

International Journal for School-Based Family Counseling

Volume VIII, 2017

Using reflecting teams in School-Based Family Counseling

John Agudelo, Mulberry Bush School, Oxford, UK

Remaining focused and therapeutic at times when clients appear to have lost all hope and exhausted all their resources is one of the greatest challenges that a family therapist or counselor could encounter. Using reflecting teams can offer a range of therapeutic possibilities in such situations. The speculative, rather than prescriptive nature of the team's conversations and the family's freedom from having to respond to them can open up new therapeutic possibilities and reinstate hope. In this paper the main theoretical underpinnings of reflecting team practice, its similarities to and differences from the Milan family therapy approach, and some practical considerations for School-Based Family Counseling (SBFC) will be explored. Two hypothetical case studies drawn up from real clinical material will be used for illustration.

Keywords: Family counseling, reflecting teams, family systems, meaning-making, social constructionism.

Correspondence concerning this article should be addressed to John Agudelo, Mulberry Bush School, Standlake, Oxfordshire, UK, OX29 7RW (email: jagudelo@mulberrybush.org.uk)

Introduction

The practice of reflecting team as a therapeutic tool for working with families originated from Andersen and his team's observation of a "stuck" therapeutic system in Norway in the 1980s. In his paper "The reflecting team: Dialogue and meta-dialogue in clinical work", Andersen (1987) recounts his team's observation, from behind the one-way mirror, of a young therapist who appeared helpless in trying to avoid being drawn into the family's pessimistic narrative, despite the observing team's best efforts to assist him in conducting a more optimistic interview. In order to disrupt this pattern and enable the client-therapist system to overcome the therapeutic impasse, Andersen and his team invited the family and the interviewer to swap places with them and to watch and listen to the team reflecting more positively about the family. This experience generated a shift in the atmosphere of the interview, which proceeded "in a more optimistic fashion" (Andersen, 1987, p.1). Reflecting teams have since been widely used in family therapy and for training purposes.

Andersen's reflecting team approach is different from the traditional one-way mirror paradigm used in family therapy. After undergoing training with the Milan team in the 1970s, Andersen became frustrated with the hierarchical nature of the one-sided approach to therapeutic intervention. In the traditional model, the team behind the mirror would observe the unfolding family interview, occasionally interrupting its flow to make suggestions to the interviewer, either face-to-face, or via electronic devices. At one or several points during the session the interviewer would join the observing team behind the mirror for an exchange of impressions and ideas, which would culminate with a prescriptive intervention. During the post-session the therapist and the team would discuss the family's reaction and decide on the direction of the treatment. The introduction of reflecting teams was aimed at making the therapeutic process more transparent, non-hierarchical and collaborative. By presenting the team's ideas into the therapy in a reflexive manner, the team validates the family's protagonist role in its own story and its capability to influence it. The horizontal, rather than hierarchical, nature of the reflecting team approach encourages the rebalancing of the therapeutic relationship by de-emphasising the role of the therapist's expertise in favour of a collaborative and co-creative therapeutic alliance. By switching positions the therapy team and the family take turns to be on either side of the (real or pretended) mirror and join forces to create a context for evolution and change.

Therapy as a multi-way meaning-making process

Central to the reflecting team's philosophy is the linguistic nature of the therapeutic encounter. From a systemic standpoint therapy is defined as a process in which therapist and client engage in conversations about problems with a view to developing new meanings and understandings and finding solutions. By virtue of this linguistic interaction that characterizes it, the therapeutic process is conceived as the playing out of a purpose-specific relationship within a problem-generated (therapeutic) system, which transcends the boundaries of and contextualizes those that constitute it. Like School-Based Family Counseling (SBFC), the reflecting team process is strength-based and non-pathologizing.

Therapy is a linguistic activity in which being in conversation about a problem is a process of developing new meanings and understandings. Through therapeutic conversations, fixed meanings and behaviors (the sense people make of things and their actions) are given room, broadened, shifted, and changed. (Anderson & Goolishian, 1988, p. 381).

The practice of reflecting teams encourages the co-construction of the interpersonal realities of people engaged in conversation about problems. Being context-dependent, meaning can be elusive as facts and experiences can be subject to multiple interpretations. Therefore meaning-making cannot happen in isolation. It requires a dialogical process in which participants try to make sense of their world together (Cronen & Pearce, 1982; Pearce & Cronen, 1980).

