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**Engaging the ‘Whole Person’: Participants’ Experiences in Resilient Therapy  
Communities of Practice**

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## **Abstract**

The Community of Practice (CoP) is considered to be important for organisational and occupational psychology by virtue of its perceived link to positive outcomes for both individuals and organisations and as an effective means to improve group based services. However, there appears to have been little evaluation of CoPs and a relative neglect of negative social outcomes arising from CoPs. Two RT (Resilient Therapy) CoPs were evaluated by combining Wenger, Trayner and De Lat's (2011) framework with two seminal works: Lave and Wenger (1991) and Wenger (1998). It was found that the change for participants was not limited to simply their gaining knowledge about Resilient Therapy, but for some had led to a change in identity, that change was not limited to their work role but also their personal life, and that psychological effects had also taken place. It is therefore important to include emotional and psychological factors in the design and evaluation of any CoP, and a focus on the 'whole person'.

## **Introduction**

The Community of Practice (CoP) is considered to be important for organisational and occupational psychology for a number of reasons (Braithwaite et al, 2009). These include the link between CoPs and outcomes such as high performance, work satisfaction, motivation and recruitment and retention, and that CoPs are seen as critical to understanding and enhancing group-based services.

It is therefore unsurprising that CoPs have become increasingly popular across a range of sectors including business (Wenger and Snyder, 2000), healthcare (Ranmuthugala, Plumb, Cunningham, Georgiou, Westbrook and Braithwaite, 2011a) and education. However, despite the positive claims made in the literature on CoPs, relatively little attention has been paid to evaluating the outcomes of CoPs (Braithwaite et al, 2009). In addition, CoPs can also be characterised by socially negative outcomes, which include them becoming methods for elitism or isolationism, leading to the creation of in and out-groups, and therefore impeding organisational sharing (Braithwaite et al, 2009). This study is concerned with evaluating a Community of Practice.

## **Literature review**

The idea of a 'Community of Practice' (CoP) concept was originally introduced by Lave and Wenger (1991), and later developed by Wenger (1998), and is considered to be one of the most influential concepts in recent years (Hughes et al, 2007).

The literature on CoPs is now vast and has generated considerable interest from practitioners, academic researchers and consultancy organisations, and therefore it is

beyond the scope of the project to consider this in detail. Instead the key findings will be presented with a focus on two seminal works on CoPs: Lave and Wenger (1991) and Wenger (1998).

There is no agreed definition of a CoP, beyond it being considered a type of learning network (Li, Grimshaw, Graham, Neilsen, Judd and Coyte, 2007). Li et al (2007) carried out a literature search of articles on CoPs between 1991 and 2005, to examine how they were defined, and reported three main findings. First, there was a wide range in the structure of CoPs. This ranged from work-supported formal education sessions to voluntary informal networks, and from apprentice training to multi-disciplinary multi-site project teams. Second, four characteristics were found amongst the CoPs: CoP members interact with each other (in formal and informal settings); CoP members share knowledge with each other; CoP members collaborate with each other to create new knowledge; and CoP groups foster the development of a shared identity amongst members. However, these four characteristics were not evident in all CoPs. Third, there was a lack of clarity of how to deal with power dynamics within a CoP and the responsibilities of CoP facilitators (where they were present). Overall, Li et al (2007) considered that the lack of consistency in the meaning of a CoP made it difficult to describe or measure the effectiveness of a CoP.

Two seminal works in the literature on CoPs are Lave and Wenger (1991) and Wenger (1998). Lave and Wenger (1991) proposed a new way of understanding learning (including that which takes place in a workplace context), which they referred to as

‘situated learning’. This involves situated (i.e. contextualised) social interactions, rather than a planned mechanistic process of cognitive transmission (e.g. formal classroom teaching). Learning in this view is regarded not simply as the acquisition of knowledge, but as the bringing about a change in identity (i.e. from novice to expert/master) through active involvement in the practice. They term this process ‘legitimate peripheral participation’ and illustrate it for a variety of occupational groups (e.g. meat cutters, tailors, midwives). In this view, novices start off at the periphery of a practice (compared to the expert who is at the centre), but are regarded as legitimate participants (i.e. learners). They are given opportunities to learn, for example, by being given simple tasks, which are gradually increased in complexity until the novice becomes an expert, not just in terms of skills, but also in terms of their identity. Whilst Lave and Wenger (1991) refer to this as a CoP, the focus on a particular expert group has meant that others use the term ‘occupational group’ (e.g. Brown and Duguid, 1991). Although the hierarchy between novices and experts is clear, the potential for conflict within each group is ignored (Cox, 2005).

Lave and Wenger (1991) consider that the aim of developing a theory of social practice should involve the ‘whole person’:

‘...learning involves *the whole person*; it implies, not only a relation to specific activities, but a relation to social communities – it implies becoming a full participant, a member, a kind of person ... [it implies] becoming able ... to master new understandings.’ (p. 53) (emphasis added)

Implicit in the idea of the ‘whole person’ are the psychological aspects that are mentioned in examples of the CoPs examined in this work. For example, a novice meat cutter speaks of his feelings of fear, anxiety and low self esteem:

‘I’m scared to go into the back [meat cutting] room. I feel so out of place there. I haven’t gone there in a long time because I just don’t know what to do when I’m there. The guys there know so much about meat cutting and I don’t know anything.’ (p. 78)

Similarly, personal stories recounted by recovering alcoholics involve emotionality, both in the narrator and other members:

‘...learning takes place in interaction ... a new member is called on to talk about her own life ... in discussion meetings, the topic of discussion may be ‘admitting you are powerless’, ‘making amends’...’ (p. 83)

However, these psychological factors, which are part of the ‘whole person’, are not explicitly incorporated into their theory of learning.

Wenger (1998) builds on the concept of situated learning and combines it with theories from sociology and education in order to refine the concept of a ‘community of practice’. A CoP is considered as involving three inter-connected components (Li et al, 2009): joint enterprise, shared repertoire and mutual engagement. Joint enterprise refers

to the process by which people are engaged and work together toward a common goal. Shared repertoire refers to the common resources and terminology that group members use to negotiate meaning and facilitate learning in the group. Mutual engagement refers to the interaction between individuals which results in the creation of shared meanings (e.g. for problems or issues). Wenger (1998) focuses on socialisation, learning and identity development for an individual (in the group). He considers that the trajectories of identity through the different levels of participation, as well as tensions of multi-membership in different communities, are important (Cox, 2005). A criticism of Wenger (1998) is that his conception of a CoP is open to a variety of interpretations and challenging to apply (Li et al, 2009); for example, Wenger identifies 14 indicators for the presence of a CoP. Wenger (1998, p. 41) does recognise the importance of psychological factors for participants in a CoP, but only as a passing reference to claims processors who, 'learn to find little joys and how to deal with being depressed' (p. 41).

