Reflections on working in a family therapy reflecting team in South Cumbria Child and Adolescent Mental Health Services (CAMHS)

Annette Wetherell

CITATION
REFLECTIVE PRACTICE/CASE STUDIES
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Abstract
This article describes the different experiences of working together in a family therapy reflecting team. The experience is written up by each of the clinicians, the supervisor and the families. We hope that this will give the reader a taste of the experience from multiple perspectives and further the understanding of working with families using a reflecting team. This team was runner up an innovation competition run by Cumbria Partnership NHS Foundation Trust and was invited to write an article for this journal.

Keywords
families; reflecting team; family therapy; reflective practice

Introduction
The team was run by a qualified systemic psychotherapist, Annette Wetherell, in South Cumbria Child and Adolescent Mental Health Team (CAMHS). She was undertaking her systemic supervision training, and supervising a reflecting team was part of her training requirement. The reflecting team was made up of two clinicians from the youth offending team, Sarka-Jo Cole and Bill Livingston, as well as a play therapist from the CAMHS team in Lancaster, Katherine Daniels, and a psychologist in the adult mental health team, Jo Smithers. During their work together the team consulted with two families. They worked together from the beginning of April up until the end of December 2011.

A reflecting team is a way of working introduced by a family therapist, Tom Anderson (1987), and, like most innovative practices, this way of working developed in response to a family and therapist who had felt stuck in their work so something new was tried. This way of working has now become accepted and is often used within a family therapy setting.

Family therapists often work within teams when they are consulting with families. A reflecting team is a way of using people who are observing the therapy (either using a one-way screen or in the room with the family and the therapist) to reflect upon the work that is being undertaken. The lead therapist conducts a session with a family while the team listen. The team members then talk to each other, in front of the family, about what they have heard. They may reflect on their thoughts, feelings or ideas generated as they listened. The therapist then asks the family to respond to what they have heard. This usually happens once but can happen more frequently during a meeting.

The family's perspective
Listening to the feedback from the reflecting team often brought up issues and points for discussion that we as a family would have otherwise overlooked. A lot of what they told us wasn't surprising to us but they gave a different perspective on the problems and made it more clear what we needed to discuss. The sessions also allowed each of the views of the family members to be heard and clarified.

Some of the family members were worried before starting the sessions that it would be intimidating having a group of strangers listening to the discussions. There had also been bad experiences with group therapy in the past, which increased concern. However, after starting the sessions, it quickly got easier to talk and the reflecting team

Informed by Maturana (1978) and Batson (1972), who believed that there is not just one way to understand the world but that there are multiple views of the same events with many possible ways to understand things like actions, feelings and behaviours. The idea is that when two or more people share their views then different versions of reality can be created. This can allow families to create different perspectives and ideas about the difficulties they face, and it gives families more possibilities about how to go forward. The reflecting team offers different versions of the same world, in a respectful and appreciative manner, creating the potential for the family’s world to become a slightly different place as a result.

As a result of offering perspectives that are different (but not too different or too much the same) we create, along with the family, different understanding and, therefore, the potential for change either in perception or action.
importance for a reflecting team to maintain and value learning. I have come away with is appreciating the benefit of the families who consulted us. The main challenge was discovering ways to use our differences for the benefit of the team. Just like in a family, we had to find ways to accommodate differences and to find ways to respect each other, whilst also discovering ways to use our differences for the benefit of the families who consulted us. The main learning I have come away with is appreciating the importance for a reflecting team to maintain and value its differences, whilst also simultaneously experiencing the pull of the group to establish a shared identity and collaborate. I think it is managing this tension that helps us to remain useful to the families we work with.

Annette Wetherell (Systemic Supervisor’s perspective)
My role was to oversee the therapeutic work offered to the family and ensure that their therapeutic needs were being met, whilst also facilitating the learning and experience of the reflecting team. Much of the theoretical learning was done during our preparation prior to the family meeting and when we discussed the work after the family had left. This was an opportunity to explore with the team what they felt they had done well and what they would like to improve upon. These discussions were also a good opportunity for the team members to learn from each other about the different theoretical frameworks that were informing their colleagues. Multiple perspectives are of course helpful to professionals as well as to families!

During the work with the family there were opportunities for the team to develop listening skills, to experience presenting ideas to families in a respectful manner using their own experiences to inform their reflections, and to develop skills in building on the ideas of their colleagues for the benefit of the families.

I found the experience of supervising both rewarding and challenging. I was immensely impressed by the enthusiasm of both the team and the families to take risks in trying something new, and I was reminded once again of the power of the reflecting team for the families. I do believe the families found that it was very helpful to hear different perspectives from a diverse group such as ours. We had a mix of genders, disciplines and ages, and I think all of this added to the breadth and depth of the thinking. This, however, was also the challenge for us as a team. Just like in a family, we had to find ways to accommodate differences and to find ways of supporting and respecting each other, whilst also discovering ways to use our differences for the benefit of the families who consulted us. The main learning I have come away with is appreciating the importance for a reflecting team to maintain and value its differences, whilst also simultaneously experiencing the pull of the group to establish a shared identity and collaborate. I think it is managing this tension that helps us to remain useful to the families we work with.

