

# **A TALE OF AN EXEMPLARY TALE IN THE CLASSROOM: AN ACCIDENTAL INQUIRY OF THE RESTORATION OF BEAUTY**

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*This “accidental” research project looks at the use of a case story as a pedagogical foundation for teaching narrative therapy in a master’s level course in the University of Denver’s International Disaster Psychology program (MAIDP). Case study is here utilized primarily to document process, methodology, and approach of the practitioner. A survey of students involved suggests that by using this practice, the pedagogy emerged serendipitously rather than as a preplanned part of the curriculum. The findings provide support for this style of pedagogy, and the summary of steps taken offers educators a roadmap to utilize if they wish to replicate this process in their own classrooms. Moreover, this article was authored in the spirit of co-research between those facilitating the class and those positioned as the learners. It contains both pre and post reflections in an effort to show how the pedagogy impacted the learners’ knowledge of, and relationship with, narrative.*

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Name the greatest of all inventors. Accidents.

Mark Twain, *Mark Twain's Notebook*

When I (T.H.) got the email from my former student, Katherine Miller, that read, “You must meet my professor” (from the international psychology graduate program in which she was enrolled), I had a sense that this professor and I would become fast friends given Katherine’s track record in such matters. However, when I first corresponded with Dr. Gwen Vogel Mitchell by email, there was no way I could have foreseen what was to come. Gwen extended an invitation to me to “come down the road” to her campus at the University of Denver and give a two-and-a-half-hour lecture on narrative therapy in her Psychotherapeutic Models of Intervention course. As one of the few longstanding narrative therapists in Denver, I received this sort of invitation with increasing frequency. Had I not been introduced to Gwen by Katherine, however, I very well may have declined, as I was already feeling overwhelmed with work. In hindsight, that would have been a most unfortunate decision.

I must admit that I had never heard of a program that focused on “international disaster psychology” prior to my visit to the University of Denver (DU) beyond the little I had learned last year from Katherine. As it turned out, this was because there is no other program quite like it currently in existence. Gwen summarized the program, the course, and my role in the class that day as follows:

The University of Denver’s master’s program in International Disaster Psychology (IDP) culminates in a degree designed for those who wish to provide effective mental health and psychosocial services to individuals and communities in the U. S. and globally who are affected by traumatic events, acute and chronic civil conflict, natural disasters, and health-related pandemics. This program has been recognized for “innovative graduate training” by both the American Psychological Association and the National Council of Schools in Professional Psychology and is the first and only master’s program of its kind in the nation. The program provides foundational skills in clinical psychology combined with the specific skills needed to work globally in the field of trauma and disaster.

Students in the program receive an education that is developmentally based, trauma informed, culturally grounded, broadly inclusive of competencies relevant to general practice in the mental health field, and specific to the significant challenges of working globally with highly distressed individuals and populations. In the Psychotherapeutic Models of Intervention course, students examine theories of direct clinical practice and their application in the engagement, case conceptualization, treatment planning, interventions, and evaluation of individual clients. Videos illustrating different methods of psychotherapy are presented for analysis and discussion, and expert practitioners from six major theoretical orientations (Psychoanalytical/Psychodynamic, Cognitive-Behavioral, Acceptance and Commitment Therapy, Existential, Integrative, and Narrative Therapy) are invited in to lecture about the history and applied principles of their ascribed theory. It is hoped that students will develop a good understanding of the nature of psychotherapy, including the key ingredients in therapeutic action and critically analyze how clinical work can be done cross-culturally in a competent and thoughtful manner. By utilizing

passionate experts in each theory as the knowledge mediators, students seem to get a sense of what it might be like to work as a practitioner of that theory.

On February 18, 2016, 7 weeks after the launch of this 10-week course, I visited the class as someone with considerable experience as a narrative therapist. The students had already read about various theories and had listened to a number of guest speakers focused on a variety of more traditional theoretical orientations. While some were certain they had found their orientation, others questioned the applicability of these models in an international setting and were concerned about cultural applicability. Social justice advocates at heart, these students ruminated about power dynamics, jargon, assumptions about the importance of certain developmental experiences, and honoring local idioms of distress.