### Evaluation of communities of practice

Relatively little attention appears to have been paid to the development of systematic evaluation methodologies for CoPs, with the exception of James (2010), Ranmuthugala et al (2011a) and Wenger et al. (2011).

James (2010) presents an evaluation framework for knowledge creation and diffusion in learning networks such as CoPs. He likens the learning as spreading across the learning network in terms of a ripple model. This uses the metaphor of a pebble

(learning activities) dropped into a pool of water. Change first takes place in individuals (at the centre of the network), then to organisations if that learning is applied. The framework has six elements: learning activities, members' engagement with activities, learning outputs, learning outcomes and impact, relationships between members, and learning for others outside the group. The first three represent the inner ripples (which should be monitored on a continuous basis) and the last three represent the outer ripples (which can be evaluated periodically). James (2010) considers that learning activities can be assessed using quantitative or qualitative measures (e.g. what was done, with what frequency of activities, perceived relevance to members, satisfaction). This maps onto the first level of Kirkpatrick's evaluation framework. The next element focuses on the engagement by members, and can be measured by participation rates, level of activity, and how much members value the CoP. CoPs can produce learning outputs, such as new knowledge, or produce documentation of existing knowledge. Quantitative measures could include the number of documents produced, or softer measures identifying individual learning that has taken place. The next element refers to the learning outcomes and impacts. Important measures here include the extent to which the CoP has enabled members to learn, whether such learning has been applied to their work/practice, and whether there has been any impact to beneficiaries. James (2010) suggests that one method for this element would be getting CoP members to tell stories of change. The next element concerns the relationships that have developed between CoP members. Finally, learning can extend beyond the CoP membership or their immediate organisation.



Ranmuthugala et al (2011b) advocate using a realist approach for evaluating CoP as it is:

‘...well suited for social interventions where outcomes are determined through stakeholder action and interaction, which in turn is likely to be influenced by social and cultural norms’ (p. 2)

A realist approach is theory-driven and focuses on understanding why a particular programme has led to particular outcomes in one context, but different outcomes in another. Ranmuthugala et al (2007) present a detailed four stage model for carrying out such an evaluation (which in their case focuses on the role of CoPs in improving the delivery of healthcare): theory, hypotheses, observation and programme specification. The first stage involves developing candidate theories on the role of CoPs in improving healthcare delivery, through an extensive literature review, which are used to identify the characteristics (i.e. settings) in which a CoP operates. Next, hypotheses are generated, for example, in terms of contexts, enabling (and disabling) mechanisms, and outcomes (at the individual and organisational level), which are then tested at the third stage using a survey questionnaire, supplemented by context information on the CoPs that have been involved in the study. Finally, the findings from stage one would be reviewed in light of the findings from stage three.

Wenger et al’s (2011) aim was to help trace the path from creating and nurturing a CoP to evaluating and demonstrating the value of the CoP to an organisation (Storberg-Walker, 2012). Wenger et al’s (2011) framework is based on Kirkpatrick’s four level

taxonomy (and therefore similar to James, 2010) to which they add a fifth level and then integrated with the three parts of a CoP: domain (what is a CoP about?), community (who is sharing the domain?) and practice (what does the community do together?). This evaluation framework has five levels (Storberg-Walker, 2012, Wenger et al, 2011). The first level is the ‘immediate value’ (i.e. ‘satisfaction’), which assesses what happened in a CoP session. Questions in this level would be, for example, ‘What did the participants learn from it? Did they like it?’ The second level focuses on the ‘potential’ value. This could be the value that is lying latent in the new understanding or knowledge or tool that has been developed and could be used in the future. Questions at this level would be, for example, ‘Did it provide participants with new resources? Did it change how the participants related to each other? Did it change the participants?’ The third level is ‘applied value’, which focuses on the evidence of actual use of the tool or understanding (obtained from the previous level). Examples include, how the new knowledge/understanding was applied in work activities, how a tool was actually used in practice, or changes in collaborating with new colleagues at work. The fourth level is the ‘realised’ value and refers to the difference made at work by the activities identified in the previous level. Questions here include, for example, ‘Did the use of the new knowledge or tools lead to improved organisational performance?’ Finally, the fifth level focuses on change with the CoP itself - in terms of the norms, standards, practices and thought leadership - due to the activity occurring at the previous four levels. Change at this level could also impact the other levels and change what the CoP members do, practice or learn. In addition Wenger et al (2011) add a series of questions in order to identify, what they term, ‘value creation stories’. The aim here is to identify the dynamics underlying the creation, use and impacts (at

different levels, as in James', 2010, ripple model) of resources (i.e. things that each participant considered were of 'value' to them).

## **Methodology**

The aim of this research project was to carry out an evaluation of a CoP, and used a hermeneutic approach, based on the conceptualisations of learning within CoPs by Lave and Wenger (1991) and Wenger (1998) – two seminal works on CoPs, to guide the thematic analysis (detailed below). The research focused on the experiences of participants in two ‘Resilient Therapy’ CoPs.

### Site and CoP selection

The University of Brighton Community-University Partnership Programme (CUPP) was contacted as the organisation in which to carry out the study. Reasons for selecting CUPP included, that it was known to have used a Community of Practice (CoP) approach to its work, participants in CoPs were generally based in the local area and therefore conveniently located in terms of being accessible by the author (who was based in Brighton), and there was interest by the senior members of CUPP in researching their CoPs. These CoPs were in the area of Resilient Therapy.

### Resilient Therapy

Resilient therapy (RT) is a way of working with disadvantaged children, young people and their families, in order to help them overcome adversity (i.e. ‘bounce back’), which grew out of resilience research carried out by Hart, Blincow and Thomas (2007). RT involves a set of four principles and five interventions. The four guiding principles for addressing the needs of a vulnerable individual (which they term, ‘Noble Truths’) were: ‘Accepting’, ‘Conserving’, ‘Commitment’ and ‘Enlisting’. ‘Accepting’ means to accept the precise starting point of an individual, ‘Conserving’ refers to any good that

has occurred so far, 'Commitment' refers to working with them for a sensible time period and thoughtfully, and 'Enlisting' refers to co-opting others to help.