When people consult about problems that are bothering them they give their own individual descriptions and explanations of their experiences, and of how these may be interfering with their lives and relationships. Inevitably, their accounts will be influenced by their unique subjective experience of their suffering and by their perception of the roles of other people in its causation. In the face of crisis people tend to hold on to their own interpretations of the realities that they are living and can become oblivious to the interpretations and to the suffering of others

also involved in the same situations. This single-lens vision of our social world can lead to entrenched either-or positions, which can, in turn, result in communication breakdown and create tension in relationships. The reflecting team's main task is to introduce multiple perspectives from which problems may be viewed, problem-saturated description de-constructed (White & Epston, 1990), and alternative narratives encouraged. It is then left up to family members to establish which of the ideas generated during this process can make a difference in their search for new understandings of their presenting situation.

From first to second-order cybernetics

In its early days, and to some extent still today, systemic therapy drew extensively on the science of cybernetics. The cybernetic explanation of purposiveness or goal-directed behavior characteristic of living organisms provided the basis for a constructivist approach to human systems (Bateson, 1979; Maturana & Varela, 1987, 1992). In the 1970s cybernetics started to shift its emphasis on its first-order, engineering emphasis (whereby the function of the system was seen as determined by an external agent, and therefore easily influenced from the outside) to a recognition of the self-referential, purposive nature of systems. This epistemological shift had repercussions on systemic thinking and practice inasmuch as it led to the recognition of the structurally-determined nature of the family system, of the role of the observer in modelling it and of the potential for his/her being affected by it (second order cybernetics). Consequently, family therapists, who were hitherto so preoccupied with observing and prescribing from their "expert" meta-positions, came to view themselves as being active participants in wider therapist/client systems, and to regard their interventions as being part of the therapeutic dialogical processes in which they co-participate with their clients (Anderson & Goolishian, 1992; Bateson, 1979).

As well as constructivist ideas, the practice of reflecting teams incorporates key aspects of social constructionism, as it seeks to encourage the co-construction of shared realities. At the heart of social constructionism there is a linguistic dimension, in so far as language is the main vehicle of communication and meaning making. From a social constructionist perspective it is in the process of trying to make sense of their experiences and interactions that people jointly construct the social worlds in which their lives unfold. Problems arise when people's interpretations of such realities differ to such an extent that communication between them becomes problematic. As Anderson and Goolishian (1992) pointed out, "problems exist in language, and problems are unique to the narrative context from which they derive their meaning" (Anderson & Goolishian, 1992, p.28).

Guidelines for reflecting teams

There are different models of reflecting teams which can be adapted to suit the needs of individual families and incorporated into different approaches, including SBFC. A common practice is for the counselor or therapist to suggest, between half and three quarters of the way into the session, that it is time to hear what the team has to say. Similarly, the counselor or her/his reflecting colleague(s) may suggest an earlier reflecting team if it feels to them that the main conversation is going nowhere. As a general rule it has been suggested that the size of the reflecting team should be of between two and six therapists reflecting (Friedman & Combs, 1996; Friedman, 1995) for between 10 and 15 minutes.

The following guidelines for implementing reflecting teams are suggested, though not intended to be prescriptive:

- The team shouldn't discuss their ideas with each other beforehand.
- Introduce all members of the team to the family.
- It is OK for team members to disagree. Unanimity is not required.
- Make it possible for families to take notes if they so wish.
- Be focused. Base your reflections on what is expressed during the therapy session. Don't open up new areas of exploration.
- Allow the conversation to evolve naturally instead of offering a collection of disjointed statements.
- Don't make disqualifying or blaming statements.
- Maintain a curious stance by using tentative, simple language.
- Use ideas that are "appropriately unusual" (Andersen, 1992, p. 87): neither too familiar, nor too alien to the family.
- Avoid engaging family members in the reflection, either directly or through body language. This will enable them to "eavesdrop" on the team's conversation about them without feeling compelled to agree or disagree with what's being said.
- Use both/and or neither/nor, rather than either/or frames.
- Avoid using pathologizing language.
- Maintain a competence-focused outlook without exaggerating the positives.
- Don't sound as if you're trying to sell interpretations or solutions to the problem.
- Give the family an opportunity to comment on the team's reflections and ideas.