Given narrative therapy's history of being applied across cultural contexts (Arulampalam, Perera, De Mel, White, & Denborough, 2005; Denborough, 2004, 2011, 2012a, 2012b, 2015; Denborough et al., 2006; Ncube, 2006; White, 2004), I had an inkling that the students I would encounter in this program might be more intrigued by narrative practices than an average counselor in training. With this hunch in my back pocket, I planned to depart from the typical classroom presentation dependent on PowerPoint slides since I have found standard PowerPoint presentations to be lacking in creative enthrallment. It's as though they are a lullaby that lightly rock students to sleep. Not knowing the way in which DU's graduate school classes were typically run, I brought a previously prepared and very general PowerPoint presentation on narrative ideas with me just in case, but I continued following my instinct that I would not have to use them.

Leading up to my lecture, Gwen sent me reflections the students had written on the readings she had assigned on narrative therapy. One of the assigned readings was Etchison and Kleist's (2000) "Review of Narrative Therapy: Research and Utility." The other, much to my surprise, was Heath and Arroyo's (2015) "Spitting Truth From My Soul: A Case Story of Rapping, Probation, and the Narrative Practices. Part I." This article was the first half of a case story of a therapeutic conversation with Ray, a 24-year-old African-American client who was referred by Denver Adult Probation.<sup>1</sup> For most of the students, this was their first substantive introduction to narrative therapy practice. I had not planned for the students to read this case story ahead of time, but I now hoped that it might open up some stimulating possibilities for our time together.

Gwen added:

As the instructor of this course, the first thing I noticed about the students' responses to narrative therapy was their engagement with the readings (Etchison & Kleist, 2000; Heath & Arroyo, 2015). They were clearly activated by and metabolizing this relatively new postmodern approach with curiosity and zeal. Being trainees in a unique

1. For the second half of the case story, see Heath and Arroyo (2016).

program that emphasizes cultural competence, they had been steeped in discussions around cultural applicability and adjustments, and had struggled in the first few weeks of this course reconciling the fact that the large majority of theories examined were developed by Western White men from patriarchal societies in the Global North. They were rightfully skeptical about the applicability of these theories in other cultures, growing up in a time where the Global North's cultural influence on foreign countries has become all too visible (Hinton & Kleinman, 1993). Perhaps less obvious, but no less worrisome to them, was the exportation of mental illness with the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and International Classification of Disease (ICD) and psychotropic medications as the gold standard of care by many governmental and non-governmental organizations. (Watters, 2010)

These students recognized that different cultures have long had their idiosyncratic ways of handling stress that don't necessarily conform to descriptions provided by the American Psychological Association (APA). And, prior to having the language of narrative therapy, these students also recognized that so-called culturally neutral services and methods tend to disregard the unique contributions and needs of different ethnic communities. These interventions often enforced the dominant narrative and reflected a view of the world that does not recognize or celebrate the client's cultural heritage. Finding narrative therapy was like finding a magical key that, used correctly, could give them access to the internal worlds of the individuals in a culturally grounded manner without breaking down their doors and defining the rules of engagement.

Below, we have extracted several examples of this process of learning from the student commentaries on the readings sent ahead of my lecture:

I am enamored with Travis Heath's article. One simple question about his client's music did what so many therapists attempt to do in weeks, months, or even years . . . Heath does an amazing job relating to his client [Ray], using the verbiage his client uses, speaking through rap as his client does, and it is so incredibly effective. Through this, he elucidates his client's views on sociopolitical standing, minority suffering, oppression at the hand of whites, his client's own philosophical understanding, familial relations, his ancestor's history, and so on and so forth. Not only does he do this, Heath also validates rap as a respected and useful art medium, a view which Ray had yet to hear from those in positions of authority and one that seemed to be extremely empowering . . . I am blown away with Ray's genius and was so disheartened to hear people stigmatizing rap, even his own grandmother, as it is his form of communication, which he referred to as the ability "to speak from his soul freely." Just as Mr. Heath does, we must find the kinds of therapy that work best for [our clients]. We must speak in a language, literally and metaphorically, that our clients understand. (Michelle Fagan)