The five interventions/conceptual arenas are 'Basics', 'Belonging', 'Learning', 'Coping' and 'Core Self'. Basics, Belonging and Learning focus on strategies for practitioners working with individual clients, but also on linking strategically with therapists. In contrast, interventions in Coping and Core Self mainly involve a set of micro-therapeutic approaches for working directly with individuals clients.

RT is presented as a set of, apparently simple, ordinary ideas, but which can have profound effect, hence the term 'ordinary magic' (Masten, 2001). For the RT CoP participants, an overview of the approach covering these principles and interventions is presented as an RT framework (also referred to as the 'Magic Box'; see Table 2).

To date CUPP had been involved in two RT CoPs that had finished, and one that was still ongoing. The first CoP started in September 2008, had monthly meetings over one year (until August 2010), finished with fifteen participants and had two facilitators. The second CoP started in October 2009, had monthly meetings for one year (until September 2010), finished with eleven participants and had one facilitator. The third Cop started in January 2012 with monthly meetings planned for one year, it had nineteen participants and one facilitator.

**Table 2: Resilient Therapy Framework/‘Magic Box’**

<b>Basics</b>	<b>Belonging</b>	<b>Learning</b>	<b>Coping</b>	<b>Core Self</b>
Good enough housing	Find somewhere for the child to belong	Make school life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope.
Enough money to live	Help child understand their place in the world	Engage mentors for children	Being brave	Teach the child to understand other people’s feelings.
Being safe	Tap into good influences	Map out career or life plan	Solve problems	Help the child to know her/himself
Access and transport	Keep relationships going	Help the child to organise her/himself	Putting on rose coloured glasses	Help the child take responsibility for her/himself
Healthy diet	The more healthy relationships the better	Highlight achievements	Fostering their interests	Foster their talents
Exercise and fresh air	Take what you can from relationships and where there is some hope	Develop life-skills	Calming and self soothing	There are tried and tested treatments for specific problems, use them
Enough sleep	Get together people the child can rely on		Remember tomorrow is another day	
Play and leisure	Responsibilities and obligations		Lean on others when necessary	
Being free from prejudice and discrimination	Focus on good times and places		Have a laugh	
	Make sense of where child has come from			
	Predict a good experience of someone or something new			
	Help child make friend and mix with other children			

Source: Experience in Mind, Taylor and Hart (2011). *Mental Health and the resilient therapy toolkit*. Bath: MBE.

The meetings were to provide a ‘safe’ (e.g. confidentiality as a norm), facilitated space to explore and learn about building resilience and understanding how resilient

mechanisms work. Part of the time in each CoP session was formally dedicated to 'expert input'. This could be from any of the groups involved, i.e. facilitator(s) or other academics, parents or practitioners. In addition, each participant was given an opportunity to present how they were applying and developing RT. Participants were provided with reading material (two books on RT, the Magic Box framework and other relevant academic articles). Participants could use these materials in their presentations. Participants were also asked to keep a reflective diary.

The main objectives of the RT CoP programme were threefold. Firstly, to provide an opportunity for a diverse range of groups (academics, researchers, experienced and reflective practitioners and parents) who shared an interest in working with disadvantaged young people, to develop their own areas of work by incorporating an RT approach. Secondly, to create a mechanism for knowledge exchange, to embed learning, and to build the capacity of the university and community organisations to deal with entrenched inequalities, as well as develop further work together. Thirdly, to improve the well being and health of local disadvantaged young people and their families.

The main aims of using a CoP approach was to create a safe space for participants to critique and appraise the RT framework, apply it to a range of contexts, and create a shared language and framework (through using the resilience evidence base and applying the RT approach to practice), and thereby tackle entrenched inequalities. In addition, the organisers emphasised a philosophy of equality in the knowledge exchange and knowledge translation by participants (i.e. the pragmatic use of different

knowledge sources to solve or understand shared problems), rather than privileging any one group over another. As part of this process, participants in each CoP decided what they wanted to focus on and generated their own solutions.

Participants in these CoPs were principally practitioners working with disadvantaged and 'complex' (i.e. disadvantaged) families; a small number (e.g. typically around three) parents from such families were also involved in the CoP. Participation in the first two CoPs was based on self-selection and involved the following process: potential participants from the CUPP database of practitioners working with disadvantaged families were sent an email inviting them to attend an open information meeting, where they could learn more about the proposed RT CoP, see who else was interested, and decide whether or not to join. In addition, many of these practitioners were visited by the head of CUPP to explain more about the project prior to the meeting. The third CoP was slightly different, in that a local organisation had commissioned the CoP and then selected staff from each of its geographical localities across the county. This selected invited group then attended an information meeting at which they made their final decision on whether or not to join.

Each RT CoP group met once a month for about three hours, either in a room at the university campus or in a community setting. Some participants dropped out before the end of the CoPs for a number of reasons. These included a change in personal circumstances, leaving their organisation, or changing their job within their organisation.



These meetings involved exploring a resilience-building approach to improve the health and well-being of disadvantaged young people and their families. The meetings provided a facilitated space for understanding how resilience mechanisms worked and exploring practice to build resilience. At these meetings, practitioners received information on the evidence base for resilience and training in applying Resilient Therapy. Themes in sessions included understanding communities of practice, Resilient Therapy and critiques, systems for monitoring Resilient Therapy impacts, daily practice of Resilient Therapy, and presentation skills. Practitioners also reflected on the technical and emotional complexities of working with disadvantaged children, young people and their families.

Only participants in the first two CoPs were selected for this study as both CoPs had been already been completed, and it would be possible to identify longer term impacts from their involvement in a CoP.

#### Framework of analysis

The research focus here was on the ‘value’ created for the participants by taking part in an RT CoP. The issue of the ‘value’ gained from CoPs has recently gained increasing attention but, with the exception of the attempt by Wenger et al (2011), no methodology or framework appears to have addressed this particular issue (Storberg-Walker, 2012). Wenger et al’s (2011) framework was therefore used as it was the most appropriate for this research and also enabled the collection of data relevant to the work of Lave and Wenger (1991) and Wenger (1998).

### Data collection

Data collection was primarily through face-to-face, Skype or telephone interviews with participants from the first two RT CoPs, using a semi-structured protocol based on the Wenger et al (2011) framework (Appendix A).

Participants were selected from two RT CoPs as it was not possible to obtain a sufficient number of participants from a single RT CoP.

