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QUALITATIVE STUDIES IN FAMILY PSYCHOTHERAPY

Pilot Process Research of Reflecting Conversations

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ABSTRACT. A psychotherapy process methodology, Interperso[n] Process Recall (IPR), was used on a pilot sample of couples to bet[ter] understand what transpires during Reflecting Team dialogues. Usi[ng]

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data collected in an earlier ethnography, a team of researchers performed a constant comparative analysis of transcripts of the dialogues immediately before, during and after Reflecting Team "clinical markers" (Rice & Greenberg, 1984, 1992). Not surprisingly, the couples' experiences of Reflecting Team differed from therapists' in all three phases of the dialogues. For the period immediately preceding the Reflecting Team dialogues, couples focused on process while therapists focused on expectations. During the dialogues, couples focused on the impact while therapists focused on its purpose. Finally, immediately after the dialogues, couples focused on the value of Reflecting Teams while therapists focused on its impact. Recommendations for future studies are given. *[Article copies available from The Haworth Document Delivery Service: 1-800-342-9678.]*

Enthusiasm for Reflecting Teams practice is well documented in the practice literature (Kassis & Matthews, 1987; Lax, 1989; Miller & Lax, 1988; Roberts, Caesar, Perryclear, & Phillips, 1989; Mittelmeier & Friedman, 1991; Aderman & Russell, 1990). The abundance of clinical case studies documents the need to begin systematic study of Reflecting Team process. Fortunately, such systematic study is beginning to appear (Smith, Yoshioka, & Winton, 1993; Smith, Winton, & Yoshioka, 1992; Sells, Smith, Coe, Yoshioka, & Robbins, 1994; Smith, Sells, & Clevenger, 1994; Griffith, Griffith, Krejmas, Mittal, Rains, & Tingle, 1992). This paper provides another step in understanding Reflecting Teams using a process research methodology–Interpersonal Process Recall. Ethnographic studies by Smith and his colleagues provided a "rich description" of Reflecting Team practice. They collected therapists' and clients' descriptions of Reflecting Team practice. Sells et al. (1994) proposed and Smith et al. (1994) explored further several theoretical assertions about how Reflecting Team practice encourages clients to increase their perspectives. Smith and his colleagues developed seven categories (Sells et al., 1994; Smith et al., 1994). Of these seven categories, two were especially intriguing in what they suggested about the process of change within Reflecting Teams: "process of change" and "spatial separateness." The concepts of "spatial separateness" and "process of hearing" were different conceptually but related in how couples used them to describe the process of hearing Reflecting Team mem-

bers. These concepts were similar to Prest et al. (1990) who described this process as a "fly on the wall" phenomenon in which an imaginary boundary allows someone to go to a meta-level to his or her own process of hearing. "Spatial separateness" indicated statements concerning a boundary created by the team and the setting while "process of hearing" described a sequence of stages or instances by which a person heard the problem differently. However, the two concepts overlapped considerably because the use of imaginary boundaries and enforced silence often preceded couples' ability to hear the problem differently.

Because these two concepts seem crucial to understanding how clients benefit from Reflecting Team, further study seems warranted. Specifically, attention to Reflecting Team conversations intrigued the authors. Although another series of ethnographies would shed light on Reflecting Team conversation, a more focused methodology that would allow a study of Reflecting Team conversations appeared more suited to the research questions under consideration. In examining different methodological options, Rice and Greenberg (1984) described an alternative research paradigm that focused on isolating patterns of behavior versus rates of behavior. They recommended that researchers study therapeutic sequences and stages in which clients experienced significant change. They segmented therapy into different episodes or events to understand process in the context of clinically meaningful units. Their emphasis on process research coincides with a de-emphasis on outcome research and increasing interest in therapeutic processes (Liddle, 1991). The use of alternative research paradigms seems especially well-suited for a treatment process as complex as a Reflecting Team approach. Rice and Greenberg's recommendation to gather client perceptions of clinically significant "markers" with Interpersonal Process Recall (IPR) (Elliot, 1984; 1986) fit the exigencies of Reflecting Team practice. Therefore, we piloted the use of an IPR methodology to examine how patterns of Reflecting Team conversations encouraged the development of multiple perspectives.

