The postmodern movement ushered in one of the more recent innovations in supervision with the use of the reflecting process and the reflecting team (RT). (See Chapter 13 in the accompanying book for use of it in postmodern supervision and Chapter 18 for use in supervision in general.) This resource is a compilation of two early excerpts on RT supervision. They cover when supervisees are incorporating RTs into the therapy process as well as when supervisors and supervisees use RTs in supervision without therapy cases being present. In the first excerpt, Roberts offers specific guidelines that remain useful today for RT supervision and illustrates them with numerous vignettes. In the second excerpt, Prest reminds us of the constructivist underlying philosophy of RT and applies it to the supervision context as well as describing a structure for RT supervision. He ends with a brief personal reflection about the benefits to supervision from using this method.

—Editors’ introduction

Reflecting Processes and “Supervision”—Janine Roberts

Marchella, the supervisor, asked Nate, a supervisee, “Do you feel ready to do the reflection for the family now?” “Yes,” said Nate, “Let me turn on the tape recorder.”

Marchella began, “It seems that the family is working very hard to sort through what it meant all those years after their father’s death to live with the stories about what a
great person he was, when their own experience inside the family with his alcoholism was very different. I'm impressed with how they acknowledge the ways in which those mythical positive stories helped the grandparents deal with the loss of their son, but at the same time talk about the price they paid not to have a more realistic picture of their dad as a human being with his own problems."

“It gave me a sense of hope to hear them say that,” added Nate. “The ways in which they can understand different people’s needs and positions is very powerful.” Marchella and Nate went on to share several more of their reflections about the last session Nate had conducted with the family. Nate then took the audiotape to their home for their next therapy meeting and played it for the family. He asked them to comment on which of the ideas stood out for them, which seemed irrelevant, and which they wanted to pursue further; Nate used their responses to focus the session.

After Raul presented his thoughts on help he wanted with his case, the four therapists and supervisor launched into the reflecting team format they had devised for their bimonthly supervision group. “I appreciated how Raul was trying to make space for more of the mother’s experience to come into the family to strengthen her relationship with the three kids. Given that she has so few of her extended family here and is so far away from Cambodia (her country of origin), I wondered what it might be like to have her share stories about her life in Cambodia at the kids’ bedtime, especially about before she had to flee, as it seems so many of those stories have been lost with the trauma of the escape story”

“I like that idea because the kids and family have much more contact with their father’s relatives who all live around here. I was also curious about what it might be like to have the father, Tom, find out more from his wife, Chin, about her thoughts on how to bring up children, values she learned from her culture, so that her voice is heard more. It also might be a way to communicate to the children, who often do not listen to her, about the importance of her ideas.” After each person in the group presented an idea or two, the supervisor proceeded to interview Raul about which of the suggested ideas he might want to discuss more before trying them out in his next session with the family.

After three months of doing live supervision with a reflecting team format the group wanted to look at their dynamics. Each person was asked to comment on what was working well, not so well, and what they might want to change or modify about their work together. They began by talking about what was going well.

Eileen, a supervisee, noted: “I have been struck by our capacity to work out with each family what kind of relationship they want with the team. With Sarah and Daniel, it is clear that it is easier for them to have the therapist and the reflecting team in the room for each session. With the Wilson family, our written reflections have been a creative way to respond to the intrusiveness they were worried about if team members came into the room. And, for a couple of the other families, it seems to be
working out with them letting us know when they are ready for a reflection.” After all

group members commented on areas they felt had gone well, each person was asked to

comment on areas of concern, including in their comments ideas for how things might

to be done differently.

Zhang, the supervisor, began: “I have a concern that with the two lesbian couples we

have been working with that we have not always asked some of the more difficult ques-
tions that may have been appropriate. It feels like our own investment of wanting each

of them to make it as a couple might be getting in the way. It’s hard for me to even bring

this up here. I’m afraid I won’t say it in the right way or it will somehow be seen as

politically ‘incorrect.’”

Using the same ground rules for discussion that they used for reflections for families,

the group went on to evaluate their work and shape a new course for their next few

months together in supervision.