The therapist was always presenting himself as being respectfully curious about Ray's thoughts. He never bullshitted Ray, and was a genuine person with him throughout the session. He was also never blaming the client for whatever landed him in mandated therapy. Instead, he heard Ray talk about how he feels misunderstood in society, and how he uses rap music as a way of escape. This seemed to allow the freedom to let the therapy go wherever the client thought it ought to. This form of therapy seems more

conversational, and gives the opportunity for genuine connection and understanding, versus seeing the “symptoms” and offering solutions. (Kristen McGeehon)

This idea that every individual is living a story and that that story matters is something that very much grounds me when I worry about being culturally sensitive or aware or competent or any other word you could put there. What makes this even more profound to me, though, is that you are in control of your story. You decide how you tell it, who you tell it to, what pieces matter most, and what it says about what the rest of your story will be. And you are also in control of how you react to others’ stories. The way in which Heath engaged with Ray made this even more salient to me . . . He could have taken Ray’s history at face value and written him off. Instead, he chose to be genuine and to know Ray, not the stories he had heard about Ray, but the story that Ray tells about himself. (Reed Haight)

After reading Travis’s story, I realized that I don’t have to be an unemotional, cautious robot. This to me is rather refreshing. Many schools of thought may compartmentalize the man in front of them that appeared to be angry, resentful, and violent; however Travis, on the other hand, chose to explore Ray’s relationships in a creative manner. As Travis and the client shared the experience of the narrative, the client came to the realization that he indeed did have strengths. They were not only able to work with thoughts and beliefs, but label emotion based on somatic experiences. Both the readings illustrated the endless possibilities narrative therapy offers. The therapy does not discriminate against race, age, religion, culture . . . rather, it takes into account all the unique aspects of a person and liberates. (Ashley Kowal)

This script taught me what it means to appreciate the client as the expert of their own story. It was incredible how quickly the therapist found something about the client to use as a narrative tool. I was also struck by how personal it was for both of them in the room. The therapist talks about feeling what the client is feeling and a kind of connection that can’t be fostered purely through theory held in our minds. It was a beautiful read, and must also be a beautiful experience for the therapist to be immersed in the emotions of someone’s narrative. What a privilege this is! (Emily Wagner)

I scrolled through all of the students’ reflections the evening prior to my lecture with considerable interest. It seemed as though they had already assimilated a great deal of information prior to me even uttering a word to them in person about narrative therapy. I was so fascinated by this that I sent the pre-reflections on to David Epston and joked that it looked like actually speaking to the students might be unnecessary. David found their reflections equally scintillating.

Upon arriving in the classroom for the lecture, I found myself energized as a result of the students’ written responses I had read the previous night. I asked the group if it would be all right if we stayed away from PowerPoints and instead began by focusing on a few core philosophical areas of narrative practice, followed by a trip through the story of Ray in an effort to *show* them a way of practicing narrative therapy as opposed to just *telling* them about it. The students agreed that this sounded like a good way to proceed.

Before my telling the story of Ray to the class, a discussion around the following ideas was facilitated:

1. Be careful of the stories you tell about yourself and the ones others tell about you because eventually they will “live” you.
2. Counter-individualist practice and people being separate from their problems.
3. Dominant discourse: What can be said, who can say it, and with what authority?
4. Engaged supervision: The students were shown an example of a recent transcript in which David Epston had mentored my practice.
5. A brief story about how David attended a workshop I was facilitating on using rap music in conjunction with narrative therapy and his observation of how everyone in the audience was engaged and almost spellbound, but yet, one major problem remained. As David put it: “Nobody knows what you’re doing!” This became the initial inspiration for writing Ray’s case story.

After examining the five aforementioned ideas, I pulled up Ray’s story on the big screen so the entire group could read along as I told it. I then read through the first portion of the story, question by question, making an intentional effort to locate the abovementioned topics in the story so they could begin to see theory as it was manifesting itself in practice. It was an open format where the students were encouraged to ask questions or seek clarification at any time. Students asked questions about *why* I was doing what I was doing (my ethics) and also *how* I was doing what I was doing (my practice).