METHODOLOGY

Interpersonal Process Recall

IPR was first used by Bloom and his colleagues in the forties and fifties to study the thought processes of college students during discussions (Bloom, 1954). Kagan (1975) used IPR to examine its use in "psychological helping situations" and was the first to label the process as "Interpersonal Process Recall." Although IPR has been recommended by leading psychotherapy researchers, its use has not been widespread. A recent application of IPR to psychotherapy was by Meichenbaum and Butler (1979) who called it "videotape reconstruction." Making use of our experience in ethnographies, we employed ethnographic interviews of clients who viewed segments of a taped Reflecting Team conversation from a session that had just finished.

The ethnographies by Smith et al. (1992, 1993) and by Sells (1994) suggested that the Reflecting Team conversations allowed clients to develop multiple perspectives. Using Rice and Greenberg's terminology, the clinical "markers" (i.e., clinically significant events) for clients occurred during Reflecting Team conversations. The ethnographies suggested that couples benefitted because they developed multiple perspectives of their interpersonal difficulties. However, they developed these perspectives because they were forced to listen to a team of dispassionate observers discussing the issues brought up during the session. Thus, clients stopped talking, listened to a group of experts, and were then allowed an opportunity to integrate the team presentations into their own language. Although the ethnographies suggested that "spatial separateness" and "process of change" were important, it was unclear what part(s) of the Reflecting Conversation was perceived as important by clients and therapists. Thus, an IPR allowed a close examination of the "spatial separateness" and "process of change" domains that emerged from the earlier ethnographies.

More important, we were interested in piloting the use of an IPR to study family therapy processes. Because process research in family therapy is seldom reported, we were interested in examining the viability of a common process research methodology. Thus, this paper had a

dual foci: continue qualitative research on Reflecting Team practice and pilot the use of an innovative process research methodology.

Descriptions of the Context

Description of clients and clinicians. After the Sells et al., (1994) and Smith et al. (1994) studies, a follow-up process research study was planned and conducted with four couples, four therapists, and four researchers who were interviewed over a four-month period concerning their reactions and perceptions of Reflecting Team practice. Participants were selected using a purposive sampling strategy. Purposive sampling requires researchers to select participants who can be informants about a topic of inquiry (Honigman, 1970; Miles & Huberman, 1994). Purposive sampling was well-suited for this study because generalization to the population was not the research goal. Instead, the goal was to refine theoretical assertions developed in an earlier study. In the current study, care was taken to ensure that disparate couples would be interviewed. Although couples who were part of the earlier study were eager to be involved in this study, we chose to interview couples who had not been part of the earlier research efforts. In the current study, at least one couple was disgruntled and angered at their therapist and at least one couple was pleased with their experiences. This search for disparate couples is consistent with Spradley's Developmental Research Sequence that was used in the Sells et al. (1994) and Smith et al. (1994) studies. By including a variety of couples, theoretical saturation is hastened.

Couples had been married at least one year. Wives ranged in age from 21 to 49 years (mean = 35), while husbands ranged in age from 24 to 51 years (mean = 37). Couples who requested marital counseling services at the university Marriage and Family Clinic were informed about the research project, and were given a choice to participate both in the study and in Reflecting Team sessions.

Description of the researchers. To successfully employ Interpersonal Process Recall, the research team used their skills in ethnographic methodology. Members of the research team had been active over the last several years in doing ethnographic interviews of therapists and clients of Reflecting Teams at the university-based marriage and family therapy clinic that served the campus and the community. In the spirit of ethnographers, researchers had spent

hours behind the mirror conducting and observing Reflecting Teams with their clients. Such experiences were crucial in the team's ability to gain an understanding of events in each session with each Reflecting Team. Most of the research team members had been involved in the past ethnographic research as clinicians; two team members had been fully involved as researchers and clinicians.

