Reflecting Teams and Other Innovative Family Therapy Techniques Adapted for Outdoor Behavioral Healthcare

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Abstract

This article demonstrates the effectiveness of using traditional family therapy techniques to enhance wilderness therapy, also known as outdoor behavioral healthcare. This article presents the practice of utilizing the narrative family therapy technique of reflecting teams in combination with the experiential family therapy technique of family sculptures. This article discusses the combination of these theoretical models and techniques and introduces a practical approach to the integration of models and theories in an outdoor behavioral healthcare setting.

Introduction

A marriage and family therapist first entering the field of wilderness therapy from other mental health professions finds some very unique challenges. One of the most pressing: learning how to apply traditional family therapy techniques into the unique setting of the wilderness. The learning process is not easy, and is made more difficult by the historically eclectic and poorly articulated approach to wilderness therapy (Russell, 2003). Understanding how the wilderness surrounding us impacts the therapeutic process is an integral part of this learning.

The theories and practices explored in this article are a result of that ongoing integration. This article will present one practical approach to family therapy in the wilderness using a unique fusion of narrative therapy techniques, experiential family therapy techniques, and wilderness therapy milieu.

This article will outline basic theoretical concepts from each of the above areas, integrating them to describe a practical approach to family therapy in the wilderness.

Concepts and Definitions

Wilderness Therapy. Wilderness therapy historically has not been a well-defined term (Bandoroff, 1989; Kimball & Bacon, 1993; McFee & Gass, 1993; Powch, 1994; Russell & Farnum 2004). Russell (2001) states, "Despite a growing number of programs operating in the United States under the guise of 'wilderness therapy,' a consistent and accepted definition is lacking" (p.70). Russell (2003) defines a specific form of wilderness therapy known as outdoor behavioral healthcare, as a "type of program that works to address problem behaviors and attitudes through a variety of therapeutic and educational curricula and outdoor environments. Processes [are] facilitated by unlicensed professionals" (Russell, 2003, p.3). Russell further defines outdoor behavioral healthcare as group living with peers, including the use of interventions such as natural consequences, mentors, use of metaphor, physical exercise, and challenge. Defining theoretical models for wilderness therapy as well as integrative approaches to wilderness therapy is seriously needed within the industry (Russell, 2003). Below, we detail some of the family therapy theoretical models used in wilderness therapy settings, and then describe the application of these models to one wilderness therapy program.

Family Therapy.

Early in the family therapy movement, the concept of cybernetics was integrated into theoretical and practical models. The notion of cybernetics, developed within technological industries, lent some legitimacy to the field of family therapy by treating clients from a systems perspective. In the 1980's, theorists developed the idea of second order cybernetics, which stressed that the therapist was an integral part of the family system, and therefore did not maneuver outside the family. Second order cybernetics also stressed that the therapists were not more of an authority than the families they treated. As this shift occurred, many therapists further developed the concept that therapists should not be in the expert role. Some of these therapists developed the postmodern therapy movement, which is referred to by Anderson, Goolishian, and Hoffman as a collaborative language systems approach (Nichols & Schwartz, 1998).

Experiential Family Therapy.

Developed principally by Carl Whitaker and Virginia Satir, experiential family therapy is based in a "here-and-now" approach. Its main axiom is that problem behaviors area result of unexpressed affect. Its techniques are dynamic, as exemplified by exercises such as family sculpting. Family sculpting is an exercise often used by experiential family therapist to vividly portray the roles which family members act out. In the family sculpting intervention, a therapist asks one family member to arrange the others in a literal sculpture which portrays his/her perception of family members' roles and actions. This intervention can be useful in heightening family members' awareness to each other's behaviors (Nichols & Schwartz, 1998).