Case study illustration

It is possible for therapists and counselors working without a team to use themselves as single-member teams by taking time out. This could be for a few minutes or in-between two sessions to reflect on what has been said. The next step should be for the therapist to feed his/her thoughts back to the family and invite them to comment. Another possibility would be for the therapist, with the family's consent, to consult with an absent team and show the family a video recording of their reflecting conversation.

The reflecting team approach can also be adapted to the SBFC framework. For example, case study 1 (below) involves a student who has lost interest in school. In case study 2 the school counselor and the school psychologist team up to reflect on what has been discussed during a family/school consultation. It is important to note that the reframing of the context in which this session takes place avoids the risk of the family or the school feeling stigmatized or pathologized, an important principle in the SBFC approach (Gerrard, 2008; Soriano, 2004). Using the consultation framework also involves acknowledging the family's expertise on their situation and the school's key role in the problem-solving partnership (Carlson et al., 1992; Minke, 2010). Both case studies have been put together using material from a mixture of clinical cases to preserve confidentiality. All names are fictitious.

Case study 1

Sharon, Mark and their two daughters, 15-year old Lucy, and Sarah aged 19, were referred for family therapy following Lucy's discharge from an eating disorder inpatient program where she had spent several weeks. During the latter part of this period Lucy, who had been described as a

“model student”, had severed links with her school and lost interest in her education. Overall, communication between the school and home was poor and, when it happened, Lucy’s eating disorder was the proverbial “elephant in the room”.

The family was reported to have engaged well with the hospital team, notwithstanding Mark’s initial reluctance to agree to his daughter’s admission through fear that being away from home might worsen her condition. However, the unit and the community professional teams had expressed scepticism about the parents’ ability to implement the hospital discharge treatment plan with its primary emphasis on re-establishing healthy feeding routines for Lucy. An added complication for the family was Sarah’s relentless criticism of her sister, whom she constantly accused of not doing enough to overcome her problems and of being the main source of her parents’ misfortunes.

Parental disagreement on the issue became apparent from the beginning of the first session, when Sharon and Sarah accused Mark of being too soft and, at times, undermining the hospital treatment plan by colluding with Lucy. Sharon gave the example of her husband’s making light of some key aspects of the program, such as the non-negotiability of eating and the need to control Lucy’s excessive exercising. Although Mark did not deny any of these charges, he accused his wife of being short-tempered and too rigid in her interpretation of their daughter’s recovery program, and his eldest daughter of being too impatient with her sister. Their attitude, in his view, was undermining of the seriousness of Lucy’s illness. Sarah, who was no longer living in the family home, argued that what was needed was for her sister to be stripped of any decision-making powers until she was able to demonstrate that she was serious about getting her life back to normal. She blamed her parents for caving in too easily to her sister’s manipulations - her father through fear that she might take her own life, her mother out of frustration and despair.

Throughout most of the interview Lucy sat quietly, occasionally shrugging her shoulders and shaking her head in disagreement. The therapist’s attempts to bring her in were met with monosyllabic answers and a few mutterings about hers being a crazy family, much to her mother’s annoyance. Towards the end she vented some anger towards her mother and her sister, blaming them for her low mood and accusing them of not being able to put themselves in her shoes. As it was clear from the letter of referral that the family was “well-rehearsed” in this form of communication, the idea of a reflecting team was suggested. The team, who sat in the same room outside of the family/interviewer circle, introduced themselves as Barbara (family therapist), Andrew (psychiatric nurse), and Katie (trainee clinical psychologist).

Reflecting team’s comments

Katie: I think that the family have done an excellent job at spelling out the dilemmas that they’re facing, now that the main task of beating the eating disorder has been handed back to them. I was left with the feeling that everyone has got very good ideas about what needs to be done, but nobody quite knows how to go about implementing them. What struck me the most was the sense of powerlessness that they all seem to share in relation to what the hospital has asked them to do. (This is an “externalising” [White & Epston, 1990] comment, intended to help family members try a different lens to view their current situation).

Barbara: Absolutely! I found myself thinking how easy it can be to blame or feel blamed when the solution to a collective problem seems well out of sight. There seems to be a lot of hopelessness around.

Andrew: I would agree to some extent, although I think the family's coming to this session can be seen as a sign that the flame of hope is not yet completely extinguished.

(Statements of this kind can normalize what the family is experiencing and help family members empathize with each other's positions).

Katie: That's a good way to think about it. I wonder what it would take for that flame to flare up again.

