Reflective Learning through Collaborative Practice Groups

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In 1601, the British ship captain James Lancaster tested what was then a little known innovation in naval dietary practice when he set sail for India with a fleet of four ships. While the crew of three of his ships followed their usual diets, all of the men on the fourth were required to consume a teaspoon of lemon juice three times a day. The utility of this innovation was irrefutable. By halfway into the voyage, 40% of the 278 sailors on the first three ships had died of scurvy, while none of the sailors on the fourth had perished (Berwick, 2003). Despite the highly compelling evidence for the utility of this remedy for scurvy, thousands more sailors died during the next 146 years before the British Navy instituted a policy of including citrus in the naval diet. Once the policy was initiated, scurvy disappeared overnight.

Abstract: This article examines some of the obstacles to the effective diffusion of innovative practice through conventional top-down models of counselor and therapist training, and describes an alternate approach that capitalizes on the existing expertise of working practitioners. It describes the emergence of a network of reflective practice groups in Ottawa, Canada, where practitioners are mined for their "local knowledge" (Geertz, 1983) amid a culture of reflection and collaboration.

Key Words: *reflective learning, collaborative learning groups, collaborative practice groups.*

It is easy to be smug in evaluating the appalling uptake of such a transparently beneficial practice, but the dissemination of innovation across the various health care disciplines, including counseling and psychotherapy, continues to be stymied (Addis, 2002; Barwick et al., 2005; Rogers, 2004; Scullion, 2002). While practitioners and academics generate novel approaches at a brisk pace, the rate of actual change at sites of practice has been described as "majestic" (Berwick, 2003, p. 1974)—a term usually reserved for mountains, glaciers and other vast, virtually immobile objects.

It seems clear that what is commonly called the "research-practice gap" (Bero et. al., 1998; Morrisey et. al., 1997; Scullion, 2002) is not the consequence of a dearth of promising new practices. As Waddell (2001) points out, "with over 2 million articles published annually in over 20,000 health related journals, the problem cannot be due to insufficient quantities of research" (p. 3). Ideas abound; having them taken up by frontline workers is another matter: "generation of good changes is not the same as mastering the use of good changes—the diffusion of innovations" (Berwick, 2003, p. 1970A).

This article examines some of the obstacles to the effective diffusion of innovative practice through conventional top-down models of counselor and therapist training, and describes an alternate approach that capitalizes on the existing expertise of working practitioners. It describes the emergence of a network of reflective practice groups in Ottawa, Canada, where practitioners are mined for their "local knowledge" (Geertz, 1983) amid a culture of reflection and collaboration.

Challenges in the Diffusion of Practice Innovations

In the counseling and therapy workplace, the instance of disparate practitioners, out of touch with current research and largely isolated from each other, is unfortunately a familiar scenario. Barwick et al.(2005) conducted an exhaustive survey of approaches to knowledge transfer amongst counselors and therapists in a wide variety of mental health settings and determined that "potential users of research knowledge are unconnected to those who do the research, and consequently a huge gap ensues between research knowledge and practice behaviours" (p. 25). This disjuncture has very real implications for consumers of services, of course. But it also has grave consequences for the practitioners themselves, who are unable to proactively sustain their professional competencies and denied the revitalizing impact of evaluating the efficacy of new ideas and approaches within their contexts. (Cook et al.1999).

Spreading promising practices is no easy matter. The diffusion of research innovations is a highly complex phenomenon. As Berwick (2003) says, "innovation is hard, but dissemination is even harder" (p. 1970). Among many potential obstacles are inflexible bureaucratic structures, budgetary restraints, communication deficiencies and short sighted managerial strategies. Leadership is critical (Rogers, 1995); it is important to develop and promote guidelines for practice. But "most studies have found that clinical practice guidelines have only moderate effects on behaviour—practice guidelines do not change practice" (Waddell, 2005, p. 3). The "spray and pray" approach to professional development--a single and unvarying program delivered to a wide array of practitioners—is an attempt to instill guidelines through packaged training programs, but fails to accommodate for contextual variations across workplaces and has been shown to reap small rewards in terms of practice change (Delisio, 2005).

