

## **Ideals and realities: Reflecting team used for clinical group supervision without clients present.**

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For most family therapists research is not a favorite activity. When you believe in multiverses and that people cocreate realities, it is not easy to follow scientific demands of finding out what is true and right and what isn't. In addition to a strong identity as a family therapist, I have worked for many years at the University of Oslo. I was supposed to do research for about half of my working hours, and have been wriggling my head to find out what kind of research it is meaningful to do, and how to do it. Today I am inviting you to join me in a journey through one of the events that I recently found it meaningful to research.

It all started with Tom Andersen. Like so many others I have always been intrigued by the reflecting team and reflecting processes. I will never forget the moment he first talked about experimenting with turning the mirror so that the clients could listen to the thoughts of the therapists. Among other things it miraculously changed the way therapists thought and talked about clients. Another important part of it was the change of structure in a conversation. The participants shift between a listening and a talking position. This makes it possible to listen without concentrating on the next sentence you want to say, and to avoid miserable exchanges where participants repeat themselves in escalating circles. Dialogues replace monologues – as Jakko Seikkula would express it.

In the middle of the 1980ties a group of Norwegian supervisors, influenced by these ideas and also much engaged in group supervision, took a decision. We wanted to explore how useful the ideas might be in our supervisory practice,

with a video or a case-presentation as the format rather than live clients. The group consisted of teachers and supervisors at The Institute of Active Psychotherapy (IAP), a training institute in psychotherapy for psychologists specializing in clinical psychology. The group formulated a model for the use of reflecting teams in psychotherapy supervision. Tom Andersen was the main inspirator, but we also borrowed ideas from Harlene Anderson and Ann Rambo. They had formulated some interview questions that we found particularly useful for a supervisory purpose. This model has during the years been widely spread through supervision and teaching, but how it is practiced and how it works had never been explored. We only knew that almost all the supervisors and the supervisees really liked it. An important point is that it also has been spread far outside the family therapy field, which makes it even more important to know how it functions.

One day around 2005 some of us were discussing how the model had developed through the years and how it worked, and one of them said: “Sissel, why don’t you try to find out, aren’t you supposed to do research?” I was happy to have a project that really interested me, and for some months I traveled around interviewing members of supervisory groups using reflecting teams. In cooperation with Jan Skjerve at the University of Bergen, three articles have been written about the project.

As you know reflecting team ideas represent a sharp criticism against the therapist as an expert on the lives of others, and they invite to what is called “a not-knowing position”. A not-knowing position implies that the therapist will never know what is beneficial for just this client. Is this also the case in supervision? In supervision you train an inexperienced professional in professional methods. Is it then possible to take a not-knowing position and think that the inexperienced professional is the expert on what she should learn?

I will get back to this question. First I will present the model as it was developed, and then I will discuss the findings of this study.

### **The development of the model**

The RT-model has three steps. The first is to interview one of the supervisees about a case presented verbally or through video, the second is the reflecting team process, and the third is a talk between the interviewer and the supervisee after the reflection.

### The interviewing process

We believed that a main point in supervision is to focus on the therapist and the context of the therapist rather than on the case in itself. We wanted to find a way of interviewing that stimulated the reflecting team to focus maximally on the concerns of the therapist, and not get lost in speculative case considerations. Most therapists love discussions aiming at trying to understand the case, which is very different from the aim of staying with the concerns of the therapist. We also believed that the context of the case is important, and that bringing in the context is helpful in dissolving problems.

Anderson & Rambo had developed interview questions designed to bring forth therapist concerns and to broaden the perspectives of the supervisee concerning the case. They supposed that being stuck in a case often is a consequence of being stuck in one perspective on it, and that it is useful to bring in different perspectives. They also found it important to help the supervisee to clarify the issues that they found problematic in the case, and to avoid a detailed description of cases that would move the focus away from therapist concerns to the case.

