ผลตอบรับจากครอบครัวเกี่ยวกับคุณสมบัติของทีมสะท้อนกลับในครอบครัวบำบัด โรงพยาบาลรามาธิบดี

Families' Feedback on Useful Qualities of Reflecting Team in Family Therapy at Ramathibodi Hospital

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บทคัดย่อ

วัตถุประสงค์ เพื่อศึกษาคุณสมบัติของทีมสะท้อนกลับที่มีประโยชน์ตามการรับรู้ของครอบครัวในกระบวนการครอบครัวบำบัดที่โรงพยาบาลรามาธิบดี

วิธีการศึกษา เป็นการศึกษาแบบพรรณนาโดยเก็บข้อมูลจากผู้ป่วยและสมาชิกในครอบครัวทุกคนที่เข้ารับบริการครอบครัวบำบัดแบบมีทีมสะท้อนกลับที่คลินิกครอบครัว โรงพยาบาลรามาธิบดี ระหว่างเดือนสิงหาคม พ.ศ. 2559-กรกฎาคม พ.ศ. 2560 ผู้รับการบำบัดซึ่งเข้าร่วมการวิจัยตอบแบบประเมินความพึงพอใจต่อการให้บริการของทีมสะท้อนกลับในครอบครัวบำบัด 13 ข้อหลังการบำบัดเสร็จสิ้น การวิเคราะห์ข้อมูลทั่วไปใช้สถิติเชิงพรรณนา และการวิเคราะห์เปรียบเทียบระหว่างกลุ่มใช้สถิติ ANOVA และ post hoc test

ผลการศึกษา ประชากรศึกษาจำนวน 28 คน จาก 11 ครอบครัว ส่วนใหญ่เป็นเพศหญิง (ร้อยละ 71.43) อยู่ในช่วงอายุ 14-70 ปี อายุเฉลี่ย 36.50 ปี (IQR 27.00 - 54.25 ปี) คุณสมบัติของทีมสะท้อนกลับที่ได้คะแนนสูงสุดคือ การที่ทีมมีความจริงใจและหวังดีต่อครอบครัวผู้รับการบำบัด (3.51 ± 0.82 คะแนน) ผู้เข้าร่วมการศึกษารายงานว่าสิ่งที่เป็นประโยชน์มากที่สุดจากการสะท้อนกลับของทีมคือ ช่วยให้เกิดความเข้าใจต่อตนเอง ครอบครัวและปัญหาภายในครอบครัวมากขึ้น (ร้อยละ 45.65) ทีมให้ข้อคิดหรือคำแนะนำที่เป็นประโยชน์ (ร้อยละ 10.87) และทีมสามารถสะท้อนจุดแข็งของครอบครัว (ร้อยละ 6.52) จากการวิเคราะห์ระหว่างกลุ่มย่อยซึ่งแบ่งผู้เข้าร่วมการศึกษาออกเป็น 3 กลุ่มตามระยะของการบำบัด พบว่ากลุ่มที่เข้ารับการบำบัดมากกว่า 4 ครั้งขึ้นไป ให้คะแนนเรื่องความสามารถของทีมในการถ่ายทอดสิ่งที่ต้องการได้อย่างมีประสิทธิภาพและเข้าใจง่าย สูงกว่ากลุ่มที่เข้ารับการบำบัด 1-3 ครั้งอย่างมีนัยสำคัญทางสถิติ (3.73 ± 0.47 VS 3.00 ± 0.48 คะแนน, $p < 0.0001$)

สรุป ทีมสะท้อนกลับในกระบวนการครอบครัวบำบัดมีประโยชน์และนำมาใช้กับบริบทของสังคมไทยได้ การที่ทีมสะท้อนกลับช่วยสะท้อนให้ครอบครัวเข้าใจสถานการณ์ภายในครอบครัวเป็นกระบวนการที่สำคัญที่สุด

คำสำคัญ ทีมสะท้อนกลับ ครอบครัวบำบัด คุณสมบัติ

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ABSTRACT

Objective : To examine reflecting team's qualities that families perceived as useful qualities in family therapy at Ramathibodi Hospital, Bangkok, Thailand.

Methods : This descriptive study enrolled all clients attended family therapy using reflecting team (RT) approach at the family clinic, Ramathibodi Hospital from August 2016 to July 2017. The clients were asked to fill out the RT feedback questionnaires shortly after their therapy sessions were finished. Data were analyzed by descriptive statistics, ANOVA and post hoc tests for multiple comparisons.