The process of selecting and interviewing participants complied with the guidelines of the Birkbeck University Human Ethics protocol. The Information Sheet (containing a project summary, the rights of the participants in the research project, confidentiality, permission to tape record the interview and so on) and consent forms were approved by Birkbeck's Ethics Committee. Initial formal contact to potential participants was made by CUPP, inviting them to take part in the research, and if interested, to seek their permission to give their email contact details to the author. Individuals who had participated in an RT CoP who agreed to be interviewed were then contacted by email, to give them details of the project, answer any questions they had, and ask if they were willing to participate. All those contacted by email agreed and a date and time (and place if appropriate) that was convenient for them, and CUPP was informed. At each interview participants were given the Information Sheet, and the opportunity to ask any questions. All participants signed two copies of the Consent Form (one copy of which was given to them) and permission to tape record the interview obtained.

Ten participants were interviewed over the period March to August 2012 using the semi-structured interview protocol. Eight were carried out face-to-face (seven at their workplace and one at their home), one was conducted using Skype (at their home), and one by telephone. Each interview was tape recorded and lasted between 45 and 90 minutes .

### Data analysis

All ten interviews were transcribed and generated a total of 119 pages of single-spaced text. The responses to all the questions were summarised in the form of a table (i.e. questions placed in a row and the response from each interview in a column - giving a total of 10 columns). Placing responses in this manner aided the process of identifying themes in responses across the various interviewees.

A qualitative thematic approach was used to classify the responses for each category based on Lave and Wenger (1991) and Wenger (1998). This approach permitted the detection of the most important themes across the data that were relevant to the theories (e.g. learning as legitimate peripheral participation, conflict, identification). Themes were coded and sub-coded. This approach helped in identifying themes across the data, as opposed to establishing a hypothesis. According to Glaser and Strauss, (1967) this method allows for discovery of unexpected content and ensures that the data shapes the findings.

## **Results**

### **Major themes**

Six major themes were identified from the findings from the interviewees participating in the RT CoPs: learning about RT, change in perceived identity, psychological changes in the individual, change in feelings at work, tensions/conflicts within the CoP, and factors about the CoP that were important for their positive experiences.

#### Learning about RT

Lave and Wenger (1991) emphasise the processes of interaction and active involvement between participants in learning, whilst Wenger (1998) defines the critical dimensions of a CoP as mutual engagement, joint enterprise and shared repertoires.

Key aims of the RT CoPs were to enable participants to learn about the theory of RT, how to apply it to practice, and develop practitioner-based critiques of RT. All ‘novice’ participants felt that they had gained knowledge about RT. Nearly all interviewees said that they now had a good understanding of the RT framework and also how to apply it (i.e. joint enterprise). This had been gained mainly through interacting or observing others in the CoP, trying to apply it themselves and talking about the results back in the CoP, as well as by seeing how others were applying it (i.e. mutual engagement). Shared repertoires were represented by common understandings such as the RT framework:

‘We were all sort of bouncing off each other and feeling really enthusiastic ... it was wonderful ... I was expecting it to be much more

reading-focused, research-focused and it was so much more fun.’

[Interviewee B]

Shared repertoires were also represented by the development of tools based on this framework e.g. a reflective journal, ‘Jenga’ (see section on resources on ‘value creation stories’).

In general, the interviewees’ perceptions were positive and no critique was given. However, CoP participants felt that the RT framework did not devote sufficient attention to humour and spirituality in managing adversity.

#### Changes in the identity of participants

Lave and Wenger (1991) and Wenger (1998) consider that through the process of situated learning in a CoP ‘a novice’ shifts their identity to that of ‘expert’. For the interviewees, there was a mix of change in perceived identity ranging from little or no change, through to feeling that they now had a new identity as an ‘expert’. In terms of the latter, change for four interviewees was very dramatic and they considered that they now had a new identity:

‘I’m almost an RT framework in a body ... so if I can be an example to other people, then my understanding is that they will learn too.’

(Interviewee D)

‘It feels like it’s ingrained in me now, the way I work, the way I am, the way I develop [any intervention] programme ... it feels [like] I’m living and breathing it.’ [Interviewee G]

‘...the [RT] framework ... the various components within each compartment ... they’re sort of etched in my head. I don’t even necessarily need to bring a physical framework out. I can see them in my mind’s eye.’ [Interviewee C]

‘...it’s made me a resilience person. I bought into all that. And I still do!’ [Interviewee A]

Other interviewees did not talk of such a dramatic change in their selves as experts in the practice of RT, but considered it had changed their practice, and also spoke of how their participation in the CoP had led to widening their conception of belonging, to encompass another group of practice or feeling part of a larger group. In terms of the former, an interviewee with an academic background felt they could now identify with practitioners, and for a practitioner to make the transition from practitioner to one that was more academic:

‘The main thing it gave me was a sense of belonging to a wider community of people working with children and families [locally].’  
[Interviewee E]

‘[whereas before the CoP] I just thought, ‘I’m talking a different language to these [i.e. academic researchers] folk ... [but the CoP] helped and changed me ... the research papers ... I probably got most out of that session ... [and] I’m less fearful of academic research.’

[Interviewee H]

In terms of the latter, there was a realisation of commonalities with other practitioners working in this field:

‘...we realised that being professionals we are all under the same time constraints ... we all tried to invent things, we all tried to do that with different successes.’ [Interviewee B]

Three interviewees commented that there had been little or no change in their identity. Two were individuals who either already had an expert identity in RT, whilst the third said that the major learning from RT was of being positive, which they were already.

### Psychological changes in the individual

A psychological component is recognised as being involved in the journey of a novice to becoming a master by both Lave and Wenger (1991) and Wenger (1998), yet neglected in their final conceptualisations of learning in communities of practice. For example, Lave and Wenger (1991) refer to learning as involving ‘the whole person’ (p. 53), giving a detailed example of the emotional responses of an apprentice meat cutter, ‘I’m scared to go in the back room’ (p. 78), and the personal stories of non-drinking

alcoholics where a discussion topic may be, ‘admitting you are powerless’ (p. 83). Yet this is later ignored in the final conceptualisation of their theory of legitimate peripheral participation. Wenger (1998) makes a passing reference to managing emotions of claims processors who, ‘learn to find little joys and how to deal with being depressed’ (p. 41).

In line with this conceptualisation of a learner as a ‘whole person’, all interviewees spoke about positive psychological changes in themselves that had occurred through taking part in the CoP. These were increased confidence, higher self esteem, having more hope, and feeling empowered.

