Review of the Reflecting Team Process: Strengths, Challenges, and Clinical Implications

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This review article explores the development of reflecting teams and its significance in present-day family therapy. Beginning with an historical overview of the reflecting team model, as formulated by Tom Andersen, further discussion considers the advantages and the challenges of the model. The article outlines implications for clinical practice, which build on Andersen's vision of family therapy that is collaborative, inclusive, and client centered.

Keywords: *reflecting team; collaborative; reflecting process; dialogue*

When the concept of reflecting teams entered into the family therapy literature, it was seen as revolutionary, promising to change the delivery of family therapy (Smith, Sells, & Clevenger, 1994). The reflecting team approach, as presented by Tom Andersen, was more than a team of professionals working with clients, but rather a process, which focused on the concept of opening up dialogue between the therapist and client. By making formal attempts to include clients in the process of dialoguing about ideas and decision making, a shift occurred in which therapists and clients talked openly about their observations and thoughts. In this context, by listening more and talking less, expertise was drawn not only from the therapist(s) but also from the client (Anderson, 2007; Haley, 2002).

The use and development of reflecting teams within family therapy developed from Tom Anderson's vision and therapeutic philosophy. Anderson believed that including the client as part of a team approach to change would offer a more collaborative and inclusive approach to family therapy. Driven by his frustration with how family therapy was being practiced, Anderson and his colleagues experimented with variations of what eventually developed into their reflecting team model (Andersen, 1987, 1991, 1992, 1995).

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This article begins with an examination of the background of the reflecting team approach, including a critique of the strengths and challenges of using the approach in a therapeutic setting. This discussion will act as the backdrop to the authors' perspectives regarding the importance of maintaining the fundamental concepts of the model, while incorporating possible resolutions that will make the reflecting experience a more positive one for clients.

BACKGROUND TO THE REFLECTING TEAM MODEL

Although there were a few key figures that influenced Andersen's development of the reflecting team, the origins of the reflecting team could be traced back to the Milan group (Haley, 2002). As the Milan model was developed in the modernist era of therapy, Andersen tried to go beyond using the circular style of therapeutic interventions, as it embraced an either/or stance to decision making and outcomes (Haley, 2002). Although the Milan model used the client as part of the team approach and argued that this type of inclusion was collaborative, it was exclusionary at the same time. Even though the client or family was part of the consultation effort in the beginning of the counselling process, the therapist would also consult with the team out of the presence of the family. During this out-of-view consultation phase, the team would critically assess the situation, form hypothesis, and made encouragements for the therapist to take back to the family as part of the intervention (Haley, 2002).

One of the main differences between the Milan model and the reflecting team model was that the team no longer delivered the messages to the families. In Andersen's reflecting team setting, clients were allowed "direct access to the idea's of the team, rather than funnelling the team's ideas through the therapist(s) working directly with the clients" (Biever & Gardner, 1995, p. 47).

For Andersen, the development of the reflecting team was a "reaction to traditional modernist ways of working" (Haley, 2002, p. 23). Two of Andersen's influences were

THE FAMILY JOURNAL: COUNSELING AND THERAPY FOR COUPLES AND FAMILIES, Vol. 17 No. 2, April 2009 139-145
DOI: 10.1177/1066480709332713

Gregory Bateson and Humberto Maturana (Andersen, 1987). Both of these men wrote about epistemology, which was what interested Andersen (1987). The idea that it was "the observer who [generated] the distinctions we [called] reality" (Andersen, 1987, p. 416) was what fascinated Andersen. Maturana also spoke of "multiversa [which meant that there were] many possible meanings that [constituted people's] many possible worlds (Andersen, 1987, p. 416). Bateson believed in something similar, where "there [was not] one reality, but rather that realities [were] constructed based upon a person's interaction with the environment" (Haley, 2002, p. 23). Both of these men had a huge impact on how Andersen would come to develop the reflecting team model. Due to the length constraints of this article, a more in-depth examination of Bateson and Maturana philosophies and ways they influenced Andersen is not possible. However, both Bateson and Maturana knew the importance of clients creating their own meaning through multiple perspectives (Andersen, 1987).

