

NOTES FROM THE BASEMENT: DEVELOPING THERAPIST COMMUNITIES THROUGH COLLABORATIVE PRACTICE GROUPS

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There is a wealth of experience within any therapeutic community, but too few opportunities for practitioners to come together to share these knowledges and to co-innovate. This paper describes how a group of practitioners have responded to this dilemma by forming a number of “collaborative practice groups” of front-line workers from multiple agencies who meet on a regular basis to not only exchange ideas, but to practice alongside each other. The paper provides a picture of how these groups were formed, and how they operate. It also includes participant interview data on the impact of the experience of engaging in these collaborative initiatives.

For a profession so intently focused on relationship, therapeutic practice can be remarkably isolating. In the heady days of graduate school, cohorts of aspiring therapists collectively examine and discuss their work in countless group settings. Then they disperse. Stepping into a pragmatic world of practice, most have few opportunities to reflect on and dialogue about what they do. Instead, they are taken up with managing caseloads and keeping up with paperwork. Yearly allotted professional development experiences temporarily recapture the energy of graduate school; but without a community of peers with whom to process the training and experiment further, scribbled workshop notes become increasingly opaque, and the learnings fade. Working separately from each other, therapists and counselors can only compare their sometimes uneven practice to the carefully selected success stories of the “master therapists” they have witnessed. The comparison is

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not favorable. Confidence wanes, along with morale and energy, rendering practitioners more susceptible to burnout (Casey Foundation, 2003).

I do not mean to suggest that this pronounced isolation is endemic to the profession, or that all working therapists and counselors are on the slippery slope to burnout. But I do wish to highlight what I take to be a familiar shortcoming of many therapeutic settings in order to introduce some collaborative initiatives that help to address them. In Ottawa, Canada, a number of therapists and counselors in recent years have begun to organize themselves into what have come to be known as “collaborative practice groups.” Indications are that participation in these groups rekindles the spirit of inquiry and community too often lost in the years after formal training.

The collaborative practice groups are devoted to promoting professional skill development and serve a wide variety of other purposes as well. These include the consolidation of inter-agency referral networks, the opening of knowledge exchange channels between the “front lines” and the academy, and the nurturing of therapeutic communities. This article will recount the unfolding of this shared enterprise—the opportunities exploited and the challenges faced—with the intention of providing not a blueprint, but some reflections and observations to support the initiation of therapeutic collaborations elsewhere. Included in this account are the words of many practitioners who have participated in qualitative research investigations¹ of the collaborative practice groups.

At the time of this writing there are six collaborative practice groups operating in Ottawa. Not quite “small group supervision” in the conventional sense, not quite “case conferences,” not quite “therapy training programs,” the groups are devoted to multiple purposes. These include case review, skill development, literature discussion, and co-therapy. All use reflecting processes as vehicles for shared participation. These include variations on the reflecting team² (Andersen, 1991; Anderson & Jensen, 2007; Friedman, 1995) and definitional ceremony (White, 1997, 2007). The groups also share a number of other attributes. Each includes participants from an assortment of agencies, and in some cases private practice: none are represented by a single institution. They all meet regularly, either bi-weekly or monthly, between Fall and Spring. They include between eight and 12 members each and all are facilitated.

The groups have emerged somewhat organically in response to demand and to opportunities presented, so that each group is unique and to some extent self-invented. Their shared origin in a collaborative therapy training program helps to account for their family resemblance, and *equally* for their differences. The social constructionist and post-structuralist traditions anticipate contextual variations and

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²For the purpose of this article, I will occasionally use the term “reflecting team” to refer to both traditions.

celebrate unique and local knowledges. Just as there is no assumption that what works for one client will work for all others facing similar challenges, there is no expectation that there is one “model” of collaborative practice group appropriate to all settings. So this is not the account of “guidelines for best practice,” but rather a description of a variety of related approaches to large-group collaborations amongst practitioners (and, as we shall see, managers). My hope is these will inspire further unforeseen innovations. Some of the existing variations will be explored later here because they point to the many collaborative possibilities available.

ORIGINS

My intention in sharing a narrative account of the origins of the collaborative practice groups is not to bask in the glow of fond memories (a pleasant side benefit), but to evoke a description of an unfolding process in the hope that readers may discern possible paths of development for their own collaborative initiatives. As mentioned, there is no set protocol for initiating collaborations such as these; there are many possible beginnings. In our case, the commitment of a “patron,” one of the city’s larger non-profit counseling agencies, created a community with shared purposes from which later emerged the first group.