Often practitioners access training by drawing on annual professional development allotments that bring them to a workshop of their choice, offered by practitioners travelling the circuit of major cities. While these events offer a 'perk' and a stimulating break from daily routine for frontline workers, they have a number of deficiencies as an approach to diffusion of practice. In the following section I will outline some of the shortcomings of isolated professional development workshops.

First, they are primarily didactic exercises. Because workshop presenters typically attempt

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to "deliver the goods" by sharing a large amount of information in a short period of time, they rarely reserve much space for discussion or experiential activities. This positions the consumers of the training in a passive role and discourages initiative and ownership (Lee and Garvin, 2003, Wadell, 2001). As such, isolated workshops rely on what Sfard (1998) calls an "acquisition metaphor" for knowledge: learners are seen as containers to be filled—in this case with verbal accounts and some visual demonstrations. The one- or two-day events primarily feature talk "about" practice, mostly on the part of the presenter, who has a short period of time to provide attendees with the background to the approach being shared. There is little opportunity for skill development. Attendees may be exposed to some intervention through an experiential exercise, or may try one out briefly with a seat mate, but this toes-in-the water experience hardly substitutes for ongoing skill development.

A second concern is closely related to the first. The refinement of new skills inevitably demands *repeated* practice. Most workshops deliver front-end packages with no follow-up. When the workshop ends, the presenter typically leaves town, and it is back to work and life as usual. There is usually no opportunity to return for a refresher or check-up, and no structure to support ongoing practice.

This shortcoming is exacerbated by a third concern in cases when workshop participants are not accompanied by workmates. When learning is understood as social participation (Wenger, 1998) rather than the transfer of a commodity, it must take place in a community to be nurtured and sustained. Innovations in practice call for new ways of making meaning about the work, and meaning-making is fundamentally a relational process (Gergen, Schrader, & Gergen, 2008). Without the ongoing opportunity to reflect on new practices with colleagues who share some degree of conceptual and practical vocabulary, there is little chance they will become absorbed into a practical repertoire.

Reflection on the practice with peers who speak a similar "language" is critical, but so is practice. That ongoing meaning-making through reflection needs to be accompanied by the *performance* of the new skills with others. groupIsolated experimentation with no witnesses lacks the mutual engagement which is a central feature of any community of practice (Wenger, 2000). Solitary practice occurs against a reference point of non-interactive material (workshop notes and handouts, perhaps a video demonstration) which excludes the embodied aspect of practice, the tacit knowledges (Polanyi, 1958) not typically outlined in presentations of a model itself. This is what Schön (1987) has called knowing-in-action, a dimension of practical knowledge best developed working shoulder to shoulder with others.

The *practice* of a skill is infinitely more complex and nuanced than any articulation of that skill can hope to capture. Polkinghorne (1993) refers to this as the pragmatic dimension of knowing, something beyond any practice guidelines neatly outlined in handouts. Pragmatic knowing is not the outgrowth of a weekend workshop. It emerges from repeated encounters with what Polkinghorne calls the "apparent wilfulness and unpredictableness of human behaviour" (1993, p. 153). Despite the promise of mastery offered in the rarefied air of the weekend workshop, it is in the trenches, alongside counseling comrades, that these more subtle skills are developed and much of the critical learning occurs.

A fourth concern related to the conventional workshop-based vehicle for practice diffusion is that it surreptitiously supports a hierarchical therapy cultural. Promotional materials tout presenters as "experts" and "master clinicians". Indeed, the trainers reserve video recordings of their most effective clinical moments for sharing, and wrap these demonstrations in carefully crafted PowerPoint presentations that offer the promise of favorable outcomes for those who diligently follow the steps outlined. The packages make the messy business of therapy look uncomplicated. Working practitioners who day after day toil amid ambiguity and disquietude are left to feel like mere mortals, lucky to experience snatches of the coherence that seems to routinely characterize the trainers' practice.