Andersen continually found himself working with families who viewed themselves as "stuck." To aid the family, he regularly found himself seeking assistance from his colleagues (Andersen, 1987, 1991). This was what led him to conduct his first-ever reflecting team in 1985. Primarily, Anderson saw this consultation team as collaborative, encouraging families to see themselves as the expert in their own lives and from that perspective take what they wanted from the team, ultimately, creating their own change experience (Andersen, 1991). When Andersen published his first book on reflecting teams, professionals around the world immediately embraced the model. Perceptions were that the reflecting team was a way to help families both collaboratively and sensitively (Young et al., 1997).

Andersen argued that the model addressed issues of inequality that were inherent in traditional approaches to family therapy (Nichols & Schwartz, 2004). He believed that the reflecting team model offered a team process that used a dynamic dialogical process to its clients (Andersen, 1987, 1991, 1992). With help from his colleagues, Andersen believed that he could help families become "unstuck" by inviting other therapists to observe the therapeutic process so that they could offer their views of the family while the family listened (Andersen, 1991). The purpose was to provide a supportive and open environment where families could feel that they were part of the whole team, while having the team feel empathic toward the family through their interactions with them (Nichols & Schwartz, 2004). Andersen believed that therapy was not something professionals did to clients but was a way to engage with them in a partnership (Andersen, 1987, 1991). By opening up therapist's conversations with their clients (Andersen, 1992), Andersen thought this could be accomplished. Over the years, the use of the reflecting team came to be well respected and recognized as having the potential to influence the future of family therapy.

Team Process

The reflecting team process involves three stages. In the first stage, the therapist enters into a dialogue with the family to develop a sense of the family's presenting circumstances and structure. During this dialogue, the reflecting team (a group of professionals, i.e., social workers, psychologists, etc.) listens either behind a one-way mirror or by sitting separately from the family within the room (Andersen, 1991). This data-gathering phase is vital to the team's ability to develop hypotheses and suggestions for the family to consider.

The second stage of the process is initiated when the therapist invites the reflecting team to speak while the family is invited to listen. When the team enters into a dialogue between themselves, each team member offers a version of the family situation, as he or she understands it. Conversations between team members during the reflective process mirror the team's observations of the family and are offered in a tentative manner. This conversation offers alternate views of not only how each member of the family might be involved with the problem but also how each member of the family can be part of the solution to the problem. In addition to sharing observations, the team will also pose thoughts in the form of unanswered questions, as a way to engage the family in future-orientated direction. The purpose is for the family to consider the comments and suggestions that emerged out of the exchange of ideas. The emphasis of the reflecting team is to open up possibilities for families with the use of "both/and" or "neither/nor" dialogue, rather than an "either/or" stance (Andersen, 1987, 1991, 1992; Lax, 1995). It is important for the team to present multiple ideas to the family, while allowing the family to choose and take with them those ideas that they believed fit the best for them (Andersen, 1987, 1991).

Once the team had completed their reflections, the final stage evolves when the therapist invites the family back into the session to find out what the family found was helpful and to use the information presented by the team and family for future direction (Andersen, 1991).

STRENGTHS OF THE REFLECTING TEAM MODEL

There are many advantages of using a reflecting team in a therapeutic setting. However, the three that are examined include the collaborative nature of the team, the multiple perspectives the team can provide, and the importance of exercising possibility language.

Collaborative Nature of the Team

Research compiled by Cox, Banez, Hawley, and Mostade (2003) demonstrated that reflecting teams offered a "collaborative and supportive atmosphere created by the team process, which [left] clients feeling respected and understood rather than pathologized" (pp. 90-91). As

collaboration transpired in the therapeutic relationship, evidence showed that clients experienced feelings of equality, which resulted in mutual cooperation. The reflecting team portrayed a type of sounding board for both the client and the therapist, which allowed them both "an opportunity to connect and collaborate in ways that [removed] hierarchical barriers and [opened] avenues for generating new meanings and options for action" (Friedman, Brecher, & Mittelmeier, 1995, p. 185). An ethnographic study of eight families' experience with narrative therapy including reflecting teams by O'Connor, Davis, Meakes, Pickering, and Schuman (1997) offers supports for the more egalitarian nature of the relationship: "The team never told me you should do this or you should do that. I felt better about myself and I guess that is fine" (p. 488). Having the reflecting team as an active participant in the change process produced significant outcomes in therapy according to findings completed by Janowsky, Dickerson, and Zimmerman (1995). Their research established that it was beneficial to have the reflecting team collaborate with both the therapist and the family in the same room, where all participants were able to reflect and comment equally. At that time clients were encouraged to ask their therapist any questions that they had about comments that were stated. Having everyone together removed any type of separation that clients could have felt between themselves, the therapist, and the team (Janowsky et al., 1995).