What do all three of these vignettes have in common? In each situation, supervi-
sors and supervisees were using the basic tenets of reflecting teamwork: open
dialogue with a chance for all to be heard; protected listening space (where one
does not have to respond immediately to a conversation); and a positive, explor-
atory frame where the person(s) asking for help has the last comments and these
comments are taken as key feedback to refocus the work. Reflecting strategies
used for therapeutic work with families can be used in a wide range of supervisory
situations to make rich feedback loops between supervision time and the therapy
session with clients, within the group to generate new ideas, and to examine
supervision group dynamics with an eye to seeing how the group is functioning.
This resource explores a range of ways in which reflecting processes can be used
in supervision to meet the unique individual needs of supervisees while providing
a structure that is attentive to group learning, with a focus on the best therapy
possible for families.

With the development of reflecting teams (Anderson, 1987, 1990) in which

team members no longer use intersession discussions as a primary conduit to
shape input to a family, but rather share their ideas openly in front of the family
(either face-to-face or, as in the opening vignette, record their comments in
some way to share with families) and then invite the family to ask about and
comment on them, new possibilities for supervision modalities were opened up
(Davidson, Lax, & Lussardo, 1990). Supervision began to be seen as more of a
reflexive process in which, just as in therapy, clients’ feedback is central to the
work; supervisees’ ideas are invited and integrated into the structure of supervi-
sion as well. L. Hoffman (personal communication, 1991) talks about reflex-

ivity as a folding back of a part on itself. The roots of the word reflect come

from reflé—throwing back of heat or light. In this “throwing back,” White
(1995) talks about the importance of transparency—therapists make it clear to
clients where their ideas are coming from, whether it be from their own life
experiences, conceptual models, or their experiences in talking and working
with families.
Reflecting Supervision

So what does supervision look like within a reflecting team frame? Structures and stances that support reflecting work are brought centrally into supervision:

- Make sure that each person has input into discussions.
- Ask clients to focus their comments in a resource frame concentrating on strengths and using everyday language.
- Invite transparency in which people share the reasons why they are thinking of an idea or a story.
- Set up formats in which people do not respond right away to ideas but have protected space to hear a range of thoughts.
- Invite the person(s) asking for the help to comment on them once ideas for help are generated.

These comments are then used as a central focus for further dialogue and work. An essential role that the supervisor takes on is that of facilitator and protector of these kinds of structures and stances. As described in the opening vignettes, one does not need to be doing reflecting teamwork in the therapy hour to do this kind of work in supervision. In fact, doing reflecting work in supervision can be a good way to practice and learn reflecting skills so that they can then be used with families. Also, supervisees can get feedback on their reflections and incorporate suggestions about their work before they do reflections in sessions.

Often, reflections are offered in the spirit of questions or possible areas to explore. In that vein, four questions undergird the rest of this resource. These questions have emerged as I have done supervision in mental health agencies, schools, university clinics, and with teams doing in-home family therapy. The following questions emphasize central areas to explore as we learn more about doing this kind of work:

1. In supervision, what skills need to be particularly developed to do work with reflecting teams? For example, what supports supervisees learning to do reflections and then processing them with families?
2. How does one do supervision that is congruent with therapeutic work that is less hierarchically organized and more relationally focused, in which the boundary between therapy and supervision is much more diffuse?
3. How can the interchange between families, therapists, and teams be kept lively, responsive, and focused without overwhelming people with too much information or the logistics of the work becoming too complicated?
4. In what ways does supervision need to be done differently if one is working with reflecting team ideas about transparency and self-disclosure on the part of therapists to clients?
There is not a way to do reflecting team supervision (RTS), because this runs counter to the idea of bringing the voices of each member of a supervision group into the conversation. Rather, processes to develop RTS formats are explored in this resource. Yet, with all structures, the guidelines in Guidelines for Reflections for Supervision are used to create a reflective framework.

Different Ways to Set Up RTS

Just as there are a range of ways to structure reflecting teamwork (e.g., with the team in the room all the time; the team behind the mirror; cotherapists turning to each other to do a reflection; when teams reflect, they speak directly to family
members, or they keep a boundary between them), there is variability in supervision formats that adhere to a reflecting stance. In this section, the intent is to provide a sense of the possibilities as well as the parameters to pay attention to in setting up these kinds of structures. A central role of the supervisor is to facilitate the creative exploration of different structures, as well as keep an open dialogue going about what is working and not working in supervision.

