

## TEACHING ACROSS DISCOURSES TO SUSTAIN COLLABORATIVE CLINICAL PRACTICE

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*Attempts to teach or build a clinical practice grounded in postmodern, collaborative approaches can be quite challenging in traditional contexts. This article examines such challenges in the context of professional and cultural discourses. It juxtaposes discourses of deficits and possibilities, professional expertise and collaboration, and protection and accountability. It offers ideas to contextualize training efforts in the context of cross-discourse exchanges; examines ways to ground a new definition of “Professionalism” in a spirit of possibilities, collaboration, and accountability; and offers an exercise to help students and practitioners develop a community of support for preferred practices.*

Many students committed to postmodern, collaborative approaches experience challenges pursuing these ideas and practices in more traditional contexts. Many, at one time or another, have experienced their work as being perceived by others (and perhaps by themselves) as somehow less “professional.” At the same time, many teachers and supervisors experience challenges trying to convey postmodern, collaborative ideas to students or supervisees in more traditional contexts. Often, it can feel like participants in conversations between those embracing postmodern, collaborative approaches and more traditional modernist approaches are in different conversations, and indeed they often are. In this article, I examine challenging exchanges in the context of professional and cultural discourses, briefly explore some ways to help teachers of postmodern, collaborative ideas better communicate across divergent worldviews and values, and highlight an exercise to help students and practitioners interested in collaborative clinical practice re-examine their own challenges and develop a community to support them in preferred ways of practicing. My intention here is to make visible the myriad ways in which taken-for-granted professional values, assumptions, and practices shape our experience of our work. At the same time, I believe it is important to pair a

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critical examination of dominant professional discourses with a simultaneous acknowledgment of the elements that we value in them.

### THE CHALLENGE OF WORKING “AGAINST THE GRAIN”

In my role as a trainer and consultant, I help clinicians envision and “live into” a postmodern, collaborative clinical practice (an umbrella term I am using to refer to narrative, solution-focused and collaborative language systems therapies).<sup>1</sup> My more recent work has focused on helping community agencies develop institutional practices and organizational cultures that support collaborative clinical approaches. This work has included efforts to help agencies rethink clinical paperwork, create alternative formats for clinical discussions, and expand quality assurance efforts to institutionalize organizational cultures of respect, connection, curiosity, and hope (Madsen, 1999, 2004, 2007). In this process, we have encountered numerous challenges as clinicians and agencies navigate the intersection of distinctly different organizing values, assumptions, and practices. The next two examples highlight some of the practice challenges that emerge in this negotiation.

A mental health counselor in an outpatient department reflects on his experience with assessment forms.

I think it's important to learn about the problems that clients are facing and I also think it's important to ask clients how they're dealing with those problems and how they are moving forward in their life despite those problems. I think learning about coping is helpful and clients tell me they find those questions very useful.

However, I have limited time and my supervisor only asks me about the details of problems. She seems uninterested in my accounts of client coping and I feel stupid when I can't give her more details about their problems. I'm newer to the field and want to be a competent professional, but sometimes I look at the gulf between what my clients and I find important and what others around me value and I end up wondering what's the matter with me.

A social worker on a short-term psychiatric inpatient unit is working with a family to find a long-term placement for their daughter who is struggling with psychiatric problems and complex medical problems. State budget cuts have drastically reduced the number of available facilities and the most appropriate placement is reluctant to take the girl due to liability concerns about her medical condition. The girl's mother, feeling the placement does not adequately understand her

<sup>1</sup>In my use of the phrase “postmodern, collaborative clinical practice,” I am referring to a combination of ideas from narrative, solution-focused and collaborative language system therapies. Certainly, these are not the only therapeutic approaches that could be clustered under this rubric. They are simply ones that have strong current influence on my work. Examples of the ways in which I have put these respective ideas together are contained in Madsen (1999, 2007).

daughter's medical condition, decides to place phone calls to high-level bureaucrats to encourage the program to reconsider their decision. The social worker, believing the mother's involvement in decisions about her daughter's care would be therapeutic, supports this decision. Shortly thereafter, the social worker is called to an administrative meeting in which she is reprimanded for "undermining another program's decision." She is accused of "splitting, not being a team player, and violating professional boundaries." She is told that placement decisions are best made by professionals with the expertise to make assessments about the needs of mentally ill children and that pulling a mother into that decision is likely to compromise her functioning as a parent. She leaves the meeting initially furious, then scared about losing her job, and ultimately sad that a dearth of services is pitting people against each other.

