

# Creating a Space for Acknowledgment and Generativity in Reflective Group Supervision

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*Small group supervision is a powerful venue for generative conversations because of the multiplicity of perspectives available and the potential for an appreciative audience to a practitioner's work. At the same time, the well-intentioned reflections by a few practitioners in a room can inadvertently duplicate normative discourses that circulate in the wider culture and the profession. This article explores the use of narrative practices for benefiting from the advantages of group supervision while mindful of the vulnerability that comes with sharing one's work among colleagues. The reflective group supervision processes described were modified from the work of Tom Andersen and Michael White to provide a venue that encourages the creative multiplicity of group conversation while discouraging unhelpful discourses which constrain generative conversation.*

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Family therapy has a long tradition of introducing creative innovations in group supervision. Over the years, family therapy has harnessed these opportunities in various ways, introducing one-way mirrors and inventing myriad processes for engaging multiple practitioners in a therapy session as participants and witnesses. Groups provide a microcosm of the social world, with all of the drama and energy that comes with putting a number of actors together in the same room. Group supervision affords a context for both modeling and affirming practice, and for generating the cornucopia of possibilities that arise from the process of “multilogue” (Strong & Paré, 2004).

Despite these welcome attributes, however, groups are still a curiously under-used vehicle for therapy supervision in many workplaces. Instead, practitioners operate in silos, intervening behind closed doors, intermittently sharing truncated verbal accounts of their practice with over-extended supervisors more intent on managing risk than developing practice (Paré, 2009). This is partly due to practical challenges: how to protect a shared time slot for a range of therapists, how to ensure that clients<sup>1</sup> have continuous access to services while a number of practitioners are concurrently unavailable. However, there are arguably more substantial reasons that supervision so frequently happens in one-on-one exchanges—reasons linked to deeply entrenched discourses that discourage the open sharing of therapeutic practice. In this article I will describe hybrids of two distinct but related strands of narrative reflecting processes adapted for group supervision. The practices are

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<sup>1</sup>Despite its shortcomings, I will use the word “client” here as shorthand to distinguish persons seeking services from therapy practitioners.

designed to achieve two key ends—to capitalize on the creative multiplicity of group conversation while creating a context immune to those discouraging discourses.

### DISCOURSES OF EVALUATION

Lives are infinitely complex, and so is therapy; it should not be surprising that we do not always “get it right”. And yet, while that complexity could be reason to be gentle on ourselves as practitioners, it more often is associated with merciless self-scrutiny and evaluation. In an effort to develop a taxonomy of therapist difficulties, Davis et al. (1987) gathered a list of 150 challenging moments from experienced therapists, grouping them into categories, one of which was labeled “Incompetent” and described as follows:

The therapist questions or negatively evaluates his or her skills/performance/adequacy as a therapist. The therapist’s expressed concern is not with the consequences of this deficiency for the patient but with his or her own narcissistic injury. The therapist’s confidence in self is undermined. (p. 118)

Various terms have been used to describe the pervasive self-questioning described here, including *feelings of incompetence* (Kottler, 2002; Thériault & Gazzola, 2008), *professional self doubt* (Hellman, Morrison, & Abramowitz, 1986), and *sense of low mastery* (Orlinsky et al., 1999). The specifics of the self-scrutiny captured by Davis et al. (1987) shed light on therapists’ frequent aversion to open sharing of their work, and reflect the influence of two enduring discourses with substantial footprints in the profession. The first is the preoccupation with pathology (Strong, 2014) and the quest to explain challenges in terms of personal deficit, formally labeled—a trend at the wider social level that Gergen (1994) depicted as a lean toward “progressive infirmity”. The second, closely related and perhaps more surprising for its ubiquity in a contextually oriented field like family therapy, is a discourse of individualism (Paré, 2013). Despite the inclination to understand persons’ lives in relation to greater systems and cultural context, despite an understanding of what emerges from ongoing therapeutic conversations as co-constructed between clients and therapists, we are quick to tie therapeutic outcome to traits of the autonomous individual practitioner. This inclination is reflected in ever-frequent lists of competencies (c.f. American Association for Marriage and Family Therapy, 2002; American Counseling Association, 2015; American Psychological Association, 2011; Arthur, Collins, Marshall, & McMahon, 2013) which, though motivated by the aim to protect the quality of therapeutic exchanges, are more often focused on individual attributes rather than relational processes. Under the influence of the notions that “it’s all up to me”, that the clients’ struggles betray the therapist’s limitations, it is not surprising that practitioners often prefer to keep accounts of their work close to their chests (Markham & Chiu, 2011).

As Marsten and Howard (2006) point out, “Supervision has a long-standing history of disciplinary practices that permit or legitimize practices of observation, measurement, and assessment” (p. 102). This wariness about sharing can promote a sort of impression management by supervisees in the form of a cautious withholding of information (Ladany, 2004; Ladany, Hill, Corbett, & Nutt, 1996) fueled by feelings of self critique (Thériault & Gazzola, 2008) and shame (Hahn, 2001) in relation to their practice. This self-scrutiny is arguably an enduring feature of therapists’ professional lives, as demonstrated by Orlinsky and Rønnestad (2005), whose longitudinal survey of hundreds of working therapists paints a compelling picture of practitioners perennially accompanied by self-doubt, grappling with questions of their own competence.

