

Reflecting puppet teams

Pete Brown describes the value of the reflecting team in family therapy and considers how reflecting puppet shows can make this approach more user-friendly for children

Family therapists most commonly work one therapist to one family. However, during training and in some clinics, they may work in small teams using a one-way mirror or video link. In this approach, the use of the 'reflecting team' is a popular way of offering feedback to the family.

The reflecting team in family therapy

When using the team approach, the therapist works with the family. In an adjoining room, a small team – usually two or three clinicians – observe the family and lead therapist via a one-way mirror. About two-thirds of the way through the session, the team is usually invited into the main therapy room to share their ideas and reflections. This approach, known as the 'reflecting team', initially developed by Tom Andersen (Andersen, 1987) in Norway, offers an unusual way of bringing multiple perspectives and fresh ideas to familiar problems.

Families who seek help often anticipate criticism. As the team reflects, they therefore take great care to note positive aspects. 'Stretching' comments may then be introduced to bring forward additional views. The team then leaves the room and the lead therapist discusses these ideas with the family. Subtle or even dramatic changes often result in the ways the adults or older teenagers view themselves and their problems. However, in my experience, many children appear bemused and bored while the reflections are taking place. While one could argue that the focus of change should rest primarily with the adults with regard to the family therapeutic alliance, I believe that everyone should be included in the reflections.

Reflecting puppet shows

I first heard about reflecting puppet shows in an article by Johannesen et al (1998), who developed this process with young children, also in Norway. These ideas led to our team experimenting with using puppets to communicate with children. The reflecting puppet show is similar to the reflecting team except that each clinician wears an animal glove or finger puppet and ideas are shared via the puppets.

Early childhood

In our family therapy clinic for children aged two to five in CAMHS, our experiments have shown that it is better to use familiar animals. Our current collection includes a pig, duck, chicken and sheep. The puppets say simple things like 'good listening' or 'gentle hands' and they may also talk about worries and concerns. The shows need to be short and pithy; if we find ourselves talking for too long, children soon let us know by wandering around the room or finding other ways of disrupting the talk! Of course, the show may be disrupted by talk of painful things but, as the puppets usually talk about themselves, children tend to remain engaged in the one-step-removed comparison.

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Middle childhood

A wider range of puppets can be used for older children aged six to 11, which allows for greater use of metaphors in the shows: hedgehog – prickly; crocodile – angry; skunk – fearful. It is helpful if children can see themselves in the metaphor and the metaphor can be developed and embodied with human qualities, for example: 'What feelings might the crocodile hide in her soft underbelly?' The puppets can act as family members but more usually they are a type of co-therapist offering ideas about dealing with similar issues. Sometimes children may want to perform a short show following our show. For example, three children aged between three and eight gave us their views of their absent father through the puppets (see Brown, 2009: 34).

Later childhood (adolescence)

The puppet shows are not so suitable for adolescents, when the stage of make-believe is weaker. Another reflecting team variation, which I have called reflecting roleplays, can be very helpful in engaging teenagers and I have written about this elsewhere (Brown, 2013).

Playful approaches to serious problems

The above heading, from the book of the same name, (Freeman et al, 1997), encapsulates the approach of the puppet shows. Underpinned by the narrative



Pete Brown

Pete Brown, pictured here with two co-therapists, is a systemic family therapist and supervisor. Pete has worked with children and families for over 20 years. With a background in social work, he currently works full time in the NHS in two CAMHS (Child and Adolescent Mental Health Service) teams – an under 5s team, working mainly in Sure Start Children's Centres, and an early intervention team, working predominantly in primary and secondary schools.

approach in family therapy (White and Epston, 1990), the shows include serious play that addresses serious issues, as well as 'externalisation' – a very useful tool that helps to separate the person from the problem and thus helps to create enough distance to work on the issues with lower defences.

When the puppets make comments and gestures, they create a safe enough space to discuss worries. It doesn't matter that the puppets are not real; children suspend disbelief in the same way that adults do when watching dramas or soaps. The puppets may talk of exceptions to the problem and they may talk to the child about how they are dealing with similar issues. Sometimes, especially with children over four, the puppets might ask the child for advice on dealing with the issue. This is helpful because it increases the child's sense of agency. Children generally look captivated when the unusual co-therapists emerge from the puppet bag and they usually ask for these shows in subsequent sessions. The team uses improvisation to guide their practice, harnessing ideas

gained from quiet observation and active listening behind the mirror. For some puppet shows, there is a 'room swap' where the children observe the show from the darkened observation room with their parents and the lead therapist. Switching rooms tends to work better for children over five. It adds to the drama and excitement as they look through the 'magic mirror'.

Reflecting to children and adults

When we first started reflecting puppet shows they were popular with children. However, aiming reflections at parents via the puppets often missed the mark. We needed to incorporate both 'child-speak' and 'adult-speak' into the reflections (Wilson, 1998). This was accomplished by offering the usual reflections followed by a show or vice-versa. The solution has worked surprisingly well, so long as we use sufficient self-discipline to keep both reflections succinct.

