

Maintaining the Connection. Reflections of a Family Therapy Clinic on Working Online at the Time of the COVID-19 Pandemic

Cinzia Taffagli, Katy Agnew, Julia Tropiano, Dominique Khoo and Julian Wild

Volume 3

Issue 1

Autumn 2020

Keywords:

*Systemic therapy,
reflecting teams,
online working,
coronavirus, Covid-19,
team reflection*

Citation Link

Abstract

This article follows the journey of a family therapy clinic members set within a local authority's Children's Services, at the time of the UK lockdown due to the COVID-19 pandemic. It focuses on each team member's reflections and dilemmas in working online, but also on the impact that this new way of working was going to have on the team and the families we worked with.

The setting of the family therapy clinic

This article is written by all members of the current clinic's team: Cinzia, Katy, Julia, Dominique and Julian. It focuses on each team member's reflections and dilemmas in working online, but also on the impact that this new way of working was going to have on the team and the families we worked with.

The local authority Children's Social Care department that we work for has a tradition of running a family therapy clinic for the past few years, often allowing a family therapist to utilise the group whilst studying for their systemic supervision diploma. This was the case for Cinzia, too, when in 2017 she embarked on her systemic supervision course.

Since that time, the clinic's team members not only consisted of clinical practitioners part of the Children's Social Care Clinical Service with the Diploma or MSc qualification in Family and Systemic Therapy or with professional qualifications in Psychology, but also students and trainees in Family and Systemic Therapy, some on a placement, and others who were Children's Social Care's social workers attending their Year 1 (Certificate) or Year 2 (Diploma) in Systemic Therapy.

How the clinic worked prior to the COVID-19 lockdown

By the end of March 2020, as the COVID-19 pandemic struck, we were all advised to work from home, which meant we would work either online or over the phone. This required a significant adjustment to the usual way of working for both the team and the families involved. Up to this point, we were meeting in one of the Children's Social Care's offices which had a room with a one-way mirror. The practitioner(s) and the service user(s) would meet in the therapeutic room, whilst the reflecting team sat in an adjacent room with a unidirectional mirror. Halfway through the session, the practitioner(s) in the room would invite the reflecting team into the room for us to share our reflections. Whilst the reflecting team did this, both the practitioner(s) and the service user(s) would silently listen. Upon finishing our reflections, the reflecting team would return behind the mirror in the other room.

Moving on to working online

Before proposing to the service users the opportunity to carry on working with us online, as clinic team members we felt we needed to practice as a group using a video platform as well starting preliminary discussions around how our work should look. The team met online in late March 2020 to discuss the new ways of working. We felt a little unsure on how to shape these and so decided to role-play an online session with a simulated family. In this process, we were able to practise being able to bring in the reflecting team without losing both the internet connection and the interpersonal one. We decided that the reflecting team members should appear muted and with the video switched off on the screen as the service users joined the zoom main session. The reflecting team members would be in touch using WhatsApp amongst themselves when and if necessary during the session. When as therapists in the therapeutic "virtual" room, we invited the reflecting team into the therapeutic room, they would simply switch their video on and unmute themselves for the duration of the reflections only.

The clients

At the time, the clinic had a family for whom Katy was the lead clinician in the room. Julia was also in the therapeutic room as a co-therapist. The clinicians and the family were making good progress with their court-ordered mediation work. In our local authority, Children's Social Care clinicians work with complex cases that include court-mandated work. The team working reflexively and collaboratively together holds the environment, emotions and conflicts in the room.

At the time of the lockdown, Katy and Julia were working with two parts of the family in two separate family sessions with both therapists in each session and had reached a position where they were one session away from reconciling them into a session all together. As a team, we felt it was essential to continue the work as they believed time was of the essence and the families needed time to reconcile and have a suitable amount of time to demonstrate they were successfully managing the conflicts between us.

The focus of this article

In this article we focus on some of the many dilemmas which emerged in our pre- and post-session talks. For example:

- how to pay more attention to the language and its shaping of the conversation with the lack of non-verbal cues to ensure anti-oppressive practice
- how to create a co-therapist presence without being physically in the same room
- how to explicitly acknowledge and embrace working online and at the same time accept its limitations
- how to create collaboration in the face of the challenges posed by the lack of verbal cues and the consequent difficulties in managing turn-taking
- how to support the co-construction of intimacy with the family.

We also asked ourselves how working online would affect our personal abilities, feelings and self-confidence. For example:

- our willingness and enthusiasm to take risks
- our ability to notice our own inner dialogue and verbalise it and share an emerging alternative perspective with the family
- our ability to use relational reflexivity
- our ability to manage our own uncertainty and support colleagues and family members in doing so too
- the individual and team's ability to punctuate the process of the mediation work between ourselves and with the service users.