Reflecting teams that become part of the visible or present therapeutic process encourages clients to actively participate as direct partners in ones own dialogue about the problem and solution. Families join with the therapist and team through the mutual discovery for direction of change, which the families deem to be the most beneficial (Madigan & Epston, 1995; Haley, 2002). Young et al. (1997) reported that their "[client] feedback [suggested] that [the clients enjoyed] the openness of the reflecting team compared to a team remaining behind the screen" (p. 34). Andersen's reflecting team model helped postmodernize family therapy and the "reflecting team [process] could be interpreted as an opportunity [that created] an environment that [solicited] more collaboration, cooperation, and construction" (Haley, 2002, p. 31).

Strength-Based Orientation

Another fundamental advantage of the active reflecting team involvement is the strategic use of positive strength-based perspective regarding client problems. When reflecting dialogue includes language that draws on client's strengths, the experience is one that leaves a client feeling empowered by the team and their therapist (Smith, Jenkins, & Sells, 1995). Research findings completed by Young et al. (1997) found that possibility-framed language opens up families' ability to not only hear what is working well but also be more amenable to take in the discussion regarding areas of concern. For instance, in one study the "family was very positive about the reflecting team experience." The father expressed the view that the reflecting team "could say different things in a positive way that made it easier to hear" (Young et al., 1997, p. 33). Similarly, another family in the same study found "the reflecting team experience in retrospect . . . positive and helpful." Families expressed their view that the reflecting team process would "most likely suit confident and assertive families like themselves" (Young et al., 1997, p. 33). Both these examples indicated that the language used by the team played a significant role on how families interpreted reflections made by the team. The more diverse and positively driven the reflections were, the more likely that clients would respond in a favourable fashion to the reflecting team experience; and would be willing to continue using the mirror when necessary (Haley, 2002).

Multiple Perspectives

The use of a reflecting team model not only can offer families and the therapist alternative perspectives regarding how to view the problem but also can offer a variety of expertise regarding how to concretely offer assistance to their problems in a way that avoids the risk of demoralizing families' previous attempts at change (Sells, Smith, Coe, Yoshioka, & Robbins, 1994; Smith, Sells, Alves-Pereira, Todahl, & Papagiannis, 1995; Smith, Yoshioka, & Winton, 1993). Reflecting teams naturally "[strived] to provide clients with multiple descriptions and interpretations to choose from. It [was] like offering people a smorgasbord of ideas from which to sample bits and pieces, [while encouraging] them to select what they like best" (Haley, 2002, p. 31).

Giving clients the power to participate actively in therapeutic decision making was one of Tom Andersen's visions for the team.

> The reflecting team process [provided] clients with a therapeutic team that [offered] an array of alternative ideas and perspectives so that new answers and possibilities [would] be created . . . Clients [could] then choose those perspectives and possibilities that [would] appear to be most helpful to them. (Cox et al., 2003, p. 91)

When team members engage in open dialogue with each other, they continue to strive to ensure that the interaction remains speculative and respectful of clients. It was not necessary for each member of the reflecting team to agree with their colleagues because it was the client who decided the course of action they would pursue (Biever & Gardner, 1995; Haley, 2002). Having members of the reflecting team disagree "[allowed] clients to witness that doubt and ambiguity [could] exist on a team, and that there [was] no one solution to a dilemma" (Haley, 2002, p. 29). Incongruity among team members demonstrated that there was not always one solution to a particular problem and that frequently there were several angles from which to approach the problem. Providing clients with multiple viewpoints and meanings to their problems could encourage movement in a

stuck system (Haley, 2002; Smith, Sells, et al., 1995). All suggestions made by the reflecting team "should not be so small that it [was going to be] ignored, or so large that it [caused] disorganization. It should be an appreciable difference that [was] large enough to be noticed" (Haley, 2002, p. 28). The idea of supplying clients with multiple perspectives, on their particular dilemma, was based on the notion that different outlooks could bring a fresh view to the situation (Haley, 2002; Smith, Sells, et al., 1995).

These views have received some support from research on reflecting teams. A study by O'Connor et al. (1997), based on interviews with eight narrative therapists, reported that 100% of the therapists appreciated the "process of co-constructing with the family a story of success over the problem" (p. 34). Similarly, Lever and Gmeiner (2000), in a multiple case study design, reported that "most of the research participants commented that they found the multiple perspectives or opinions which the reflecting team was able to offer useful and that they opened up options for further work in therapy" (p. 58).