Keeping children engaged

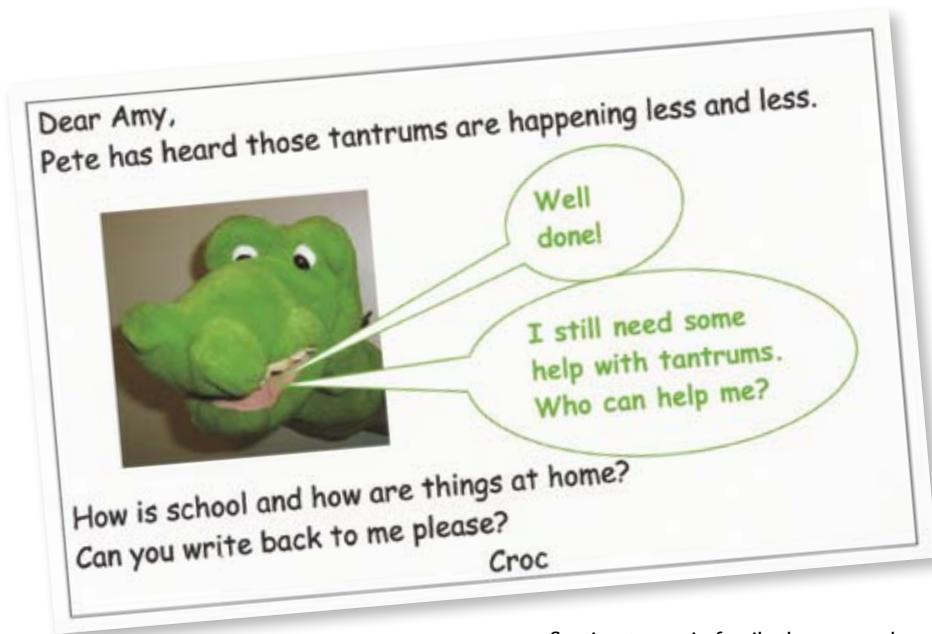
When using a team approach in family therapy, sessions are usually held fortnightly, every three weeks or monthly. To

keep children engaged between sessions, the puppets may write 'therapeutic letters'. This powerful technique, again from the narrative approach, helps children remain connected to the work. In one example, where the letter supported the child to 'tame the tantrums', the child was reported to place the letter under her pillow at night.

Engaging parents/carers

The shows should never be instigated without parental permission. Parents or carers need to be allies in this process. For some vulnerable adults, care should be taken about how and when the approach is introduced. For adults who find play difficult, useful role modelling can add to the therapeutic gains – but not if the parent feels the therapists are 'better' than them at relating to their children. When these considerations are attended to, parents are more likely to view the shows in a positive way. There are often conversations in family therapy that children should not listen to. In parent-only sessions, connection with the child can be maintained by a therapeutic letter. To





Learning from experimentation

As play and improvisation are pivotal to the shows, one cannot expect these experiments-in-action to always run smoothly. In this respect, the fumbling and thinking on your feet aspects of the shows can be helpful. For example, I may use 'big words' in my comments and then ask the puppet to try to find better words. The child and parent may help here. Mason talks of learning from mistakes as much as learning from things that go well (cited in Hardham, 2006). This is useful role modelling for being good enough and, in my experience, children are very forgiving, often laughing or pointing out mistakes. An eight-year-old child once told me 'the racoon was useless – he got it all wrong!'

Using a playful improvisational approach can be somewhat nerve-racking for therapists. There needs to be a balance of not being too stilted versus not getting too carried away. A secure enough base within the team helps to manage performance anxiety. Families may be critical or appreciative of our efforts. Hopefully, there is a mix of both. When family members correct any misrepresentations they think do not fit, this should be responded to positively (by the lead therapist after the show), so that an ongoing dialogue of different views is maintained. Family members often become more reflective and work on changes between sessions.

Conclusion

Reflecting puppet shows can help to engage children more fully when using

reflecting teams in family therapy and they may offer stretching comments that support children in finding new ideas and exceptions to problems. They can be used alongside reflecting teams, which offer ideas to adults to help promote change. When parent-only sessions are held, the puppets may send therapeutic letters to maintain children's connection to the work. Parental approval is always needed before these unusual co-therapists join the process. **P**

Further resources

Mouse, ladybird, turtle and skunk would like to invite the reader to view brief video clips of reflecting puppet shows at www.oxleas.nhs.uk/puppetshow. An article including short case examples (Brown, 2009) is also available to download.

References

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Reflecting on my therapeutic journey with Ali (aged 12) and his family, I begin with their story of torture, flight, dislocation and relocation. Ali was three when he was granted permission to seek asylum in the UK, together with his maternal grandmother and her two daughters, then aged ten and 19.

Shattered stability

Before the Taliban seized power in Afghanistan, Ali lived in a close and stable extended family unit in which traditionally the younger adults (including Ali's parents) worked and the older generation of women took responsibility for childcare. This stability was shattered when the Taliban murdered and raped close family members and caused others to flee for their lives at a moment's notice. In flight, Ali was separated from his parents and baby brother. Until December 2009, he feared they were dead.

In my first sessions with Ali (aged three) and his grandmother, I was overwhelmed by his capacity, through the use of toy people and animals, to share with me through an interpreter his last memories of his parents – particularly of his father being attacked by 'soldiers'. Ali's story unfolded in those fortnightly sessions, were confirmed and expanded on by his grandmother, and witnessed by the interpreter and me in our different roles. I was in awe of Ali's storytelling skills and was often moved to tears (privately and in supervision) as I bore witness to his pain, confusion and fury – the latter often shown by violent enactments of 'killing' his father's torturers.

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Jocelyn Avigad is a registered family therapist and social worker. She is the manager of the Children, Young People and Families Team at Freedom from Torture/Medical Foundation. She also practises as a senior family therapist at Freedom from Torture and in a child and adolescent Service in Hertfordshire. A tutor at the Institute of Family Therapy, Jocelyn has wide experience of working with abuse, neglect, post traumatic stress disorder, the impact of torture and organised violence and other related psychiatric and behavioural disorders in this country and abroad.