Viewed in individualistic terms, the distress of these various therapists might be understood as the expression of individual personality traits, but a sensitivity to the role of

discourses opens up an alternate view. When supervisees, no less than clients themselves, are seen to inhabit discursive contexts which legislate which ideas and beliefs are available to them, this self-questioning begins to look more relational than individualistic—a response to prevalent normative discourses. These include discourses of expertise purporting that strings of degrees or credentials, or years “specializing” with particular populations or presenting problems, elevate the credibility of the supervisor’s view. Crockett (2002) names the implicit assumption “that supervisors always know best and that supervisees are knowledge-less, inexperienced, and naive participants” (p. 20). Markham and Chiu (2011) depict how this assumption results in a diminished sense of agency for supervisees, evoking “doubt, worry, and a fear of speaking up” (p. 506). Put differently, the reticence about sharing one’s work is a sensible response amid a discursive context of normative ideas about professional competence, and beyond that, about the intellectual, moral, and emotional development of therapists themselves. This is an impediment to the constructive use of a precious opportunity called supervision. As in the practice of therapy in general, attending to and responding to the workings of discourse in supervision is a fundamental imperative for both pragmatic and ethical reasons (Paré, 2002, 2014; Paré & Hibel, in press).

The seminal work of historian and social critic Michel Foucault (cf. Foucault, 1977a, b, 1980) hovers behind this discussion. Foucault described how persons are perpetually subject to “self-surveillance” (Madigan, 2011, p. 44)—precise specifications for “normalcy”, and even more so, personhood. We are surrounded by pronouncements on these in popular media representations, religious teachings, theories of developmental psychology, professional competency standards—the list goes on. Foucault (1977a) wrote about how people police *themselves* according to normative criteria, subjecting themselves to what he called “the gaze”, an unrelenting normative self-scrutiny. Foucault’s insights have proven fertile to family therapy, particularly through the attention to discourse paid by narrative and feminist therapists (c.f. Bird, 2006; Hare-Mustin & Marecek, 1990; Freedman & Combs, 1995; Weingarten, 1995; White & Epston, 1990; White, 2007). And while these ideas have primarily been taken up in response to the normative gaze clients of therapy are subjected to, Foucault’s observations are equally telling in relation to the self-judgment experienced by therapists themselves (Markham & Chiu, 2011).

Any practitioners among readers who may be struggling to connect these observations with their experience of supervision might want to consider the following questions: Have you ever been plagued by the notion that a client’s failure to “improve” was evidence of your professional incompetence; have your own struggles to navigate complex ethical waters ever led you to excoriate yourself for your moral shortcomings; have you ever concluded your difficulty joining with a client was a sign on your part of a dearth of human empathy?

With so many ideas available for feeding self-judgment, group supervision is a risky territory. Not only is one’s work laid bare for others to see, those witnesses are colleagues, and better armed than the general public with conceptual vocabularies to critique and evaluate every utterance and gesture. And yet there is so much to benefit from in the group process: the multiple perspectives afforded by diverse social locations and personal histories of participants; the additive creativity associated with generative group discussion and reflection; the group solidarity that creates a soft landing supporting reflexivity and the chance to learn from one’s mistakes; the opportunity to collectively bear witness to favorable turns in clients’ lives and in therapists’ practices. To capitalize on these advantages requires structuring group supervision to render it less vulnerable to unhelpful discourses about efficacy and competence.

## THE ROLE OF STRUCTURE

I sometimes hear concerns from graduate students new to group supervision processes that imposing structures on supervision conversations constrains free expression. I identify with the frustration associated with wanting to speak in a way that is at odds, content-wise or process-wise, with pre-ordained guidelines. At first glance, the encouragement of open, uncensored sharing may appear radically “free”. But Foucault’s work demonstrates there is no ideal, discourse-free zone. Unspoken normative assumptions are in the professional air we breathe. They hover implicitly in the background, and supervision conversations are always at risk of re-enacting dominant discourses of competence, or professional “truth”.

Without taking proactive measures to counteract discourses, supervision can be a venue instead for *consolidating* those discourses. Structure *encourages* free expression by delimiting territories of talk, thus creating safety. Guidelines equipped to resist the competitive spirit perpetrated by ideas about professional/personal competence (and the attributes they are purportedly founded upon) increase the chances of achieving a space that taps the constructive richness of assembled voices.

## THREADS OF ALTERNATE DISCOURSES

Despite the occasional language here of, for example, “discouraging” unhelpful discourse, the practices which achieve this are founded less on *prohibitions* and more on *affirmations* of an epistemological position that welcomes diversity in favor of normative prescription (Paré, 2014; Rober, 2010). The following are threads of those affirmations.

- Airing a diversity of perspectives multiplies possibilities for going forward constructively.
- There are always multiple descriptions or interpretations of any event.
- People exercise personal agency within constraining influences as opposed to their actions being caused by precipitating events (Jenkins, 1990, 2009).
- A therapist’s influence occurs within the context of a wide range of other considerations, including but not limited to client dispositions, personal relationships, and social barriers/privileges.
- Therapists and the persons who consult them are always trying to achieve something of value to them within personal and contextual constraints. Understanding action as an expression of those intentions (as opposed, for example, to seeing them as manifestations of personal or professional deficit) constructively promotes preferred developments.
- All therapists have blind spots, with potentially detrimental consequences for clients; a group supervisory setting helps to render these visible in a supportive venue that encourages reflexivity and growth.
- Group supervision is not merely a venue for witnessing and sharing practice, but a context in which practice is collectively developed and professional identities forged, utterance by utterance, in group conversation (Crocket, 2002; Winslade, Crocket, Monk, & Drewery, 2000).