This article does not make the claim to provide answers, but it rather raises questions, and offers the team members' own perspectives. Whilst the team had concerns about the various levels of complexities presented by the nature of the work as well as adjusting to working online, on reflection we found ourselves being enriched by the experience and therefore would like to share our journey with other professionals.

Cinzia's position: supervisor and member of the reflecting team

I find that the mix of professional backgrounds, knowledge and expertise of systemic, makes the conversation in the clinic very interesting, making the clinic a place inhabited by a richness of multiple voices, with participants sharing perspectives of the same observed system not only through systemic eyes. As "*the process of observation has a tendency to magnify every utterance*" (Andersen, 1987, p. 415), I was aware that the *online working* frame was going to add a further level, eye or lens. I therefore wondered how this newly added frame would organise the thinking and the speaking of the team and how it was going to contribute to the co-construction of a new discourse whilst holding at the forefront issues of power and responsibility in view of applying socially just interventions (Sinclair, 2007).

Whilst I had previous experience of providing therapy online albeit occasionally, and hence not

absolutely new with this frame, I had to rethink of how I might position myself as the clinic's supervisor being able to view the online process as a tool to maintain the connection with the supervisees. As I re-aligned myself to some of the ideas of Hare-Mustin (1994) reminding me how the language is recursive, I started asking myself how my language needed to change. I realised that I needed to develop an ability to listen and attune to the *internet* and the new COVID-19 languages that each of us (me, the supervisees, the specific families we were seeing and the society as a whole) had been developing so fast, as well as noticing how these new languages were going to use us. I initially felt overwhelmed by this process, but I noticed that I was not by myself on that uncertain boat, and Katy - seriously knowledgeable around technological tools - steered us with agility and, perhaps more importantly, the service users in what seemed to be a stormy sea.

As the team met online for the first time, we shared thoughts and opened ourselves to new possibilities whilst becoming aware that the clinic's practices needed readjusting in view to responding to the COVID-19 pandemic and the use of online methodology. Further to the working online technology issues, the team first thought was: "How do we maintain the connection - amongst ourselves and the clients?"

My consequent action as a supervisor, consisted of keeping a diary of all our pre- and post-session reflections as we approached both maintaining the connection between us and with the clients, and punctuating our progresses. I would write this diary after each session and send it to the group through a running email. I started to mention some articles or theories next to some of the reflections, with the hope this could lead the team's members to link practice to theory, inspire them to read up or become more curious about systemic ideas.

As I reflect back on my striving for punctuation - which became alive through the diary - I feel that I aimed to amplify our conversation and possibly it was led by my anxiety that online conversations would "dissolve" quicker online than in "presence". In that stormy sea, I was possibly trying to bring some more order, a structure or a frame which I found it difficult to bring in online conversation, and I was still observing the impact of my interventions.

I felt that punctuating our conversation in this way, could have helped in marking the team's meetings episodes, as Pearce (1994, p. 154) would define episodes as "made by a process called *punctuation*, in which conversants impose a set of distinctions on the ongoing stream of events". The adjusting to working online and its acts of communication were critical moments for the life of the team, and therefore had their afterlife: was I acting wisely? Through these punctuations, was I constituting a new code of ethics, promoting a politically correct behaviour amongst us and with the clients? By adding a layer to the reflecting team process by writing a diary, how was I contributing as a supervisor "*to the wider context of the production of psychological knowledge*"? (Tseliou and Psaropoulos, 2005). Or was this an attempt to hold onto a position of safe certainty during a time of significant changes? (Mason, 1993).

As a practitioner and a supervisor sitting physically behind the mirror, I had been mindful that I would feel the emotions in the room and sense how members of the family relate - less than the practitioner(s) in the room would do. As a supervisor, in post-sessions I would become curious of the practitioner's retrospective of their lived experience of the emotions in the room and open space for

a conversation and multi-perspectives in view of combining experiences of the reflecting team and practitioner(s) in the room. As I took the position of a member of the reflecting team *and* of the supervisor behind the one way mirror, one of my most powerful moments consisted of realising that not only the mirror had taken on the shape of a screen, but that this screen had doubled up: now not only the reflecting team was separated by a screen by the clients, but also the practitioners in the room weren't "in the room" anymore, but there was an interspace between them and the clients too. In our case, further, the clients were "attending" the session each from their own home, hence there was a screen between the two families. The screen had effectively tripled up.