Due in no small part to all of the students’ wonderful questions and comments, nearly an hour passed and we had only completed the first half of Ray’s story. This was a very close reading of the text. Unfortunately, our allotted time together had already more than expired. Even so, a number of the students came up afterwards to continue the conversation. Over the days and weeks that followed, additional students emailed me further queries about both my ethics and practice. Both David and I found ourselves feeling giddy over the fervor of the students’ quest for additional knowledge. It was as if some of the students just could not be satiated. As a result, David formulated some additional questions that would seek to invite even more of the students’ experiences with the hope of gaining a better understanding of just how case stories are being read and understood by persons training to become therapists. While it is likely that many more questions could have been generated, we settled on five for the purposes of this “accidental inquiry.” The goal was to engage in a co-research project that we hoped would begin to get to the heart of the use of exemplary tales as pedagogy in training counselors. In what follows, each of the five questions asked of the students can be found along with a sample of their responses.

1. The French philosopher Merleau-Ponty warned us: “It is not enough for a painter like Cezanne, an artist, or a philosopher, to create and express an idea; they must also awaken the experiences which will make their idea take root in

the consciousness of others” (Merleau-Ponty, 1964, p. 19). Do you consider, after reading Travis’s case story, that something or other took root in your consciousness that may not have happened if you had read a conventional clinical account à la *DSM-5* of Ray? If so, could you even hazard a comment or two what that might have been?

In short, yes. In fact, I read the case story from Travis concurrent with a Psychopathology and Diagnosis course, which walked through the criteria and symptoms of the majority of disorders outlined in *DSM-5*. Memoirs supplemented the *DSM-5* readings and were instrumental in understanding the particular diagnoses from lived experience. In a similar way, the case story about Ray offered a nuanced glimpse into the art of therapy, and more broadly, the art of human experience. Where conventional teaching targets the pragmatic training to prepare students for a system bent on empirical data and third-party billing systems, this method of teaching through exemplary tales creates space to see theory applied. (Laura Feehs)

A conventional case account of Ray would likely have included a diagnosis based on his “symptoms” or patterns of behavior. It would likely have pathologized him while attempting to explain his behavior as a mixture of biology and environmental factors while still adding a locus of control that Ray should have for his own circumstances. Reading Travis’s exemplary tale, it is clear that his approach is more humanistic even than a person-centered approach. Beyond showing unconditional positive regard, Travis is working in a way that helps him see Ray through Ray’s eyes, almost an individual humanism if you will. This is what took root for me. The idea that people are not just a cluster of symptoms (not that other disciplines believe that entirely) but dynamic and shaped by their own worldview and that these worldviews can be a blend of their experiences and messages and stories told by others is one that I had understood on an intellectual level prior to encountering Travis’s work. The thing that made the story of Ray so digestible was the move from the macro to the micro; a theory does not come alive in general terminology, but in the case of this one person it looked crystal clear to me. (Brian Iliescu)

I am absolutely confident that reading Travis’s case story caused something to take root in my consciousness that would not have if it had been a conventional clinical account. I immediately found myself enthralled in the way in which the therapy was being conducted—amazed that something so true to how I have always viewed the human condition was being used therapeutically. It has been weeks now—over a month, actually—and I am still throwing myself into narrative articles, discussions, and wonderings every free chance I get. In fact, I often find myself relating material that is not inherently narrative back to this work. (Reed Haight)

Travis’s exuberance and passion as exemplified in Ray’s story are a rather effective vehicle for the transfer of themes relating to narrative psychology. His presentation encouraged me to engage with my clients more frankly, to further embrace the creative aspects of therapy, and to have more trust in the process of unraveling dialogue between helper and client. (Julia Harbell)

2. Can you imagine in the near future something from Travis's exemplary tale coming to your assistance when you were practicing when you lose your way? If so, can you even guess what that assistance might be?