In my own development as a practitioner I have directly experienced and witnessed a familiar pattern among my peers. On first returning from a workshop, we face a barrage of questions from colleagues who are eager to absorb a dram of learning they might turn to their purposes. Energized by visions of new possibilities, we respond generously and with proselytizing spirit. Eight weeks later, still resolute the workshop was helpful, we are less certain about what *in particular* we took away from it. A year later, flipping through a dog-eared daytimer, we are reminded we attended a training and make a mental note to dig out our workshop handouts for review.

Evidence is that intermittent workshops may have a transitory impact, but in time their impact often evaporates in a reversion to the status quo (Boyle et al., 2005). There are alternatives, and in the remainder of this article I will outline some recent initiatives that facilitate the diffusion of innovation through the collaborative, dialogic exchange of knowledges among working practitioners.

Lateral Knowledge Exchange: Formation of the Collaborative Practice Groups

In Ottawa, Canada's capital city of 900,000, there are currently six groups of practitioners---counselors, therapists, social workers—whose primary mode of theory-building and skill development is through their participation in "collaborative practice groups". The average size of the groups is 10 members. The majority are employed by local nonprofit agencies, and the remainder are private practitioners. Each group is facilitated by a paid consultant[1] and the fees are divided up among members. In some cases those fees are covered under professional development by the employing agencies; in other cases, members pay out of pocket. The groups typically meet every two weeks from September until June, gathering in spaces offered free of charge by local institutions whose employees are participating.

Each group has a distinct identity, a product of the unique characteristics of its members and their work contexts as well as the length of time it has been operating. The first group was formed in Fall, 2005; the sixth started up in January 2009. Together, they constitute a community of counselor communities devoted to ongoing collective knowledge exchange. To appreciate how they emerged and operate, it is probably worth unpacking the word "knowledge", because it is a particular view of knowledge that undergirds the ideas and practices linking the groups.

Distinct as they are, the groups rely on innovations in theory and practice associated with social constructionism (Burr, 1995; Gergen, 1999/2009; Lock & Strong, in press). The word "social" in this term reminds us that human knowledge emerges from communal exchange--the primary, though not exclusive, medium of which is spoken and written language. The word "construction" points to the way the meanings that constitute "what we know" are not so much discovered as *built*. Broadly speaking, this happens through talk (Strong & Paré, 2004)—the institutional discourses that insidiously infiltrate popular culture and understanding (Bakhtin, 1986; Foucault, 1970), and the intimate therapeutic dialogues where meanings emerge from the nuanced exchanges of two conversants (Gergen, 2006; Shotter, 1993).

Social constructionist approaches to counseling and therapy can be traced mostly to contemporary family therapy, though they are now practiced widely in individual counseling. They are sometimes grouped under a "postmodern umbrella" (Anderson, 2007; Paré & Tarragona, 2006) which includes narrative therapy (Freedman & Combs, 1995; McLeod, 1997; Payne, 2000; White, 2007; White & Epston, 1990), Solution-Focused Therapy (de Shazer & Berg, 2007; Walter & Peller, 2000), and Collaborative Language Systems (Andersen, 1997; Anderson, 1997; Anderson & Gehart, 2007).

The first Collaborative practice group formed after a two-year program in social constructionist therapies in which I participated as a trainer. The program was offered by the Youth Services Bureau (YSB) to staff members and a handful of community partners. It involved a mix of small group supervision alternating with didactic sessions, as well as four workshops by invited presenters over the two years. When the training ended, I was invited by the YSB to

continue with small group supervision of practitioners who had participated. We immediately noticed we were hankering for the energy generated by the training program. We missed the excitement of the larger gatherings, the cross-fertilization that came with learning and sharing ideas with diverse colleagues. And so we collectively proposed an alternative model of "supervision" to the Youth Services Bureau management that would include approximately 10 or 12 practitioners, about half of whom would not be YSB employees. To our delight, they agreed, and the first collaborative practice group was born.