These ideas are not ontological claims, but pragmatically helpful positions for countering the supervisory challenges described earlier. They articulate aspects of a positioning vis. a vis. knowledge, therapy and supervision that has emerged from ongoing supervision and consultation over the past 20 years; in this respect, though they are presented here in relation to “my” approach to group supervision, the bulleted items speak to values collectively honed among a community of practitioners. They are also strongly informed by two seminal family therapists (Malinen, Cooper, & Thomas, 2012), Tom Andersen and Michael

White. Over the course of their distinguished careers, Andersen and White developed processes for live family therapy sessions attended by multiple practitioners which, in effect, operationalized the alternate principles listed above. The next sections provide thumbnail sketches of their work before an exploration of how hybrids of their practices can be applied to group supervision.

### TOM ANDERSEN: REFLECTING PROCESSES

The term “reflecting team” was introduced by Norwegian family therapist and psychiatrist Andersen (1987), who described a process for engaging a number of practitioners simultaneously in a live session. At the time, collective live practice itself was not novel; it was widely used at the Ackerman Institute in New York and Andersen himself had participated in live sessions with the strategically oriented Milan team (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978). The Milan approach typically involved a team of therapists behind a one-way glass observing the family and then introducing a single intervention via an emissary who joined the family and primary therapist in the consulting room. Andersen identified a richness of creative ideas arising from multiple perspectives, and was drawn to the dialogic quality of the interaction, but he also had a number of reservations about the approach as he had experienced it (Andersen, 1992).

He noticed that the diversity of viewpoints arising tended to be tempered by a kind of group-think until finally distilled into a single idea, leaving much of value behind. He was concerned about how this process unhelpfully dwindled the available “ecology of ideas” (1987, p. 4). Related to this, Andersen discerned that the talk behind the glass sometimes took on what he viewed as a “nasty” inflection (Andersen, 1992; p. 57), promoting unconstructive judgment of the family. Andersen was also concerned about power relations—a directive tone he viewed as disrespectful of families—and the risk that families might defer to the professionals, sacrificing their own discernment about what might be most useful to them. He characterized this concern in terms of the distinction between either/or versus “this *and* this” (Andersen & Jensen, 2007, p. 159; italics in original): “We stopped saying what people should do and think . . . instead we said, “In addition to how you are thinking, we have thought . . .” (Andersen & Jensen, 2007, p. 159).

On the basis of these concerns, Andersen developed a practice that differed in some key ways from the Milan approach and his own earlier experiments with collective approaches to practice: (a) no talking behind the glass; save reflections for the family itself; (b) all team members share their thoughts and impressions with the clients, rather than issuing a single intervention; (c) families are given space to drink in reflections without being subjected to implicit social pressure to respond, or to make nonverbal shows of attention, or interest. This is accomplished by having team members speaking among themselves of what they saw and heard, thought, felt, and imagined, while clients observe and listen; and (d) after the reflections are shared, clients are invited to identify what they found “interesting” (1987, p. 420), what was *not* helpful to them, and so on.

The careful protection of diversity is a clear feature of these practices (Chang, 2010; Paré & Hibel, in press), reflecting a poststructural epistemology which holds that “meaning is local and specific, that we can never really know what the other’s experience is” (Dickerson, 2011, p. 562). Andersen structured reflecting processes in anticipation of the risks of convergence on purported truths that might not fit for clients; he encouraged “tentative offerings, not pronouncements, interpretations, or supervisory remarks” (1987, p. 5), celebrating the generative potential of diverse perspectives.

Andersen encouraged responses reflecting what team members heard, rather than what they *thought about* what they heard (Roberts, 2009)—a distinction Weingarten (2015) captures by differentiating “associations to what we have heard from thoughts

about what has been said” (p.3). To accomplish this involves minute attention to what Andersen called people’s “expressions” (Andersen & Jensen, 2007, p. 164), which include but are not limited to the words they choose. In turn, an intimate response comes from “the person’s whole body, his or her whole being” (Shotter & Katz, 2007, p. 17). Deeply inspired by the work of his colleague physiotherapist Aadel Bülow-Hansen, Andersen placed great faith in the wisdom of the body, which he equated with what he called the “intuition”, which he said “seems to be what guides me the most” (Andersen, 1992, p. 55).

Andersen’s reflecting processes, like those developed by White (1995a,b, 1997a, 2000), share a tone of reverence reminiscent of Buber’s (1923/1970) descriptions of the “I and Thou” relationship. There are some significant differences between the approaches as well. White was not inclined to privilege the phenomenon of intuition because he saw it, like all human experience, as reflective of a discursive context. As a result, he paid greater attention to designing structures to protect against the unwitting re-enactment of unhelpful discourses.