In consideration of the particular case with Ray, I loved how Travis and Ray connected rap and philosophy. While not every client will speak the language of rap, finding the particular philosophical language of the individual may offer an essential entry point into deconstructing and rebuilding narratives. (Laura Feehs)

Absolutely! I can imagine something from the exemplary tale coming to my assistance. His practice of bringing the material back to the client while simultaneously weaving the perceptions of others back into the story about the client would be one that I might rely on in the future. His ability to make mistakes and own up to them would also be helpful to me, giving me the confidence to make my own mistakes and know that reparation is possible. Narrative therapy is a joint process with the therapist trying to walk alongside the client and talk versus lead and hope the client can follow. (Julia Harbell)

I can most definitely see things in Travis's exemplary tale coming up for me and guiding me through a difficult moment in clinical practice. I can't point to a specific comment, and I think that I shouldn't. If I did point to something specific that Travis said, it wouldn't be useful in my clinical interaction. Rather, I think the values of narrative that came up in the tale will offer me guidance. Staying genuinely curious about my client and their story, remembering that I am human—even in clinical interactions—and that this is not only okay, but also beneficial. (Brian Iliescu)

The way he appealed to Ray for expertise on the subject of rap as a hugely defining aspect of his life was a tangible example of client empowerment. I hope to engage in similar dynamics with my clients, and imagine that this example will serve as encouragement when I'm practicing in the field. (Reed Haight)

3. How many times did you read Travis's exemplary tale? Would you ever consider re-reading it or was your first reading your last?

I read the exemplary tale several times—once or twice before discussing the reading in class with both my colleagues and Travis, then again as I was writing a paper on narrative therapy. The subsequent readings developed a deeper appreciation for the interactions between Ray and Travis after learning more about the theoretical foundation of narrative work. Without an understanding of dominant and local dialogues, of understanding how change can occur through reformulating a preferred story and identity, the strategic questions and profound responses throughout the case would have been tragically undervalued. The opportunity to walk through the dialogue with Travis and to hear his commentary on the decisions he made during the session created a much deeper and richer comprehension of and appreciation for the conversation. (Laura Feehs)

I have read the tale three times to date. The first reading prior to Travis's lecture was "interesting." While I was interested in the story at first, my experiences before and after were drastically different. Travis's gift with narrative therapy is that he is a story-



teller himself, and when he spoke about Ray in class with such attention to detail, it helped me see what I was not yet trained to see the first I time read it. This changed the story entirely in my eyes. What stuck out the most was the way he was able to help Ray see his experience through the eyes of rap music while simultaneously connecting his grandmother to these ideas. I know that at some point I will re-read this again and would like to have access to other exemplary tales that deal with other subject matter and other humans because every single story is different. (Julia Harbell)

The first night, I read the exemplary tale twice. Since then, I've read it countless times. I haven't read it all the way through each time, but I've continually referenced back to certain sections and just sat with the realness of them. (Brian Iliescu)

I read it once in addition to the review we did in class and would most certainly re-read it for the practice and inspiration! I should mention that I loved Travis's suggestion to practice one's skills by reading through psychotherapeutic dialogues and use them as templates for exploring what one's own responses might be. I most certainly intend to practice in this way. (Reed Haight)

4. Would you say that reading Travis's exemplary tale was a means of virtually apprenticing yourself to the artistry and craftsmanship of his practice? Have you ever found yourself so "close" to the practice of a skillful practitioner? If so, how did that take place?

The exemplary tale created an initial step, or welcome, into the artistry and craftsmanship of his practice. The virtual apprenticeship stemmed more from conversation with Travis about the exemplary tale. While the story was imperative, learning from Travis's explanations of his thought processes provided the rationale behind the craftsmanship rather than leaving it exclusively up to the readers' speculative explanations. (Laura Feehs)

In a way, yes. However the exemplary tale alone was like an introduction or an orientation to the artistry and craftsmanship versus an apprenticeship. An apprenticeship is historically a lengthy and in-depth process in which one humbles oneself to learn from a "master of the craft" whose experience serves as an education. While I have heard others speak about their practice or experience, I have never read a transcript of work done by a skilled practitioner. To be honest this doesn't make much sense to me because we use transcripts in our education for our professors and mentors to assess how we are doing and help us; however, we do not use them in the reverse. (Julia Harbell)