The steps of the interviewing process:

- The interview begins with a thorough exploration of why the supervisee is presenting the case, how the supervisee feel stuck, how the supervisee perceives the case and how the group might be helpful. Focus is on the therapist and the relation between the therapist and the client. The group is challenged to pay attention to what might be useful for this therapist in this situation, rather than to their own preferred ideas.
- Then the focus is moved to the system that the case is embedded in. How did this become “a case”, and who else is involved in it as family or helpers? What thoughts do the various members of the system have about it, and what are their wishes and expectations to the supervisee?
- The next stage is to focus on the client(s). How do the client(s) describe the problem, what do the client(s) think about solutions? What kind of expectations do they have to the therapist?
- Then the supervisee gets the opportunity to say something additionally about the case, to ensure that she feels that important issues have not been brought forth.
- Then the focus is moved back to the supervisee and the goals of the supervisee. What has happened in therapy, how has the supervisee tried to solve the problem, what do the involved persons think about it?
- How can the group be helpful? Which issues does the supervisee specifically want the group to reflect on? You may have noticed that these last questions are also asked in the beginning of the interview, and we often see that the interview in itself changes some of the conceptions the supervisee have about what will be helpful.

We thought that

- These questions would optimize an open exploration of the supervisee’s concerns, preventing the team members from pursuing own favorite ideas.

- The focus on the supervisee and the position of the therapist in the systemic context would help those listening to create a distance to their own immediate ideas for a solution.
- The avoidance of case complexities would prevent concrete associations to the case that might be irrelevant to the supervisee.

The questions are not directed towards achieving an objective understanding of the difficulties of the client(s), but towards exploring how just this supervisee struggles with just this case. The interviewing is not supervision in the usual sense. It is important that the interviewer is intensely focused on opening up the different perspectives rather than closing them through arriving at a solution. This kind of interview needs much discipline.

### The reflecting process

When we started to use the reflecting team for group supervision, we followed the rules formulated by Tom Andersen, modified for the different format. Some of the interviews were supplemented by a video recording. The reflecting team listened quietly without interfering, having certain issues in mind: What do I like about the way the therapist has worked with this case? What is presented and what is not presented? How does the therapist conceive the problems and how could they possibly be conceived? What is the role and position of the therapist working with the case?

The RT talks to each other, while the interviewer and the therapist are listening.

Main principles were:

- Be friendly and appreciative, point out positive aspects and how you were touched.
- Formulate reflections as thoughts, ideas, questions, not as “objective truths”, avoid being judgmental and avoid interpretations.

- Bring forth a diversity of ideas, avoid finding “a solution” or either/or stances.
- Focus on what may be useful for the supervisee rather than on your own preferences.

### The interview after reflecting team

The interview process opens with feedback on the reflections from the supervisee, which the interviewer explores, asking questions about implications for further work. At this point it is important to focus on the developing thoughts of the supervisee, rather than on the specific reflections. The interviewer may also invite to talk about some of the ideas that the supervisee did not immediately pick up, but is warned to be sensitive to the supervisee’s reaction to this, and try to avoid pursuing own agendas. When this process is finished the supervisee may be asked if she wants another reflection, and if this is the case, on what issues. In other cases the group may have a role play or a short discussion afterwards depending on what the supervisee wants, or the case is closed as completed – for the time being.

### **The study**

I interviewed three participants from each of 10 supervision groups who had videotaped a supervision session. The supervisor, the therapist presenting a case and one of the members of the reflecting team in each group were interviewed individually, while we were watching the video together. The participants were interviewed after each step in the process. They were asked what was going on in the sequence, and to evaluate the activity.

### **Results and discussion**

The results showed very clearly that the way of using the method had changed through these years. Only a couple of the supervisors followed the approach in a disciplined way. What were the changes, and how were they experienced?

#### The focus and structuring of the pre-interview

One of the major findings is that the supervisors mainly focused on case information in the pre-interview, and did not focus much on the concerns of the therapist or the context of the case. The supervisees were allowed to tell long stories about the case and its complexities. Another finding was that the supervisor might draw a rapid conclusion about the problem in the case, and use the pre-interview to try to help the therapist to see this problem.