Ever since David Kantor and Fred Duhl first developed the family sculpture exercise (Nichols & Schwartz, 1998), family sculptures have been applied to a variety of settings, ranging from choreography to family art therapy. The basic family sculpture exercise at Aspen Achievement Academy involves one member of the family arranging people and props (trees, rocks, cordage, streams, firewood, etc.) to create a meaningful tableau. The richer the metaphor created in the family member's sculpture, the better the reflection from the team. The facilitator asks adolescents to create a still picture of their choosing, emphasizing that an appropriate choice would illustrate an event, scenario, or dynamic that powerfully characterizes the adolescents perspective. Many adolescents find that they have an immediate image of what they want to sculpt; some do not. For those who do not, we suggest a few options, including creating a sculpture of the space where the problem story started, creating a sculpture of a climax that holds unexpressed stories, or creating a sculpture of changing points that offer a new perspective. This family sculptures exercise plays a critical role in the model we use with families at Aspen Achievement Academy, and its role will be explained further below.

Narrative Family Therapy: A Postmodernist Theory.

Narrative family therapy has its origins with Michael White, David Epston, Lynn Hoffman, Harlene Anderson, Harry Goolishian, and others, and grew out of post-modernist and deconstructivist thinking. Many postmodernists describe their approach to therapy as one based in principles and no tin methods (Nichols & Schwartz, 1998). The following four axioms outline the basic principles of narrative therapy: (1) realities are socially constructed; (2)

realities are constructed through language; (3) realities are organized and maintained through narrative; and (4) there are no essential truths, however, not all narratives are equal (Freedman & Combs, 1996).

Other important concepts within narrative therapy include: (1) the notion of a dominant story which is the overriding story one uses to define himself; (2) the problem- saturated story, which occurs when one dominant story is based on negative perceptions and cognitions; (3) the process of deconstruction, which occurs as the therapist asks questions to help clients more deeply understand their own stories; (4) an alternative story, which is introduced through therapy and offers new and different perspectives on old problem-saturated stories, giving the client the chance to see alternative perspectives; and (5) an audience, who witnesses the alternative stories, giving them strength (Freedman and Combs, 1996; Freeman, Epston, & Lobovits 1997; Nichols & Schwartz, 1998; White & Epston 1990).

Since the emphasis in postmodern therapy is placed on attitude and caring rather than on technique, there is a lack of various formal practice techniques in this model. One of the only techniques which emerged from narrative therapy is the "reflecting team" described below.

Reflecting Teams

A Brief History of Reflecting Teams.

Reflecting team techniques were created by Tom Anderson (Anderson, 1987). Influenced by the Milan therapy movement, Anderson was tired of the hierarchical nature of the Milan and other family therapy models, and accordingly sought to create non-hierarchical approaches to family therapy (Nichols & Schwartz, 1998; White, 1995). Composed of professionals, the reflecting team traditionally operates behind a one-way-mirror and observes a family being treated by a therapist. After the team observes, they switch locations with the family, and the family observes the team having a professional discussion of the therapy. Then, the family switches locations again, and each family member has the opportunity to respond to the comments made by the reflecting team. Lastly, the team shares back with the family a reflection of the families' responses (Freedman & Combs, 1996; White, 1995).

Basic Concepts and Principles from a Narrative Perspective.

As used at Aspen Achievement Academy, the reflecting team is a definitional ceremony. One author states, "Definitional ceremonies deal with the problems of invisibility and marginality; they are strategies that provide opportunities for being seen and in one's own terms, garnering witnesses to one's worth, vitality and being" (Myerhoff as cited in White, 1995, p.267).The definitional ceremony helps to establish for the adolescent and family an audience that gives and receives, contributing to the expansion of viewpoints and the validation of family stories. For this reason, the reflecting team requires more in terms of attitude than a specific technique. Hoffman (1992) asserts that reflecting team participants should take an affirmative and affiliative stance with "'relentless optimism"' (Hoffman as cited in Freedman & Combs, 1996). As we work with families in the reflecting team format, we acknowledge that not all stories are equal. So as we work to strengthen some stories and identities, we also challenge faulty cognitions that promote poor story formation.