As the therapeutic space between all of us was now taken to a different level(s), I became even more mindful that these splits can become the location of some mistakes happening (Malley & Hurst, 2005). With the clinic sessions happening online, we were all on the same boat now, and the question that followed was around how I could maintain open the possibilities of connection and multi-perspectives. How differently could I position myself as a reflecting team member as well as a supervisor? My attempts led me to take on a position whereby I would share as a supervisor how I was affected by what I observed as a member of the reflecting team, in a way to maintain a connection with a polyphony of voices. Many questions popped up in my mind, such as what other positions needed shifting? As the degree of uncertainty seemed to be amplified, was I still feeling safe in sharing positions and perspectives in the post-sessions? How much was I committed to experiment with the difference in order to allow new meanings to emerge (Mason, 1993)? I encouraged myself to think that the *"engagement with uncertainty and unpredictability was part of that process"* (Mason 2019, p. 344).

Another learning point for me consisted of reflecting on how working online had the effect of reducing the conversational space in the reflecting team sitting behind the mirror (now computer screen). Our conversations were now limited to a WhatsApp telephone call prior to reflections. As Bertrando and Arcelloni posited (2006, p. 375), one of the characteristics of the reflecting team model *"involves two distinct dialogues (one between the active therapist and the clients, another among the observers)"*. How did the dissolving of the reflecting team's conversational space affect our reflections and its contribution to maintaining the connection?

Last but not least, a reflection on the opportunity of bringing into the team's conversations the topic of social differences. I found that doing this proved more difficult during the transition of working online. Some of my hypotheses explaining this consist of our energy and focus being captured by working online issues (task) but it could be explained by the attempts of maintaining safety in an uncertain world (process): bringing in social differences topics – with their sensitive aspects – would have made the sea stormier? I believed that there are quite a few differences which I bring into the team (English as a second language / accent; nationality; age; disability) and how these interplays with those of the other members of the team and the families we are seeing, seemed a process that needed rather a lot of care, especially considering that I am the supervisor and there were two new members of the team – Julian and Dominique – who themselves brought in a few differences (gender; race; employment/student status; previous background in social work vs psychology). And therefore the question that needs further thinking is: how does working online impact on conversations around social differences?

Katy's position: lead therapist

I have been working for Children's Social Care as a clinical practitioner since February 2018. I am a clinical psychologist by training and have been part of the clinic since December 2018. I was raised in South East London and I trained in East London and so I feel a great deal of privilege to work in a field I love, and which is so close to where I loved growing up. Whilst I have trained in systemic practice as part of my doctoral training (in the UK, we train in CBT and "one other" therapeutic approach), I nervously lingered as part of the reflecting team until August 2019 when I became a co-therapist, and then lead therapist in January 2020. Making this progression was possible because I was more comfortable in my "learned not-knowing" stance (Lang and McAdam 1995) – it was okay if I felt I didn't have all or any of the answers!

As the lead therapist when COVID-19 struck, I was disappointed that we may not be able to keep working with this family. The people we were working with had just started to take some important steps to committing to things begin different for them and I really did not want to lose the momentum the family had for making changes. Having said that, as a clinic we wanted to continue to provide them with our service, but how would Julia and I do this effectively with no in-person contact? I had delivered some therapy online for individual sessions yet working with families seemed a challenge. And this was working with *two* families, not one! I felt de-skilled and lacking confidence all over again. Therefore, in order to keep providing a service to our families, we were going to have to take some risks. I felt able to take this risk with the support of my colleagues, but also holding onto hope that we could develop a collaborative and respectful therapeutic intimacy with our family by trying a virtual family therapy clinic (Mason, 2005).

One of the things that helped me take this "risk" was that Julia, the reflecting team and I were doing it together. But unlike in the office, Julia, the reflecting team and I were doing it from our homes. Naively, I thought it would translate from in-person to virtually fairly easily. [Spoiler alert – I was wrong!] Not only did I find it much harder to remember that the reflecting team was there (black squares with mute signs are not comparable to faces or physical presence), we also did not realise the video call increased the stimuli that needed paying attention so exponentially. I was so relieved we had decided to role play this before trying this with our families. We learnt from this that inviting the reflecting team into the "room" needed to be more systematic and planned. We had to give the team an explicit five minutes warning that we would be inviting them into the "room" so they could offer their reflections. This also gave them time to assimilate their views helpfully as there was more to watch and pay attention to – four different visual stimuli, in addition to the audio.

At this stage, we were ready to offer this online support to the family. To be fair to each family group, we decided to see each family separately to habituate them to how it would feel online. Plus it would allow us to establish new ground rules safely for when we reconciled both sides of the family together in a virtual room.