These two vignettes involve conversations between parties who are operating out of different values and assumptions about "professional" behavior and in which there is a power imbalance between those parties. Part of this power imbalance results from position power between "bosses" and "workers." However, an additional part of the power imbalance resides in the perceived legitimacy of each party's unspoken values and assumptions within broader professional culture. One way to better understand the profound ways in which these unspoken values and assumptions operate in such interactions is to draw on the concept of discourses.

### **PROFESSIONAL PRACTICE IN A CONTEXT OF DISCOURSE**

Numerous authors have examined the ways in which professional legitimacy is shaped by dominant professional and cultural discourses. Hare-Mustin (1994) defines discourse as a "system of statements, practices, and institutional structures that share common values (p. 19)."<sup>2</sup> Professional discourses include taken-for-granted assumptions, unexamined daily practices, and the professional institutions within which these assumptions and practices exist. These are all intertwined and shape professional identity. While practitioners are subjected to multiple and often conflicting discourses, certain ones become dominant over time. Assumptions and practices that fit within dominant discourses make sense and are legitimized. Ways of working that fall outside dominant discourses do not "fit" and are de-legitimized. This process can have marginalizing effects on practitioners and obscure their own experience and wisdom. The mental health counselor who strongly felt that talking only about problems was unhelpful and yet questioned that conviction when comparing himself to a set of uniform invisible others who seemed to practice that way exemplifies these marginalizing effects. Dominant

<sup>2</sup>While the use of a phrase like "discourse" can seem foreign and unwieldy, it best captures this interrelated combination of values, assumptions, practices, and institutional structures.

discourses both reflect prevailing social and political structures and tend to support them. The social worker who was admonished for supporting a mother in advocating for her children is an example of this. In this way, discourses contribute to the construction of particular professional identities and constrain alternatives.

Clinicians seeking to embrace collaborative approaches in traditional settings often find themselves at the center of conflicting pulls. This experience can have disorienting effects on their professional sense of self and their interactions with colleagues. In my own work, I have found it useful to place the challenges that arise here in a context of three sets of juxtaposed professional discourses (deficits and possibilities, professional expertise and collaboration, and protection and accountability). While each juxtaposition could be seen as an oppositional dichotomy (either/or), I prefer to view them as differing pulls (both/and). The goal of this juxtaposition is to provide a framework for better understanding the challenges that practitioners can experience. While the three are complexly intertwined, I will separate them out and briefly examine each in turn.

### Juxtaposing Discourses of Deficits and Possibilities<sup>3</sup>

The first juxtaposition is a discourse of deficits and a discourse of possibilities. An emphasis on deficits is reflected in the common assumption in mental health and social services that our job is to identify problems, discover their causes, and then intervene to cure or ameliorate those problems. This assumption is reflected in (and sustained by) the common practice of writing assessments with an emphasis on problem, precipitant, risk factors, and diagnosis. An emphasis on possibilities is reflected in attempts to help families envision and live into nonproblematic, preferred lives. There is a focus on *what is and could be* rather than on simply *what is not and should be*. This assumption is reflected in (and sustained by) practices such as the use of the miracle question to elicit possible futures (Berg, 1994; de Shazer, 1985), reauthoring conversations to help clients develop and live out alternative stories (White, 1993, 1995), and reflecting teams and outsider witnessing practices that acknowledge and support newly emerging possibilities (Andersen, 1987, 1991; Friedman, 1995; White, 1995, 2000). It is important to strike a balance in acknowledging problems and pursuing possibilities. Unfortunately, these respective discourses do not receive the same institutional support. While there is growing institutional support for strengths-based practice, a discourse of deficits receives considerable institutional support from managed care requirements (the need to show medical necessity for reimbursement), clinic licensing requirements (the requirement of diagnosing clients), and professional training (the prevalence of courses that emphasize psychopathology).

<sup>3</sup>Given space considerations, these descriptions of juxtaposed discourses are necessarily brief. These juxtapositions are further elaborated in Madsen (2007).