Two research team members experienced in ethnographic research interviewed each couple and therapist who participated in the study. They were guided by ethnoscience theory and Spradley's (1979) ethnographic methodology. Although research team members had previous knowledge of Reflecting Team literature, their training and experience in conducting ethnographic interviews allowed them to remain open to novel perspectives. Other team members' participation in the study was largely limited to their participation on Reflecting Teams, their participation as informants, and their assistance during the preparation of this manuscript. The team supervisor had knowledge of Reflecting Team literature, provided theoretical memos, but did not participate in the domain analyses or decisions on choice of interview questions. He was active at the conclusion of the study in analyzing the text and in preparing the manuscript.

Description of the site. All therapy sessions were conducted at the university's Marriage and Family Therapy Clinic. Clients who request therapeutic services were told that the MFT clinic conducts research that may involve taping therapy sessions in front of one-way mirrors. Clients were also told that the training clinic is staffed by student therapists who have a masters degree and are pursuing a Ph.D. degree.

Description of the team. The practicum team consisted of three doctoral student in marriage and family therapy, and one female social work master's student intern. The doctoral students consisted of one female student in her first year and two male students in their second year. The students ranged in age from 30 to 48. The faculty supervisor is on the faculty of the School of Social Work and was the director of research at the Marriage and Family Therapy Clinic. He has had extensive experience supervising practicums and teams for the past 8 years. The practicum team met once a week for two

semesters. The first semester consisted solely of the faculty supervisor and the practicum team including one advanced doctoral candidate who became a SIT in the second semester.

Description of the Reflecting Team. In this study, the Reflecting Team consisted of the couple's therapist, the couples themselves and team members. The doctoral students participated as team members and therapists. This meant that if the therapist's couple was in front of the Reflecting Team, he or she would not be a member of the team. Instead, he or she became the therapist who counseled the couple and who turned to the team during the session. At the therapist's discretion, he or she turned to the team members throughout the session and engaged them in an unrehearsed discussion of their opinions concerning the couples' dilemma(s). The therapist enforced an imaginary boundary between the couple and the team members who were present in the interviewing room. Couples were restricted from interacting with the team members during their discussions. Couples were then asked by their therapist to comment on what they heard as the team members in turn listened to them. In this approach, therapists, couples, and team members were all part of the same therapy session. Insights and opinions were shared openly with couples with little or no editing. This interaction between the team and the therapist happened once or several times during a single therapy session. Team members' presence in the room was at the therapists' and couples' invitation only.

Data Collection

Interview procedures. The earlier ethnographic interview questions had captured a set of clients' and therapists' understanding (i.e., personal construal) of Reflecting Team conversations (Sells et al., 1994; Smith et al., 1994). The questions were not predetermined at the project's beginning (c.f., Corbin & Strauss, 1990; Sells et al., in press) and had gone through an iterative process in response to the clients' answers, with some questions remaining unchanged through the data collection period and being asked each and every time. Some questions were altered to make them more understandable. Others were dropped from the interview, and replacements were added. The iterative question development was presented in Sells et al. (1994). Questions in this study began where the last set

of iterative questions ended in the earlier study. Table 1 presents the questions asked in this study.

Immediately following a therapy session, clients watched the tape of the Reflecting Team conversation that they had just experienced. Therapists also watched the same tape segments and generated theoretical memos that documented their impressions of the Reflecting Conversations. Tape playback was divided into three segments: two minutes before each Reflecting Team conversation ("Before"), the Reflecting Team conversation ("During"), and two minutes following the conversation ("After"). Thus, at the end of the first segment, the researcher stopped the tape and asked clients to relate what they were thinking during that segment of tape. The same procedure was followed for the last two taped segments. Bloom (1954) believed that the tape playback resulted in a "stimulated recall" that was superior to ordinary recall because the tape recording provided cues that assist in retrieving memory traces. The emphasis on immediate tape playback is not coincidental: such a protocol allows nuances of the just completed session and the Reflecting Team conversation to be captured. Memories can be readily retrieved when recall takes place as soon as possible after the event. Finally, clients were given control over playback of the videotaped conversation to ensure that they felt safe. By giving clients the videotape machine's remote control, clients had literal control of what they were watching and could pause the tape at any time. Clients were encouraged to express their discomfort and to stop the recall process at any time. Allowing clients to set privacy boundaries promoted a free-flowing appraisal of the Reflecting Team conversation.