Sarka-Jo Cole (Youth Offending Service Officer’s perspective)
I was introduced to the group because of an interest in expanding my knowledge of different theoretical approaches, a keenness to learn and a desire to increase my confidence in working with families as a whole. I had felt that my job had consisted too much of work with the individual young person and that occasionally I was ‘shying’ away from working with the parents because of a lack of identification with their needs and perspectives. I was therefore glad of the chance to embrace new experiences and hoped this would also inform my practice as a result.

Overall, I found the experience fulfilled these objectives and it was a positive learning experience, which has indeed led to an increased awareness and use of the whole family’s perspective in my work with young people.

The most rewarding aspect of the reflecting team was observing the power of the reflections and what a profound effect they seemed to have on the family. This then appeared to contribute to the way they were able to move forward and deal with issues that had otherwise either gone unresolved, or unnoticed.

At times it was hard to be sensitive and tentative in my reflections, having been used to a more direct approach. It was also a challenge not to expect quantifiable change to happen within the short space of time that we had with the families. That said, these feelings were useful for my own reflective practice and helped me to better understand the role of other agencies in the multi-disciplinary approach to helping families achieve change.

I have no doubt that, although difficult to measure, all parties were able to benefit from the experience and that it could easily be integrated in to regular practice.

Katherine Daniels (Play Therapist’s perspective)
My initial interest in joining the group was to learn more about how family therapists practice, and to gain experience and confidence in working systemically with families and dyads. Accustomed to the privacy of 1:1 or 1:2 work, I brought with me reservations about whether it might be exposing for a family to share personal issues with such a large group of professionals.

The first session largely put these concerns to rest, as I experienced how powerful it could be for a family to hear different perspectives on their situation reflected back to them. However, I think that some more private or vulnerable families, and particularly self-conscious teenagers, might still prefer working with one or two therapists.

There is an invisible screen between the family...
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and the team. The family listens as the reflecting team share what seems salient in the material of the first part of the session. Whereas in 1:1 work one has to wait for a cue or a pause to offer something back, here the space was built in. As a sole therapist one can be very much caught up in the dynamics of the session, and it can be difficult to keep a space for thinking. A reflecting team—freed from the role of facilitating the discussion, managing conflict, and ensuring equity in sharing—has more space to think. It was a luxury to be able to share thoughts after the session with other people who had actually been there.

I felt that key themes, picked up by the professionals, could be shared back with greater frankness thanks to the protected and built-in time and space of the ‘reflecting team time’. A sole therapist may be more at pains to keep the family ‘on board’, and may find it harder to manage being unpopular for a while. In a reflecting team there were more people to contain the family, and it felt less risky for one person to express a more challenging perspective.

I found it invaluable to receive ‘live supervision’, and feedback from other team members, about how bold or challenging I was, or could be. It can be hard for one’s own internal supervisor to assess whether one went too far too fast, or not far enough. Early in the work I noticed I might try to make an idea more palatable to the family, but in diluting the message it could lose its impact. I think this experience helped me to be bolder and more explicit in expressing a challenging perspective.

The greatest challenge, and the greatest opportunity, was our different professional backgrounds resulting in different opinions about issues such as self-disclosure, longevity of work, and what we read into the material based on different theoretical frameworks. I experienced that the direct and more straightforward way that sometimes members of the team without a clinical background expressed points, without jargon and less encumbered by theory, often resonated with the families. I believe that an area of fruitful further exploration would be to consider how the reflecting team can experience a parallel process to the issues ongoing in the family, and reflect on and use this to help the family.

For me the proof of the effectiveness of this approach was to see dramatic changes in family members’ ability to understand one another’s perspectives, and the changes effected in relationships/external circumstances as a result. Creating a space for creative conversations set in train a process, which no doubt continued between sessions. I believe that the modelling and opening up of an observational stance that invited curiosity about, and openness to, difference, and the courage of the families in facing painful things with honesty, brought about transformation in individuals and their relationships.

**Jo Smithers (Clinical Psychologist’s perspective)**

I found the experience a rich reflecting and learning process. Having completed the Foundation in Systemic Practice course the opportunity to work in a reflecting team with families was a welcome next step.

As a practising clinical psychologist I have been in regular clinical supervision for my entire career. However, I was still delighted by the depth and power of the supervision we received from Annette on a session by session basis both before and after each family session. Initially the tuition and then supervisory feedback on our reflections was immensely instructive.

A change to the team meant that I was given the opportunity of taking the lead therapist role with one family whilst taking a role as a member of the reflecting team with another family. When acting as the lead therapist I was stunned by the power of the team reflections on the family compared to my own. I also learnt that I have a lot to learn about balancing the reflections from the reflecting team with being an active therapist.

When a member of the reflecting team, I was struck by the skill involved in developing ideas with my colleagues in conversation in front of the family, whilst being respectful and pacing the reflections according to where the family were.

Finally, I particularly valued the richness of perceptions that came from the range of professional backgrounds present in the reflecting team.

**Conclusion**

The experience of working in a multi-disciplinary reflecting team appears to have been both challenging and rewarding, both for the families and the clinicians. Although these accounts cannot pass as hard empirical evidence with regard to effectiveness, they are personal experiences, which perhaps do evidence the learning, personal development and change both for the family and the professionals. The multi-disciplinary nature of the team does appear to account for its strength and it was the difference in the team that was used to good effect. Working in this way enabled useful clinical work to be undertaken whilst also facilitating the professional development of staff. This, I would argue, is an effective and efficient use of clinical time. It is a model that we could develop further within services other than CAMHS, thereby providing live clinical work and learning in systemic practice.

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