CHALLENGES OF THE REFLECTING TEAM

Using a reflecting team in family therapy has several advantages, as noted above. However, it also possesses some disadvantages. Although the model in theory advocates for families to use the consultation role to their full advantage, therapists continue to lose perspective in the therapeutic process, inadvertently slipping back into their expert role. This identity crisis causes an imbalance in the client–therapist relationship, leaving the client feeling abandoned from the team (Young et al., 1997). The following sections examine four common problems related to the reflecting team, namely, the usefulness of the reflections made, the fear and anxiety that the mirror elicits on people, the intrusive and disruptive nature of the team, and the question of whether the reflecting team process is actually a collaborative approach to family therapy.

Usefulness of the Reflections Made

According to research completed by William Lax (1995), several families who have been involved with the reflecting team process report that the reflections made by the team were not useful. Lax's (1995) research demonstrated that occasionally "clients . . . felt that reflections were too confusing, did not address their issues precisely, did not give them enough direction, were too long, or left them feeling misunderstood by the reflecting therapists" (p. 145). In this occurrence, clients experienced mixed feelings about the therapy session and were hesitant to continue with the team in the future. This is consistent with research by Griffith et al. (1992), who reported that reflecting teams were not perceived as helpful if rapport was not established and if the reflections represented too much information. Lax's (1995) research also showed that clients had found reflections to have "a 'water-downed' feel or pretend aspect with reflectors repeatedly using word such as 'stuck,' 'taken-by,' 'impressed with,' and 'touched' and then followed by an overly positive (and Pollyanna-like) remark" (p. 145). In numerous scenarios where this was the case, clients often ignored reflections made by the team as they felt that they "[had no] connection to the reflections [made], [or that] the team [missed their] point completely" (Lax, 1995, p. 159). In another study, one client explained that "[they] thought their [the team's] comments were from outer space. I [did not] think they [connected] . . . I [acknowledged] them as experts that had gone astray" (Smith, Sells, et al., 1995, p. 83). Frequently, in this situation, the family left the reflecting team session with feelings of defeat.

The Fear and Anxiety of the One-Way-Mirror

Use of the one-way-mirror as a physical separation between the family and team at times can evoke fear and anxiety into the family, making it difficult for members to relax and be themselves (Kassis & Mathews, 1988; Lever & Gmeiner, 2000; Young et al., 1997). A direct result of the nervousness felt by the family was a lack of focus on what the reflectors were discussing behind the mirror. Thoughts such as "why can't everyone be in the same room with me?" (Kassis & Mathews, 1988, p. 40) left clients feeling disgruntled. A study completed by Young et al. (1997) demonstrates this type of reaction from a family where one client expressed her feelings toward the team reflections. She found that "she had difficulty and extreme embarrassment hearing and observing the team discussing her personal problems. [The experience was] so traumatising that [she] could not recall any of the team's experience" (p. 33). In this situation, the reflecting team model hindered the identified client's experience with the team, causing the risk for fear and anxiety to escalate more then necessary. When clients felt that the mirror "[violated] their boundaries and [invaded] their privacy" (Kassis & Mathews, 1988, p. 40), they started to exhibit signs of anxiety and discomfort and did not behave naturally during the session. This could lead to a client not wanting to return to therapy.

Intrusive and Disruptive Nature of the Team

Research indicated that families have at times viewed the reflecting team as disruptive and intrusive (Lever & Gmeiner, 2000). Families found it particularly difficult when reflectors entered the room and "rather than following the conversation in the room [they] go off on a tangent" (Lever & Gmeiner, 2000, p. 59). When the team behaved in this manner, it was taxing on the family, as emotions of not feeling heard developed. An example of this was depicted with one family, as one member explained, "And then when they [interrupted] the session, then I [felt] well we've just actually stared. They obviously [felt] that we've, they've achieved something and

that they want to focus in on something or discuss something" (Lever & Gmeiner, 2000, p. 58). In the perspective of the family, lack of communication was a key asset to their feelings when the team interrupted them. A study conducted by Friedman, Brecher, and Mittelmeier (1995) found that there was significant diversity among family members regarding the reflecting experience. The daughter noted that as a family, "they were on 'their best behaviour' and also that 'we didn't even get to the issues that I really wanted to talk about'" (p. 22). Interestingly, the mother commented that "the meeting was controlled and contained, unlike the discussions at home" (p. 22). The father felt that "the team was accurate in the portrayal of the family" (p. 22). Simply having the team present affected how the family presented themselves. The presence of the team played a significant role on how the family viewed the session. In this situation, the daughter was the client and as she felt that the team did not hear her feelings, she felt that she was not a part of the process. When clients felt that the therapy process did not meet their own agendas, they were less likely to continue.