### **Juxtaposing Discourses of Professional Expertise and Collaboration**

A second juxtaposition is a discourse of professional expertise and a discourse of collaboration. Many traditional approaches are organized by a medical model that positions helpers as “experts” who assess clients, develop a treatment plan, and implement a series of interventions designed to bring clients more in line with “appropriate functioning.” There is a privileging of professional knowledge that can invite practitioners into professional certainty with attempts to assign professional meaning rather than elicit client meaning. The assumption of professional expertise is reflected in (and sustained by) the ways in which assessments are conducted (who asks the questions and writes the assessment) and “cases” are presented (the encouragement of objectivity, professional distance, and certainty in delivering formulations). An emphasis on collaboration honors the expertise of all involved parties. Clients are viewed as experts on their experience with significant abilities, skills, and know-how and clinicians are viewed as experts in hosting conversations that invite reflection, expand possibilities, and open space for the consideration of alternative experiences, views, and actions. This assumption is reflected in (and sustained by) therapeutic conversations that are more dialogical in nature (Hoffman, 1992) and questioning practices grounded in a stance of “not knowing” (Anderson, 1997, 2005; Anderson & Goolishian, 1992). Again, it is important in our work to balance these differing pulls. However, in our culture, certainty and expertise are often given more credence than curiosity and collaboration. This privileging of professional knowledge and obscuring of client wisdom is supported by (and in turn supports) the social, political, and economic institutions that comprise the mental health and social service industries.

### **Juxtaposing Discourses of Protection and Accountability**

A final juxtaposition is a discourse of protection (professional responsibility *for* clients) and a discourse of accountability (professional responsibility *to* clients). A focus on protection is based on the assumption that clients are in a vulnerable position and that professionals have a responsibility to appreciate that vulnerability and ensure client safety. This assumption is reflected in (and sustained by) practices of confidentiality, involuntary hospitalizations, and the filing of neglect or abuse allegations when children are at risk. These practices have a valuable and important role in the field. A focus on protection is also reflected in concerns about clients seeing their records (legal rights notwithstanding), disclosing diagnoses to clients, or having clients participate in clinical discussions. This focus can slide into a paternalistic approach in which helpers take on increasing responsibility for making decisions about clients' lives. The ways in which we respond to issues of client vulnerability and safety can be inadvertently disempowering of clients and undercut client welfare. A focus on accountability assumes that clients are the best judges of the effects of professional actions on them and that our

work benefits from taking client feedback into account. This assumption is reflected in (and sustained by) practices of transparency in which we share our organizing thoughts and assumptions to help clients become more aware of why we are asking what we are asking in order to help them participate on a more equal footing (White, 1993). It is also reflected in accountability practices that elicit client feedback in order to ensure that our efforts have empowering rather than inadvertently disempowering effects on clients (Hall, 1996; Waldegrave, Tamasese, Tuhaka, & Campbell, 2003). The balance of appreciating client vulnerability and striving for empowering effects in our interactions with them occurs in a context in which a discourse of protection receives significantly more institutional support through hierarchical professional relationships (the doctor will see you now), professional language (cases and case managers), and liability concerns (which have only grown as resources have diminished and more risky situations are being handled in the community).

### REFLECTING ON PROFESSIONAL DISCOURSES

In this juxtaposition of professional discourses, it is important to not view these descriptions as polarized dichotomies and to not misinterpret this article as simply a call to abandon “bad” discourses in order to step into “good” ones. We are all continually operating within a variety of discourses and each may have beneficial and negative effects on our work. The important point here is to acknowledge that our taken-for-granted assumptions and practices have effects and to encourage reflection on those effects. At the same time, a focus on deficits, professional expertise, and protection receive significantly more institutional support in our field than a focus on possibilities, collaboration, and accountability.

Our work can be enriched when we examine the discourses that organize it and consider how they fit with our preferred ways of relating to clients and families. While professional identity has traditionally been rooted in emphasizing deficits, highlighting professional expertise, and focusing on client protection, it is interesting to ponder what a definition of professionalism might look like grounded in possibilities, collaboration, and accountability. The accusation of acting “unprofessional” has often been used to police professional actions. Imagine if a definition of professionalism included assertions like:

- It is unprofessional to inquire about difficulties without having first built a foundation of competence, connection, and hope.
- It is unprofessional to not actively elicit client or family wisdom that could contribute to resolving difficulties in their life.
- It is unprofessional to use objectifying language in any clinical discussion without considering how clients might experience it or how it might shape our thinking about clients.

- It is unprofessional to not routinely solicit client feedback about their preferences for the direction of therapy and the effects of our actions on them.

I would invite you as a reader to consider other examples of “unprofessional” behavior within this new paradigm. The goal of this exercise is not to replace one set of professional specifications with another, but rather to expand our options in defining “Professionalism” and increase our awareness of the discourses that operate on us all.