Results : A total of 28 clients from 11 families participated in this study. Most participants were female (71.43%). All participants aged 14-70 years (median 36.50 years, IQR 27.00-54.25 years). Genuineness and having good intentions were perceived as the strongest strengths of the RT (3.51 ± 0.82 scores). The participants reported that helpful reflections could help them understand themselves, their families, and their problematic situations 45.65%, contained useful comments and advice 10.87%, and reflected their strengths 6.52%. The subgroup analysis that divided all participants' responses into 3 groups by numbers of therapy sessions showed that ability to communicate effectively had significantly higher scores in the group of participants who attended 4 or more therapy sessions than the group of participants who attended 1-3 sessions (3.73 ± 0.47 VS 3.00 ± 0.48, $p < 0.0001$).

Conclusion : The RT approach in family therapy was useful and compatible with Thai culture. The clients' feedback revealed that better understanding regarding their family situations was the most important part in reflecting processes.

Keywords : reflecting team, family therapy, qualities

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J Psychiatr Assoc Thailand 2018; 63(1): 65-76

Introduction

The reflecting team (RT) has been invited to family therapy since 1987. This idea was originated by Tom Andersen, a Norwegian psychiatrist, and his colleagues during a period of post-modernism that believes in multiple realities.[1] He believed that sharing different versions of the same world might profoundly change family systems. However, he also mentioned the importance of realizing that families would select those ideas that fit for them. The RT offers tentative speculations regarding problematic issues by using common public language.[2] Therefore, this approach bases on concepts regarding sharing difference, collaborative relating, mutual exchanges, openness, and equality.[1-4]

Despite RT approach is well-known and widely adopted in family therapy practice in Western countries for several decades,[5-9] empirical research on clinical application of RT is scant especially from clients' perspectives.[7,10] Brown (1992), Smith, et al. (1993) and several studies reported clients' perceptions regarding benefits from multiple perspectives and empathy offered by RT.[10-13] In addition, Hoger et al. (1994) followed up thirty fives families to determine whether multiple perspectives offered by RT would be regard as helpful. The results indicated two thirds of these participants, especially the families with emotional problems, stated they experienced positive changes. Seventy-nine percent of participants reported being satisfied with the services while the participants who sought more structured services as well as the participants who wanted advice and guidance reported being dissatisfied with RT approach.[14] Fishel at al. (2005) investigated 28 couples reported 4 types of reflections which were helpful including offering different perspectives, emphasizing positive aspects, normalizing and casting couple's difficulties in positive light.[15] Recently, Pender (2012) referred to her study in 2008 which investigated couple's experience of RT processes by interviewing and found similar results indicated multiple perspectives, being able to meet the team, being nonjudgmental, normalizing and validating were beneficial for participants.[7] Furthermore, RT's feedback also acted as the mechanism through which hope was provided to families.[16] However, most prior studies confined to exploration of clients' experiences in very early stages of therapy. No data from middle or late stages of therapy. In addition, only qualitative data was reported in previous studies.[17] Moreover, all informants who were interviewed in these studies were Caucasian; as a result, the results might not be compatible with Eastern countries especially Thailand.

In our therapists' opinions, there are some challenges in using RT in Thai context. Firstly, RT approach was developed in Western culture. This approach bases on concepts regarding sharing different perceptions, mutual exchanges, and equality. In contrast, harmony and consensus have been highly valued among Thai people.

Frequently, sharing different ideas was confused with disagreement and creating conflicts. Most people concern that difference might disrupt harmony. Secondly, Thai society has been very hierarchical as many countries in Eastern culture. Consequently, equality seems to be impossible in this cultural context.

In this study, we performed a quantitative descriptive study aimed to examine RT's qualities that families perceived as useful qualities in family therapy. Understanding clients' perspectives regarding RT may improve existing treatment and therapeutic processes.

Methods

Participants

This descriptive study enrolled all clients attended family therapy using RT approach at the family clinic, Ramathibodi hospital in Bangkok, Thailand, from August 2016 to July 2017. All participants can read and write Thai language. They were asked to fill out the RT feedback questionnaire shortly after their therapy sessions were finished.

Procedures

The RT at family clinic, Ramathibodi Hospital consisted 3 out of 4 mental health care practitioners who were nurses, psychologist, and occupational therapist. All team members were female. They were trained and had experience in reflecting processes for at least 6 months. In addition, the RT would give their reflections under some ground rules; for example, team members should respect of family, therapist and other team members. Moreover, the team members should not overwhelm the family with too many ideas.