I would definitely say that reading the exemplary tale allowed me to virtually apprentice myself to the artistry and craftsmanship of his practice! I was able to really see Travis in session, how he allows his true self to shine through and guide his interactions with Ray, and how this honesty allowed for a mutual creative space to develop. I have limited clinical experience to begin with, but with the exception of this case study, I have never felt so close to the practice of a skillful practitioner. I have always felt distanced from them, even when they come to discuss case studies with the class. In

these interactions, it felt like the focus was on the problems (or the strengths, depending on the orientation of the clinician), but never so fully on the relationship or the client as a human being. Narrative therapy gave this to me. When I read Travis's case study, and others that I have followed up on, I find myself thinking as if I am in the room; I find myself feeling close to the client despite not knowing them personally; and I find myself infinitely more ecstatic about the potential of clinical practice than I ever imagined possible. (Brian Iliescu)

That sounds about right! I would say that the closest I've gotten to observing another's craft would probably be learning about my Dad's work as a medical professional at the emergency center he helped start back when I was growing up in Fort Wayne, Indiana. He would tell such incredible stories about the goings on there, and it made me so proud to visit and learn about this professional domain, where I would meet his clients and coworkers who had such wonderful things to say about him. The arguably lesser exciting times were when I was dealing with a medical issue of my own and he'd perform minor surgeries on me at the office. I must say that he was always impressively concise and emotionally supportive (in a very M.D. sort of way) during those times. It's interesting to look back on my original plans for medical school and beyond—obviously so strongly influenced by my doctor and grandfather, both pediatricians—and consider how my intentions evolved toward this more abstract of the helping arts. I wouldn't have it any other way! (Reed Haight)

5. Can you imagine an intensive training program whereby the main teaching method (or pedagogy) was your class "mapping" similar but wide-ranging exemplary tales, first to figure out *why* Travis did something that intrigued you (his ethics), second figuring out *how* Travis did something that also intrigued you (his practice), and then mapping your own practice along similar lines?

The simple answer is yes. However, I would emphasize for the trainees to "map" their own paths once the foundation of narrative is understood. I believe that there may be a tendency to copy what has been seen, especially when coming from a great narrative therapist like Travis. There is also a great deal of creativity to properly practice narrative in order to see different paths a story can take. And I am unsure whether that is a skill that can be taught. (Paige Stafford)

Yes, but I will echo my previous response in that external speculation around his ethics and his practice may deemphasize vital components of the therapy. While the particular questions asked and comments made are not manualized, hence the "creative freedom" of narrative therapy, the theoretical underpinning of these decisions is the essential component from which learners can adapt ways of thinking into their respective practices. I hypothesize that mapping wide-ranging exemplary tales will illuminate patterns of thought, which can inform particular questions, rather than simply asking, "Travis, when do you ask that question?" Knowing exactly what to do seems like the antithesis of narrative therapy. For students familiar with manualized treatments likely will find this unsettling and inapplicable. However, the space of analyzing and deciphering processes of thought is a place for fruitful growth. Learners must engage

not in what to think, but in how to think and to engage in lived experience rather than clutching for diagnostic criteria. (Laura Feehs)

Yes. A program such as this would allow for dynamic and organic learning. Of course, some typical bases would need to be covered; however, the process of understanding the why and how of a skilled practitioner's practice would ultimately be more helpful to me than any amount of reading and paper writing. As clinicians, we frequently do not go back and look at our practice in an attempt to understand and learn as well as go back and think of where we could improve. A program like this would allow budding practitioners to examine their own practices in depth while receiving encouragement and feedback from others. (Julia Harbell)

I find this idea fascinating! I can certainly imagine a training program of this style, and just the thought of it feels more engaging than other trainings that I have heard about or experienced. (Brian Iliescu)

### FINAL REFLECTIONS FROM GWEN VOGEL MITCHELL

To adequately impart sound clinical skills in graduate level clinicians, it is important to emphasize both comprehension and reasoning as well as consideration and reflection—oftentimes, this can take months or even years to fully convey. Asking a guest lecturer in a theories course to address all of these elements in just a few hours, with no prior knowledge of where the students are at or what they have learned, seemed like a nearly impossible task. Or, at least, I believed that to be true until Travis joined my Psychotherapeutic Models of Intervention course to teach narrative therapy.