At Aspen Achievement Academy, our assignment to reflecting team members is to join with the family, to support and help in developing a new story about the family, and to help deconstruct the problem-saturated stories. These tasks are accomplished by having the team, particularly the therapist and therapeutic staff: (1) pay attention and build understanding first, encouraging participants to let go of preconceived ideas; (2) look for evidence that support the problem-saturated story so that those can be deconstructed and new stories developed; (3) look for differences and other aspects of the family sculpture that do not fit with the family's or adolescent's problem-saturated story; (4) offer to the adolescent and family alterative perspectives on their problem-saturated story; and (5) utilize peer- based support as an audience whose witnessing can shift cognitive perspective and reinforce alterative perspective (Freedman & Combs, 1996).

The Family Sculpture and Reflecting Team Group.

At Aspen Achievement Academy, multi-family group therapy sessions are run by a Masters-level therapist at the end of adolescents' time in the program. These multi-family groups normally culminate with a particularly powerful group exercise: the family sculpture and reflecting team group which is described below. Prior to this group, there are several days of therapeutic activities that establish the families' familiarity with each other. Familiarity

andrapportamongallgroupparticipantsisimportanttoachievebeforethisgroupbegins, in large part because families will serve as members of each other's reflecting teams, a process which will be further explicated below.

At Aspen Achievement Academy, facilitators always take the entire group of families and reflecting team members through a detailed example of the group process to provide them with the opportunity for a full informed consent to this exercise. The following description of the four interviews of a reflecting team have been adapted to work within the Aspen Achievement Academy wilderness setting from the work of Michael White (1995, 2000). The family sculpture and reflecting team group is split into four different sections, which are called interviews.

The First Interview.

In Anderson's model of reflecting teams, the first interview is conducted by a therapist who has been working with the family for some time. This therapist conducts a "typical" session discussing core family issues. At Aspen Achievement Academy, this first interview is dramatically changed. In place of the typical therapy session, the adolescent creates a family sculpture of his/her family. The family sculpture represents a dominant story that still shapes how the adolescent sees himself. The adolescent tries to capture basic family therapy components such as: cohesion, adaptability, roles, rules, collusions, triangles, etc. Most times, these dominant stories are problem saturated. Then the reflecting team, made up of other families and therapeutic staff, is asked to observe the sculpture as if they were at an art gallery. Reflecting team members are given three questions to answer as they observe the sculpture. The three questions are: (1) What is the meaning of the sculpture, and do I perceive any metaphors; (2) what similarities do I share with the story being told in this sculpture; and (3) what emotions do I experience as I observe this sculpture?

After reflecting team members have had a chance to observe the sculpture and internally answer the three questions, the adolescent who created the family sculpture then narrates and explains his sculpture to the reflecting team. The adolescent's family members are asked to observe silently as the adolescent explains his sculpture. This family sculpture exercise has a powerful impact in that it can demonstrate multiple facets of the family system in a short period of time. It also incorporates many traditional experiential family therapy

elements by creating clear opportunity for the display of unexpressed affect. This display of affect often elicits empathy and understanding from family members instead of defensiveness and resentment.

The Second Interview.

During the second interview, reflecting team members sit in a circle and talk, while the family whose adolescent created the sculpture sits outside the circle. Reflecting team members discuss their ideas about the sculpture, as well as the answers to the three questions mentioned earlier. For the family, whose sculpture was created, this is a time to hear feedback as it is given from the team. The family, sitting outside the reflecting team circle, is asked not to respond in any way to what is being said. They sit outside the reflecting team, yet close enough to hear what is being said. To help create a feeling of separateness from the family, the reflecting team forms a tight circle as they discuss.