It started with an innovative training program offered by the Youth Services Bureau of Ottawa (YSB) between 1998 and 2003. The YSB contracted family therapist Mishka Lysack to offer staff members training in approaches gathered under the “postmodern umbrella” (Anderson, 2007; Paré & Tarragona, 2006) of contemporary family therapy approaches, including narrative therapy (Freedman & Combs, 1995; White, 2007; White & Epston, 1990), Solution-Focused Therapy (de Shazer & Berg, 2007; Walter & Peller, 2000), and Collaborative Language Systems (Andersen, 1995; Anderson, 1997; Anderson & Gehart, 2007). Myself and other local therapists joined the training team.

Although primarily intended as a YSB staff development initiative, the training was offered free of charge to a pair of local practitioners not employed by the YSB. The program combined bi-weekly didactic sessions alternating with small-group supervision. Eventually, the YSB invited two therapists per year (Jeff Chang, Bill Madsen, Judith Myers-Avis, and Karl Tomm) to Ottawa to present workshops to training participants and the wider public.

When the training program ended, the YSB reverted to small group supervision, with outside consultants (myself among them) working with groups of three or four practitioners, graduates of the training. My own group included the two therapists not based at YSB. They worked with a wider age-range of clients at a different non-profit agency in town. This added interest because of the variety of perspectives available in the room. However, despite continuing with a version of reflecting team supervision (Paré, Audet, Caputo, Bailey, Hatch, & Wong-Wylie, 2004), we missed the more expansive learning we had all experienced during the

training, when we were more explicitly devoted to theory—and skill-development and less tied to generating helpful input in relation to a particular “case.” We also found ourselves subtly reverting to reflections that amounted to a variation of “Have you tried . . . ?” This veiled advice-giving contrasted with the tenor of the training we had shared, which discouraged the convergent search for single “objective” truth and instead encouraged open-ended, tentative sharing that allowed for multiple possibilities. In short, our supervision group process felt stale. At this time, a number of YSB staff began to imagine creating a larger group that included additional YSB colleagues along with outside practitioners. We also began to speculate about expanding our work to include not only case presentations but a variety of other learning experiences. The idea was pitched to YSB management. To our delight, they agreed, and the first collaborative practice group was born.

THE FIRST COLLABORATIVE PRACTICE GROUP

Our first meeting took place in a basement room with a low ceiling. We remarked on how the setting seemed to fit the vaguely subversive enterprise we were engaged in. We saw ourselves as promoting client-affirming practices standing largely outside the mainstream of contemporary psychology. In bringing the group together, we had generated a list of possible participants based on our knowledge of therapists in the community who shared our commitment to collaborative practices. These included practitioners at other agencies, but also private practitioners and one or two recent university counseling graduates with training in postmodern approaches, including reflecting team work. The people we approached each brought their unique gifts to the group. Some were fresh off studying contemporary theory, others had many years of practice behind them, yet others had done extensive training in collaborative practice in international settings. In forming this expanded group, we were not only tapping into local interest, but also local expertise.

The original group that I facilitated included 12 practitioners from a diversity of contexts. With this large group assembled around a table each meeting, united in a commitment to collaborative approaches, intent on refining our skills and knowledge, the energy was palpable. The group quickly coalesced, along with a growing sense of camaraderie. Meetings tended to get interrupted frequently by laughter (they still do). Coffee breaks were consumed with networking and the generation of shared initiatives to be undertaken outside of our group meetings. These initiatives included developing small in-house trainings, and also rounding up participants for reflecting teams to attend live sessions conducted at the YSB and elsewhere. In effect, the group served as a pool of relatively like-minded practitioners to support each other in their work with clients.

We generated a list of themes and activities for exploration, meeting for three hours every two weeks at the YSB head office. In the initial days, I played a more central role as a university-based counselor educator with a history of publica-

tions and presentations devoted to postmodern and poststructural theory and practice. This changed over time, for various reasons. For one, my repertoire may be ever-evolving, but it is not infinite! After a time, it felt natural that other members would step forward, and my impression is they felt more comfortable doing so as the group consolidated and as they came to appreciate the limits of my own knowledges. This felt like a development very much in keeping with our collaborative ethic. And it contributed variety to our activities, along with the vitality that comes with occasional changes in group membership. Over time, members stepped forward with growing frequency, and the group became increasingly self-directed. Our activities included videotape review (our own and those of prominent practitioners), discussion of readings, experiential exercises, and didactic sessions. We typically found ways to respond to material, including taped and the occasional live sessions, with reflecting teams. In some cases, we videotaped the reflecting teams to be shared with an absent client.