The following questions provide an opportunity for further reflection about the discourses that shape our professional identities: What are the taken-for-granted assumptions about what counts as “professional” behavior in your work context? What might be some of the effects of these assumptions on your relationships with clients, other colleagues, and your professional self? In what ways have you continued to embed your work in postmodern, collaborative approaches in the face of organizational assumptions and practices that make it difficult? Finally, how can you draw on and further embed your work in organizational assumptions and practices that support you in developing your preferred clinical practice?

### **TEACHING WITHIN A CONTEXT OF DISCOURSES**

The idea that our teaching and supervision efforts are always conveyed out of a context of professional discourses and received within a context of professional discourses can enrich our teaching efforts in a number of important ways. In particular, an awareness of the influence of professional discourses can inform our efforts to contextualize training efforts and respond to questions that come out of a different discourse. I will examine each of these in turn.

#### **Contextualizing Training Efforts Within Professional Discourses**

I have found it increasingly useful to begin teaching with a brief introduction of the concept of discourses and a contextualizing of the ideas I am presenting within the broader discourses in which they are embedded. An example of this comes from a training initiative to introduce family-centered approaches in a community agency with a strong grounding in more traditional child protection practice. In an attempt to avoid a polarizing escalation, I began by contextualizing this effort within professional discourses. The following statement of purpose introduced the training and helped to set the stage.

As I speak, I'd encourage you to notice both what I'm saying and your responses to what I'm saying. Beyond that, I'd also invite you to reflect on the values and assumptions that organize what I'm saying as well as the values and assumptions behind your responses. I want to put out some ideas and invite you to try them on. As you

compare the ideas and principles that I'll be putting out here with ideas and principles that you hold most dear, what are you noticing about your own preferences, and commitments in your work?

Using popular videos to elicit cultural discourses and their influence on conversations and interactions, I moved into a description of the three sets of intersecting professional discourses, taking great care to not demean or disparage discourses of deficits, professional expertise, and protection. I framed this description as an attempt to bring background discourses to the foreground and help make challenging differences within the agency more understandable and less polarized. After engaging participants in an exercise to highlight the ways in which paperwork, licensing requirements, and professional language provide more institutional support for discourses of deficits, professional expertise, and protection, I was able to frame the ongoing training as an opportunity to increasingly ground their work in discourses of possibilities, collaboration, and accountability without losing sight of the ways in which discourses of deficits, professional expertise, and protection had enriched their work to ensure that we did not inadvertently "throw the baby out with the bathwater." A number of participants commented that beginning in this way helped them to listen differently and engage some of the differences without having to defend their own perspective. It allowed them to "rent" rather than "buy" the ideas and examine the degree of fit with their own preferences for conducting their work. Rather than proceeding in a way that could be experienced by participants as an attempt to overthrow their dominant paradigm (and provoke significant resistance), this approach attempted to elevate and legitimize marginalized discourses and encourage reflection on them. The process of inviting participants to reflect on the discourses that shape their practice is a powerful intervention in and of itself.

### **Responding to Questions That Come Out of a Different Discourse**

One of the more challenging tasks in teaching postmodern collaborative ideas and practices is responding to questions that come out of a different set of discourses. When we begin by grounding teaching within professional discourses, we can respond to questions in the context of those discourses. We can ask participants to situate their questions and provide a context to help us respond to them. We can develop a set of agreements with students in which we will respond to questions by first inquiring about the values and assumptions that underlie the question and then contextualizing our response within our own values and assumptions. This helps us to move from exchanges that can feel like ships passing in the night to more meaningful mutual examinations of the values and assumptions that underlie our work.

An example of this comes from a family therapy training program in which we were discussing reflecting practices and the importance of situating team responses

in an embodied voice. A student wondered whether connecting her reflections to events in her own life or work represented an inappropriate sharing of personal material and a violation of professional boundaries. Referring back to our class agreement about situating questions, I asked the student to reflect on the values and assumptions that might organize her question. It led to an acknowledgment of how within particular discourses the process of “situating reflections” might seem inappropriate and how within other discourses it made perfect sense. It allowed us to jointly examine the potential positive and negative effects of this practice on clients and how that practice fit as a way of working for this student. This contextualization within discourse also allows me to acknowledge professional practices that I experience as problematic because they fall outside my own sense of “how we should practice” as organized by the discourses in which my work is embedded. This shift from misunderstood questions and answers to shared examination of values and assumptions can result in powerfully transformative conversations.

### **HELPING STUDENTS RETHINK PRACTICE CHALLENGES**

In my conversations with practitioners, they have consistently cited two elements that have helped them deal with contextual challenges that pull them away from preferred practices.