In this clinical setting, RT was introduced at the beginning of therapy sessions. The team joined families and therapists in a therapy room because we did not have a one way mirror in our setting. In pre-session part, the team and therapists shared information regarding previous sessions; consequently, they discussed or made hypotheses. In session part, therapists worked with the families and RT observed the therapeutic processes between families and therapists. Afterwards, the RT would offer their reflections when therapists and clients finished their conversation. In this stage, therapists and families listened to the RT's feedback. Then, at the end of therapy session, therapists worked with families again to conclude the session by processing what the RT had shared.

Measures

There was no standard measurement of RT qualities available. As a result, we developed a self-report reflecting team-feedback questionnaire based on reviewing literatures regarding RT. The questionnaire was measured on a four-point Likert scale using eleven questions assessing qualities of RT and two open-ended questions to let participants feel free to describe: "The most useful issue from the reflections of RT was…" and "What did you want from the RT?". This questionnaire has good internal consistency with very high Cronbach's alpha (α coefficient = .916).

Statistical analysis

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 18.0. We reported mean, median, standard deviations, ranges, interquartile ranges for quantitative variables and frequencies and percentages for categorical variables. Regarding two open-ended questions in the questionnaire, participants' responses were grouped by themes. The results were reported in frequency and percentages.

For subgroup analysis, all participants' responses were divided into 3 groups by a number of therapy sessions; initial phase (session 1-3), middle phase (session 4-6), and late phase (session >7). To compare between 3 groups, ANOVA and post hoc test were performed for multiple comparisons. Consequently, p values and confidence interval were calculated. Significance of p value was set at < 0.05.

The present study was reviewed and approved by the ethics committee of Ramathibodi hospital, Mahidol University (ID 11-59-30). All participants had been verbally explained all key information by research assistants. Then they had sufficient time to read over consent forms and ask questions. If they agreed, Ramathibodi Hospital-approved consent forms were signed prior to participating in this study.

Results

A total of 28 clients from 11 families participated in the study. All participants aged 14-70 years (median 36.50, IQR 27.00-54.25 years). Most participants were female (71.43%), company employees (28.57%) and had a diploma or bachelor's degree (39.29%). The questionnaires were completed by clients 35.25%, mothers 32.14%, siblings 14.29%, fathers 10.71%, and husbands and children 7.14%. The average number of therapy sessions was 3.63 ± 2.56 sessions (range 1-10). Regarding psychiatric diagnosis of participants, major depressive disorder and dysthymia were the most common diagnosis (36.36% and 36.36%). (Table 1)

The average total scores of the RT's qualities was 36.47 ± 5.53 (mean ± SD) of total score 44.00, which reflected families' overall satisfaction on reflecting processes. The RT's qualities which had the highest scores were genuineness and having good intentions (3.51 ± 0.82), empathizing or understanding problems and difficulties (3.42 ± 0.62), and helping clients feel more positive regarding their families (3.38 ± 0.78). (Table 2). The clients reported that the most helpful reflection could help them have better understand about themselves, their families, and their problematic situations 45.65%, contained some useful comments and advices 10.87%, and reflected their strengths which they had overlooked 6.52%. (Table 3)

Table 1 Demographic data (N = 28)

Demographic data	Frequency	Percentage
Sex		
male	8	28.57
female	20	71.43
Age (years)		
Median (IQR)	36.50 (27.00-54.25)	
Relationship with clients		
Client	10	35.71
Father/step-father	3	10.71
Mother	9	32.14
Sibling	4	14.29
Husband	1	3.57
Child	1	3.57
Education		
High school/vocational certificate	6	21.43
Diploma/B.A.	11	39.29
M.A. or higher	6	21.41
N/A	5	17.86
Occupation		
Student	4	14.29
Retired/current government officer	3	10.71
Business	6	21.43
Employee	8	28.57
Unemployed	2	7.14
N/A	5	17.86
Income (Thai Baht)		
< 20,000	6	21.43
20,000-50,000	9	32.13
> 50,000	3	10.71
N/A	10	35.71
Psychiatric diagnosis		
MDD	4	36.36
Dysthymia	4	36.36
Double depression	1	9.09
ADHD	2	18.18
SLD	1	9.09
Anorexia nervosa	1	9.09
*3 clients have ≥1 diagnosis		
Numbers of session (visits)		
Mean ± SD (range)	3.63 ± 2.56 (1-10)	

Note. **MDD* major depressive disorder, *ADHD* attention-deficit hyperactivity disorder, *SLD* Specific learning disability

Table 2 Participants' responses to 11 questions with four-point Likert scale (n=45)