When I reflect on the pedagogy of teaching clinical theory and practice, I often think about the importance of academic knowledge as well as closely supervised applied clinical practice. As clinical practice moves towards empirically supported manualized treatments, I fear teachers and clinical supervisors are losing opportunities to truly balance these two components of teaching and learning that allow for a deeper appreciation of the art of psychotherapy. Travis managed to cover both areas with necessary emphasis through an exemplary tale approach to teaching narrative therapy. Using a live commentary of a clinical encounter, the students in my classroom were able to understand not just what Travis was thinking in retrospect about his interventions but also what he was experiencing during the session. This truly humanized the learning experience.

Upon reflection, I would like to share the following about Travis's guest lecture: (1) I was impressed with the depth of Travis's knowledge and familiarity with narrative therapy and his skill as a pedagogue through his demonstration of work with his client Ray; (2) Travis's teaching allowed the students to approach many layers of clinical practice simultaneously; (3) Travis was a highly active instructor, whose classroom style employed substantial interaction with the students, both through storytelling and more open-ended discussion; (4) Travis was like a symphony

conductor, posing questions, probing for alternative views, drawing out the shy while tempering the boisterous; and (5) not much happened during that two-and-a-half-hour block that got by Travis, whose pacing and ordering, structuring and expanding, controlled the rhythm of the classroom. The tempo of his teaching was like the tempo of a good story, and all were enthralled.

Travis's approach to teaching the techniques of narrative therapy made me realize that it behooves us as educators to employ a conceptual narrative framework in our teaching. Using story to guide our own sequencing of material and formulation of questions likely helps no matter what theory one is teaching. Travis also taught the narrative framework in an unambiguous and explicit manner; rather than take away from the complexities of the theory, this approach lent itself to understanding both the theory and the nuanced clinical approach of being a narrative practitioner. Travis's article documented the nuanced human cadences of communication, allowing the reader to think deeply about how insight about self might occur and be useful in a clinical encounter that was guided by deep curiosity.

Using a detailed pedagogy through exemplary tales when applying concepts about narrative therapy, Travis helped my students employ newly acquired theoretical concepts like scaffolding to organize their own study of theory. The students were also able to monitor their own thinking and reflect on the two-person encounter that is present in all theoretical approaches, even if the idea of a two-person encounter is not explicitly talked about in some theories.

Although Travis's admission that he threw away his prearranged PowerPoint on narrative therapy might suggest that the students may have missed out on learning core principles of narrative thought or a historical context, his teaching goals were to liberate the students' minds through understanding real-time clinical processes. Eventually, the students were free to extract from Travis's style and voice, which allowed them to find their own voices. While they were all duly impressed by the impact he had on the client examined in his exemplary tale, they could also recognize that the process that unfolded was in some respects uniquely Travis, as a consequence of his own history and personality. This encouraged them to realize they couldn't be a "cookie cutter" version of their favorite clinician.

Travis taught me that a classroom can run smoothly and the subject matter can be treated with care; and yet, style and approach can and should change to honor the nuances of an examined clinical encounter. While theory is important, pondering exactly what kind of question to pose next is also very useful, no matter what theory one ascribes to. Travis's flexible style, adapted to the characteristics of the learners in the master of arts in international disaster psychology (MAIDP) class, highlighted his expertise with the subject matter. It was a pleasure to bear witness to his willingness to be vulnerable in his practice by reflecting upon his errors, successes, and consideration of how he might refine his practice even though he is a talented veteran. What was beautiful about his pedagogy in this class was that growth could be seen in slow motion, and the students were able to see their potential in real time.

**FINAL REFLECTIONS FROM TRAVIS HEATH**

When you make art, you get really invested in it. When art happens by accident and you were just along for the ride? It's way more fun.

Patrick Stump

When I first heard of the work that David Epston and Tom Stone Carlson were doing at North Dakota State University using exemplary tales as pedagogy, I had the premonition that they were onto something. However, I did not realize the extent of this until my experience with DU's IDP students. It must be said that this was a remarkable group of students with a worldly consciousness about them, unmatched by any I have encountered. Still, I was surprised by just how much could be accomplished in such a short period of time with this pedagogy. Moreover, I was flabbergasted by the fervor of the students' comments. It wasn't just the words they were saying but also the very intense emotions connected to their words. It was clear many of them were moved by the relationship they were forming with the exemplary tale and not just the technical aspects of learning the work.