The first group devoted itself to plunging into social constructionist theory and practice. We mixed didactic sessions (primarily offered initially by me) with article discussions, experiential exercises, case presentations and frequent reflecting team responses (Andersen, 1987, 1991; Anderson & Jensen, 2007; White, 1995, 2000) to video- recorded and live sessions. We gave ourselves a name after much deliberation: the *Collaborative Community Practice Group*. We staged a small local conference, entitled *Working Together: Exploring Collaborative Practice*, the program for which we collectively generated and at which all group members presented.

In addition to focusing our attention on constructionist ideas and practices, we adopted a collaborative ethic reflected in our group process. Much of the spirit of that ethic was captured in a presentation at that first conference, where group members listed some key shared values of our work. The list included items such as: 1. Persons' lives are multi-storied. 2. It's more useful to build on what is working rather than to "fix" what is not. 3. What we "find" is a function of what we look for. 4. Client preferences are a key compass of the work. 5. Mindfulness of cultural influence on meanings and power imbalances in persons' lives. 6. The person is not the problem; the problem is always the problem 7. Question-oriented focus on skills and knowledges vs. pathology, dysfunction.

It was evident from the group response that these values and priorities resonated with the invited participants, who themselves varied widely in their familiarity with social constructionist ideas. We concluded from this that the expression of fundamental values is powerfully bonding for practitioners, even when they identify with diverse theoretical ideas. That conclusion has repeatedly been reinforced since then in many other contexts.

The original gathering therefore promoted connection through the identification of shared commitments, and consolidated new professional ties through the matching of faces to names. It contributed to a sense of community that extended beyond the original collaborative practice group. The conference also generated interest in our activities which has steadily contributed to their expansion since that time.

A second cross-agency group was formed with the support of the YSB, bumping the membership in the two groups to approximately 20 practitioners. Shortly thereafter, an online search using the term "reflective practice" by the executive director of a local non-profit housing agency led her to book a rendezvous with the original collaborative practice group. At that meeting, Val Hinsperger shared an account of her search for a model of training in reflective practice that she could bring to her staff. Group members adopted a reflecting team format to respond to Val on the spot, and the seeds were sown for a third collaborative practice group.

The groups have steadily evolved, and their numbers expanded to six, since that time. One significant change has been the adoption of a user-pay model. Whereas the facilitation of the original two groups was funded exclusively by the YSB--despite the inclusion of several practitioners not employed by the agency--members of the current groups pay their own way. They do this either through funding from their own employers or by paying out of pocket. This shift away from a sole patron has contributed a fiscal robustness to the community of collaborative groups because their continuation is not tied to any single budget line.

More recently, invited practitioners have shared their work at conjoint meetings of some of the groups, injecting some new ideas while providing a rationale for the groups to come together in their learning. At the time of this writing, another conference is in the planning. As with the first conference, there will be no "master therapists" headlining the event. Members of the various local collaborative practice groups will present, primarily by sharing aspects of their experience via reflecting team formats, to be responded to in turn by reflections from audience members. Registration fees will be to cover costs alone; with the support of local agencies these will be minimal. Invitations will be sent via e-mail and word of mouth to the growing local community of practitioners who have shown interest in social constructionist and related approaches. These include a range of counselors and social workers employed by a network of "community resource centres" recently trained in using reflecting teams in group supervision. It is anticipated that some of these practitioners may soon form the core of a new collaborative practice group.

A Container for Reflection

Because of their size, which averages about ten, collaborative practice group meetings are not venues where every member shares a personal account of their practice each time. In this respect, they are probably more accurately described as a hybrid of supervision and training, with case review one of a range of professional development activities featured. Tied by shared values, the groups nevertheless perform these activities in a variety of mixes: some are more preoccupied with responding to challenging "cases"[1], while others devote more energy to article review/discussion and skill building exercises. The one practice all of the groups *do* share is the reflecting team.

Norwegian family therapist Tom Andersen introduced the reflecting team (1987, 1991) as a clinical intervention after much experience working with teams of therapists who issued directives to clients through a designated spokesperson after observing sessions through one-way glass. He modified this well established family therapy training ritual, proposing a process where witnesses to sessions ("reflecting teams") spoke openly about the session *to each other*, while clients listened. Following this, the reflecting team returned to the witnessing position while client(s) and counselor debriefed on what they had heard.