Qualities	Mean ± SD
Item 1: Usefulness and applicability	3.29 ± 0.63
Item 2: Being able to communicate effectively	3.29 ± 0.59
Item 3: Helping clients feel better about themselves	3.29 ± 0.59
Item 4: Helping clients feel positive regarding their families	3.38 ± 0.78
Item 5: Helping clients feel hopeful	3.33 ± 0.67
Item 6: Genuineness and having good intentions	3.51 ± 0.82
Item 7: Empathized or understood their problems	3.42 ± 0.62
Item 8: Reflecting alternative perspectives	3.22 ± 0.74
Item 9: Reflecting clients' strengths and positive aspects	3.27 ± 0.72
Item 10: Reflecting strengths and positive aspects of their families	3.20 ± 0.97
Item 11: Helping clients feel relieved from their problems	3.27 ± 0.78

Table 3 Participants' responses to open-ended questions (n=46)

Item	Frequency	Percentage
The most useful issue from the reflections of RT was		
Better understanding regarding themselves, families, and problems	21	45.65
N/A	12	26.09
Useful comments and advices	5	10.87
Reflecting their strengths	3	6.52
Feeling hopeful	2	4.35
Knowing that situations are getting better	1	2.17
RT's real life experiences	1	2.17
Reflecting feelings	1	2.17
What did you want from the RT?		
N/A	23	50.00
Better understanding regarding themselves, families, and problems	15	32.62
Useful comments and advices	5	10.87
Listening to RT's real life experiences	1	2.17
Supporting and assisting therapeutic processes	1	2.17
Treatments of psychiatric symptoms/disorders	1	2.17

The subgroup analysis that divided all participants' responses into 3 groups by numbers of therapy sessions showed that ability to communicate effectively and make easily understandable feedbacks had significantly higher scores in the group of participants who attended

4 or more therapy sessions than the group of participants who attended 1-3 sessions (3.73 ± 0.47 VS 3.00 ± 0.48, p <0.0001). In general, the late phase had higher score than the initial phase in several items although these differences did not have statistical significant. (Figure 1)

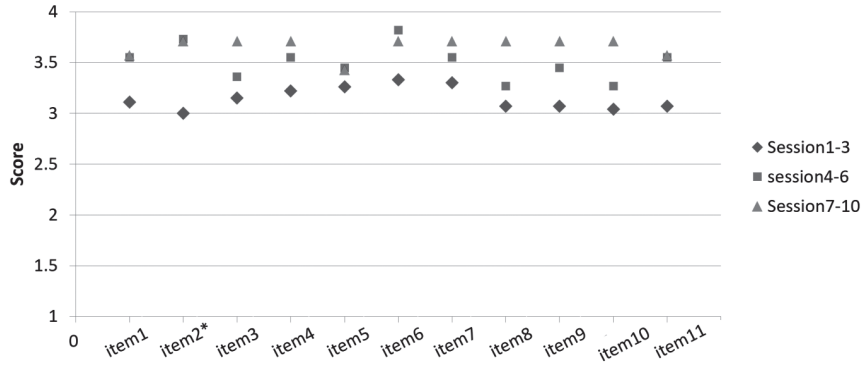

Figure 1 Subgroup analysis by a number of therapy sessions. *p<0.05.

Discussion

This present study revealed that RT approach in family therapy was compatible with contexts in Thailand and was considerably useful approach. In general, the RT had overall good qualities. Moreover, genuineness and having good intentions were perceived as the strongest strengths of the team. According to the results of this study, the reflection could help families understand better about themselves, their families, and their problematic situations, gave them some useful comments and advices, and reflected their strengths which they had overlooked. These overall results were similar with previous studies.[5-16] For example, Hoger et al (1994) reported that 79% of participants were satisfied with RT services and the outcomes were favorable, especially in case of families with emotional problems.[14] This finding was similar to this study which 81.81% of identified patients had depressive disorders and overall participants' satisfaction with RT was high. However, there was different finding between this present study and Hoger's study. In this study, giving useful advices was one of helpful processes; in contrast, Hoger et al. (1994) found that participants who wanted advices reported being dissatisfied with RT approach.[14]

According to subgroup analysis in this present study, the RT's ability to reflect alternative perspectives or gave different points of view (item8) gradually increase score from 3.07 (session 1-3) to 3.71 (session >7) even though they were not statistically significant. This finding might show the importance of providing alternative points of view

in reflecting processes. Similarly, the results from Brown (1992) and Smith, et al. (1993) showed that giving alternative views and empathy were the most important reflections.[10-11].