The family members outside the circle are advised not to discuss comments being made by the reflecting team. During this interview, it may be difficult for family members to remember all of the comments being made by the team; it can be much like trying to drink from a firehose. In light of this, the facilitating therapist can encourage family members to take notes during this process. Family members can be asked to keep notes and to write things that are: (1) validating, (2) challenging to hear, and (3) help them to have new or better understanding of their family. Challenging comments may include things that are true, but the individual is not yet prepared to face, or comments that do not seem to fit the individual's experience. New understanding comments are those which help them to explain dynamics they knew but did not know how to describe, or comments that bring new insight and understanding.

The reflecting team as utilized at Aspen Achievement Academy is made up of all of the adolescents and parents not in the sculptured family, therapeutic staff, and a therapist. This peer-based team can have many benefits, as well as risks. Most of the benefits come from the strength the reflecting team creates as an audience. As discussed earlier, the narrative perspective attempts to draw away from the "therapist as expert" idea, and places equal expert status on family members. The peer-based reflecting team supports this concept by having other families who share many dynamics with the family act as

experts in their own experiences, offering rich perspectives to their peers. An additional benefit can be the breaking down of prejudices against therapy activities, changing participants' notions about what is therapy. It can create particular impact, for example, for a father to hear comments about his unflattering position in the sculpture from a fellow father who is very similar. Similar comments from the facilitating therapist might well provoke a more defensive response.

The risk of the peer-based reflecting team is the unpredictable nature of the team's comments, created in part by the often-intense feelings generated in team members after viewing the sculpture. While such feelings of team members can often be useful, they may have more personal application than direct relevance to the family who is the focus of the team. These feelings can be noted by the therapist and addressed in other therapy sessions. It is suggested that, in setting up the reflecting team, the facilitating therapist establish some ground rules for reflecting team members, such as no advice-giving, no judgment- making, and no problem-fixing in other families' sculptures. Facilitating therapists should be confident in anticipating team members' strong feelings, and should be assertive in redirecting inappropriate comments that are best saved for later. It is crucial, given the intense nature of this exercise, that the family sculpture exercise and reflecting team technique only be conducted by a qualified therapist.

Family sculpture groups also run the risk of generating team member comments that are not accurate or rich enough. White (2000) details this problem:

> One of these potential hazards is that reflecting team-members can find their lives thinly described by the persons who are at the centre of the definitional ceremony–team members can experience a lessening of their personhood as a result of people's responses to the outsider-witness retelling, and, needless to say, this is not a good outcome. As contemporary western culture is a culture of normalizing judgment, if attention is not given to the potential for people to reproduce these practices of judgment in their responses to the outsider-witness retellings, then team members are engaging in a context that could be significantly disqualifying not just of their efforts, but also of their very personhood (p. 13).

To avoid this concern, the facilitating therapist can ask team members to be brief in their sharing of comments and to keep their energy focused on the family's sculpture. The therapist should also encourage team members to stay on the task of answering the three questions mentioned earlier. These three questions help keep the untrained team members focused on important and useful material. The therapist can help team members stay focused by facilitating the answering of these three questions.

The first of the three questions focus on metaphors. Metaphors address the mystery of the family and their stories. Metaphors can also expand the alternative stories. Many of the new perspectives offered by reflecting team members regarding these metaphors add depth that the family may not have considered. Focusing on metaphors in the sculptures also enhances a deconstruction of the old stories for the family and helps keep them open to new stories.

The second question asked of team members focuses on similarities. Exploring responses to this question help the reflecting team and family to join together, promoting an emotionally safe environment.

The third question asked of team members focuses on their emotional reactions to the sculpture. This question assists in the process by offering a place for validation and acknowledgement of team members' experiences. The question can also normalize for the family their experiences, as they hear other team members expressing many of the same emotions that they themselves felt during the time that the family sculpture represented. The expression of affect can also reveal previously unexpressed or hidden affect for the student who created the sculpture and his/her family. The therapist plays a critical role here as the facilitator by keeping energy focused on those reflecting team responses which expand the family's stories.