The Collaborative Nature of the Reflecting Team

The study by Young et al. (1997) found that frequently, clients described, "a hierarchical structure [in therapy], where it [was] assumed [that] therapists [had] their reasons for making decisions about how therapy [would] proceed, and an assumption that the reflecting team [was] used instrumentally" (p. 34). However, often clients did not challenge their therapist, because they felt that the team and therapist together held a certain amount of power. If the therapist was making all the decisions, the relationship was not a collaborative one. The result leads to clients not returning to therapy. The study completed by Lever and Gmeiner (2000) concluded that both families interviewed felt "attacked by members of the therapeutic team [which] points to the power which therapists have by virtue of being therapists" (p. 51). Feeling attacked left the client vulnerable, angry, and hurt. In this scenario, clients would be less likely to return to therapy or cooperate with the team or therapist, possibly damaging any further counselling experience for the individual. In the same study, one family member stated,

> I didn't feel I had enough control to actually sort of say, look you know um lets just go onto another subject because I [didn't] really feel comfortable to talk about that . . . How do you make sense of it, of who's right and who's whatever. . . . I was in a bit of a nightmare. I just wanted to sort of stop and say whoa guys, [your] on the wrong track and I'm . . . it's not this way, let me tell you what the problem is. (Lever & Gmeiner, 2000, p. 55)

This demonstrated the power of the reflecting team and the type of influence the team could have on an individual. The power imbalance stopped a client from taking charge of the situation and standing up to their therapist or the team itself. For both families in this study, the therapists and the members of the reflecting team defined their problems for them, the team did not ask the families for their opinion or ways they perceived their difficulty, and certainly, the team did not ask whether they were comfortable with the way in which these therapists had chosen to work. The team excluded the families from the process of their own therapy and therefore the reauthoring of their lives (Lever & Gmeiner, 2000, p. 55). This statement suggested that using a reflecting team in therapy was not a collaborative process because the family was actually moving along with the team's expectations. The reflecting team made the interpretations and decided in which direction they would like to move. Ultimately, the team was telling the client what to do and how to do it, and because the team was considered experts, clients were scared to confront them.

OUTCOME STUDIES

Presently, research in the area of reflecting team effectiveness has been predominately qualitative in origin. Over the years, Sells, Smith and colleagues conducted several ethnographic studies to determine whether clients found the reflecting team experience helpful or not (Sells et al., 1994; Smith et al., 1993, 1994; Smith, Sells, et al., 1995). Though these studies have shown that clients in most cases have been pleased with reflecting teams, they do not indicate whether the team was indeed effective.

Hoger, Ternme, Reiter, and Steiner (1994), who reported the results of two exploratory studies with 59 families or couples on the effectiveness of reflecting teams, offered an indication of effectiveness. The results were based on follow-up reports with 35 families 15 months following the therapy. Hoger et al. reported that two thirds of the clients reported symptom improvement, and approximately 80% stated that they were very satisfied with the therapy.

The literatures on the therapeutic effectiveness of the reflecting team is limited, which raises the question as to whether reflecting teams are worth the investment of time of not only the clients involved but also the team of professionals and whether the cost it takes to execute them properly justifies the results. However, because there has been some positive client feedback in terms of the benefit of the team, it is too soon to disregard the model completely.

CLINICAL IMPLICATIONS

One of the primary complaints of reflecting teams refers to the issue of connection or the lack of collaborative communication between the reflecting team, therapist, and family. Families have indicated that even when the reflecting team engage in direct contact and present intimate details and suggestions regarding the family, the way the team presents the information have at times alienated the family

from the team. One of the reasons presented by the family for this experience related to the difficulty deciphering the professional language and terminology used by the team when speaking. If the goal of reflecting teams is to engage in a dialogue where all participants cocreate solutions, language that is client focused is essential.