Focusing on empathy, previous studies had limitation on study period which was only 3-month period. In these initial phases of therapy, empathy was essential part of therapeutic processes; for example, empathy was crucially needed for establishing relationship between therapist and clients. In contrast, this present study included data from all phases of therapy. In middle and late phases, therapists and clients usually worked on complex problems and forged the changes; as a result, the need to have better understanding about themselves, their families, and their problematic situations might prominent in these phases as shown in this study's results. Moreover, some participants reported looking for useful comments and advices from the RT. This might reflect that families were working through their difficulties or problems. Furthermore, both alternative views and empathy would eventually lead to better understanding and provide possibilities for changes in middle and late phases of therapy.

The subgroup analysis showed the ability to communicate effectively and make easily understandable feedbacks had significantly higher scores in the group of participants who attended 4 or more therapy sessions than the group of participants who attended 1-3 sessions. It was possible that the RT gradually improved their communication skills with the families over time. In addition, the families probably became more psychological minded and were familiar with language used for describing and working with their internal worlds after attending several therapy sessions. Another possibility was that the families developed more trust and opened their mind after therapeutic relationship was well established; as a result, communication between the families and the team became more importance.

To our knowledge, this is the first study to explore clients' experiences regarding RT in different stages of family therapy. The results from this study provided better understanding regarding families' expectations on therapeutic processes. This understanding would play a major role in delivering the best care for clients attended family therapy. However, there were several limitations in this present study. First of all, the participants might be influenced by therapists and clinical setting. For example, families might be afraid of offending the team; consequently, the scores may be overrated. Being aware of this limitation, we had a third person who did not involve with either this research or therapy, instead of the RT members, to collect questionnaires. Secondly, the participant sample was quite small, gathered from only one family clinic and 82% had the diagnosis of depressive disorders. As a result, the generalizability of this study was quite limited. Furthermore, there was no guarantee that participants would change their thoughts or behaviors despite they reported being satisfied with reflecting processes. Finally, the RT consisted of 3 out of 4 staffs depending on staffs'

availability on the day of therapy. The different qualities of each team members might influence some reflecting processes.

For future researches, including participants with different diagnoses from multiple clinics and extending study period to terminal phase of therapy might decrease biases and provide more generalizability. Moreover, studies of negative impact or what was not helpful in reflecting processes might be another approach to understand the whole processes of this intervention. In addition, exploration of the therapist and RT's perspectives would be very interesting and elaborate the whole picture of therapeutic processes because providing different viewpoints was useful not only to families but also therapists who were stuck at some points of therapeutic processes.[18] In further studies, different methodologies including collecting both qualitative and quantitative data as well as longitudinal studies of association between families' satisfaction of RT approach and outcome of family therapies would provide better understanding of families and therapeutic processes which will help developing the best care for clients.

Conclusion

The RT approach seems to be compatible with Thai culture. Although, there was the team's concern regarding proposing different perspectives, clients were able to take some useful parts from the team's reflections and found reflecting processes be helpful. The clients' feedback revealed that better understanding regarding their family situations was the most important part in the reflecting processes. The RT may use different techniques corresponding to the goal of treatment during different phases of therapy. To support these findings, more researches in this field using both qualitative and quantitative methodology are still needed.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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Appendix 1. Reflecting Team - Feedback Questionnaire
Family Clinic, Department of Psychiatry, Ramathibodi Hospital

Explanation

This questionnaire provides the opportunity for clients to express their satisfaction and comments regarding reflecting team (RT) in family therapy at Ramathibodi Hospital. All information provided will be kept strictly confidential and available only for service improvement. We will not disclose identifying data and your responses will not affect your treatment in the next therapy session.

Please reveal your opinions regarding *RT in family therapy* after your therapy session finished.

Issues	Strongly agree	Agree	Disagree	Strongly disagree
1. RT's feedbacks were useful or applicable.				
2. RT was able to communicate effectively and team's feedbacks were easily understood.				
3. RT helped you feel better about yourself.				
4. RT helped you feel more positive regarding your family.				
5. RT made you feel hopeful.				
6. RT was genuine and had good intentions toward you and your family.				
7. RT empathized or understood your problems and difficulties.				
8. RT reflected alternative perspectives or gave you different points of view.				
9. RT reflected your strengths or positive aspects.				
10. RT reflected strengths or positive aspects of your family.				
11. RT made you feel relieved from your family problems.				

The most useful issue from the reflections of RT was

.....

What did you want from the RT?

.....

Any comments or suggestions would be greatly appreciated.

.....

***** Thank you for your time *****