(Reflecting team members agreeing/disagreeing with each other or asking each other questions can increase the overall sense of being involved in and listening to a meaningful conversation. Andrew's response below brings some of the family's strengths to the fore).

Andrew: Well, the way it feels to me is as if different wind currents were converging to keep it at bay. I was interested to hear, though, that people have not given up on it, that there have been times when they have been able to get on with things, despite the great challenges that they are facing, like Lucy with her school work and Sarah settling into her new life. The family's presence here today demonstrates that, somehow, they are able to see beyond their differences and have agreed to hear what other options there may be.

Barbara: I think that's a good way of looking at it. Hearing about Sharon's and Sarah's frustration with Mark's "soft" approach, as they put it, reminded me of another family that I worked with a couple of years ago, who were facing similar difficulties. The way people have been talking about the things that seem to be interfering with their trying to agree on how best to implement professional guidelines was reminiscent to me of some of the conversations that came up with that family.

Katie: I had a similar sense of familiarity when we were listening to what the family was saying. Was there also an eating disorder involved in the other family you're talking about?

Barbara: Some elements of that, I think. But the main issue was severe depression. The family came to family counseling after one of the teenage sons had attempted to commit suicide. I remember his sister describing the situation they were all in as a difficult "crossroad".

(By situating our ideas in our own individual and professional experience we can help clients view their own relational experiences from different perspectives (Freedman & Combs, 1996).

Andrew: What a wonderful analogy! Are you suggesting that this could equally apply to this family?

Barbara: Well, I wonder...I mean, when people talk about Mark being too soft, could it be that they think he keeps taking the wrong turn when it comes to making decisions about Lucy's treatment plan? Does that make sense?

Andrew: Or that he's not turning at all when it seems so obvious to everyone else that he should? Perhaps being in this kind of difficult-to-negotiate crossroads can

leave people feeling confused and wondering who has the right of way. Could this be why they often end up feeling blamed and colliding with each other?

Katie: Hmm...It could be. I was thinking about Mark's worrying about his daughter being away from home while in hospital. I wonder what the process of coming to terms with this might have entailed for him...you know..., having to accept that his daughter was going to need inpatient treatment, not knowing for how long this was going to be, and worrying that she might come out worse.

Andrew: Sure. That must have been another difficult crossroad for the family. I wonder what Lucy and Sarah thought about their father taking the turn that he did then. Perhaps they think they wouldn't be here today trying to figure out what their next turn needs to be if he'd gone a different way?

Barbara: Probably. When they were talking about that I got a sense that hopelessness had not taken full control of their lives after all. Did anyone else get the same impression? I mean... we've heard about occasions when they disagreed but, somehow, seem to have found ways to pull together and move things forward. For example, we haven't heard about anyone wanting Lucy to have stayed longer in the unit.

Katie: Or they may have done and not said it. We don't know. That makes me think about what ideas people may have about what role Lucy's school could play in her recovery. From what we've heard so far it would appear that school and family life have been kept separate and I wonder if the family might consider involving the school a little more.

(This illustrates how a SBFC professional can bring school into the discussion, even when it seems that it has no bearing on the situation in question).

Andrew: I also wonder what goes through Lucy's mind when her sister says that she doesn't do enough to get better. Does she understand what her sister means by that? Does getting better mean the same to both of them?

(These tentative questions introduce an element of ambiguity in Sarah's interpretation of her sister's situation and invites curiosity about other possible explanations).

Katie: I see what you mean. Do you think the same may apply to others? I'm curious about some of the words that have been used to describe different positions and attitudes in relation to the treatment plan, such as Mark's softness and Sharon's rigidity. I was wondering what might happen if the family decided to go for a middle of the road approach: neither too soft, nor too rigid.

(This can be a good way of offering a different framework from the "either... or" dichotomy that can help people try to make sense of each other's attitudes and behavior).

Barbara: I think that's a very interesting thought. Do you have any speculations as to where that might lead things to?

Katie: Hmm...I'm not sure. Perhaps some strengthening of their links with the community team and the possibility of involving Lucy's school, which, in turn, could result in more hope and feeling less isolated.

In this example, from their participant observer position the reflecting team take the conversations that took place within the family/interviewer system onto another level, offering

other understandings and speculating about alternative scenarios, such as that involving the school in the problem-solving system. They do so by wondering out loud curiously, using metaphors and sharing relevant personal and professional experiences, rather than by prescribing or stating final truths. This deepening of the pool of semantic possibilities can help dilute the family's own experiences and develop new understandings. The family's reflections on the reflecting team's conversation in cases like this can lead to their exploration of new, non-blaming narratives, and to the discovery and mobilization of strengths that may have gone unnoticed.