Andersen's innovation embodied much of the theory and ethic of social constructionism while addressing some of his concerns about the aforementioned practice. Team members deliberately seek to generate meanings through an embodied response to clients, rather than drawing on a repertoire of pre-formulated and decontextualized professional expertise. Their open reflecting provides a wide array of perspectives for clients, who are given much space to evaluate what is useful to them through the unusual sharing arrangement.

Michael White (1995, 2000) developed a variation on this process which has also strongly influenced the activities of the collaborative practice groups. In White's variation, reflecting team members are mostly oriented to bearing witness to persons' efforts to express purposes and intentions in the midst of the challenges they face. The emphasis here is less on generating a rich diversity of meanings in response to the client, and more on helping to consolidate identity descriptions which are congruent with the clients' expressed values.

Both related practices provide processes for enacting the values which run through social constructionism and the collaborative practice groups. The Ottawa groups who have been together longest sometimes use the variations of reflecting team work in live sessions—sometimes as part of a collaborative group meeting, and sometimes separately. More often, the six groups use these reflecting processes as vehicles for rich sharing—not for clients, but for each other in collaborative practice group meetings.

Despite its origins in "direct service", the reflecting team has been adapted in a variety of ways and is widely utilized in forms of supervision (Merl, 1995; Paré, 2009; Paré et al. 2004; Prest et. al. 1990; Rombach, 2002), and training (Biever & Gardner, 1995; Griffith, 1999; James et al. 1996; Lysack, 2003; Winslade, et. al., 2000; Paré, 1999). Within the collaborative practice groups the adaptations take a variety of shapes. A group member may share a "case"[2] verbally, or in conjunction with a videotape. Members respond via reflecting team, often videotaped for the presenting counselor to bring back to the client. Alternately, the member sharing may choose to discuss or be interviewed about a general issue (struggles with confidence, vicarious trauma, challenges with skill development, etc.) to which others respond. In this instance, the reflections are not for the benefit of a client, but *for the counselor*. Sometimes both processes are used: a member presents videotape and there are two rounds of reflecting—the first for the client and the second for the counselor.

In many ways, these reflecting practices are the glue that holds the various collaborative practice groups together. Although the groups use a range of variations on Andersen and White's processes at different times to suit the context and purpose, the practices share some fundamental values that permeate the groups' activities:

- ♦ *Embodied responsivity*
    - o Members attend to how they are personally struck and are transparent about this as they respond to the person who presents and also to each others' reflections; the process is dialogical and improvisational.
- ♦ *Tentative and curious, spirit of multiplicity*

- o Divergent rather than convergent responding, seeking to honour a range of views rather than to distill a single "truth", not seeking to generate a sole "solution" or determine "what's *really* going on" for the client(s)
  - ♦ *Non-normative acknowledgment*
    - o Not judging client/counselor in reference to some socially constructed norm. This includes avoiding compliments or praise --White (2000) calls these "practices of applause"--but rather offering acknowledgement of client/counselor acts of agency as expression of their intentions and purposes.
  - ♦ *Decentred sharing*
    - o All reflections are for the benefit of the person to whom they are directed; even self-disclosures are offered in a manner that acknowledges the client/counselor rather than "stealing the spotlight".

Diffusion of Innovations: The Copying that Originates

It should be clear that collaborative practice group members derive most of their learning by tapping into each other's expertise. This turning to "local knowledge" (Geertz, 1983) parallels the attention to client values, skills, and resources that is central to collaborative, social constructionist therapy. Nevertheless, without external sources of input, the groups could be vulnerable to theoretical stagnation. It is important that the field's ever-evolving theoretical conversations are brought to the groups to enliven practice. Some of this happens when members read articles or attend workshops, the learnings of which they occasionally share at group meetings. However, working practitioners typically have limited access to emerging ideas and practices. And so it is useful for the collaborative practice groups to have a link to the research domain, where many innovations are articulated.