Live supervision of reflecting teams

Supervisory presessions are often more focused on the working relationships of the team than they are on describing family dynamics. Supervisee–supervisor discussions might include inquiries about when reflections could be useful to bring into the session and in what way, if it might be supportive to have more than one reflection, specific skills the supervisee would like help with, and/or whether to have an intersession discussion. In addition, when reflecting teams are supervised live, the technologies of the one-way mirror, phone-in, and videotaping capacities provide an array of choices about how to do supervision that needs to be negotiated. Supervisor–supervisee agreements can be made with each person on the team about how to use these different components, including elements such as whether the supervisee wants to have call-ins or not, who will do them if the phone is being used, ways to structure phone-ins (Wright, 1996), as well as particular ways to videotape the session (for instance, a lot of close-ups so non-verbal facial expressions are highlighted or wide-angle shots so everyone can be seen simultaneously).

Are We Working Together Here Or Not?

In her pre-session supervision time, Fran talked with her supervisor about the frustration she felt in the first two sessions with a family because she thought she had not joined well with all the family members and they seemed to have widely disparate ideas about whether they wanted to be participating or not. Fran asked for help in clarifying her relationship with the family and how they might work together. The other three supervisees were listening to this discussion between Fran and the supervisor. After they had talked for about ten minutes, the three supervisees reflected on what they had heard and shared their ideas. They proposed asking the family if they could come in near the beginning of the session to reflect on some of the different positions family members seemed to be taking, things they were curious about as well as wonderings about what would happen if members shifted their positions. Fran was then asked what she thought of the idea. She commented that she thought it would be helpful, especially if they would be willing to reflect as well about her own concerns about joining with the family. The pre-session focus was on working out the details of how they might work together that session, knowing, of course that modifications would be made once the family was actually there.
Given the range of choices available with live supervision, my bias is that I expect to see variability from session to session (e.g., the use of the phone for some sessions, little or no use of it for others; or, sometimes a team might have an intersession discussion behind the mirror, and at other times the team reflects in the room, or the family might be asked if they would like to do a reflection). The family might be invited to join an intersession discussion or to have their own at the same time as the team is meeting, with the family and team then coming together to share their two separate discussions. Team and family members might do a reflection together, or they might move a reflection into the future by enacting a reflection they imagine themselves doing at the last session when therapy is coming to a successful close. When the structure supports variations, creative possibilities for “news of a difference” are accessible:

Making Transitions on My Own

One supervisee, Van, thought he was becoming too dependent on phone-ins to help him make transitions from one part of a session to another. He wanted to try a couple of sessions without any phone-ins so that he could further develop his linking skills. Before his next session, he asked other team members to reflect on and share the strategies they used to help them do this.

The supervisor, Patricia, talked about coming into sessions with two or three “panels” of ideas (e.g., themes or issues she had organized based on previous sessions. Patricia then held these panels lightly in reserve as possible areas to explore when she found that an area she was exploring with the family was not fruitful. Tom, another team member, shared his strategy of checking in with families at the beginning of sessions about what they thought might be useful to discuss that day. Then, Tom kept these ideas in the back of his mind for interweaving during the discussion.

Felice, another supervisee, described phrases she used to facilitate transitions such as asking, “can we switch gears to….” or, “I’m curious to see how these topics might be connected.” She also explained that she tried to make summary kinds of statements about a topic area before she moved on, thus bringing some closure to them for the time being.

Having this kind of discussion helped team members articulate and name what they were doing as well as gave Van ideas. After working on managing the transitions himself, Van requested that his colleagues ask him some questions to help him reflect on and process what he tried out. Van described himself as less anxious in the room because he had several strategies to use.

Can We Come Into the Room?

Sarah, Michelle, and Pete, three supervisees working as a reflecting team on an intense case that included a teenage daughter hospitalized recently for cutting her wrists, felt that when they came in to reflect they were missing a lot of the affect in the room because they were behind the one-way mirror. They asked the therapist and the family if they could sit in the room for a couple sessions because they thought it might help them better understand and respond to the range of emotions people were experiencing. The family members agreed to it even though the father felt it was somewhat intrusive. Sarah, Michelle, and Pete were in the room for three sessions. Ultimately the father described it as generating a feeling of extra support for the family—“additional people we can lean on.” As things began to be on a more even keel for the family, the supervisees went back behind the mirror.
Other strategies to use in live supervision of reflecting teams

Often, a good place to start in thinking about the next therapy session is with the family’s reactions to whatever occurred at the end of the previous session. This can help build a bridge to what happened in the prior session as well as keep the focus on the family and their dilemmas. Different strategies to do this are looking at the videotape at the end of the session, reading from any notes recorders may have made, or asking the therapist and team members to recall comments and reactions from family members. Other ways to start include asking therapists who were in the room with the family to reflect on what stood out for them in the session, especially “sparkling” moments (White, 1989/90)—moments when they had questions and/or concerns about what was going on, their responses to watching the video of the session, and/or what help they would have liked in this session.