Case study 2

Fourteen-year old Harry was referred for counseling after he had become depressed and started to disengage from his school duties, complaining that he was being bullied. He had been attending the same school since the start of his secondary education and had been reported to be doing well and achieving above average grades. However, over a period of time his academic performance had taken a turn for the worse. Although Harry's mother and the school were equally concerned about his school refusal, there had been little communication on the issue between them and an unhealthy pattern of suspicion and blaming of one another had started to develop. Harry's mother, Wendy, who had just been through a divorce and was being treated for depression, had tried different strategies to get him back into his school routine, including some bribing and coercion, but to no avail. She blamed the school for not doing enough about the bullying and for allowing the situation to escalate to what seemed to her a point of no return.

An initial exploration of the school/family relationship revealed that in the two and a half years that Harry had been at the school his father had been the main point of contact, as he had more flexible working hours than his mother. After his parents separated, Harry's mother took control of most day-to-day parental issues, but her busy work schedule and the separation stress were preventing her from keeping pace with all school-related matters. The school interpreted this negatively.

The idea of using a reflecting team emerged after two family sessions with the counselor, when the school's and Wendy's polarised views about why Harry was school refusing became apparent. Both Harry and his mother had agreed for the counselor to invite Harry's year tutor and deputy head teacher to a school/family consultation session to discuss Harry's experience of being bullied and to think about how this was being dealt with. Harry's mother also agreed, with some reluctance, to disclose some information to the school about the family situation so that staff were more aware of Harry's emotional needs. The reflecting team comprised the family counselor (FC) and the school psychologist (SP).

During the part of the meeting preceding the reflecting team, Harry's mother spoke about her frustration that the school was not taking Harry's complaint about being bullied seriously. Harry's year tutor explained that this had only come to her attention days before the meeting, and that the school was looking into it. A pattern had started to develop whereby Harry's mother would assert more and more persistently that the ball was in the school's court and the school would become more and more defensive. Harry remained silent for most of the session.

Reflecting team's comments

The reflecting conversation between the school psychologist and the family counselor could flow more or less along these lines:

FC: It seems to me that an awful lot of effort and energy have been put into bringing everybody together to try to sort things out for Harry. I'm sitting here wondering what he makes of all this talk about how to make it easier for him to go back to school. Things have certainly not been easy for him recently.

SP: Sure. It takes a lot of courage to hear what people think about you not being able to get on with your school work, not because you don't care or because you're not smart enough, but because you're just having a rough time.

(These two joining statements would be intended to acknowledge the pupil's difficulties, as well as his mother and the school's willingness to find ways of working together)

FC: That's right. I was struck by how much stress there is around, making it harder for people to get on with things. It was interesting to hear how hard Wendy has been trying to get to grips with being a single mum. I wonder if things might have been a bit easier for her without the bullying, I mean...I wonder if that's the kind of stuff that Harry's dad was more used to dealing with – talking to teachers, checking up on Harry...He doesn't do this anymore and this certainly doesn't seem to have gone unnoticed.

SP: Not at all! We've also heard about the bullying being behind Harry's preference to stay at home, but I wonder if, as well as that, he may be missing his dad's relationship with the school. I'm not sure... Did that occur to you as well? *(Suggesting that there can be other explanations for Harry and Wendy's suffering in a "both...and", rather than in an "either...or way" is respectful to them, as it acknowledges their ownership of their experiences and offers something different, giving them the freedom to take it or leave it).*

FC: It did. And that may well be the case. I wonder what Harry's dad would say about this. Would he have any suggestions about how to make things easier for his son?

(This creates an opportunity for more dialogue between the school and the family and further exploration of any role that Harry's father might be able or willing to play).

SP: Indeed! And for the school, for that matter. I was also thinking about people having to learn to cope with change, both Harry and his mum. Change is never easy. I remember dreading the start of a new school year because that often meant having a new year-tutor and having to make new friends. Have you met any young person who loves change?

FC: I don't think so. And I guess we're talking about things that can make it easier for change to be dealt with. When Wendy was talking about her busy job and feeling stressed out I found myself wondering if this is making Harry worry about her so much that he might think he has to stay at home keeping an eye on her. I wonder how the school might be able to make it easier for mum to take on her new role now that she has become a single parent.