### *Confidence*

Increased confidence was the single most common psychological change arising from participation in the CoP and was mentioned by five interviewees. Confidence rose for different reasons, for some it was the recognition through their interaction with other members that they knew more than they thought they did:

‘...the CoP ... gave me confidence in my own knowledge base ... at the beginning ... I thought that I didn’t know anything ... then I realised that I brought a huge wealth of experience with me ... it’s given me a much stronger internal voice ... an inner strength.’ [Interviewee D]

For others it was the ability to understand and utilise the RT framework, which they either incorporated into academic work or in their own practice. For example:



‘...it was a life changing event to link the work in the CoP to [academic work] ... it really complemented the [research] work I was doing ... and made me much more confident professionally.’ [Interviewee C]

‘The framework enables me to bring a lot of skills and knowledge together ... It made me more confident in terms of the ideas made sense in relation to my own practice.’ [Interviewee E]

### *Self-esteem*

Two interviewees spoke about how participating in the CoP had increased their self-esteem and feelings of self-worth. For one interviewee, they felt that their identity outside the CoP meant that they were low in a hierarchy, but their experience in the CoP set into motion a cycle of positive psychological effects:

‘Early on, I got the message that I was a benefit and a positive input in the CoP and that gave me permission that what I was saying was right, and that built my self-esteem and self-worth, to then go on and learn other things.’ [Interviewee D]

Similarly, affirmation by other participants increased the feelings of self-esteem for the other interviewee:

‘...my experience was honoured and valued ... it changed me ..’

[Interviewee H]

### *Hope*

One interviewee considered that being involved in the RT CoP had given them ‘hope’, in being able to tackle difficult cases which previously they had been unable to. One interviewee felt that in their identity as a resilient practitioner there was always something that could be done:

‘...you always think, ‘Okay, I can’t solve it now, we’ll go back and try to do it some another time.’ [Interviewee B]

### *Empowerment*

For two interviewees, participating in the CoP had led to them feeling more empowered, not just through becoming an RT practitioner, but because of the interactions with other members. For one:

‘I wasn’t expecting it to ... it made me feel so empowered. It was wonderful to be in a room with that many more people, who had the same sort of problems, all different problems, but we could share them.’

[Interviewee B]

In addition, they also felt empowered due to the identity of an RT practitioner as one who would always find a solution, even if not immediately.

For the other interviewee, their change in identity as an RT practitioner had resulted in changing the way they viewed their clients:

‘It feels like I’m getting more out of them than ever before. Because before I wasn’t focusing on what they [clients] had, it felt like I was trying to give them something, and now it feels ... they ... have got the tools there, they’ve just used them in the wrong way. So, it’s getting what they already have and turning it around so it becomes something that enables them to make a more positive decision.’ [Interviewee G]

### Work-related changes

Lave and Wenger (1991) and Wenger (1998) do not explicitly refer to impacts on individuals’ perceptions or feelings about work. However, interviewees identified four ways in which participating in the RT CoP had had a positive psychological effect on their work: a reduction in stress, increased satisfaction, being more tolerant of ‘failure’, and having greater motivation and commitment.

#### *Reduction in stress*

One interviewee considered that their life was characterised by high stress both at work and at a personal level. However, these stresses had been reduced by them using the RT framework to identify areas to apply resilient thinking (e.g. by using the RT framework).

### *Motivation/commitment*

Two interviewees considered that their experience in the CoP had made them more motivated. For one interviewee participating in the RT CoP had complemented her academic and practitioner work whereby:

‘...there is a sense of integration, in what I do now from having been part of the CoP ... I now feel that I am doing the work that I’m most suited to, that I’m most passionate about, and those are my skills, and I’ve worked hard to develop them ... and relating to my passion for combatting inequalities.’ [Interviewee C]

### *More tolerant of ‘failure’*

One interviewee considered that participating in the CoP had made them more tolerant of ‘failure’ in particular client cases. This was because the RT framework provided a systematic analysis, which could be used to show that everything that could be done had been done, and that it required change in the clients that they may not be ready for, but may be at a later date:

‘...in some cases it doesn’t matter what you do. You can offer as much support and help as possible, but if they can’t do something for themselves, there’s nothing more you can do ... RT has helped me to accept that, because ... now I can look at it and say, ‘I have covered everything’ ... but maybe in the future they might be ready to make changes.’ [Interviewee B]

### Tensions and conflicts

Both Lave and Wenger (1991) and Wenger (1998) consider the theme of conflict, although it is underemphasised. In the former, as the focus is on occupational groups (e.g. tailors), the basis of conflict is considered to be generational (i.e. between ‘experts’ and ‘novices’) rather than within groupings. The latter focuses on multi-memberships in a CoP, and therefore tensions from other sources are expected. Three areas of tension and conflict were identified in the CoP: emotionality versus rationality, views on diversity in group membership, and the importance of the protected space/time.

### *Emotionality and rationality*

There was a division between participants in terms of the approach within the CoP. Some, for example, emphasised technical aspects of learning (such as theory, brain structures and psychology, evidence based research). The emphasis here was on logic and rationality. However, other participants had a preference for ‘lived experiences’, emotions, human dynamics, and bringing in the ‘whole person’ rather than the logical rational person. This was partially resolved through individual change. For example, one interviewee said that over time, they had learnt to suppress their emotions in order to fit in, however, change also occurred with those who initially were less willing to express their emotions, but later did so.

### *Diversity*

Diversity was seen in positive terms by interviewees. Positive aspects of diversity related to learning from, or meeting, people from different backgrounds, and learning the different ways that people coped with problems.

### *Protected space/time*

Overall interviewees were positive about the ‘space’ provided by the CoP and the extended time period over which the meetings took place. The CoP provided a space for reflection, was considered to be a ‘safe’ place where people could speak in confidence, and provided stability as the meeting was at a regular venue and time. Some interviewees spoke of being ‘nurtured’ and that the space was ‘sacred’ and ‘supportive’. The extended time period was considered helpful in building trust between participants, and also enabled the ideas of RT to be absorbed.

### **Value creation stories**

Using the Wenger et al (2011) framework, ten resources were identified as being gained by the interviewees in their value creation stories (see Table 3). These can be grouped under three main headings: knowledge (i.e. learning), tools, and members of the CoP.

In six cases, the resource that a participant acquired involved gaining knowledge, two of which concerned learning how to apply RT, three observations about the knowledge contained within the CoP members, and one where the participant realised that their theoretical and practical knowledge of RT was greater than others.