In the case of Ottawa's collaborative practice groups, the facilitators carry some of that responsibility. As an academic whose work puts me in regular touch with current research, I regularly channel information to group members via research articles as well as notices of workshops and conferences. While my pedagogic role has receded considerably in the group I facilitate—the city's longest running collaborative practice group—my colleague Christine Novy adopts a more explicitly didactic role at times in some of the groups she facilitates. Feedback from group members consistently indicates this role is key because it links practitioners to literature, practices and persons they might otherwise not encounter.

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In addition, members are linked to the University via a website which provides password-protected access to graduate students and selected community partners. The Collaborative Counseling and Supervision Website (Audet and Paré, 2009) includes locally-generated videos of a wide range of constructionist practices, including a demonstration of reflecting team supervision which includes members of the collaborative practice groups. The possibilities for utilizing this web space for community-University and inter-group learning and collaborations has barely been tapped.

A further community-University linkage occurs through the placement of graduate students or recent graduates in collaborative practice groups, where they may learn alongside colleagues with more direct service experience. The process approximates an apprenticeship, where practitioners newer to the field learn through observation and mutual participation.

Therapeutic innovations are not like pills which can be distributed and ingested. They are practices that we integrate into our work through sustained effort, in much the same way Bakhtin (1981) speaks of how we bend language to our own purposes through the sometimes arduous process of iteration and reiteration: "It becomes 'one's own' when the speaker populates it with his own intention, his own accent...[this] is a difficult and complicated process." (p. 293). Because of the active way in which the members intermingle, the collaborative practice groups provide a venue for not merely "sharing" innovations, but integrating them in therapeutic repertoires by trying them out and responding to them in community. In so doing, we come to own the idea or intervention, in a process of "copying that originates" (Geertz, 1986, p. 380).

Beyond the Weekend Workshop: Therapist Skill Development as Joint Action

This discussion is not intended to banish the tradition of the so-called "weekend workshop". Among other things, these venues provide face-to-face access to talented presenters who can ignite practitioners' passions for their work.

However, the kindling of enthusiasm is not the same as the ongoing nurturance of skill development. Before concluding I would like to briefly reiterate the role collaborative practice groups can play in addressing the shortcomings of one-off training packages.

From Passive Witnessing to Active Engagement

John Shotter has written widely about the ways in which useful knowledge emerges from the "joint action" of conversation (cf. Shotter, 1993a, 1993b; 1995). The knowledge is not "handed" through words from one to another but formed in the mutual responsiveness of conversants. This takes time, as well as company. It involves the *practice* that earns the term "therapeutic practitioner". This practice is best done with other learners who may bear mutual witness to developments in knowledges and skills.

The Storying of Professional Development

The subheading title comes from Winslade et. al. (2000), who speak of how reflecting team work is the crucible in which professional identities are forged, a process that is never complete: "the verb "storying" is used intentionally, indicating an unfinished, and unfinishable, conversation that we all are engaged in our educational practice" (p. ?). In a sense, a workshop presentation is a single utterance from one practitioner to a roomful of others; the constructive advancement of that utterance is through the response and counter-response that occurs through group conversations. Learning, as Lave and Wenger (1991) have said, "involves the whole person; it involves not only a relation to specific activities, but a relation to social communities" (p. 53).

Knowing **That** Versus Knowing **How**

Polkinghorne (1993) makes a distinction between "knowing that" and "knowing how", pointing out that it is one thing to be familiar with the physics that accounts for how bicycles remains upright, and another thing to be capable of actually riding a bike. The same is true for the knowledge acquired at workshops: until it is turned into practice, it is a "knowing that" which may enrich understanding, but needs to be converted to a "knowing how" by application in face-to-face practice. By engaging in collective shared reflections, group members are actively "practicing" alongside each other in a manner less evident in case conferencing models. Reflecting team members pay acute attention to their speech, utterance by utterance, while sharing for the benefit of the practitioners and/or clients in the room, or for absent clients via video recorded reflections. More than merely *recounting* practice, reflecting is therefore a *form of practice* itself.