When supervisees behind the mirror know that they may go into the room to reflect or they are responsible for phone-ins or videotaping in a particular way, they seem to become more connected to the family and more attentive to what is happening in the session and to remember more of the details about the family and previous sessions. Because they are directly contributing to the treatment conversation, they have a different kind of involvement with the case.

To finish sessions that are supervised live, a variety of strategies can be used including affirmations to each other for work well done, reflecting on what seemed like key juncture points in the session, giving feedback to each other regarding the teamwork, highlighting what seemed to help the family and the team to be hopeful about possibilities for change, and noting things that people want to be sure to remember for the next session.

Post hoc supervision: Bringing the cases back home

In this situation, a different kind of structure is needed because people are sharing cases they have worked on alone or with someone else away from the supervisory group. Because the participants in the group do not have the common experience of seeing the session together, other strategies are needed to introduce information to members as well as send it back to the family. Because members have not observed the session, much of the supervision time can be used up in presenting details of the case. This can result in little time or space for reflecting on the therapy or family. Some ideas to prevent this from happening include preparing a genogram ahead of time so that central family information can be scanned quickly, drawing up an ecomap or structural map that introduces key members of the family and larger systems that may be involved with them, or doing a brief case write-up.

Many therapists, however, do not always have time to prepare this kind of information, so another strategy is to have the supervisor or other member of the supervisory group interview the supervisee in a structured manner. For instance,
using questions that emphasize a resource, solution-oriented stance focuses the discussion on a workable frame and avoids getting bogged down in too many details of the case, especially minutia about things that have not been of help. After 5–10 min of this, everyone else in the group forms a reflecting team, and each member shares any reflections they have about the conversation that they have just heard and the case. This makes a protected space for people in the group to really be able to listen to the case (without immediately jumping in with their questions and ideas) and provides a way for all to share other perspectives (not just the most vocal members). Then the therapist who is presenting the case reflects on what is said by the supervision group and shapes the dialogue in regard to what he or she wants to talk about—what would be most helpful to him or her.

**The Fly on the Wall Reflecting Team**

**Supervision—Layne Prest**

The idea is fairly straightforward. In theory, RTS borrows ideas from constructivism. In supervision from a constructivist perspective, no one person (i.e., supervisor) is presumed to have knowledge which makes him or her the unqualified expert. Both the supervisor and the supervisee(s) (as well as the client system) are presumed to have professional and other life experiences which can be tapped in the therapy and supervision process. The truth about a situation is thought to be influenced by each person’s perspective. As a result, there are many “realities” about any given situation. And the reality, which becomes predominant, is thought to evolve as a result of the interaction among those involved.

**The Pragmatics of RTS**

In practice, the RTS structure and process is based on Anderson’s (1987) reflecting team model. In reflecting team therapy, a group of therapists as the reflecting team observes part of a therapy session (usually from behind a one-way mirror, but the mirror isn’t necessary). After they observe approximately half of the session, there is a break. During the break, members of the therapist–client system and the reflecting team switch places. The members of the reflecting team then discuss their perceptions and ideas about the session while the therapist and client(s) watch. Following this, the therapy session is resumed as the therapist and client(s) discuss what they have heard members of the reflecting team say.

The RTS process is similar. A supervision group (consisting of a supervisor, supervisee, and up to five others) meet to discuss a case. The supervisee presents the case using notes and/or a videotape. (RTS could actually take place in conjunction with a live case as well. In this event, the therapist/supervisee would take a break from the therapy session to meet with the supervision group.) Behind the mirror or in another part of the room, the reflecting team observes
the supervision process. The reflecting team members attempt to focus their attention on the process of supervision and the connections among the client family, family/therapist, and supervision group processes. They try not to focus on the content of client(s)’ or therapist’s report.