### MICHAEL WHITE: DEFINITIONAL CEREMONY

While he drew on a wide variety of influences throughout his career, no single theorist influenced White’s practice more than Michel Foucault. White (2002, p. 36) described the “special joy” he experienced in reading Foucault’s account of how modern power, operating through discourse, is pervasive and yet never ubiquitous; there are always gaps, always instances where persons defy normative prescriptions. And so while therapy can be, and sometimes is, used as a vehicle for social control (Hare-Mustin, 1994), it has the potential to be a site of resistance to dominant discourse (Carey, Walther, & Russell, 2009).

Coupled with these ideas, White was inspired by the work of anthropologist Barbara Myerhoff (1982, 1986), who described collective performances of resistance to the predicament of social invisibility experienced by a community of Jewish seniors in Venice, California. When one of their members was struck down by a bicycle in broad daylight, the community developed practices of publicly narrating their life stories—stories which included surviving racist persecution in its various brutal forms. Myerhoff coined the term “definitional ceremony” to capture the community’s collective enactment of preferred identities of resilience. In effect, the seniors were generating what anthropologist Clifford Geertz (1973) called “thick description” of their lives.

Among various other metaphors for White’s exceptionally rich therapeutic practice, “thick description” is an apt term. Borrowing another of Geertz’s (1983) terms, thick description comes from actively inquiring after “local knowledge”—specific detail near to the experience of clients that frequently contradicts descriptions of their identities associated with dominant discourses. This is a storying process that speaks to another key facet of White’s work: narrative.

Drawing from the cognitive psychologist Jerome Bruner (1986, 1987, 1990), White and his colleague David Epston (White & Epston, 1990) described how meaning making is a narrative process. People develop narratives of their lives under the influence of normative discourses which, in therapy, manifest as “problem-saturated stories”. For White, therapy presents an opportunity to consolidate and perform preferred narratives more closely aligned with clients’ values and intentions.

All of these ideas show up in White’s innovations with reflecting teams. While informed by Andersen’s work (White, 1995a,b), White conceptualized reflecting processes differently. He emphasized the opportunity that collective practice offers for being an audience to persons’ preferred actions and identities, too often obscured in the shadows of normative judgment. Borrowing Myerhoff’s terms, White designated team members as “outsider witnesses” and the overall process as “definitional ceremony” (White, 1995a,b, 1997a,

2000). Typical of his inversion of many longstanding therapy ideas and practices, he harnessed the influence attributed to professional opinion, but with a significant twist. Rather than doling out expert interpretations, outsider witnesses engage in “decentered sharing”, reflecting on their particular resonance with the client’s story, and the personal impact of being an audience to the family’s account. As White (2000) put it, “To embody one’s interest in the lives of other people is also to acknowledge the ways in which the expressions of these people have touched one’s life” (p. 75).

Definitional ceremony is a moving and transformative process primarily about acknowledgment of *identity*, understood not as a personal essence, but rather as a “multivoiced phenomenon” (White, 2000; p. 70) taking shape through collective conversation, a “public or social achievement” (p. 68). Prior to exploring in more detail what constitutes acknowledgment, White’s (2000) words on what it is *not* provide helpful distinctions. He takes care to emphasize that acknowledgment is not “pointing out positives, praising, giving affirmations, providing positive reinforcement, offering congratulations” (p. 72). These are practices of “applause”, which White (1997a) insightfully construed as “acts of judgment of the events of persons’ lives against criteria that are informed by socially constructed norms” (p. 98). In other words, praise offered to families as “antidotes to . . . pathologizing” (2000; p. 73) can nevertheless be a re-enactment of unhelpful discourse (Paré, 2013).

These latter concerns help to illuminate distinctions between White and Andersen around the specificity of guidelines for reflecting. For White, “the task of breaking from the discourses of normalizing judgment can be difficult despite the very best of intentions” (2000, p. 77). This echoes Hare-Mustin’s (1994) notion that what can be spoken about within therapy is limited by the discourses available within the space: “The therapy room is like a room lined with mirrors. It reflects back only what is voiced within it. When there is a one-way mirror and reflecting team, they too reflect back what has been provided” (p. 3). As a consequence, therapeutic definitional ceremony as it has evolved features a range of carefully conceived steps and questions that invite outsider witnesses to articulate personal resonance in response to families and conclude with an affirmation of the family’s contribution to the experience of those present.

Though conceived for live sessions with families, these related but distinct traditions of reflecting exemplify antidotes to the spirit of competition that can infiltrate clinical supervision. In effect, they operationalize the bulleted principles listed toward the start of this article. In the sections to follow, I will describe how Andersen and White’s practices can be combined, and adapted to group supervision.

## ACKNOWLEDGMENT AND GENERATIVITY

For the past 20 years, I have participated in and facilitated group supervision in contexts ranging from small and large group private practice supervision to training workshops and university-based graduate counselor education settings (cf. Paré et al., 2004; Paré, 2011; Paré & Hibel, in press). The practices described here are limited to group supervision meetings where therapists retroactively recount their work to colleagues through verbal summaries with or without videotaped segments. In my experience, when meetings like these are conducted with minimal structure, they fall prey to unhelpful patterns of speaking predicted by Andersen’s and White’s work. Daunted by the complexity of the challenges at hand, earnest to be helpful, participants may steer the task at hand toward diagnosis, or fall back on the familiar refrain “Have you tried . . .?” (Paré, 2009, 2011). The conversation takes on a convergent quality, an implicit vying for the “correct” interpretation of clients’ situations, with privilege frequently granted to those threads originating with the supervisor, or with senior or more “credentialed” practitioners in the room.