We saw various reactions to this practice among the supervisees and the members of RT. In both groups we found objections to the practice, expressed as a wish for more structure and more attention to therapist dilemmas and concerns.” It should have been more about what the RT should look for, and more about my reasons to show the video.” “The supervisor could have focused more on the dilemmas, asked more questions and brought forth more perspectives.” “The supervisor seemed to think that I had overlooked the problem, and tried to push me in a certain direction. My own problems with the case did not get much attention.”

But we also found supervisees who enjoyed telling their story (even though they might have wanted more structure), and members of RT who enjoyed reflecting on the base of case information. Interestingly, a couple of the supervisees said that it was important to present sufficient case information to prevent misunderstandings of the case, since their group usually reflected on the case. This illustrates how the steps in the process are linked together.

A therapist dilemma that was not explored: One of the therapists was allowed to talk in length about a very sad and complicated case involving a poorly functioning child. Not until the end of the interview was she asked about her

dilemma in the case. She presented a clear dilemma concerning her own values. “Is the problem in this case my own norms about how children should live? Maybe this girl should not be pathologised, but live the life she is fit for in the context she is born into? The supervisor did not explore this theme further, and the group did not pick it up. They were rather overwhelmed by the sadness of the story, decided immediately that this girl had problems and needed help, and offered a large amount of constructive ideas that the therapist rejected.

When the supervisor is expert on the dilemma: In one of the groups the supervisor became concerned about an ethical dilemma early in the interview. He felt that the therapist did not share his concerns, and started to pursue the theme in the interview with rather leading questions. The therapist did not follow up his questions, but tried to pursue her own concerns. When the supervisor saw this interview part during our interview, he immediately commented on how he pursued the theme, and felt that this was wrong. When I asked why he didn't bring it up more openly, his main reason was that he did not want to appear authoritative. The therapist commented in our interview that she had noticed what the supervisor wanted to be the topic. She felt that this was an ethical dilemma that she was well aware, but she had other dilemmas that she did not feel that the supervisor listened to because of his own preoccupations.

#### The focus and structure of the reflections

As would be expected from the pre-interviews, the focus of the reflections was mainly on how to understand and approach the case. The members of RT mostly related to the information that was presented. Even though all the teams demonstrated their appreciation of what the therapist had done or struggled with, general ideas about how to handle the case dominated.

In most of the teams the intensity was high. The participants were eager and talkative, and many used the opportunity to exchange favorite ideas about

therapeutic questions. Many of the team members had very strong opinions about the case. Several of the reflections were very long. This is not in line with the model. It is far away from the ideal of focusing on supervisee dilemmas and concerns in an exploring, tentative and lingering style.

Several of the supervisees experienced that RT became so absorbed by their own conversation that the reflections became irrelevant. “Several of the topics they reflected on had nothing to do with my expressed concerns, and much of what they said did not fit.” “Just put a penny on them, and they go on for ever. I felt that they had forgotten me.” “They talked in very absolute ways, and it is easier for me to accept reflections with a quality of wondering.”

In some of the groups the supervisor introduced several reflection periods, with shorter reflections. This opened up for bringing the reflections more in line with the supervisee’s concerns, and was appreciated by the participants.

When the team becomes stuck: In one of the groups the supervisor interviewed very thoroughly, and clarified the themes and dilemmas of the therapist. The team, however, became absorbed with their own ideas for how the case should be managed. When I interviewed one of the team members, it appeared that she got strong ideas in the beginning of the pre-interview of how the case could be solved. She didn’t listen much to the interview, and just waited for her opportunity to come with her ideas. In the reflection these ideas were eagerly presented, and the team discussed them back and forth and in circles, completely forgetting the concerns of the therapist. The therapist felt that the team did not understand her at all. Some reflections did not fit, some were useless, and only one was of some interest.