Playing back a relatively small portion of tape allowed clients to view interactions in a focused fashion on the "there-and-then" of the Reflecting Team conversations. By allowing a discussion of minute interchanges, IPR slowed down interactions, encouraged clients to drift into the experience of the "there-and-then" and allowed fleeting memories of specific moments to be retrieved and articulated. Finally, client control over the playback process was emphasized to permit capture of moments that were meaningful to clients.

Researchers watched the edited tapes, and followed clients' and

TABLE 1. Interview Questions

Couples' Questions

A) Before

1) Could you describe for me step-by-step what was happening in this segment? What were you thinking about?

2) How was this event meaningful or not to you?

3) How was your counselor and/or team helpful at this point in time?

4) Why do you think your counselor turned to the team at this moment in time?

5) What does your counselor do/not do to help you hear the team better right before he or she turns to the team.

B) During

6) Could you describe to me what was going through your mind at the time your counselor put up this imaginary mirror and you have to just sit there and listen?

7) How did the team demonstrate understanding in your eyes?

C) After

8) How did your therapist use the team?

9) Could you describe to me what you were thinking as your counselor turned back to you for your reaction?

Therapists' Questions

A) Before

1) Could you describe for me step-by-step what was happening in this segment?

2) How was this event meaningful or not to you?

3) How was the team helpful at this point in time?

4) How did you decide to turn to the team at this point in time?

5) How are you using the team at this moment in time?

B) During

6) How did the team demonstrate understanding in your eyes?

7) At this segment how do you benefit from the team?

C) After

8) What did you tie in from the team to your next intervention?

9) How did you use each team member's individual comments?

therapists' comments that had been transcribed. Researchers then generated audiotaped theoretical memos about their impressions of the before, during and after stages of the Reflecting Team conversations. The theoretical memos consisted of researchers' thoughts, impressions, and speculations about the content of the tapes. These memos were also transcribed. Thus, at the conclusion of the study, we had taped four types of narrative: (1) transcribed segments of events before, during and after Reflecting Team conversations; (2) transcribed clients' recall of their impressions of what had occurred; (3) transcribed therapists' recall of their impressions of Reflecting Team conversations; and (4) researchers' memos generated after watching the tapes and reading the transcripts.

RESULTS

A constant comparative analysis was performed on the transcripts. This analytic methodology is borrowed from grounded theory research (Strauss & Corbin, 1990; Corbin & Strauss, 1990). Provisional categories were developed after examining transcripts of the recall of each taped segment. Clients', therapists', and researcher's interviews, field notes, and memos were used to develop and refine categories. Table 2 shows a summary of the categories that were developed of each phase of the Reflecting Team conversation.

Before Categories

Prior to the RT conversation, couples reported that either confusion or reduced tension occurred at the point when the index therapist turned to the team. If clients were disgruntled when the index therapist turned to the team, then the Reflecting Conversation was not maximally effective.

She (therapist) never even had nothing to turn to the group about. I (client) was not finished with the statement and she is turning to the group. She asked me a question and I am trying to tell her and she cuts it off, that was kind of rude.