### Learning to apply RT

All interviewees considered that the process of being involved in the CoP, and learning from other CoP members, helped them in developing an RT approach to use at work or in the home context. However, for two participants learning how to apply the RT approach was a key resource which had significant effects on them. For one, the key sources of this learning were the two books provided on RT. They used the RT framework in three main ways, with clients, evaluating projects and in developing a training course, and were successful in getting their organisation to put RT into practice. For the other it was a very slow process and took 6 months for them *just to understand the resilience framework* 'as it was so complex'. However, after this grounding, and then developing a resilience-based tool, they reported that there had been a number of dramatic positive psychological effects. These included changes in their self-concept (i.e. greater self-belief and efficacy), motivation and emotional state (i.e. happiness due to using the RT approach).

Other changes were an enhanced ability to influence others at work, and a shift in their understanding of their clients (who were vulnerable young people). Whereas previously they had felt unhappy and frustrated at not being able to help, they now considered that they were more empowered.

The interviewee also reported that an evaluation of four clients where they had used the resilience approach had been highly positive, and a surprise to the interviewee, but had made them even more enthusiastic, to the extent that other co-workers had become

interested in RT. Other positive events included presenting their resilience-based tool to a practitioners' conference, and developing a course for their organisation.

#### Positive attitude as a resource

One interviewee identified their positive attitude and feelings of hope and optimism as a resource. They considered that this had occurred when they observed that members of the RT CoP had internalised the values of RT. For example, when individuals were discussing problems and difficulties, the response from members was, 'What would be a resilient move?' – a key theme in RT. The interviewee explained that the effects of this change in attitude included realising that a small change could make a qualitative difference, that they did not feel so tired or dwell on the 'hopelessness' of some situations, and that they felt healthier.

#### Resources as change in self-perception

Only one interviewee came under this category. The resource was the change in perception by the interviewee that they had more knowledge than they had thought given their experience, role and status outside the CoP. This led to an increase in self-identity (greater confidence and self-belief), which they considered made them a better trainer and practitioner. In addition this changed their role within the CoP and made them more willing to share their knowledge with the other participants. At the same time, it raised their career ambitions.

#### RT tools as resources



Three interviewees identified a tool as being a key resource for them. These included the 'Magic Box' RT framework, training packs developed by the interviewee, and the reflective journal (which all RT CoP participants were asked to keep).

### *The Magic Box*

A number of positive outcomes were reported by the interviewee using the 'Magic Box' as a resource. The main advantage for them was that it provided a *systematic* checklist that they could use to carry out an evaluation on a client case. The interviewee spoke very positively about the impact of its use on their work and emotions. They considered that this tool removed 'blame' from the practitioner when there were perceived 'failures', as it could be used to identify the causes and reasons for 'failure'; they also commented that their work organisation was characterised by a blame culture, although this was not acknowledged in practice. Moreover, the systematic nature of the Magic Box had helped them be more accepting of apparent 'failures', as its use could show that everything possible by the practitioner had been done. One psychological effect was increased motivation to persist in 'difficult cases'. Overall, the interviewee considered that they had become 'the embodiment of RT'.

For another interviewee the simple act of keeping a journal was a very important resource. Whilst this had been a requirement for the RT CoP, this had become a routine activity even after the RT CoP had ended. The interviewee used a daily journal to reflect on *both* work and home life. Perceived benefits were increased professional confidence and work satisfaction.

One interviewee had made a training pack based on the activities in the RT CoP. This consisted of pictorial cards to represent the content of ‘remedies’ and ‘compartments’ in the Magic Box (see Table 2), for example, a picture of a fruit or vegetable to ask questions about a healthy diet under ‘Basics’. The interviewee had found that this helped get across RT concepts that were intangible, and do this in a ‘fun’ way.

#### Resources involving CoP members as a resource

Two interviewees identified the CoP members as a resource. One interviewee had initially perceived the diversity in group membership of the CoP as a negative feature. However, in the process of interactions, the value of the different knowledge bases of this diverse range of individuals became more apparent. As a result the interviewee came to value diversity and used some group members as trainers.

The other interviewee used members of their RT CoP as a networking resource in order to develop collaborative relationships with other local practitioners. This included inviting the local practitioners to educational activities, and involving them in research. Benefits for the interviewee included practical ones, such as speedier access to local practitioners, expanding their network of practitioners, having closer relationships due to being able to use a shared language (of RT), and combining practitioner knowledge with their own understanding.

## **Discussion and conclusions**

Wenger et al's (2011) framework was used to evaluate the experiences of participants drawn from two RT CoPs, with data collected using interviews and carrying out a thematic analysis. Using a semi-structured protocol has the advantage of allowing the interviewer to ask follow up questions, enabling open-ended responses, and a more fluid type of data collection. However, disadvantages include that this method is highly reliant on the skills of the interviewer. Thematic analysis requires collecting sufficient information so that the themes from the theoretical approach can be analysed. Increased internal validity can be obtained through having the coding done separately by more than one researcher. Given the nature of this research project, this was not done. The sample of participants was just under half the total involved in the two CoPs, which may have skewed the results.

The overall theme that emerges from this evaluation is the idea that participants in a CoP have to be considered in terms of a 'whole person'. The importance of the 'whole person' was explicitly considered in Lave and Wenger's (1991) original work and considered to be critical:

'...learning involves *the whole person*; it implies, not only a relation to specific activities, but a relation to social communities – it implies becoming a full participant, a member, a kind of person ... [it implies] becoming able ... to master new understandings.' (p. 53) (emphasis added)

Yet this is later ignored in their conceptualisation of learning (i.e. legitimate peripheral participation).

A 'whole person' can be considered in terms of both rational and emotional aspects of self, and in terms of the different roles played (e.g. work, home, leisure). Many of the CoP interviewees spoke eloquently about the ways in which participating (and 'becoming') in the CoP, not only spilled over into their personal/home life rather than just in their work and organisation, but also had an impact on their whole psychological self (e.g. emotions, self-esteem, confidence) rather than just the rational and logical self.