Membership in the first group was not entirely stable. One or two participants needed to withdraw because of changes in their family or work circumstances. This provided an opening for other participants. In one case, new members were assigned to the group by YSB. In this instance, we unfairly assumed sufficient familiarity with the theories and practices informing the group process, and blithely continued our group meetings without sufficient attention to the learning needs of the new members. They eventually withdrew, and we learned the importance of preparing new members for participation. We did not, however, quite learn a second lesson about checking in with new members about their experience of the group until we later experienced a similar attrition. That lesson arose when we in effect nominated two like-minded therapists working elsewhere to join the group. They were more than sufficiently familiar with the “collaborative” domain. However, we again assumed they were riding the same wave of enthusiasm as the rest of us, and we did not proactively solicit feedback from them on their experience of the first few meetings. They also withdrew, explaining that the twice-monthly commitment was not paying off sufficiently in terms of advancing their own practices. We learned it is important to be more explicit in soliciting ongoing feedback from participants to keep abreast of how they are doing and what they feel they need.

At the end of the first year of the collaborative practice group experiment, the YSB concluded the initiative was working, and committed to supporting its continuance the following Fall. By then, we had a strong sense of collective identity and were aware of a number of other practitioners at the YSB and elsewhere in the city who were taking note and expressing an interest in participating. We decided we needed a name, and generated a long list of candidates. The list included exotic titles such as *Interagency Collaborative Supervision Experience*, *Collaborative Connections: Supervision that Sparkles*, and *Swimming in Pea Soup: Re-Learning Collaborative Ways of Being*. In the end, we settled on the less fanciful *Collaborative Community Practice Group (CCPG)*, and decided to collectively plan a conference.

The conference had multiple purposes. Primarily, we were interested in reaching out to other practitioners in the city who we knew to have an interest in collaborative approaches. We were also interested in celebrating local knowledge, rather than hosting a “big name” imported from elsewhere. In effect, the conference would be a platform for group members to step forward, further crystallizing their learnings and consolidating our group itself as an entity in the city.

The conference came to be conceived as a “gathering” that we entitled *Working Together: Exploring Collaborative Practice*. We planned the gathering over many group meetings, interspersed with further clinical work and reflecting teams. Despite a group leaning towards narrative practice, we decided to make the gathering focus broader, to avoid the exclusivity that unfortunately accompanies the formal labelling of a particular set of practices. Instead, we decided to outline shared values with the expectation that many of these would resonate with invitees. Part of the day included unpacking a list that we called *Some Assumptions Informing our Work*. It included the following items:

- The person is not the problem; the problem is always the problem
- A curiosity about effects of problems on persons and about exceptions to problems
- Persons’ lives are multi-storied
- It’s more useful to build on what is working rather than to “fix” what is not
- Helpful change comes from stepping into new ways of living
- Critique of an expert stance: preference for a collaborative orientation—clients’ preferences are a key compass of the work
- Question-oriented, focused on strengths and resources, skills and knowledges versus pathology, dysfunction
- Mindfulness of cultural influence on meanings and power imbalances in persons’ lives
- What we “find” is a function of what we look for

We also decided to mount a short play, inspired by a more ambitious venture undertaken by hosts of the New Zealand Association of Counsellors annual conference in Hamilton, New Zealand (Winslade, Crocket, & Smith, 1999), which I had participated in while I was a post-doctoral fellow at the University of Waikato in 1999. Our play included characters personifying ADHD, Reputation, and Ritalin. It enlivened the event, generating a lot of interest and discussion.

The spring gathering was attended by several dozen local therapists, counselors, social workers, and graduate students hand-picked for their interest in collaborative approaches. Each member of CCPG took on hosting and presenting (and in some cases, acting) duties, many of them displaying talents until then mostly concealed from the group. The day-long event went smoothly. It was enormously energizing for CCPG, and evidently for many of the attendees, who provided written feedback that was reviewed with interest by the management at YSB. By

this time, two years after the start-up of the first group, a number of other YSB staff members had expressed interest in participating. The YSB approved the formation of a second group, to be facilitated by narrative- and drama-therapist Christine Novy, one of the members of the original collaborative practice group.