To be fair, these exchanges are never identical, and when the conditions are favorable—the right combination of persons in the room, the right “case” to discuss—a loosely structured group supervision can lead to a variety of helpful places while preserving the professional dignity of the practitioners sharing their work. However, I believe that these outcomes occur *despite* the relative lack of structure, and not because of it. Without the intentionality associated with specific guidelines and sharing processes, the process is prone to lack two key features associated with fertile group supervision: acknowledgment and generativity. This section provides an overview of these two key processes before breaking them down in specific sequenced practices.

*Acknowledgment* involves the generation of thick description. In White’s (1995a,b, 1997a, 2000, 2007) outsider witnessing practices, this occurs in responses to clients that “vividly represent what people accord value to” (White, 2007, p. 186). Acknowledgment in group supervision comes in the form of responses to sharing therapists that ensure the visibility of what *they* accord value to as they engage in their work. This is an important distinction: acknowledgment as a key facet of group supervision as it is described here pertains to acknowledgment of the *practitioner*—whereas in live sessions, it is the *client* who is acknowledged by witnesses. The focus of acknowledging reflections is on the sharing therapist’s performance of their intentions, drawing on their knowledges and skills. These intentions, knowledges, and skills are always present, and are not dependent on specific outcomes, but are at risk of being overlooked by group members in the quest for solutions. Responding to a colleague’s sharing of their work with acknowledgment contributes to the development of their work (Davis, 2012). As Crocket (2002) puts it, “Supervision is a relation in which you story your professional identity” (p. 23).

Acknowledgment also contributes to the sharing therapist’s receptivity to the perspectives of others. That is because practitioners’ openness to additional perspectives is (understandably) related to acknowledgment of their own; when we feel heard, we are open to listening and learning (Paré, 2013). As a consequence, more of the creativity in the room travels back to the client.

*Generativity* relates to multiplicity. As Andersen (1992) said, “there are as many versions of a situation as there are persons to understand it” (p. 61). A plurality of perspectives is a plurality of possibilities (Sparks, Ariel, Coffey, & Tabachnik, 2011). Virtually all of the therapists I work with come to supervision with the hope and expectation of walking away with a collection of new ideas for going forward with their clients. This aspiration is not at odds with acknowledgment of them or their work, but it is not synonymous with it, either. There is a fertile diversity of viewpoints in the room when several practitioners are gathered. For the sharing therapist, many of these will illuminate new possibilities for engaging with their families. And some will miss the mark, fail to resonate. Generativity is not about honing in on the truth; it takes a cue instead from William James (1890/1981), who suggested that truth is the compliment we pay to an idea that earns its keep. When team members hold lightly to their perspectives, sharing therapists can adopt a Jamesian pragmatism, taking in reflections without social pressure to signal agreement, collecting and discarding input in accordance with their discernment of its utility.

The remainder of this article is devoted to variations on group supervision inspired by Andersen’s and White’s innovations in reflecting processes, conceived to promote acknowledgment and generativity. Again, the key distinction to bear in mind is that while the original practices were developed for live sessions with reflections being of primary service to families, the process in these adapted practices is structured for the benefit of the therapists sharing their work.

The discussion here relates to working in small group supervision of three practitioners and supervisor. In larger groups, roles can be assigned selectively to distribute the participation more widely. In graduate training settings, practices are introduced incrementally

over many weeks. Space here does not permit a detailed examination of practices unique to those situations.

### **First Phase: Sharing Practice**

With three practitioners and a supervisor, monthly 2-hour meetings are divided up in roughly equal portions, starting with a check in, to provide a window of about 35 minutes for each sharing therapist.<sup>2</sup> This includes roughly 20 minutes for sharing and 15 minutes for reflecting. Typically, participants relate a verbal account of their work with a client, sometimes sharing a segment of videotape. The option is reserved as well for exploration of a particular theme as opposed to a single “case”—for example, discussion of feelings of incompetence with certain client populations, or a prevailing tendency to issue advice despite one’s best intentions.

In the private practice context of these groups, supervision does not have the evaluative dimension associated with educational settings or workplaces where the lines between administrative and clinical supervision are blurred. But there are hierarchies in the room nevertheless. My role as a registered psychologist renders the others eligible to provide services to insured clients; thus, my supervision has implications for others’ income opportunities. In addition, as a white male with a Ph.D., I occupy positions of privilege among mostly female practitioners, all with Masters degrees, some of whom identify as persons of color. These distinctions hover in the background, making themselves more visible at times, for instance, where my shared liability may prompt me to express more curiosity than some members about risk factors, or where the usual reflecting process is suspended for a discussion about paperwork. On the other hand, group members are distinguished on many lines, and each participant has knowledges and skills which exceed my own in specific territories of practice. As mentioned, it is the structuring of the sharing and reflecting process that discourages deference to “expertise”, and promotes a multiplicity of voices in the room, though the hierarchies that are present cannot be erased.