As a team, we discussed the ethical issues about even attempting to do this online. I believed that by encouraging the family to try virtual mediation, we positioned the clinic and us as therapists as an advocate of this method. In addition, the local authority we work for has always taken pride in being

able to utilise technology to its best ability and in that sense, our organisational context encouraged us to be innovative in adapting our practice to the virtual world of therapy (Campbell and Grønbaek, 2006).

Whilst I believed we should try to support this family online, I had many dilemmas as a clinician:

- How would we continue to enhance empathy with the family when we are not physically with them?
- Many of us have conducted therapy sessions in people's homes – there are understandable benefits but also some drawbacks. For example, having had a challenging or emotive conversation in a family's living room, when I leave the family home, they remain there and are left with any emotional "heaviness". Was it fair to offer them this provision when it may affect them emotionally but ultimately it might not help mediation?
- As a clinician, I can do my best to manage and hold people's emotions by reading their physicality, as well as what they are saying. Over a video call – how will I do this?
- As a clinician, in a room with people, I run an internal dialogue about where to go next with families and our discussion. We had all noticed it was harder to do this during video calls – perhaps being explicit about this dilemma with our families would have value and encourage reflections between us rather than within us as individuals?
- Court-ordered work can often appear like a false "choice" to families as if they do not comply with the request, there can be repercussions for them and their children. How would the families experience our offer of moving to working online? Could they truly consent to this because of the paternalistic court process? How could we address this power imbalance in our offer to work online with them?

It felt more pertinent than ever before that talking about talking to the family would be important, in order to establish a secure base for our changed relationship online (Dallos, 2006). We needed to explicitly acknowledge the difficulty in them being able to consent to this offer and foster an open and respectful conversation to enable them to say no if they wanted to. This would also involve outlining the pitfalls of delivering online sessions. For example, the virtual environment was going to reduce our ability to read each others' emotional states. Yet, naming that struggle and purposefully paying attention to it may feel clunky and possibly forced. We would also encourage respectful turn-taking and use the technology to help us - for example, the box that pops up round an image of the person speaking could help us notice when someone was speaking or when someone else wanted to contribute to the discussion. We also committed to being open to making mistakes and endeavoured to make it safe enough for both the family and us as therapists to acknowledge these.

Finally, we agreed that it was important to embody an ethical therapeutic stance about undergoing change and a willingness to take risks (Anderson and Goolishian, 1988): these families had agreed and committed to being supported so as a clinic we should try to do just that as safely as possible – pandemic or not.

Looking back, I think there could have been great value in explicitly considering the social graces (Burnham, 1993) of race and culture to explore issues of similarity and difference between the families and the team. As a white middle class woman who has working class roots, I think my desire to help this family in trying circumstances may have stemmed from their shared characteristics with members

of my own family. These discussions could have generated a greater feeling of safety for the families and ultimately empowered them to name if they felt they had limited agency in the process of virtual mediation.

Julia's position: co-therapist

I studied and trained as a psychologist in Australia and have been working in UK mental health settings for the past nine years. It was a year ago that I started working for our local authority as a clinical practitioner and simultaneously joined the clinic. Whilst my training background is largely CBT based, I have been expanding my knowledge and understanding of systemic theory and practice. This has included training and supervision from a qualified systemic supervisor.

Much of my career has involved working with marginalised groups that face challenges accessing "traditional" services or who have complex histories with helping agencies. This work has largely been within criminal justice and social care settings. In recent years, including in my current role, a significant proportion of my work has been providing outreach-based interventions aiming to increase support to those individuals who have difficulties maintaining contact with services or face barriers to accessing mental health support.

When we moved the clinic online, the way in which we were seeking to connect with the family had naturally changed. For me, some similarities emerged between the clinic and my outreach work. Similar to outreach, we as professionals were now entering the family's personal and private space, albeit virtually. This was not something the family signed up for when they commenced therapy with us. Now suddenly, our team of *five* would be transported directly to their lounge. With our team positioned within a Children's Social Care context, I was aware this could generate feelings of anxiety, vulnerability or worry for the family. After all, the family had recently been through court proceedings in relation to child custody matters. I brought this dilemma to the team so that we could consider how to address the power imbalances between the family and ourselves as professionals in Children's Social Care.

Aggett, Swainson and Tapsell (2015) identify permission seeking as an interview stance that can help outreach therapists to connect with marginalised families. In our online sessions, we incorporated new ways of seeking permission from the family recognising and acknowledging the change in our intervention delivery and its potential implications. This stance helped me to increase collaboration with the family, shift authority and challenge power imbalances between us.