### The post-interview

In the RT-model, the supervisor uses the reflections, and particularly the supervisee's reactions to the reflections, as a point of departure in the post-interview. It is regarded as important to give the supervisee much freedom concerning the reflections she wants to respond to, and not push in any direction. Few of these supervisors in this study gave much space to the supervisees' own ideas. The majority of them played a far more active part. One reason for this may be that most of the supervisee's did not have many immediate comments to the reflections, and that the supervisors did not linger to help them to verbalize their thoughts. They seemed impatient, and eager to help them to profit from the supervision.

Many of the supervisors had agendas that they pursued through the post-interview, in a more or less hidden way. In a few cases the supervisee felt pushed and disliked it, but mostly they were satisfied, achieving some clarification regarding their concerns. Several of the supervisees considered the post-interview the best part of the process, and some said that the supervisor was more important for them than the team. But I want to give an example where the supervisor felt very responsible for helping the therapist to profit from the reflections.

When the supervisor feels too responsible: During the reflections the team became very eager and talkative, and produced a lot of ideas. The supervisor obviously liked many of the ideas, and in the post-interview she did not spend much time on listening to the reactions of the therapist. She tried to check out whether the therapist had picked up all the important ideas from the team. The therapist felt that she was being examined, and that the supervisor wanted to know whether she had grasped the wisdom from the team. She felt nervous by the examination, and felt that she got no room to talk about what she had found

interesting. She did not feel that she got any new ideas apart from those she had picked up herself during the reflections, and she had wanted that the supervisor should have helped her to expand those. The supervisor had noticed that the therapist felt somewhat anxious in the situation, and was uncertain whether the reflections had been useful. The member of the reflecting team had noticed that the supervisor had definite preferences for some ideas.

### General comments on the RT-model

Supervisees and RT-members had several comments to the use of RT in supervision, and most of them were positive. A majority stressed how useful they generally found the approach. Several commented on the significance of an abundance of ideas, and the freedom to choose ideas you can use, rather than striving for the “right” solution. Their objections were related to the way the model was practiced, mainly that the reflections might become too long, tedious, irrelevant or unstructured. Some also pointed to the role of the supervisor, and complained about supervisors behaving as experts, or being too dominant or pedagogical. A few missed clearer rules for reflection.

### **Concluding comments**

#### The role and responsibility of the supervisor

In the beginning I asked whether RT is a suitable model when the supervisor is responsible to “teach the trades of the profession”. I asked the supervisors if this was a problem for them, but none of them experienced this. If the team did not offer sufficient ideas, they always found a place to do some teaching. As I see it, teaching in the reflecting team or in the post-interview disturbs the process. The voice of the supervisor becomes too strong and dominating, and the spirit of collaboration diminishes as the agenda of the supervisor increases.

I suggest that some space should be given to the supervisor after the actual reflective process. Some of the supervisors already practice this, through ending

the process with a joint talk where everybody reflects on the process. In this talk the supervisor may express thoughts he/she has had about the process, and bring up relevant perspectives and knowledge.

#### The satisfaction with the model

I have pointed to several weaknesses in the RT-model as it is practiced. Still, there is no doubt that the model as such is very popular, and almost all the informants regard it as the method of choice for group supervision. It is impossible to know whether the satisfaction is due to an evaluation of the learning profit. We rather believe that the supervisees feel comfortable with the form, enjoying the switching between talking and listening, the opportunities for reflection, the lack of defensive reactions, and the “both – and” position. It is also less demanding of the supervisors than traditional supervision forms.

#### The change of the model

It is very understandable that the practice of the model has changed. Apart from some general guidelines nothing has been written about it till now, it has been taught through modeling. It has changed in direction of usual supervision groups, where one member is presenting a case, the group is discussing various approaches to it, and the supervisor has a dominant position. The theoretical underpinnings that were strong when it was developed may be less strong today. But we know from interviewing the supervisors that most of them take for granted that the participants are familiar with the reflecting team, and that they give few directions on how to interview and how to reflect. I believe that most of the pitfalls we discovered during the study could have been avoided if the participants had been giving clearer instructions. The original model must be practiced in a very disciplined way if its potentials shall be realized. The results of this study have convinced me of the benefits of such discipline.