The Third Interview.

In the third interview, reflecting team members sit on the outside of the circle, while the adolescent, his/her family, and the facilitating therapists it inside of it and talk. The third interview allows the reflecting team now to be the audience and hear the family's conversation regarding the team's comments. During this process, the facilitating therapist plays dual roles. In traditional reflecting teams, there is a different therapist who sits with the family during this

interview. This is not the case with the technique as utilized at Aspen Achievement Academy. As we have adapted the technique, the facilitating therapist is free to add comments during this interview, but reflecting team members are not.

As the adolescent and his/her family respond to the reflecting team's comments, they are asked not to tell their own dominant story as a response, but to share how the sculpture and comments from the reflecting team affected them emotionally, physically, cognitively, or spiritually. The family is asked to comment on several specific elements of the process. First, the family is asked to share their personal responses to the second interview, which was the reflecting team's discussion of the sculpture. This sharing constitutes the majority of the third interview. Family members are asked to reflect on the most meaningful comments made. They are asked to consider comments which were validating, challenging, supportive, or expanding. It is also helpful to have family members answer which comments taught them the most about themselves or about the family. Typically, the first person to share is the adolescent who created the sculpture. Then, each family member of the adolescent is asked to share. After every family member has spoken, the adolescent is asked to reflect on the comments made by his family members, essentially creating a mini-reflecting team within the process. Some students find it helpful to focus on reflecting comments made by parents which the student had not noticed before.

In the third interview, family members are also asked to share their experiences of the first interview, which was the sculpture creation and subsequent viewing by team members. This processing component of the reflecting team interview is not given a great deal of time, as there is a risk of family members attacking or invalidating the adolescent's sculpture, rather than simply being reflective on it. However, family reactions to the sculpture can be very powerful. The facilitating therapist is advised to redirect reactive comments, asking family members not to justify, rationalize, or re-explain.

Finally in the third interview, the therapist comments on both the family's reflection and the family sculpture. Here, the therapist can ask future-oriented or opening space questions and can point out important comments that were made earlier but ignored by the family. The therapist here can investigate how the comments impacted the family, and what the family might predict are the results of these new realizations.

The Fourth Interview.

In the fourth interview, the family and the reflecting team discuss the previous interviews as one big group. During this interview, reflecting team members can ask new questions, as well as make strengthening comments which may add reinforcement to new story formation. Team members are advised by the facilitator to avoid loaded questions that carry value judgments towards the family or other team members.

The Utility of Having an Audience.

From the perspective of narrative theory, having an audience is critical in achieving new story formation. This audience should be made up of those whose views keep the old story alive, as well as peers who have the influence to give validity to a new story or narrative. In this exercise at Aspen Achievement Academy, three audiences are in place.

One audience is family. Involving family members in the process of new story formation is important. Family includes any siblings and extended family members who play a significant role in the adolescent's life. These audience members are invaluable as they often can help challenge old stories and may support new narratives that demonstrate growth and healing.

Another audience is composed of peers. Peers, including the Aspen peers who have spent many weeks in treatment together, are also crucial audience members. Developmentally, adolescents are seeking connection and prioritizing approval from their peers. Thus, peers can play an important role by offering reinforcement for new stories and providing empathy and concern. Peers back home also play a major role in most problem-saturated stories. Having new peers talk about alternative stories in this group exercise is a powerful reinforcement.