Engaging families as the expert in their own lives also needs to take precedence. Recruiting family members to be part of the solution conversation verses a passive participant to a list of expert recommendations from the team creates a relationship where families develop energy and belief in them to orchestrate change. The intent of the reflecting team as envisioned by Anderson was to eliminate the expert therapist position. In cases where the team interrupts or insists on one view or recommendation at the expense of the clients view, it is in direct conflict with the intent of the model. Generation of ideas that lead to possibilities of action is the role of the team, with the family taking the role of the final decision maker regarding which recommendation to follow. Recommendations or statements need to be realistic to the family and avoid the overuse of either positive or negative observations. Too much positive focus on the family suggest that the team has not heard their difficulty and was found to be ineffective and unwanted by clients (Lax, 1995). Too much negative focus on the family can risk overwhelming them and have them lose hope.

The counseling environment is another key factor to consider regarding the effectiveness of the reflecting team. Research has shown that in many cases, the physical barrier of the observation mirror can lead to feelings of anxiety and disconnect (Kassis & Mathews, 1988; Young et al., 1997). Although the observation mirror offers space between the observing work and the therapeutic work, options are available to decrease anxiety for the families. Introduction of all reflecting team members prior to the beginning of the session allows opportunity for rapport building and avoid the mystery of who might be behind the mirror. Inviting the family to observe the reflecting team behind the observation mirror also provides a sense of equality, when the team experiences the same "being observed" situation. Issues of feeling violated or lack of right to privacy is serious barriers to any therapeutic relationship. In all situations, clients should be given choice whether to have the team reflect behind the mirror or in the room. These subtle differences allow clients to take the lead regarding their needs, communicate them, and benefit from a therapeutic environment all clients should expect to experience.

Anderson's goal in a reflecting team model was to create a reflecting process through which many conversations and perspectives could be presented in a biased-free environment. The intent was to challenge the professional therapist to move away from the barrier of the observational mirror and engage in conversation that includes a united wondering and figuring out solutions. The challenge for the reflecting team process is to engage more in "reflecting talk" (Shotter & Katz, 2007) as suggested by Anderson verses concentration on professional roles and ideas based on interpretations of what they have experienced or need. Within this context, the reflecting team intentionally invests themselves in the relationship and work to listen to what the family is experiencing. Based on a collaborative framework, the intent to offer families a variety of comparisons, possibilities, and wondering rather than a certain direction or outcome drives the reflection. (Anderson, 2007; Shotter, 2008)

One area where the use of reflecting team continues to grow and be strong is with various types of professional training. Professionals have found that using various versions of the reflecting team, as a venue for training therapists, has been helpful to all individuals involved because in many situations, practising therapists are able to experience being part of a reflecting team (Biever & Gardner, 1995; Cox et al., 2003; Lowe & Guy, 1996; Moran, Brownlee, Gallant, & Meyers, 1995). While the mechanics of a reflecting team offers a unique supervisory and training option, it can also be a method through which the ideals of a reflecting process can be experienced. Witnessing and partaking in a reflecting team process provides new therapists with experience in the creation of open, collaborative dialogue that incorporates barrier-free relationships between clients and professionals. The parallel learning and appreciation for the values within a reflecting conversation is an excellent way to demonstrate through modeling and experience verses theoretical writings (Biever & Gardner, 1995; Cox et al., 2003; Lowe & Guy, 1996; Moran et al., 1995; Roberts et al., 1989).

CONCLUDING REMARKS

Although studies have not found that, in general, clients appreciate the fundamental aspects of the model, as presented by Andersen, not all clients and families experience the reflecting team process as a positive approach. The application and refinement of the reflecting team process needs attention. Likewise, the possibility of dominance and the family feeling imposed on requires special consideration. Although researchers argue that clients felt less intimidated when the team did not remain behind the one-way mirror, some authors believe that regardless of the location of the team, the reflecting process falls short of the openness on which the model was based (Reimers, 2001). Preparing clients for what they may encounter, the process that will occur, and the benefits that could arise from this form of therapy may need to be included as part of the overall model.

While Andersen's model helped to introduce the idea of enhancing family members' participation in their own therapy, in many ways, the model continues to have family members passively sit on the periphery of the therapeutic process, which raises questions of true equality. This suggests that Andersen's maxim of equality between clinicians and clients

could become compromised if the reflecting process does not allow full collaboration with clients. Therefore, there is a definite need for more research on how the reflecting team process could be of most benefit to clients as well as research on the effectiveness of reflecting teams and the exploration of when the use of a reflecting team may be most appropriate.

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