EMERGING DIVERSITY

As mentioned, the groups are tailored to the needs of participants. The needs of the second group were not quite the same, and it evolved differently as a result. This group, which also met for three hours bi-weekly, was composed of about ten members—YSB staff and other community counselors with more limited exposure to collaborative practices. Christine began the group meetings by providing members much space to articulate their needs and aspirations. These consultations contributed to establishing a group process mostly focused on training in narrative practice, in contrast to the first group's more eclectic activities. Members were assigned Alice Morgan's (2000) introductory book *What is Narrative Therapy?* Christine took on a more central role as an instructor and facilitator of experiential activities and reflecting team work in the style of definitional ceremony (White, 1997). The two collaborative practice groups stayed in touch throughout that first year, coming together for a conjoint meeting in the spring, at which members of the second group reflected on their learnings, after which the first group responded in a "re-telling" (White, 1997).

The formation of the second group effectively widened the local circle of potential reflecting team members for live sessions as well. Over the year, members of both groups occasionally worked alongside each other in live sessions at their agencies, which further consolidated the links between them. Initially, members of the first group were more "senior" in their familiarity with particular collaborative practices and able to provide a degree of mentorship to the second group. At the same time, members of the second group provided fresh perspectives and energy, enlivening the practice of members of the first. As time goes on, the distinctions between the groups' familiarity with particular collaborative practices diminishes.

CROSS-SECTOR FERTILIZATION

While these developments were unfolding, the first group was contacted by the energetic executive director of a local non-profit agency who had Googled the term "reflective practice" and stumbled on CCPG through a brief article posted on a website. Val Hinsperger came and joined us at one of our regular meetings. She shared her interest in creating opportunities for reflecting on practice for workers in the non-profit housing sector. In lieu of providing a didactic account

of reflecting team theory and process, members of the group simply reflected in response to Val's sharing. She responded with characteristic enthusiasm. In the following weeks, she and I devised a three-year project, to be partly underwritten by research funding, centered around the formation of an inter-agency reflective practice group for front-line workers in the non-profit housing sector.

This group has now completed its second year of operation. Participants are less steeped in therapy theory/practice than members of the first two groups, and the group is not devoted to "therapy training" in the conventional sense. Instead, the bi-weekly meetings provide a forum for members to share their experience of their work, both in general terms, and in reference to particular "cases" challenging them. Rather than an open-ended sharing which can insidiously evolve into complaint sessions or advice giving, the group adheres to definitional ceremony process, rigorously conveyed and facilitated by Christine, with the occasional participation of a colleague.³

Another way in which this third group is distinct from the others as they were initially conceived is the funding structure that supports them. Whereas the first two groups were solely funded by YSB in their formative years, the third group's facilitation fees are shared by the agencies whose employees participate. This pooled funding gives the group a certain robustness, because it does not depend on a single financial source for its continuance. The up-front commitment to a three-year research project has also helped to ensure the ongoing participation of member agencies.

At the conclusion of its first year, members of the third group joined members of the other two groups at a second community gathering, held at the YSB's new head offices. The purpose of this gathering was similar in some ways to the first, but more complex. At that time, there were three groups in the city operating in related but distinct fashions. We wanted a chance to bring these groups together, and we were also hearing expressions of interest from other practitioners. The gathering had a sort of "marketplace" dimension, in that invitees considering participating in similar initiatives had the opportunity to catch up on the history of each of the existing groups, and get a taste of what they have to offer. Members of the three groups presented in a variety of ways, including sharing anecdotes about "sparkling moments," reflecting openly on their learnings, and presenting another short play—this time with a troupe of presenters called *Plays on Conversation* that had emerged from the two groups. One intention of the meeting was to make the transition from a sole funder (YSB for the first two groups) to a shared-funding model more like the third group. Invitees interested in joining or forming a group filled in short questionnaires to assist in the planning process. New groups emerged as a result.

A few days after this spring gathering, at the completion of their first year, members of the new housing-sector group also attended a gathering with their managers to review their experience. At the meeting, they were interviewed, defi-

³Marc Leger.

nitional ceremony-style, on their experience in the group. They responded with vivid and passionate accounts of their commitment to respectful, hope-filled work with clients facing numerous challenges. After this rich sharing, the managers were visibly moved to witness the confidence and clarity with which their employees shared their voices. In a follow-up meeting, the managers expressed interest in forming a reflective practice group of their own. Discussions are now underway for the formation of this group, which would bring to seven the total of collaborative practice groups operating in Ottawa. The groups differ in a number of ways from the others, but share the commitment to constructive, respectful reflection and many of the values expressed within the collaborative therapies.