To get started, one group member interviews the sharing therapist to gain a rich and thorough account of their work. Limiting the interviewing role to one member provides a more coherent thread of questions and is less taxing on the sharing therapist. This interviewing role can be assumed by different members on different occasions, an opportunity for skill development. In situations with participants newer to practice, the supervisor can assume the role to bring cohesion to the overall process and as a way to model decentered questioning.

At the outset, the sharing therapist is invited to declare what in particular they are looking for from the group so that members can adjust their listening—and subsequent reflecting—accordingly. When exploring work with a particular client, the sharing therapist is invited to provide a capsule summary of the work, including details on their intentions and assumptions, in order to invoke vivid description of the practice. This includes a picture of what an observer might witness in the therapeutic exchange, but also an account of the sharing therapist’s internal dialogue (Rober, 2010). When the sharing counselor is well-prepared, much of this detail is provided without prompting, minimally interrupted by the interviewer.

At the close of this opening sequence of sharing, time is set aside for other group members to ask questions for clarification, or to satisfy their curiosity on some key point. However, the intention here is not to pursue some particular hypothesis or to open discussion to the group. Congruent with the epistemological stance threaded through this article, it

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<sup>2</sup>The “supervisee” whose turn it is to present a “case” or otherwise speak about their work.

is to be expected there are *always* other potentially useful avenues of inquiry; that does not mean they will all be pursued, however.

## Second Phase: Reflections in Two Rounds

The second phase of the process involves reflections from participants, with reflections oriented to acknowledging the sharer's practice followed by reflections for generating multiplicity. The differences between these are broken down more precisely below. In the role of supervisor, I join in with no formal distinction in the shape of my contributions. My aim is to "co-labor" with the group, as Fine and Turner (1997) put it in evoking the image of all in the room outfitted in yellow hard hats, maneuvering across uncharted ground. Participating in this way does not preclude exercising a degree of leadership: My reflections can model the tone we have collectively developed, and my reflections may gravitate toward aspects that strike me as worthy of attention without the need to prescribe specific directions for future sessions.

Drawing from the White and Andersen traditions, members speak to *each other* in this phase while the sharing therapist observes in silence. This speaking about another in their presence violates conversational mores, of course, and for good reasons, as cited above. However, it can be awkward for practitioners new to the practice, who may need reminders not to address the sharing therapist directly. Some sharing therapists unaccustomed to this arrangement also balk at it initially, due to an urge to jump in, respond to points raised, clarify misunderstandings, set the record straight, etc. It is worth the initial discomfort, however; in the witnessing position, the sharing therapist is free to ingest, evaluate, reflect, take notes, all without the expectation of responding or even making eye contact. As practitioners in a recent group put it, they are in "a bubble" unshackled from the obligations of conventional social engagement.

While the two traditions of reflecting processes explored above share some definite family resemblances, they also diverge in significant ways. Arguably, White's work is more oriented to acknowledgment, while Andersen's seeks to create a context supportive of polyphony (Anderson, 2007a). This second phase of the overall group process is divided between reflections that serve each of these purposes. In the account below, a number of truncated reflections are offered as examples; readers interested in developing these practices are encouraged to revisit the work of White (1995a,b, 1997a,b, 2000, 2007) and Andersen (1987, 1991, 1992, 1995) for a far more extensive array of samples.

### *Reflections of acknowledgment*

This second phase of the overall group process starts with acknowledgment. This is because the sharing therapist's intentions and actions can otherwise be quickly obscured in a flurry of diverse contributions, leading to feeling overwhelmed and judged (Anderson, 2007a). Responses of acknowledgment can come in a variety of forms. It might involve noticing a preferred development in the sharing therapist's practice—for instance, a therapist recounts how they deliberately used questions to invite a client to examine a situation rather than falling back on an unwanted habit of issuing advice. Coupling the noticing of specifics with a wondering about implications hands the observation back to the sharing therapist to ponder and to make meaning of this "re-telling of the telling" (White, 2000). When Claudia shares details of a session in which she feels she overcame a tendency to get ahead of her client, with apparently helpful results, acknowledging responses might take a variety of forms:

I was struck by the way [the client] literally pulled herself up in her seat when Claudia asked. . .

Listening to Claudia, I'm feeling inspired right now to try more scaffolding in my own sessions. . . . .

I wonder if Claudia would see this session as a turning point in her practice, and if so what she might call it. . .

If this trend were to continue in Claudia's work, I wonder what might look different about her practice a year from now. . .

It is not always the case that therapists bring "success stories" to supervision; sometimes their accounts feature discouragement, rather than breakthroughs in their practice. This does not rule out the possibility of acknowledgment, however; acknowledgment is not outcome-dependent and can be expressed in the voice of a "compassionate witness" (Weingarten, 2015, p. 11). It might involve noting the sharing therapist's commitments or intentions, or expressing identification with the challenge of working with a particularly problematic situation.

Being specific helps. When team members name something in particular they witnessed, they keep the sharing therapist at the center. When specific observations are situated within the witness's personal experience, it reduces the chances the reflection will be heard as generic "applause" (White, 1995a,b, 1997a), a form of normative judgment in itself. When Matt reports on his work, there are no apparent "unique outcomes" to celebrate, but acknowledging reflections key in on Matt's performance of his intentions in the face of substantial challenges.

I was struck by Matt's persistence here; when he described how he interrupted the dad. . .