I encouraged the family to take a safe risk-taking position, inviting them to try a way of working that was new to both them and the clinic. This stance towards safe uncertainty (Mason, 1993; Mason, 2019) enabled me as a clinician to form an alliance with the family; we were all trying something new together to support the family achieve their goals. I was able to use the family's willingness to experiment with difference (Mason, 2019) in this setting as a model to encourage and foster a broader commitment to change. The family's success in tackling this new way of working provided additional opportunities to amplify their sense of mastery, achievement and ability to create positive change.

Another challenge I faced when conducting the online sessions was considering how to maintain connection with the family when many of the conversational cues that we utilise in face-to-face interactions were no longer available to us. Research has indicated that turn-taking in conversation involves a range of both verbal and non-verbal cues. For smooth turn taking, in addition to language, we draw upon behaviours such as eye gaze, gestural behaviour and body motion (e.g., Duncan, 1972; Beattie, 1983).

In working online, I found that many non-verbal cues were lost over video as clients and families now appeared in a small frame on my laptop screen. Other cues behaved differently. Eye gaze is a good example of this, as popular video-call systems do not correctly convey eye contact. While I was visually attending to the speaking family member on my laptop screen, they may have experienced me as looking away from them, as I was not looking into my camera. Perhaps they thought I was distracted, disinterested or inattentive. I was concerned that our reduced ability to rely on various non-verbal cues, along with other technological factors (e.g., audio and video delays), could result in less smooth turn taking, and more interruptions and verbal collisions. If this was the case, how would the family perceive this and how would it affect their experience of our sessions? With all this in mind, Katy and I created space to think and reflect with the family about these challenges of working online. During these discussions, the family developed their own non-verbal cues and turn taking signs that we were able to utilise in session to maintain a connection with each other in a virtual setting.

Likewise I needed to consider the impact of moving the clinic online on my ability to work effectively in a co-therapy team. Katy and I were no longer physically in the same room and as such we were faced with similar challenges regarding non-verbal cues and turn taking. I was mindful of the importance of co-therapists presenting themselves as a united team in helping create a safe and productive environment for clients (Hunt & Augustus, 2017). However, when we initially commenced the virtual clinic, I felt my contributions in sessions were somewhat more “clunky” and interjecting than when we had been sitting in the same room together. Over time, through experiential learning, I do feel I was able to bring more of my own strengths and experience into the online sessions. Post-session discussions with the team were also helpful in this process allowing me to reflect and receive feedback on the session and my collaboration with Katy.

An advantage of working in a co-therapy team is that they can create increased learning opportunities for clients (Roller, 1991). Clinicians can model behaviours and interpersonal communication, whilst conflicts can also be framed as opportunities for learning (Hendrix, Fournier & Briggs, 2001; Roller, 1991). The manner in which Katy and I respectfully and empathetically responded to each other, after I perhaps interjected more carelessly than I had intended, provided an opportunity for such modelling. I feel it also demonstrated that whilst we may not get things right all the time, it is our willingness to connect with one another and learn from each other that is key.

I am thankful to the family for allowing us into their homes and trying a new way of working with us. For me, it has certainly been a positive learning experience and one that I will carry with me as I work with new families virtually. Looking forward, I would like to think more about how we consider power dynamics between the team and future families, with new dilemmas, ethical issues and social differences topics likely to arise as we continue working online. This feels particularly important working within a Children’s Social Care setting and working with families that have experienced

marginalisation or exclusion or who have complex histories with helping services.

Dominique's position: member of the reflecting team

I am a full-time Asian student on the Graduate Certificate course in Family Therapy at King's College London and was doing my placement with this Children's Social Care department. I was new to the United Kingdom and had worked as a Social Worker at a juvenile secure care facility in Singapore prior to this. I have been with the clinic as a member of the reflecting team since November 2019. It was my first time being part of a clinic, and this family was the first family that I had worked with in this format.

Similar to being part of a reflecting team for the first time, it was also my first time working online. It was a new and "unusual" (Andersen, 1987) experience on both accounts. Personally, I was excited to see how it would be like, though at the same time uncertain how it would all pan out and how I could contribute to the process. Similar for the family, it was their first time being seen by professionals in a clinic and attending sessions online. This similarity made me wonder about the family's thoughts and feelings regarding this new format of therapy and how safety could be created for the families. When the clinic was moved online, I wondered how we could remain connected with the family in a space that was unfamiliar for everyone – both the families and the team.