A few days before the completion of this manuscript, about 70 local practitioners came together for a half-day event entitled Reflective Practice with a Collaborative Ethic. The gathering included another guerrilla theater production by *Plays on Conversations* and much reflection and some unrehearsed, unplanned singing along with an African song devoted to care for the caregiver.

THEMES AND PARTICIPANT REFLECTIONS

What started out from me as an enticing opportunity to be engaged in supervision and training in the community has evolved into considerably more. It has been richly rewarding to be a member of a growing community linked by common values, engaged in caring work. The activities of the collaborative practice groups have also raised many intriguing questions, and ongoing research has become another component of the collective initiative. Research has centered on ongoing, semi-structured qualitative research interviews and focus groups with group participants, managers, and a handful of clients. The scope of the interviews⁴ has been wide, delving into the intricacies of using reflecting team and definitional ceremony practices in a large group setting. Many questions focused on the impact—on practitioners' identities, morale, sense of connectedness, etc.—resulting from participation in the collaborative practice groups. The interviews have all been transcribed and shared for verification with participants, along with an earlier draft of this article.

To organize the large amount of data, we adopted a variation of Hill's (Hill, Thompson, & Williams, 1997) Consensual Qualitative Research. Electronic versions of the transcripts were imported into NVivo software. Initially, two researchers and a research assistant independently identified themes, coding blocks of text accordingly. We then met for a handful of protracted meetings, discussing each segment of coded text and arriving at a consensus on appropriate theme and a subtheme titles. Gradually, a team of research assistants⁵ assumed the primary task

⁴Those represented here were conducted by David Paré, Nick Gazzola, and James Galipeau.

⁵Stephanie Kain, Randy Leibovitch, Anna Nyiri.

of coding new transcripts, developing new themes when called for. I periodically reviewed these in consultation with the research assistants.

For the purposes of this article, and considering space limitations, I have selected some overarching themes and comments relating to them that have emerged from the many conversations about our collective initiative.

Local Knowledge in its Diversity

The formation of the collaborative community practice groups is an exercise in community capacity building (Sanyal, 2006). The community in question is front-line therapeutic practitioners, and the vein of gold being mined is their unique and too-often-underestimated skills and abilities. Anthropologist Clifford Geertz' (1983) notion of "local knowledge"—the beliefs, symbols, and rituals of meaning-making specific to cultural groups—informs this work. In this sense, the knowledge accrued shares little with the so-called "evidence-based practice" trend (American Psychological Association, 2006), which typically privileges statistically massaged data from trials conducted in remote contexts and seeks generalized conclusions. Rather than uniform generalizations, collaborative group members learn from local colleagues who work in diverse settings with unique skill sets:

[When our supervision was limited to practitioners at our agency] I thought that it would be very important because we are all working within the same population, and it can help us really focus on and get deep into these issues. But now I think that it is even richer having the other people from the different disciplines.

Collaborative practice group members learn less from so-called "best practices" distilled from numerous studies and more from what Polkinghorne (1993) calls "neopragmatic" knowledge—something closer to "practice-based evidence" (Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Miller, Duncan, Brown, Sorrel, & Chalk, 2006). This learning rides on the assumption that "each situation is different and contains the uncertainties of its specific location and time" (Polkinghorne, 1993, p. 152). Rather than being "a search for underlying laws and the truths of the universe," neo-pragmatic knowledge ". . . serves to collect, organize, and distribute the practices that have produced their intended results" (p. 152). Or have apparently *not* produced their intended results: one fascinating thread in the comments of group members relates to how they have gained confidence through the opportunity to "make mistakes" in the company of supportive of colleagues.

Embracing Imperfection

Through their participation in live reflecting team sessions, collaborative practice group members are engaged in the messy business of therapy together. A supportive, non-competitive ethos turns awkward moments into learning opportunities:

There was a lot of humour that came out of it both with the clients . . . and afterwards with the other co-therapist or the other reflecting team members. Like I can't even tell you—you've probably heard of my mess ups . . . it contributed to my confidence because all of a sudden I was allowed to make mistakes.

This is not to say that group members merely cheerlead for their colleagues. The structured reflecting provides a means for generating multiple options without the assumption that there is one road to Rome:

The feedback is done in such a respectful way that it's not necessarily that, "I did this wonderfully," but it's "Okay, you did this, and have you thought of doing that?"; or "I wonder what it would be like . . ." when they reflected on what we did with the client. That [is] a positive thing.