I'm feeling a lot of emotion right now having listened to Matt's description of the hurt this family is feeling; it give me a sense of what Matt is carrying in his work with them. . .

I noticed Matt got teary-eyed when he mentioned [the daughter's] suicide attempt; I get a sense that through all of the challenges they're facing he's solidly there for this family. . .

Conducting a full-blown definitional ceremony centered on the sharing therapist, complete with interviews of each witness according to a sequence of pre-established questions, constitutes a "Cadillac" version of acknowledgment and can be rich and useful (cf. White, 1997b); the practices outlined here, however, were developed within practical constraints of time limitations, and with the dual objectives of acknowledgment and generativity. As a result, the reflection fragments provided here echo White's practices but are truncated, to leave room for a more divergent second segment intended to generate diverse perspectives.

### *Generativity-focused reflections*

When participants are novices to the process, the acknowledgment-focused segment of the reflecting phase can be bookended formally; otherwise, it might be allowed to run its course naturally, morphing from acknowledgment of the sharing therapist to reflections focused on the (absent) client. The scope of these latter reflections is wide, but circumscribed by the principles conveyed in the bulleted list near the top of this article. What the reflections share is the intention to be helpful to the sharing therapist in a noncompetitive spirit of multiplicity. This is accomplished by establishing a tone of curiosity versus certainty; what White (1995a,b, 1997a, 2000) delineates as the subjunctive mood, so that "team members can avoid participating in the construction of settled certainties" (p. 182).

This has got me wondering about. . .

I don't know if this fits, but I have a picture coming to mind of. . .

I'm curious about [something the mom said]; it got me thinking about. . .

Rather than issuing disembodied, theoretical formulations, members are encouraged to speak from personal experience, which could include sharing their emotional reaction to

what they have heard and unpacking the personal history behind their response. In this sense, reflections are “situated”, to use a term from White (1989). As Dickerson (2011) puts it,

When I make a comment, ask a question, ponder an event, I am coming from my own experience; if I “situate” my comment/question/pondering, I am connecting it to my history, my experience of something similar. It may have nothing to do (really) with the other person’s experience, but my “situating” allows the other to know/notice that whatever I say/said has more to do with my experience than what I observe or might assume. (p. 563)

Reflections are therefore encouraged that come from the whole person rather than a narrowly contained “professional self”.

I’m aware of a real heaviness in my body right now; I wonder if it’s similar to what this family is experiencing in the wake of . . .

I was struck by the description of how [the dad] broke down in the session; it seemed to speak of the possibility that “habits” can be changed. . .

I’m noticing a feeling of hopefulness right now and I wonder if, for me, it relates to something similar I experienced. . .

Members are encouraged to limit any reflection to one particular focus for a couple of reasons. Reflecting is like songwriting in that it calls for distilled use of language; like an impactful lyric, a powerful reflection develops a single theme rather than trying to cover too much ground at once. Perhaps more importantly, it is useful to leave space after a reflection for other team members to respond. This response can take various forms; one of which is a question. Like a skilled editor, a colleague can help to bring a half-formed reflection into focus with a well-worded question. When a reflection sounds abstract or has a tone of clinical detachment, a question can invoke transparency and embodiment (Seikkula & Trimble, 2005), inviting a member to trace the connection between their words and their experience.

Could you say a little more about what brought you to that. . .

Any sense of why that in particular resonated for you?

Keeping reflections isolated also keeps space open for team members to pick up on and develop further threads that are introduced; often members start into this second phase with the intention of sharing particular reflections, only to find they resonate more deeply with something a colleague has said. In these cases, what emerges is clearly co-constructed. The reflections have a responsive quality, like musical improvisation, and the sum is greater than the parts. It is not uncommon for thematic threads unanticipated at the outset to emerge (Sparks et al., 2011); however, in the spirit of multiplicity, participants are not expected to adhere to themes if there are other contributions they feel will be helpful.

An example<sup>3</sup> of a linked series of reflections materialized after Katherine shared the account of her work with a 22-year old man, Xavier, who complained of chronic anxiety. Xavier said he was unaware of having experienced any significant trauma, though he wondered if his distress was “inherited” as his mother suffers from disabling anxiety. Katherine, who has extensive training in yoga and breath work, noted Xavier’s “frozen, shallow breathing” and “suppressed energy”, and in sharing her work with her colleagues, described her challenge keeping the conversation going as Xavier tended to respond mostly in short, clipped sentences. Katherine described how she had shared her uncertainty with Xavier about possible directions, saying she was aware her questions may

<sup>3</sup>The client’s name and details have been slightly altered to protect anonymity.

have been missing the mark and inviting Xavier's ideas. The question prompted Xavier to speak about how he sees himself as "socially inept", and to describe how he disappears into a corner at parties. At that point, the sense of "stuckness" in the room had dissipated and the conversation between Katherine and Xavier opened wide.