Just a couple of months after our experience at DU, I had the good fortune of helping to facilitate a discussion on exemplary tales in April 2016 at Therapeutic Conversations 13 (TC13) in Vancouver, British Columbia, alongside David, Tom, Kay Ingamells, and Sasha Pilkington. It just so happened that one of the IDP students from DU, Ashley Kowal, decided to make the trip north for the conference. We invited her to participate on a panel discussion and she very generously agreed. As we were discussing her experience of exemplary tales as pedagogy, I asked what had become of her as a consequence. She paused for at least 15 seconds before uttering three words that led to a collective gasp from many of those in attendance. "It restored beauty."

After the presentation, at least three people approached me at different times, literally weeping, as they thanked me for helping to facilitate the workshop. I wish that I could say I saw all of this coming, but that would be quite contrary to the truth. I figured that people might be interested in the approach and had hoped they might find it useful in some way. As it turned out, it appeared to have sparked something much deeper. One woman with tears trickling down her face told me that it reminded her of the humanity of this work, which was the very reason she was studying to become a therapist in the first place. I was so stunned by her kind and appreciative words that I forgot to ask for her name. I discovered that exemplary tales seem to breathe life and anticipation into students' hopes for their professional careers. In my conversations with graduate students in the helping fields, it would seem that inspiration is needed perhaps now more than ever. While inspiration by itself would be a worthy outcome, as Gwen explained, the students had also metabolized the material very quickly. And so, this accidental inquiry and introductory piece of co-research would seem to suggest that exemplary tales are as substantive as they are inspiring.

All of this has extended a substantial challenge to what I have come to understand as an effective way to approach teaching counseling theories courses. I must admit that I feel like I've been eager to find something new for a couple of years now, but I just had not encountered anything that enticed me to attempt an alternate pedagogy. My situation is somewhat unusual in that I teach only undergraduates in my current university position, which means I'm not actively training clinicians as much as I am assisting people to decide whether or not to pursue such training. Even so, I shared the first half of Ray's exemplary tale, and my undergraduate students were mesmerized. Within minutes after the class ended, I had five or six emails in my inbox requesting the second half of the story. As a result, I invited some of my students for a conversation the next week and asked them what they would think about a class that revolved around exemplary tales as a way to begin to understand the ways therapeutic conversations can progress. To be honest, I thought they would likely give me the "that's a nice idea" face before promptly vetoing it. I couldn't have been more mistaken. They suggested we take a bit of time at the start of a new unit to discuss the most important elements of the theory and then jump into transcripts, preferably contained within exemplary tales. I find it important to distinguish the difference between the two, as transcripts are simply the dialogue from a session while exemplary tales go beyond the dialogue and tell the story of the therapeutic encounter. Perhaps David described it best when he said that a good exemplary tale helps the reader feel like they know the people in the story so well that if the therapist and client were to walk out of an adjacent room, the reader would immediately identify them even without having met them in person.

My plan for the upcoming semester is to use exemplary tales and transcripts as the lifeblood of my pedagogy in my counseling theories courses. Further, I plan to begin moving away from traditional examinations and instead invite students to create their own tales as a way to demonstrate their understanding. This will encourage students to begin to picture in their mind's eye how a therapeutic conversation might unfold for them, even without ever having facilitated one. As a therapist for over a decade, I have found that writing exemplary tales helps me imagine ways of engaging in conversations beyond what I am currently capable of. My hunch is that this enticement of their imaginations will serve them better than any traditional pedagogy I've used in the past, which inevitably seemed to lead to anxiety about their capacity to memorize and apply what they had memorized in an examination.

It would be in poor form of me to conclude this without expressing the deep sense of gratitude I feel for Gwen and her remarkable students at the University of Denver. I have always felt that any pedagogy cannot find success in the absence of creative and motivated minds to interact with. I admire Gwen's tremendous humility in inviting and creating space for practitioners to hold the floor in her classroom. I also feel an extraordinary indebtedness to the students for their willingness to engage in a process that was somewhat different from what they might have been exposed to previously. Without this climate of openness and humility, I have serious doubts that my attempts to ask them to join with me in trying out this pedagogy would have gone much of anywhere.

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