#### **Helping Students Hold a Broader Understanding of Challenges**

Placing practice challenges in a context of cross-discourse exchanges allows a stepping back from the immediacy of the experience. This process can be helped with the use of “externalizing practices” originally developed by White and Epston (1990) and subsequently extended by many others (Freedman & Combs, 1996; Madsen, 1999, 2007; Monk, Winslade, Crocket & Epston, 1997; Morgan, 2000; Roth & Epston, 1996; Russell & Carey, 2004; Zimmerman & Dickerson, 1996). Externalizing conversations help people perceive themselves in an ongoing and changeable relationship with a problem (rather than having or being a problem). In this process, they often experience a bit of distance from the problem and a sense of relief coupled with an increased ability to revise their relationship with the problem. Similarly, thinking about ourselves as being in an ongoing and changeable relationship with dominant professional discourses allows us to reflect on how our current relationship with those discourses “fit” for us and how we might want to revise them. It can also help us develop a more compassionate relationship and engage differently with people who are operating out of different worldviews. For example, the social worker described earlier found that thinking about many of her hospital colleagues as being influenced by particular profes-

sional assumptions made it easier for her to be critical of assumptions rather than individuals. Viewing these challenges in the context of cross-discourse conversations can help depolarize those conversations, shift our relationship to the conversations, and open a wider range of options for our participation in them.

### **Helping Students Build a Community of Support**

The second element mentioned by students and practitioners in helping them address these challenges has been having allies or a community to support them in holding onto preferred values and ways of practicing in the face of considerable pressures from dominant professional specifications. If we think about dominant professional discourses being embedded in a powerful network of institutional and cultural support, it makes sense that individuals attempting to revise their relationships with those discourses would likewise benefit from drawing on a community that supports them in their efforts. The social worker previously mentioned believed that without the support of her immediate supervisor, she would not have been able to continue to pursue her own preferred practices in the face of countervailing institutional pressures. Similarly, the mental health counselor who believed in the importance of strength-based assessment processes felt that he stood on stronger ground in that endeavor when he could call upon friends from graduate school who held similar convictions. He also talked about how remembering and evoking the presence of particular authors and their writings helped him to legitimize his professional values and intentions.

The process of supporting students in their pursuit of preferred clinical practices can be enhanced through the use of “re-membering practices” (Madigan & Epston, 1995; Madsen, 1999, 2007; Morgan, 2000; Russell & Carey, 2004; White, 1997). Re-membering conversations involve a questioning process to help people connect to and internally hold the voices of important others who can constitute an appreciative audience. The experience of others’ supportive presence often has a powerful effect on people as they pursue preferred lives and ways of working.

### **AN EXERCISE FOR REFLECTING ON PROFESSIONAL DISCOURSES**

The process of thinking about professional discourses in an externalizing fashion and developing a community to support the development of preferred relationships with those discourses can be approached in multiple ways. As one example, I offer an outline for an exercise (detailed in Appendix A). The exercise invites students in pairs to reflect on a particular practice challenge they have experienced and then engage in sequential interviews with each other to help each step back

from the immediacy of the situation and experience a different relationship to it. In the process, students are invited to place practice challenges in a context of professional and cultural discourses and reflect on alternative discourses that shape their responses as well as the intentions, values, beliefs, and hopes behind a participant's commitment to that discourse. This can open up some very powerful and meaningful conversations. The interviews also offer participants an opportunity to evoke an ally or support person who would appreciate their commitment to these alternative discourses and "stand with them" in holding onto preferred clinical practices. The identification of an ally or support person can be particularly helpful in buffering the residual toll of the practice challenge and helping them feel more grounded in future such encounters.

I have used this exercise in a variety of contexts. It is generally most useful with participants who have some familiarity with the concept of professional discourses and has never been used without at least some contextualizing introduction. This version is a generic example. It is important to fit the language of the exercise to the particular context in which it is being used and draw on language that is accessible and meaningful to the particular participants. The exercise has a tight structure and utilizes particular communication agreements. This can feel unusual and a bit stilted, but provides a containing environment for the conversations that helps to make the exercise more constructive and allows participants to settle more deeply into it.<sup>4</sup>

### CONCLUDING REMARKS

This article has examined practice challenges faced by those pursuing postmodern, collaborative approaches in more traditional contexts. The article has examined ways to enrich teaching through an awareness of discursive contexts and offered concrete ideas to help students reflect on prevailing definitions of "professionalism" and develop a community of support for preferred ways of approaching their work. My hope in this article is not to tear down existing ways of practicing, but to help postmodern collaborative practitioners and teachers become more effective in conveying ideas across divergent values, assumptions, and practices, to help make discussions around challenging differences more understandable and constructive, and to help us all find ways to continue to learn from each other and ground our work in the values, hopes, and commitments that enrich our work and life.