Among other things, the opening round of acknowledging reflections touched on Katherine's subtle discernment of nonverbals, including breathing patterns, of the people who consult her, as well as her decision to be transparent with her client, which seemed to have broken through a logjam in their conversation. This was followed by a divergent array of generativity-focused reflections, many of them linked thematically. Bonney wondered what it might be like to interview Xavier's breath, in the manner of internalized other interviewing (Epston, 1993; Tomm, Hoyt, & Madigan, 1998). I responded that I would be curious about whether Xavier's breath might feel constricted by rules about how one "should be" socially. Lynn remarked on how we are all constricted in certain areas, and more expansively expressive in others, saying she wondered whether there are artistic modes (i.e. visual art, music, dance, etc.) in which Xavier experiences a fluidity of self expression. While this snapshot is a thin representation of the conversation that unfolded, it provides a glimpse of possibilities for future sessions with Xavier, in accord with the intentions of reflections focused on generativity.

### Third Phase: Debrief with Sharing Therapist

The third phase—with the original interviewer re-engaging the sharing therapist—continues the sequence of tellings and re-tellings (White, 2000), which gains richness as it unfolds. This phase is brief, intended to serve a couple of purposes. For one, it is a chance to consolidate sharing therapists' insights or "take aways" while the iron is hot, by asking what in particular stood out for them. A second purpose of this phase is for team members to hear about how their reflections were taken up by the sharing therapist. Ideally, this is not about an *evaluation* of the reflections, as sometime happens when a sharing therapist takes it upon themselves to ensure team members are reassured about the quality of their contributions. Instead, this should be an opportunity to hear about the resonance for the person the process was intended to be useful to. This can inform further reflections—for instance, the discovery that a sharing therapist responds particularly well to the description of images evoked by their accounts would be reason for team members to reflect more often in the form of images in future supervision sessions.

Like other aspects of the reflecting processes described here, there is room for further variation at this point. For instance, the sharing therapist can ask team members to elaborate in more detail on reflections that intrigued, but may have felt incomplete or ambiguous. However, fully re-opening the discussion/reflection is ill-advised at this stage; without sufficient rigor, reflective supervision can subtly revert to unstructured conversation-as-usual, featuring the re-enactment of discourses it was designed to exclude.

### ADDITIONAL THOUGHTS

Before concluding, a couple of key additional points deserve attention. The first pertains to the style and content of the supervisor's interactions relative to others in the room. Given that supervision can be distinguished from therapy in its evaluative dimension (among others), the relatively low profile of the supervisor is notable in the processes described here. Even in practices such as these that adopt a collaborative process, the role of supervision does include some degree of "safeguarding" (Bernard & Goodyear, 2009) of clients, "both those currently being seen by the supervisee and those who would be seen in the future by the supervisee if the [sic] he or she were to finish the professional program"

(Bernard & Goodyear, 2009, p. 11). This consideration deserves some attention, because conceptions of how supervisor “expertise” should be manifest in supervision are as insidiously influenced by dominant discourses as are ideas about therapist “competence” or client “functionality”.

Supervision inevitably includes situations—typically involving the physical and/or emotional safety of clients and others—that may call for a supervisor response at odds with a reflective mode of interaction. Those thankfully rare circumstances are not the focus of this article; readers seeking guidance on them are encouraged to look elsewhere. But it is worth considering whether the inescapable hierarchy associated with supervision need present itself in asymmetrical terms, with supervisees cautiously parading their competence and supervisors poised to pounce on lapses (Anderson & Gehart, 2007; Prouty, 2001; Rombach, 2000). When supervisors pose questions in the first phase of the process described above, they invite sharing therapists to articulate their intentions—a practice promoting theoretical and ethical accountability—while telegraphing curiosity about features of the family’s situation they consider worthy of attention. When supervisors reflect in the generative segment of the process described above, they highlight issues and perspectives that may not have been addressed by the sharing therapist without needing to ask “Why didn’t you . . .?”. The features of the supervisor’s role which render it distinct, including the “gatekeeping” dimension, and the assumption of liability for the practice of group members, hover in the background, but do not necessitate a form and style of participation that sets them apart from others in the room.

A second additional comment on the practices described here has to do with the attention paid to specificity of structure and process. The central thread of this discussion has focused on how these circumvent the inadvertent performance of normative discourses. There is an additional advantage to the specificity of practice described here that deserves mention. Reflective group supervision calls for a certain rigor—an intentionality and a meticulous attention to the nuance of language—that in most respects matches that required of therapeutic conversation. For that reason, the processes outlined here provide an additional venue for refining therapeutic listening and questioning for the many practitioners who have a limited window in which to share their work in formal settings (Paré, 2011; Paré & Thériault, 2010). Some, but not all, of the therapists with whom these practices have evolved are strongly identified with narrative practice. Narrative-informed therapists already familiar with the epistemological stance and modes of speaking typically latch on to the practices more quickly. The specificity of the process helps others less familiar with narrative practices to plug in, and the diversity of members in the group adds a certain richness congruent with the quest for generativity.

The work of Tom Andersen and Michael White have deeply enriched the practice of family therapy (Anderson, 2007b; Dickerson, 2009). The intention here has been to share extended offshoots of their work—rhizomes (Anderson & Hoffman, 2007) if you like—as they surface in collective conversations about therapy, otherwise known as group supervision. Andersen and White developed group therapeutic practices that capitalized on the power of collected voices while guarding against the risk of the chorus being conscripted into discourses unhelpful to practitioners and the persons who consult them. Adopted to group supervision, White’s practices of acknowledgment create an inviting context for sharing, while Andersen’s processes for promoting multivocality help to tap the richness of possibilities in the room.

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