SP: That's a very interesting thought. Did you have any ideas in mind?

FC: Well, I was thinking about other ways for Wendy and the school to communicate, like weekly e-mails, Skype calls...

SP: Hmm...Having this meeting today seems like an important step. We know that when schools and families work together they're less likely to blame each other. You know..., in some way I'm reminded of what tends to happen when parents disagree about how to bring up their children, or when they just don't communicate with one another. The kids tend to get anxious and confused.

(This "appropriately unusual" thought may carry the risk of putting Wendy on the defensive, as it implies that the school plays a co-parental role vis á vis Harry, which, given the circumstances, she might reject. Nevertheless, the way in which it is presented - i.e., as a conjecture, rather than as an affirmation - can reduce such risk).

FC: That's right...and parents can blame each other if things go wrong. You know... in a way I was also curious to hear about Harry's dad no longer being involved. I wonder what would be happening if he still was, if, for example, he and Wendy had been able to come to some agreement, like taking turns to attend school events, getting regular updates and so on. I wonder if that could have given Harry more confidence about people being able to work together and taking control more easily when things go wrong.

SP: Food for thought, I suppose.

The reflecting team process is a conversation about another conversation intended to instigate other conversations. It is not designed for the professionals to have the final word, so it is a good idea to end the reflection at a point at which it feels that a great deal more could be said.

Conclusion

The idea of two or more fellow professionals having the very people they are talking about as the main audience of their conversation may seem odd to the uninitiated. However, the therapeutic benefits of using the reflecting team approach when working with families and other groups has been well documented in systemic and narrative therapy literature (Haley, 2002; Lax, 1995). The exploration of the reflecting team process and its potential usefulness in SBFC in this article is intended to highlight what these two approaches have in common and to encourage further discussion about how the former could be incorporated into SBFC training and practice. Developing reflecting team skills can improve school-based family counselors' ability to bring schools and families together and help build stronger bridges between them.

References

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, 26, 415-428.

Anderson, H. & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27, 3-12.

Anderson, H. & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds.). *Therapy as social construction*. London: Sage.

Bateson, G. (1979). *Mind and Nature*. New York: Dutton.

Carlson, C., Hickman, J., & Horton, C. (1992). From blame to solutions: Solution-oriented family-school consultation. In S. L. Christenson & J. C. Conoley (Eds.) *Home-school collaboration: Enhancing children's academic and social competence*. Silver Spring, MD: National Association of School Psychologists.

Cronen, V. & Pearce, W. B. (1982). The coordinated management of meaning: A theory of communication. In F. E. X. Dance (Ed.). *Human communication theory*, pp. 61-89. New York: Harper & Row.

Freedman, J. & Combs, G. (1996) *Narrative therapy: The social construction of preferred realities*. New York: Norton.

Friedman, S. (1995). *Reflecting team in action: Collaborative practice in family therapy*. London: Guilford.

Gerrard, B. (2008). School-Based Family Counseling: Overview, trends, and recommendations for future research. *International Journal for School-Based Family Counseling, 1*.

Haley, T (2002). The fit between reflecting teams and a social constructionist approach. *Journal of Systemic Therapies, 21*, 20-40.

Lax, W.D. (1995). Offering reflections: Some theoretical and practical considerations. In S. Friedman (Ed.). *The reflecting team in action: Collaborative practice in family therapy*. New York: Guilford.

Maturana, H.R. & Varela. F.J. (1987). Autopoiesis and cognition: The realization of the living. In R. S. Cohen & M. W. Wartofsky (Eds.). *Boston Studies in the Philosophy of Science, 42*. Boston: Reidel.

Maturana, H. R. & Varela, F.J. (1992). *The tree of knowledge: The biological roots of human understanding (Rev. Edition)*. Boston: Shambhala.

Minke, K. (2010). Helping teachers develop productive working relationships with families: The CORE model of family-school collaboration. *International Journal for School-Based Family Counseling, 2*.

Pearce, W. B. & Cronen, V. (1980). *Communication, action, and meaning: The creation of social realities*. New York: Praeger.

Soriano, M. (2004). *SBFC: a caring, culturally congruent bridge to diverse communities*. Proceedings of the 2004 Oxford Symposium in SBFC. San Bruno: Institute for School-Based Family Counseling.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.