<sup>4</sup>The development of an exercise that uses such tight structure and communication agreements has been strongly influenced by my involvement with the Public Conversations Project, an organization committed to supporting constructive conversations across challenging differences (Chasin et al., 1996; Herzig & Chasin, 2006) and Sallyann Roth in particular, whose ability to design tight, evocative exercises continues to inspire me.

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## APPENDIX A

### REFLECTING ON YOUR PREFERRED RELATIONSHIP WITH DOMINANT PROFESSIONAL DISCOURSES

The purpose of this exercise is to offer you and a partner an opportunity to reflect on your experience of particular professional discourses, their effects on your work and sense of self in that work, and the relationship you'd prefer to have with those discourses. This exercise consists of interviews in which two people sequentially interview each other using the questions below as a rough guide. Please go through all the questions before switching roles. As the interviewer, your job is to be interested and curious. Help draw your partner out and ask questions to expand upon what they're saying. Notice what engages and enlivens you in their speaking.

#### OUTLINE OF EXERCISE

- A. Introductions and agreements—simultaneously.
- B. Identifying a challenging experience—simultaneously.
- C. Descriptions, questions and reflections on that experience—sequentially.
- D. Closing—sequentially after both interviews have been completed.

#### **A. Introductions and Agreements (~ 3 minutes.)**

Pick a partner. After briefly introducing yourselves, confirm the following basic agreements with each other:

- *The Pass Agreement*—If you do not wish to respond to a question you can simply say “Pass.”
- *The Confidentiality Agreement*—You agree to only speak of your own experience outside your dyad; you will not tell what your partner has said, unless they tell you that you can.
- *The Time Limits Agreement*—You agree to stick to the time limits in the exercise so that each person has a chance to speak fully.

### **B. Identifying a Challenging Experience (~ 2 minutes)**

Before beginning the sequential interviews, take two minutes and think about a time when you had the impression of being unfairly judged by colleagues (or yourself) as “unprofessional.” In other words, think of a situation in which you took an action that you were proud of and got feedback that resulted in your feeling either explicitly or implicitly scolded or gave you the sense that you had just broken some kind of unspoken rule or convention. I would encourage you to pick a situation that feels somewhat resolved for you at this point in time rather than one that feels particularly raw and unfinished today.

### **C. Descriptions of, Questions About, and Reflections on that Experience (~ 20 minutes each sequentially)**

#### *Instructions for the speaker (~2 minutes)*

When your turn comes, take two minutes to describe the situation succinctly, but not as a headline. Tell it so that your partner can have a sense of what happened, how you experienced it, and what it meant to you. After you have described the situation, your partner will ask you some questions about the situation to place it within a broader context of professional discourses and help you build a community that can support you in holding onto your preferred values and ways of practicing.

#### *Questions for the Interviewer (~ 15 minutes)*

- What did you believe others assumed about you at that time and what broader professional discourses might have shaped those beliefs?
- If your actions at that time were reflective of an alternative professional discourse, what might it be? (One format for this might be “I am committed to grounding my work in a spirit of \_\_\_\_\_.”) What does your commitment to this alternative professional discourse reveal about the values, beliefs, hopes, and dreams that you bring to your work?
- As you think back across your life, who stands out as someone who would recognize and appreciate your efforts to keep your work grounded in this commitment? (Please feel free to search broadly in this. You might identify a current colleague, a person in your life outside of work, a teacher, mentor, or fellow student in your professional training, someone who has passed on, an author or presenter that you respect, a book or article you’ve read, a client you’ve worked with, etc.)
- How is this person important to you in your life? What do they know about you or what have they witnessed that would tell them this commitment is important to you?

How do you think their witnessing of this commitment may have touched their life? If they were somehow listening in on this conversation, what do you think they might be thinking about it?

- What's it like for you to think about their response? What's it like for you to be invoking their presence here? What would help you hold onto their presence (virtually or actually) in your work?

*Reflections from the interviewer (~2 minutes)*

After interviewing your partner, please take a brief moment to share any reflections about what it was like to listen to their story and the effects that story had on you.

**D. Closing (~1 minute each)**

What would you like to say in order to bring this unconventional conversation to a good close for you?