Lave and Wenger (1991) highlight the importance of the psychological aspects in the whole person, as demonstrated in the examples of the emotional responses from a novice meat cutter, and the likely emotionally charged world of the recovering alcoholic:

'I'm scared to go into the back [meat cutting] room. I feel so out of place there. I haven't gone there in a long time because I just don't know what to do when I'm there. The guys there know so much about meat cutting and I don't know anything.' (p. 78)

'...learning takes place in interaction ... a new member is called on to talk about her own life ... in discussion meetings, the topic of discussion may be 'admitting you are powerless', 'making amends'...' (p. 83)

Wenger (1998) too recognises the importance of other psychological aspects of participants in his study of claims processors who, ‘learn to find little joys and how to deal with being depressed’ (p. 41). Yet this is later ignored. Similarly the issue of the ‘whole person’ (for example in terms of work and personal, and psychological) also appears to be relatively neglected in the literature on CoPs, though the latter have been considered in work on virtual networks albeit with a focus that has been narrow in terms of effects for the organisation. For example, Rosenfeld, Richman and May (2004) looked at dispersed network organisations and job satisfaction, whilst Ardichvili, Page and Wentling (2003) examined motivation in a virtual CoP established for knowledge sharing.

In a sense, a CoP is just another example of a type of group involving human beings, as participants in a particular work arrangement. Therefore the findings and research from a wider literature, for example, organisational behaviour, psychology and group processes, can be usefully applied to understand the operation and (actual or potential) outcomes from CoPs. In this case the CoP had a diverse range of participants, and one of its aims was to work more effectively with disadvantaged young people and families. In this study some participants felt that they had become ‘resilient’ and able to apply (or embody) the RT approach. Descriptors of how they felt included increased confidence, greater self-esteem, and having hope, and this had positive effects on their work, for example, higher motivation, feeling empowered, better able to deal with ‘failure’. Whilst interest in CoPs has been in knowledge creation, this suggests that potential high-value applications could occur for those involved in emotion work.

Individuals in these occupations (e.g. nursing, police officers) are especially prone to burnout and impaired job performance (Bakker and Heuven, 2006).

Another outcome from participating in an RT CoP was a better fit between an individual and their job requirements, such as ‘a sense of integration’ (Interviewee C), which had made them more ‘passionate’ about their work. This is in accordance with the person-job-fit theory, which states that when an individual’s characteristics are congruent with job requirements, then this increases job satisfaction and motivation (Davis and Lofquist, 1984). In contrast, a lack of congruence reduces job satisfaction and increases stress levels. According to the Karasek job demand control model, job satisfaction can help improve the performance of an organisation as happy (as for example Interviewee G) and satisfied employees work better than depressed or dissatisfied employees (Hussain and Khalid, 2011). In this model, job control refers to the extent to which an individual had the capability to exercise control over potential or actual stressors of the job. Interviewees in the RT CoP referred to being able to have greater control over certain job stressors through the RT framework, although not in quite the way that this has been interpreted. For example, Interviewee B considered that control for particular outcomes for a client required them to deal with this rather than their organisation. This had the expected effect of reducing her workload and stressors.

Participants generally placed great value on the time and space that the CoP provided. Descriptors were vivid, including terms to describe the space (and protected time) as ‘sacred’, ‘nurturing’, ‘supportive’, and enabled the building of trust due to the extended period over which each CoP lasted. There are a number of implications of this. Firstly,

in this case, interactions were face-to-face, with stability in CoP membership over an extended period of time, where certain positive social norms were promoted (e.g. confidentiality). Such conditions are conducive to trust and building positive relationships (Blau, 1967). Secondly, participants spoke of the time provided as being useful in being able to reflect and think without the pressures of their normal day-to-day work. Space for such reflection has been considered an important ingredient in helping to promote creativity and innovation (Amin and Roberts, 2006).

Finally, some of the negative outcomes (e.g. elitism, the formation of in and out-groups, lack of sharing within organisations) reported by Braithwaite et al (2009) were not mentioned by any of the participants.

CoPs are seen to be increasingly important and promoted across sectors. However, there appears to have been little systematic evaluation of the outcomes of CoPs. One reason is the difficulty of defining a CoP, which over time appears to have been used by some authors to mean virtually any type of group of people. The focus here was on participants' experiences of being involved in a learning CoP, in which the membership was drawn from a range of groups. The evaluation was based on Wenger et al's (2011) framework and guided by the theories in two seminal works on CoPs: Lave and Wenger (1991) and Wenger (1998). It was found that there is a relative neglect of the 'whole person' in such work and studies of CoPs. There is a need to consider psychological impacts on the individual in their totality of roles (e.g. home, work, leisure) both in theoretical development and practical application or understanding. The focus here was on two CoPs, and therefore the validity of these findings are unclear.

Future research could usefully examine the extent to which these findings are generalisable. CoPs are a form of group organisation, and the literature from other disciplines can be used to inform and develop our understanding of their operation and outcomes. Implications for practitioners include the recognition that changes in an individual are likely to go beyond simply ‘becoming an expert’ from a technical perspective, but may involve more profound effects. Finally, in-depth exploratory studies sacrifice breadth for depth, and thus limit external validity. It would therefore be useful to carry out research with a larger number of cases.



## **Reflexivity**

In this research project there are several tensions, some of which I was aware and some that I was not initially. I was interviewing a diverse range of interviewees (practitioners, academics, parents and facilitators) and their familiarity with this kind of interview, expectations and previous negative experiences may have been problematic. I was aware that the nature of the subject of this study was about working with disadvantaged families and young people, and that interviewing people in an emotive profession would be challenging for me, as I had not built a rapport with them in a work context. As an outside researcher, even the way I dressed would perhaps be a barrier in the process of carrying out the interview. On the one hand I wanted to build rapport so that enough trust would take place, and on the other there was a question of not engaging too closely for the purposes of the study. The power relationship of this kind can hinder the validity of the data collected. I was unsure of how best to present myself on the day, a conflict within me about the relational and the professional, and at times I wondered if I was to think about the therapeutic relationship in the room that Rogers' person-centred approach recommends.

Some of the interviewees also asked whether I had been in an RT CoP myself. This made me reflect on how having been a participant (or rather a non-participant) could affect this research project. As a qualitative researcher attempting to capture the experiences of the interviewee this may limit my work. This personal limitation made it difficult to fully understand the experiences of the participants. On the one hand if I had been involved I may have assumed that my experience was similar to that of the

interviewee, or it may have coloured my perceptions in looking for or probing the interview in a biased way.

The constraints of qualitative thematic analyses of this kind include how the subjectivity of my own experiences changes the issue or transforms the data analysis process. I bring myself to the area of learning, and how I form themes. There could be scientific doubt around the themes generated from the data, however, an inter-rater reliability test using another researcher to generate themes from the transcripts would me to check and ideally counteract bias.

Research carried out using qualitative methods is prone to experimenter bias during thematic analysis, and reporting 'lived experiences' has the limitation that the experimenter does not match the participants' culture, race, gender, or age, and those differences can contaminate the research in ways that I may not be consciously aware of.