TABLE 2. Summary of the Before, During and After Categories

	Before	During	After
Couples	**Process of RT** "Understanding the reason for the RT conversation. "Cooled down couples' argument	**Impact of RT** "Said what was really going on "Not alone any longer "Seeing other viewpoints "Getting feedback "Hearing team's experiences	**Value of RT** "Gave therapist different ways to approach client "Experts that had gone astray "Fresh, fresh ideas "Only voiced wife's reactions. "It put me on the spot
Therapists	**Expectations of RT** "Support "Redirection "Feedback "Introduction of new information "Addressing conflict "Normalized their experience	**Purpose of RT** "Laying cards on table "Delivering same message but in different way "Not helpful if too preachy "Team gave more vitality "Forced them to slow down	**Impact of RT** "Building: picking the little things out of context "Opened couple's world view "Brought new ideas for them to follow "Escape adversarial role

Therapists reported that they were seeking support, different viewpoints, redirection, new information and feedback when they turned to the team. The IPR suggests that therapists who "set the stage" for the Reflecting Conversation and carefully timed turning to the team facilitated clients' ability to hear the multiple perspectives espoused by team members.

I (therapist) think I was just itching for some redirection.

In my theory of change, the introduction of new information is going to be enough to allow them to make different decisions.

During Categories

Couples said that the RT conversation introduced the "unsaid" messages that had been implied by either one or both partners. When successful, the team helped the couple no longer feel alone.

> A lot of times you think you are the only person going through it. These are the people who are doing this for a living. To see them go through the same ups and downs that we are going through helped a lot.

When unsuccessful, one spouse reacted angrily.

> They are looking down the road and interjecting things that might happen or not. How the hell do they know? For them to make some sentencing of me was bogus as hell . . . that is not the issue we are there for.

Couples also reported that multiple viewpoints of team members began to introduce change.

> By hearing the team they start being helpful because you are seeing other points of view and other issues . . . they were starting to make a change just a little.

Couples also stated that receiving feedback forced them to listen and that they felt gratified in hearing that team members had experienced events that were similar to theirs. In either case, the couple no longer felt alone. In examining differences between couples, it became apparent that the couple who responded well did so because they understood the reason why the therapist turned to the team and believed that the lead therapist had "heard" their story. The initial impression that "setting the stage" was crucial in Reflecting Conversation was borne out of clients' reactions. What happened during the RT conversation was as much dictated by how the lead therapist prepared the couple as it was by what the RT members stated.

Therapists reported that the team allowed the couples to put their relationship in context and slowed down the process enabling the couple to see themselves in a different way.

The team gave the couple more vitality, more richness. Team members were saying things that I could not have said, would not have thought to say, did not experience myself.

One therapist reported that the team loses its helpful features when it becomes too "preachy" and makes use of "systemic ideas."

> The team is not useful when it gets extremely preachy. I do not think that it is very helpful for the team to be analyzing and interpreting and coming up with systemic ideas.

IPR suggests that therapists who have a good established therapeutic relationship with the clients facilitate the process of change by giving the clients the feeling that their story has been heard enabling them to be set in "learn mode" i.e., ready to hear different viewpoints. Therapists reported that the Reflecting Conversation allowed the couples to put their relationship in context and slowed down the therapeutic process, thus enabling the couple to see themselves in a different way.

After Categories

Couples' reactions for the period directly after the RT conversation was similar to their reactions about what happened during the RT conversation. They reported that being put on the spot was meaningful.

> It is like when you have one person working on the problem and they cannot really ignore it, but when you have someone else and they look at it in a totally different view. It is fresh, fresh ideas.

The couple who had previously reacted angrily felt the team was not helpful at all.

> I thought their comments were from outerspace. I do not think they connect . . . I acknowledge them as experts that had gone astray.

Therapists reported feeling validated in their thinking about what was going on with the couple and bringing the underneath issues to the surface forcing the couple to deal with them.

> We are building, everything was kind of underneath about what is going on without laying it on top. It is like trying to pick these little things up out of context. It helps.

IPR suggests that the credibility of team members depends on the importance of having "set the stage" and the therapeutic relationship established between the lead therapist and the clients prior to the introduction of the RT.