A third audience is therapeutic staff and the facilitating therapist. Most adolescents in our program develop strong rapport with therapeutic staff through daily interactions and experiences. From the vantage point of strong relationships built through daily interaction, therapeutic staff can offer comments which may have dramatic impact. Thus, it is important for the facilitating therapist to train therapeutic staff on how to be most effective in this group process. It is recommended that staff meet with the facilitating therapist for

training prior to the conducting of the group. Such training may involve reviewing the staff's own family sculpture, which could then be used as an exemplar for the group. Staff are instructed to prepare a family sculpture which connects with the issues facing the students and has dynamic and descriptive parts (i.e. pulling, pushing, defiance, faulty cognitions, family homeostatic patterns, etc.). Adolescents often pull many of their dynamics from the example of the staff. The staff is asked to make a true sculpture and to not makeup a family for the sake of the exercise. The staff also needs to understand that this is an example only and to be prepared for the transference that may be placed on them during the reflecting team process. Being prepared to reflect in the third interview without re-explaining or justifying will model the safety needed for the rest of the group. Lastly, the staff should be clear that if unexpected issues are brought up, or if the process opens areas that need personal work, that they have the resources to do their personal work away from the context of this work. Readings are also often assigned to staff to prepare them for this work.

The Role of Artwork in Creating Audience.

In narrative family therapy, the audience plays a crucial role by witnessing new stories and providing support for them. In the group exercise described above, the audience of the reflecting team is only one audience. Creating artwork can provide the opportunity for other audiences. Creating artwork as a family, after the family sculpture and reflecting team exercise, can strengthen alternative family stories and provide the opportunity for another audience.

Michael White and David Epston (1990) invite their clients to record their new stories in a way that they can then reflect back during moments when problem stories resurface. This recording can be done in many different forms, including artwork, journaling, letter-writing, or group-formation. For example, in Australia and Canada, there are many anti-anorexia/ bulimia groups who form a commitment to each other to better manage their self-image and drive for control (White & Epston, 1990). At Aspen Achievement Academy, we ask families to self-record using artwork. At the conclusion of the family sculptures and reflecting team group, we ask each family to take art supplies and draw their family sculpture as it was seen in the group. This project should be done by the family alone, without outside assistance, but using the gifts and talents of each family member. On the back of the artwork, we ask families to record

additional memories. We ask each family member to recall at least two or three meaningful comments or lessons they received from the family sculpture and reflecting team process. The comments should help them remember statements which gave them hope or statements which may stimulate change. The family is asked to record the comments using as many quotes from the team as they can remember. They are then asked to share the comments and artwork with each other, and commit to remembering them in the family by keeping their artwork in a place so that it gets shared often. This process, the creation of artwork along with the recording of the team members' comments, offers families an opportunity to develop a ritual for remembering (Doherty, 1999).

Implications for Research and Evaluation

Our personal observations of participants' spoken and written feedback demonstrate high satisfaction with this integrative group technique of family sculpture with reflective team. However, these findings are not empirically validated and need testing. The authors have not seen any study in the literature which defines or tests this particular integrative model, and thus clearly there is a need for research here.

There is also a need to find a more complete theoretical model that defines wilderness therapy. As noted above, a theoretical model for wilderness therapy is in its early stages, drawing upon many disciplines. However, this model is yet to be rigorously tested. We advocate here for the empirical and rigorous testing of all theoretical models and integrative techniques used in wilderness therapy and outdoor behavioral healthcare settings. In its description of theories and techniques utilized in a wilderness therapy setting, this article attempts to contribute to this dialogue.

We believe research is needed to establish empirically what is working within wilderness therapy and which factors can account for its impact. For example, Russell (2003) suggests that in outdoor behavioral healthcare settings, therapeutic alliance is more important than which the theoretical model is used by the therapist. The notion that therapeutic alliance being of more importance to outcome than any particular theoretical model is supported by others in the mental health field (Miller, Duncan & Hubble, 1997, 1999). Establishing empirically what works in wilderness therapy is essential in creating an integrative model for wilderness therapy.

Conclusion

This article outlines one integrative approach to family therapy in an outdoor behavioral healthcare setting. It describes a practical application of narrative reflecting teams in combination with the family sculpture exercise used in a wilderness therapy setting. It is our hope that this article outlines for others, through a combination of theory and practice, some ideas on how to create and utilize an integrative approach in the particular field of wilderness therapy.

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