When observing the sessions, I found Katy's use of relational reflexivity (Burnham, 2005) a useful approach in inviting the family to talk about parts of the work that were helpful and unhelpful. It helped to warm the context (Burnham, 1986) and contributed to a relational therapeutic space (Flaskas, 2016) between family members and the therapists in the room. The family members were able to suggest ways of working that they had found helpful in the past. The feedback allowed the team to replicate what was helpful for the family and a similar approach was utilised to gather feedback on the family's worries and to engage the families when the clinic moved to the virtual setting. This process of working collaboratively with the families was replicated in the team's post-session discussion where we shared our ideas about what had worked and could be improved on.

In addition, the reflecting team's open sharing of our own experiences of adjusting to working online contributed to a position of safety despite the uncertainties (Mason, 1993). The sharing of difficulties normalised the difficulties that family members might have also faced when meeting online and allowed family members to share their own difficulties, which they did. Though both the team and the family members were unsure how the sessions would progress, everyone was agreeable that they were willing to give the sessions a try. At the same time, these conversations further led to reflections from the team that recognised the family's own strengths and perseverance to resolve difficulties and created an environment for family members to consider the potential for change.

Being a student and of a different ethnicity from the team and the families, I was concerned and ambivalent about how I could contribute to the team. This was coupled with the uncertainty that arose from my maiden experience of being in a reflecting team and working online. I realised my concern about being too different made me focused more on identifying similarities that I had with the families and the team during the initial session. This might have inadvertently hindered me from

providing a different perspective to the conversations in the room. I wondered if I would have been more mindful of differences and more comfortable sharing my thoughts if I had worked with clients and a team of a similar ethnicity background, or if I had not been a student. In retrospect, I found that I felt more comfortable sharing as sessions progressed, which might have been a result of the respectful and open communication style in the team and the reflecting team process of listening to the multiple perspectives.

Julian's position: member of the reflecting team

I am employed by Children's Social Care and I work in a YOS Team (Youth Offending Service) as a Senior Social Worker. I joined the clinic in February 2020 whilst attending the second year of Family Therapy at IFT (Institute of Family Therapy).

My role in the clinic was behind the mirror offering different perspectives when called for by the therapists and family. When we made the transition to online remote sessions I thought about what difficulties we might face in maintaining a circular therapeutic conversation. Being in my own home, muted, and with the video off felt removed and detached. I was worried about my part in the therapeutic relationship being weakened, I thought about how I could encourage the not yet said when the family may be more reluctant to say things because of the different therapeutic context.

Rober (1999) writes about the concept of the inner conversation being a negotiation between the "self" of the therapist and their role. The negotiation is about what aspects of the self can be used in the session to open space for the not yet said. Sitting at home during the video calls I still experienced feelings, fears, intuitions and so on like I had behind the reflective mirror before lockdown. In a way these responses were heightened in the remote sessions as we were viewing the families in their own homes, and the intimacy of this focused me and raised strong and vivid emotions.

To decide what elements of my "self" to bring to the family was hard. In the office based reflecting team sessions we are able to talk to other members of the team behind the mirror whenever necessary. This enabled me to get some feedback of what might be useful to share with the family, in the remote sessions this was more difficult as we were communicating through WhatsApp. It was harder to have spontaneous conversations with colleagues whilst maintaining focus on the family's ongoing conversation.

Rober is clear that if inner dialogue is offered to the family it needs to be done in a way that continues and develops the conversation and that the ideas offered should be tentative. I was aware during the remote sessions that the tentative nature of the contribution of my inner dialogue could be reduced as the human connection may be lessened through not being together physically. It was a possibility that some of the nervousness, respect and tentative nature that I often feel when face to face with someone could be lost as a result of the distant and detached nature of video calls. The danger of this is that it could lead to over confidence and rigidity in the ideas I present to the family when I'm called into the session. The potential negative consequences of not being tentative could be harder to see because the physical distance of remote sessions could create a type of emotional distance. However, on reflection, I feel that I was able to use my "self" tentatively and usefully in the remote sessions. It's possible that, as noted above, the experience of seeing into the families' homes and the intimacy and

vulnerability this creates, helped maintain that emotional connection despite not being together physically.

As a male social worker from the Youth Offending Service there were a few points of difference between me and the rest of the team. Apart from myself, the clinic is an all female team of professionals from psychology/therapy backgrounds. I was also the newest member of the team and all these factors could have led to me feeling slightly separated or unconnected to my colleagues. However, the warm and open nature of the team meant this wasn't the case and I felt safe enough to take risks in my contributions. I believe the switch to online working also encouraged a collaborative approach as speaking on video calls means everyone has to take their turn as it's not possible to speak over the top of each other. Overall, I think the differences in gender and professional background between myself and the team helped provide a balance that benefitted the two families we worked with, who both included their own mix of genders and professions.