Creating a Non-Competitive Context for Professional and Personal Identify Development

One of the most striking observations from a collaborative practice group member is that group participation contributes to confidence through the safety to perform *poorly*. A weekend workshop spent with a renowned therapist can leave a practitioner wondering why the therapeutic conversations *they* have between closed doors have none of the shimmer reflected in the presenter's tapes. This insidious sense of being "less than" can be greatly exacerbated in case conference formats that invoke what Brookfield (1991) describes as the "impostor syndrome" among adult learners. When therapeutic situations are seen as problems to be solved rather than dilemmas to be unpacked and explored, an atmosphere of debate can settle on a room. The person sharing is cast as someone *without* the answer by virtue of the fact they are bringing the "case" forward, and participants may jostle over the purportedly "correct" interpretation or intervention.
Freed from the seemingly ubiquitous and often deflating rejoinder "Have you tried…?", collaborative practice groups create a discovery-oriented atmosphere comfortable with grey zones and unanswered questions. Curiously, this reflective process does reap useful outcomes; however, in a manner resonant with Anderson and Goolishian's (1988) landmark article on constructionist practice, problems are not so much solved as "dis-solved" through conversation. This exploratory process sustains practitioners in a number of important ways, contributing to morale and a sense of efficacy (Paré, in press).

Reflecting practices not only counteract traditions of debate, they also create forums for witnessing the skills and knowledges of group members through rituals of acknowledgment. Borrowing from Myerhoff (1982), White (1995, 2000) characterizes reflecting teams as "definitional ceremonies" in which members collectively engage in "making themselves up" (p. 177). More than the absence of competition, this is a generative process of professional and

personal identity development: "In various ways they have become other than who they were before their participation in the reflecting team" (p. 192).

Closing Reflections

If you take a poll of community-based counselors who provide much needed services in non-profit agencies of various descriptions, few will report regularly scheduled, structured supervision. Likewise, their opportunities for ongoing training are limited by perennial fiscal constraints. These are shortcomings of the field and need attention. However, the activities described here depict additional dimensions of professional development not quite captured by the words "supervision" or "training". Neither do words like "dissemination" and "knowledge transfer" do justice to the complex, multilateral process whereby knowledge is both exchanged and constructed in community. Barwick et. al (2005) speak of related processes in endorsing Hargreaves' and Dawe's (1990) call for collaborative professional development—the mutual exchange of knowledges among researchers and practitioners, as well as counselors/therapists with varying levels of practice experience.

The word "collaboration" is much bandied about these days, and for good reason. But active collaboration requires venues for mutual participation, and the relationship-building that provides a foundation for risk-taking and innovation. Collaborative practice groups provide much of that, and are probably better characterized in terms of community building than by reference to any of the aforementioned terms. As Wenger (2000) says,

> Since the beginning of history, human beings have formed communities that share cultural practices reflecting their collective learning: from a tribe around a cave fire, to a medieval guild, to a group of nurses in a ward, to a street gang, to a community of engineers interested in brake design. Participating in these "communities of practice" is essential to our learning. It is at the very core of what makes us human beings capable of meaningful knowledge. (p. 229)

> The "knowledge" associated with counseling and therapy is more than mere individual "know-how"; it is inescapably a relational knowing. It is this attention to the ethics of relating—to clients and to each other—that sustains the collaborative practice groups. The ritualistic process of reflecting amid colleagues with curiosity and respect creates something akin to sacred space, a reverential tone that permeates the sharing and is frequently moving for all participants. Something big is happening here that transcends the moments of illumination we have all experienced at therapeutic workshops. As much as providing a venue for "skill development", the collaborative practice groups are a place to be reminded, time and time again, of a fundamental ethic of care. We can never be reminded enough of this—it is the heart stone of the work.

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Endnotes

1. At present, Christine Novy facilitates five of these and I facilitate one.
2. The word "case" is common parlance to describe a person, couple or family and is used here at times for shorthand. The quote marks are reminders that the term has the unfortunate effect of objectifying people.

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