This "mucking about together" spirit contrasts sharply with the experience—perhaps familiar to some readers—of travelling to another city to witness the work of a "star" therapist who shares recorded examples of their best sessions and captures the chaos and complexity of the work in tidy overheads and pithy terminology. While the immediate impact of this form of professional development can be electrifying, it too often is followed by a return home to an isolated practice with no one to witness and support tentative stabs at applying the learnings. Ironically, the fallout of this experience can be diminished self-confidence.

Many Hands on the Plough

It is the working alongside each other that distinguishes the activities of the collaborative practice groups not just from academic research traditions more focused on distilling universalized conclusions from large samples, but also from more conventional "case conferencing" approaches. In case conferences, practitioners typically talk *about* their work, but most often do not *show* the work or *do* the work in the room.

This is where the rubber hits the road. This is where we really engage in the conversations and reflections and practices and so on.

The groups avoid being overly caught up in disembodied talk "about" the work by employing variations of rigorous reflecting team practices, even when not working directly with clients.

Reflecting team practices originally emerged (cf., Andersen, 1987, 1991) out of an acute sensitivity to the way in which experience is constructed through language. In sharing and responding to accounts of therapeutic work, reflecting team members pay the same kind of careful attention to their utterances, word by word, as they would if clients were physically present in the room. Readers who have had this experience will likely appreciate this sense of "seeing someone work"—their idiosyncratic ways of being, their style of speaking and conceptualizing—when hearing them reflect.

Given that therapy is relational work, it is useful to have opportunities to “practice relationship.” Case conferencing is not primarily oriented to the delicate negotiation of meaning that happens through collective reflecting processes. This participant used the term “invisible leadership” to capture a skill developed in reflecting alongside others:

For me the skills that I feel comfortable with within this group and I see in everybody are around connecting. So they're about sharing; they're about collaborating; they're about building on each other's ideas, they're about giving space . . . those are the skills that I treasure, and that I want to develop more and more.

This working alongside each other shares something with rural community traditions that bring neighbors together to engage in joint pursuits such as quilt making and cattle branding. Participants learn from each other; they are peer mentors.

Community

The collaborative practice groups offer an alternative to isolated practice. Specific professional development activities aside, they provide a venue for bringing people with shared purposes and aspirations together. The benefits of this extend beyond skill development. They reach practitioners in a way that may well be an antidote to burnout, and the disillusionment that becomes a feature of some therapists' working lives (Orlinsky & Ronnestad, 2005).

It's given me a greater sense of feeling more secure, feeling more connected, part of a learning community, building on other people's knowledge, skills, experience . . . To be able to hear other people's experiences is very comforting and also inspiring.

As much as I have taken pains to remind readers of the richness in diversity derived from our network of connections, it is equally true that collaborative practice group members are drawn together by shared values. For me, this has been one of the most striking features of this initiative: there is a passion associated with promoting values of respect and collaboration that is only fortified by the various diplomatic calamities and conflicts currently dominating the news.

There's a whole group of people out there who think this way, the same way. And son of a gun, there is this, this reassurance level, this connectivity that goes through the entire community . . . I think it's absolutely wonderful, it's an amazing thing.

FUTURE DIRECTIONS

It is difficult to map any future unfolding of the collaborative practice group initiative given our history of improvising in the face of needs and opportunities as

they arise. A reflecting team directory is in the planning stages. This will feature a centralized database of local counselors with background in reflecting team practices who are available to participate as team members at live sessions throughout the city. A part-time coordinator will field the calls and drastically reduce the time-consuming process of coordinating client availability with potential participants—always a deterrent to setting up reflecting team sessions.

As the local community of practitioners engaged in collaborative groups like those described here grows, the current facilitators are reaching the limits of their time and capacity to support groups. On the horizon are new and intriguing questions: should members of the existing groups step forward to take on facilitator roles? Do they need additional training? Can groups sustain themselves without a formal facilitator? Should existing facilitators step back and adopt the role of consultants?

This year's transition to a pay-as-you-go model has presented other challenges. Without the blanket underwriting of any particular agency, it is necessary to identify participants and secure a year-long financial commitment from them. It will be important to continue polling potential participants and keeping the wider community informed of our activities. This will largely be accomplished through the offering of talks and workshops by collaborative practice group members—a natural extension of their professional repertoires that began with their active participation in the original community gathering. Another year, with more collaborative ventures to come.

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