods, combining quantitative and qualitative methods may provide the best balance between data explication and summarization.

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