Conclusion

We hope the reader has appreciated the many questions and dilemmas around the re-adjusting working online in the context of a family therapy clinic. Here we would like to amplify some of these. Firstly, we believe that the online supervisory process might need to be revisited in relation to a position of safe uncertainty as a process that continuously evolves and we feel that the next step might be reflecting on how this is passed up and down the different system levels in an isomorphic fashion.

Another crucial point consists on the impact of the mirror disappearing leaving space to doubling or tripling up screens, new interspaces developing and how the supervisor, lead practitioners and reflecting team members can facilitate the maintaining of the connection and emotional intimacy in these layered contexts. The layering up of the different screens between the reflecting team and the family does create questions about how to maintain the human connection. However, the personal nature of seeing into someone's home creates a new kind of intimacy that helps promote tentative and thoughtful reflections.

Thirdly, we found that the decrease and changes in non-verbal cues can inhibit smooth turn-taking in conducting family therapy online and pose challenges to maintaining a connection with families. Given this, we created a space with the families to discuss the impact of moving the clinic online which also allowed new non-verbal cues to be developed together. It was also helpful to consider the impact of virtual working on the co-therapy team and use interactions between co-therapists as opportunities to model interpersonal communication to the family.

Finally, this experience has allowed us to consider a range of different approaches that can be helpful to create a safe therapeutic environment online and towards a position to entertain different possibilities in times of uncertainty.

Our experience of taking our mediation into a virtual realm has been positive. In my opinion, there were two factors that contributed to this. Firstly, both the clinic team and the families were all in it

together – e.g. muddling through online and doing the best that we could, from our homes. This probably reduced the “Them” and “Us” more than any systemic technique we could have implemented. Secondly, the families themselves reflected that the global pandemic did enable a greater deal of perspective taking - in their physical separation during COVID-19, a commitment to their families being better connected online and for the future was most important to them. On reflection, we believe persisting with mediation online was the most helpful choice for our families and worth taking the risk.

References

- Aggett, Percy; Swainson, Mary & Tapsell, Dave (2015). ‘Seeking permission’: an interviewing stance for finding connection with hard to reach families. *Journal of Family Therapy*, 37, 190-209. <https://doi.org/10.1111/j.1467-6427.2011.00558.x>
- Anderson, Harlene & Goolishian, Harold (1988). Human Systems as Linguistic Systems: Preliminary and Evolving Ideas about the Implications for Clinical Theory. *Family Process*, 27, 371–92. <https://doi.org/10.1111/j.1545-5300.1988.00371.x>
- Andersen, Tom (1987). The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work. *Family Process*, 26, 415-428. <https://doi.org/10.1111/j.1545-5300.1987.00415.x>
- Beattie, Geoff (1983). *Talk: An Analysis of Speech and Non-Verbal Behaviour in Conversation*. Milton Keynes: Open University Press.
- Bertrando, Paolo & Arcelloni, Teresa (2006). Hypotheses are dialogues: Sharing hypotheses with clients. *Journal of Family Therapy*, 28, 4, 370-387. <https://doi.org/10.1111/j.1467-6427.2006.00358.x>
- Burnham, John (1986). *Family Therapy*. New York: Routledge.
- Burnham, John (1993). Systemic Supervision: The evolution of reflexivity in the context of a supervisory relationship. In *Human Systems: The Journal of Systemic Consultation and Management*, 4, 349-381.
- Burnham, John (2005). Relational reflexivity a tool for socially constructing therapeutic relationships. In *The Space Between. Experience, Context, and Process in the Therapeutic Relationship*, Flaskas, Carmel; Mason, Barry & Perlesz, Amaryll (Eds.). New York: Routledge.
- Dallos, Rudi (2006). The process of attachment narrative therapy. In *Attachment Narrative Therapy*. Milton Keynes: Open University Press.
- Duncan, Starkey (1972). Some signal and rules for taking speaking turns in conversations, *Journal of Personality and Social Psychology*, 23, 2: 283-292. <https://doi.org/10.1037/h0033031>
- Flaskas, Carmel (2016). Relating therapeutically in family therapy: pragmatics and intangibles. *Journal of Family Therapy*, 38, 149-167. <https://doi.org/10.1111/1467-6427.12108>
- Hare-Mustin, Rachel T. (1994). Discourses in the mirrored room: a postmodern analysis of therapy. *Family Process*, 33, 19-34. <https://doi.org/10.1111/j.1545-5300.1994.00019.x>
- Hendrix, Charles C; Fournier, David G. & Briggs, Kathleen (2001). Impact of co-therapy teams on client outcomes and therapist training in marriage and family therapy. *Contemporary Family Therapy*, 23, 1, 63-82. <https://doi.org/10.1023/a:1007824216363>
- Hunt, Quintin A. & Augustus, Rachel A. (2017). Cotherapy team, In Carlson, Jon & Dermer, Shannon B. (Eds.). *The SAGE Encyclopedia of Marriage, Family, and Couples Counselling*, 1. California: SAGE Publications, Inc.