After 30–45 min of supervision, the process shifts. Two groups switch rooms or chairs in the same room. Or instead of actually moving, the focus could just change so that the reflecting team is the one being observed. However, the process is structured: the reflecting team members then discuss their observations of the various levels of process, while the supervision group members watch and listen.

When the reflecting team discussion concludes, the supervision process can resume. Once the direct supervision of the case is concluded, the members of the two groups (supervision and reflecting) can meet together to discuss observations and experiences of the supervision and reflecting team process. The level of disclosure is obviously influenced by the degree to which participants are able to share honestly, openly, and noncritically.

It isn’t necessary to have a large group to make this happen. I have been involved in RTS in which the supervision group and reflecting team included a total of as few as 5 or as many as 15 people. For example, a supervisor and two supervisees (one of whom is presenting a case) could form the supervision group, while two or three others could form the reflecting team. The number of people isn’t as important as a willingness to listen to and value a variety of perspectives. In addition, the group process allows, and even depends on, fluid membership in each group. In other words, it is helpful if the same people aren’t in the supervision group or in the reflecting team all of the time.

In terms of facilities, you can use either one large room or two smaller, adjoining rooms separated by a one-way mirror. Consequently, the reflecting team model can be adapted to a variety of settings: private practice groups, community mental health agencies, private agencies, hospitals, and training programs. The group can have a designated leader (a formal supervisor) or a rotating system where members of the group act as the supervisor for that session (as in peer supervision or consultation groups).

**Supervisory Gains from Using RTS**

Whatever the setting, you and your supervisees stand to gain several things from utilizing this structure and process. In RTS are generated not only the variety of opinions, impressions, hypotheses, and interventions which often come out of the group supervision process but also another layer of perspectives which are offered by the reflecting group. As described earlier, this layer consists of comments on the process of the therapy and supervision groups and the reciprocal interaction between the two. According to RTS participants with whom I have spoken, the “difference which makes a difference” in therapy and supervision is more likely to
emerge given this richness of perspectives. Supervisors and supervisees both gain an added perspective. The meta-position of the reflecting team is a unique vantage point from which to observe and offer feedback to the supervision group. And the corresponding “fly on the wall position” (Prest, Darden, & Keller, 1990) that the therapist/supervisee and supervisor can take allows each of them to feel safe while also getting honest feedback. Another benefit is that participants are given the opportunity to scrutinize and discuss the way in which the different systems levels fit together. Triangles and other relationship dynamics can be observed to take place at more than one level of the treatment/supervision system. It is even more interesting if you are supervising a live session (as opposed to utilizing a videotape of a therapy session) because three levels are operating and can be observed at the same time. The isomorphism can be astounding. Members of each group (therapist/supervisee, supervisor, and other participants, including clients if it is a live session) spend time under the glass. And this is another reward of RTS: it challenges you as a supervisor. You have to adopt a position of not being the expert, the “one who knows.” As a result, many people with whom I have worked have experienced RTS as embodying a more egalitarian and less hierarchical process.

Additional anecdotal evidence in the form of feedback from supervisees (and clients if they are involved) suggests that the process is useful in helping people become empowered and systems to become unstuck. And for supervisors who feel their style of supervision works okay but who are feeling the need for a rejuvenating experience, RTS can provide a challenging but liberating perspective on the supervision process.

Notes

1 Excerpted from Roberts, J. (2002). Reflecting processes and “supervision”: Looking at ourselves as we work with others. In T. Todd & C. L. Storm (Eds.), The systemic supervisor: Context, philosophy, and pragmatics (pp. 334–348). Lincoln, NE: Authors Choice Publishing (Original work published 1997). Reprinted with permission from T. C. Todd and C. L. Storm under new title and minor changes to update. Some of the original material is omitted and noted with ***. Copyright (2002).

2 For a thoughtful description of a variety of team roles that members may choose to take on, including the recorder role, see Bernstein, Brown, and Ferrier (1984).

3 In keeping with the narrative focus of reflecting teamwork, supervisees should be encouraged to use headings and subheadings that break from the usual case writing. Usual headings, for example, “Formulation of the presenting problem,” “Structure of the family,” and “Treatment plan.” Some sample headings: “Brief history,” “Musings about what has been helpful and what has not been helpful in therapy,” “Wonderings about where to go from here,” and “Who has gathered together?” If necessary, these can be transferred to traditional headings for final reports.

References