DISCUSSION

Couples were given ethnographic interviews directly after their Reflecting Team session. The questions about Reflecting Conversations showed that setting the stage for them was critical in helping couples open to multiple perspectives. In order for Reflecting Conversations to be effective, the conditions for a "conversation" need be in place: context (i.e., clients' readiness to listen), and trust (i.e., therapeutic relationship and credibility of team members). Both conditions emphasize a sense of collaboration between all participants in a Reflecting Team setting.

Process research, like qualitative research, in family therapy is ill rarely conducted and is needed to better understand why and how people change (Patton, 1990). This study has combined a qualitative research project with elements of an innovative process research methodology to hasten understanding of Reflecting Conversations (Sells, Smith, & Sprenkle, 1995). Like most qualitative and process research studies, the results are not generalizable beyond the couples and therapists who participated in the project. However, the study demonstrates that a process methodology is compatible with ethnographic interviewing methods and that clients are pleased to provide feedback on family therapy structure and outcome.

Implications for Theory-Construction

Process research explains why interventive strategies succeed or fail. As such, they are a "rich description" of interventions and the people who deliver and receive them. Such descriptions, like ethnographies and grounded theories, provide data on the relationships among concepts and propositions. This level of information allows researchers to reduce systematic and random error. As many have claimed, psychotherapy and family therapy both suffer from poorly articulated theoretical antecedents. Process research, like the IPR, provides a bridge between basic theory-oriented research and outcome research (cf., Patton, 1990).

Process research will allow us to move beyond reiterating the tenets of a practice model and systematically understand why it has the effect that it does. There seems little question that most practice models are effective with some people some of the time. A better articulated theory would allow us to differentially use interventive strategies. For example, the IPR will affect how the therapist turns to the team; although the Reflecting Conversation is the clinical marker for many clients, the therapists' influence in "setting the stage" cannot be overemphasized. It may well be that the therapist should consider the clients' readiness before turning to a Reflecting Team.

Implications for Future Research, Practice and Education

The current study was a pilot effort that we used to develop a procedural manual to conduct further IPR research. It was by no means conclusive or exhaustive. Our experiences suggest that IPR can be used as a process research methodology. It provides an intriguing bridge between qualitative and quantitative research (Miller & Crabtree, 1994). By articulating the "active ingredients" in a practice model, IPR and constant comparative methods have key roles in preparing and implementing clinically-relevant, theory-grounded outcome research. Although RT practice is by no means ready for examination in outcome research, our efforts help better define our understanding of it and how it can be measured.

It should not be surprising that "setting the stage" is critical in effective "Reflecting Conversations." Clients who don't trust their

ierapist will undoubtedly be taken aback by Reflecting Conversations. The index therapist's success in posing questions to team members can set the stage for clients to hear multiple perspectives. clients are frustrated, then the commentary by a group of clinicians may well exacerbate tension that already exists. Unfortunate-*, therapists in this study who asked for the team's commentary 'hen they were stymied may have failed to prepare the clients for a 'ealth of information that was frequently offered during a Reflecting Conversation. A good example of inadequate preparation occurred when the clients were angered by their therapist. The clients' 'iger in part stemmed from a perception that the therapist had not heard" their story. The therapist in question was relatively inexpeenced in marital therapy, but had extensive experience in substance abuse treatment. Unfortunately, her confrontational style was a poor fit with the couple during therapy. Her inability to prepare ie couple for the team's input undoubtedly diminished the effecveness of the team's intervention.

Our experience suggests that therapists may not make effective se of Reflecting Conversations when their frustration becomes reater than their curiosity during a clinical impasse. In training rapists to effectively use a Reflecting Process, this study sug-:ts that therapists attend to therapeutic alliances and collaborative itionships. With a well-established alliance and well-developed laborative relationship, we believe that the clinical impasse uld deepen the primary therapist's curiosity about how and why clients think and act in the way that they do. Such curiosity in n will allow the therapist to prepare the clients for the potent iversations that ensue. From this perspective, one central theme . training therapists to use a Reflecting Team is maintaining cuosity about clients.

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