- Izod, Karen (2006). Taking Positions in the Organisation, David Campbell and Marianne Groenbaek, London: Karnac, 2006. *Organizational and Social Dynamics*, 6, 2, 274-278.
- Lang, Peter & McAdam, Elspeth (1995). Stories, Giving Accounts and Systemic Descriptions. *Human Systems. Journal of Consultation and Management*, 6, 2, 71-103.
- Malley, Maeve & Hurst, Alfred (2005). "Alice and Alice not through the looking glass": therapeutic transparency and the therapeutic and supervisory relationship. In *The Space Between. Experience, Context, and Process in the Therapeutic Relationship*, Flaska Carmel, Mason Barry & Perlesz, Amaryll (Eds.). New York: Routledge.
- Mason, Barry (1993). Towards positions of safe uncertainty. *Human Systems. Journal of Consultation and Management*, 4, 189–200.
- Mason, Barry (2005) Relational risk-taking and the training of supervisors. *Journal of Family Therapy*, 27, 3, 298-301. <https://doi.org/10.1111/j.1467-6427.2005.00322.x>
- Mason, Barry (2019). Re-visiting safe uncertainty: six perspectives for clinical practice and the assessment of risk. *Journal of Family Therapy*, 41, 343–356. <https://doi.org/10.1111/j.1467-6427.2005.00322.x>
- Pearce, W. Barnett (1994). *Interpersonal Communication: Making social worlds*. New York: Harper Collins College Publishers.
- Rober, Peter (1999). The Therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection'. *Family Process*, 38, 209-228. <https://doi.org/10.1111/j.1545-5300.1999.00209.x>
- Roller, Bill & Nelson, Vivian (1991). *The Art of Co-Therapy: How Therapists Work Together*. New York: Guilford Press.
- Sinclair, Stacey L. (2007). Back in the mirrored room: the enduring relevance of discursive practice. *Journal of Family Therapy*, 29, 147–168. <https://doi.org/10.1111/j.1545-5300.1999.00209.x>
- Tseliou, Eleftheria & Psaropoulos, Georgios (2005). Punctuating Circularity and Reflexivity: Some Reflections Following a Systemic perspective to Ethics. *Brief Strategic and Systemic Therapy European Review*, 2, 31-45.

Authors

Cinzia Taffagli is a systemic therapist and supervisor working in both children's social care and private practice. Based in London, she has been working in charities and local authorities in safeguarding children departments for over twenty years, with a brief period working in a CAMHS department. She initially trained as a clinical psychologist in Italy in 1995, where she lived until 1998.

E-mail: cinzialotus@gmail.com

Katy Agnew has a doctorate in Clinical Psychology from the University of East London and has many years experience in mental health and children's services. She has an interest in attachment theory and systemic ideas and approaches.

Email: drkatyagnew@gmail.com

Julia Tropiano studied and trained as a psychologist in Australia and is currently based in the UK. She has

been working in mental health within children's services and criminal justice settings.

Email: tropiano.julia@gmail.com

Dominique Khoo was, at the time of writing this paper, a Graduate Certificate in Family Therapy student at King's College London and did her placement within the local authority's children's social departments. She is a Registered Social Worker in Singapore with a degree in Psychology. She has worked in a juvenile secure care facility with court-mandated youths and their families in Singapore for many years.

Email: dominiquekhoo@gmail.com

Julian Wild works in the local authority's Youth Offending Service as a Senior Social Worker having obtained a Master in Social Work from Goldsmiths University in 2013. At the time of writing this paper, Julian was attending his second year (Diploma) of Family Therapy at the Institute of Family Therapy in London when he joined the clinic.

Email: Julian_wild@talk21.com

Citation

Taffagli, Cinzia; Agnew, Katy; Tropiano, Julia; Khoo, Dominique and Wild, Julian (2020). Maintaining the Connection. Reflections of a Family Therapy Clinic on Working Online at the Time of the COVID-19 Pandemic. *Murmurations: Journal of Transformative Systemic Practice*, 3, 1, 80-94. <https://doi.org/10.28963/3.1.15>