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## **Appendix A**

### **Participant Interview Protocol: Resilient Therapy Community of Practice Programme**



## **Resilient Therapy CoP Training Programme**

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview start time: \_\_\_\_\_ Finish time: \_\_\_\_\_  
Interviewee \_\_\_\_\_ Position \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Organisation: \_\_\_\_\_ Address: \_\_\_\_\_  
Place of interview: \_\_\_\_\_

### **Introductory script:**

1. Thank you for agreeing to this interview and which should take 30minutes. The purpose of this research is to find out the experiences and impacts of the Resilient Therapy Community of Practice (CoP) training programme on those that took part.
2. The interview questions cover two main areas. First, some questions on your expectations of from the programme, what actually happened and the effects on your any social or community network you are part of, your practice, and on influencing others. The second section is about identifying specific things you feel you gained by participating in the training programme.
3. Are there any questions you would like to ask me?
4. Before we start I just want to say that anything you say is confidential and you do not have to answer any question if you do not wish to. For the sake of accuracy I would like to tape the interview. Are you happy for this? We can switch the tape off, at any time. Thank you.

### **PART I:**

#### A. Expectations:

1. (a) What were the good things from the CoP? (b) What did you take from it?
2. What would you have liked more of from the CoP?
3. What were you  
(a) expecting to learn?  
(b) What actually happened? (learning)  
(c) What did you get out of the CoP?

#### B Effect on participant

1. (a) What was it about the CoP, if anything, that helped or changed you? If NO, GO To 2(b).  
(b) How did it help or change you?
2. (a) Was there anything that led to these changes? [Prompt: significant events, moments of  
participation or experiences that led to these change]  
(b) If it didn't change you, can you explain further?

#### C Effect on social/community connections

1. How did you think taking part in the CoP would affect or change your social or community network, if at all?
2. Has it changed this in practice?[pause] If so, how?

3. What led these changes? [Prompt: Focus on significant events, when they were participating or experiences that lead to these changes]

#### D. Usefulness

1. What parts of the CoP did you find most useful?
2. How did these change you?
3. What led these changes? [Prompt: Focus on significant events, when they were participating or experiences that lead to these changes]

#### E. Effect on worker practice

1. How did you think taking part in the CoP would affect or change the way you work, or did things?
2. If you feel your practice [i.e. the way you do things] has changed, how?
3. What led these changes? [Prompt: Focus on significant events, when they were participating or experiences that lead to these changes]

#### F. Effects on ability to influence others as a practitioner

1. Did you expect taking part would affect your ability to influence others (e.g. colleagues, organisation, others)?
2. (a) Did this happen? (b) How has it changed these in practice?
3. What led these changes? [Prompt: Focus on significant events, when they were participating or experiences that lead to these changes]

### **PART II: Value Creation Stories**

This final part is to get examples of what you feel you have gained, if anything, by taking part in the Resilient Therapy Community of Practice training programme. For shorthand we can call what you gained, a 'resource' - this could be an idea, a document, a change in attitude or feeling about yourself and so on. I want to explore what happened in the form of a story. This will be divided into five steps. First, the activity you took part in (which led to what you gained), what you gained by taking part, how you applied it, the outcome of applying this, and taking part may have changed the way you or others in your organisation view or measure 'success'.

#### 1. Activity

Could you please describe any session of the Community of Practice which had an effect on you or made you think you could use something from it? In your work (or home). [List these]

#### 2. Output

- (a) What was this 'resource'?
- (b) Why did you think this could be useful?  
[prompt: knowledge, change in attitude, confidence, contact]

#### 3. Application [Incorporate questions from 3 (applied value) p23]

- (a) How did you use this resource in your practice?
- (b) What did it enable that would not have happened otherwise?

#### 4. Outcome

(a) Personal: Do you feel applying this ‘ resource’ affected your work in any way? If so, how? (prompt :job satisfaction, better worker or student grades).

(b) Organizational: Do you feel it had any affect on your organisation? If so, how, and in what way? If not, why not ?

#### 5. New definitions of success:

(a) Did it have any effect on the way you [or your organisation] measure or define success?

(b) How or why did that happen?

## **Appendix C: Information Sheet**

### **Project: Evaluation of the University of Brighton Resilient Therapy Community of Practice (CoP) training programme.**

I am an MSc Student studying Organisational Psychology at Birkbeck College, University of London, and also a research volunteer at the University of Brighton Community University Partnership Programme (CUPP). This research project is a requirement for my MSc dissertation. My supervisor is Professor Philip Dewe. The University of Brighton have given me permission to carry out this study and are sending this invitation to you on my behalf.

The aim of this research is to evaluate the Resilient Therapy (RT) Community of Practice training programme organised by the University of Brighton. This will be done primarily through interviews with participants who took part in the Resilient Therapy training programme in 2011.

I am writing to invite you to take part in an interview (lasting about 30 minutes) to learn about your experiences of the training programme in which you participated. In the interview you will be asked to reflect on the training programme. The main focus will be on how the programme has helped you (and others e.g. your organisation). I will ask your permission to tape record the interviews. If you agree you have the right to ask for the tape to be turned off at anytime, to indicate that you do not wish to answer a particular question and if you wish to ask at any time that the interview be ended.

The data will be used for my MSc dissertation. So that the Centre for Health Research at Brighton University can also evaluate the programme from a community of practice approach anonymized data will be made available to them.

All interviewees will be anonymised in any written output and only identified by a letter (e.g. interviewee A, interviewee B etc) where any direct quote is used. As a further aid to anonymity it will not be possible to identify anyone from the analysis of the data.

Please note that your participation is voluntary and you can withdraw from the research at any time. You also have the right to ask that any data you have supplied be withdrawn or destroyed at any time.

For further information please contact, Angie Hart ([a.hart@brighton.ac.uk](mailto:a.hart@brighton.ac.uk)) and Kim Aumann ([k.c.aumann@brighton.ac.uk](mailto:k.c.aumann@brighton.ac.uk)) at the University of Brighton.

If you have any questions as a result of reading the information sheet please contact me, Kuljinder Dhanjal. ([Kuljinder.d@gmail.com](mailto:Kuljinder.d@gmail.com)).

Thank you and I look forward to hearing from you.

**Appendix D: Consent Form**

**Department of Psychological Sciences  
Birkbeck University of London/Community University Partnership Programme  
(CUPP) University of Brighton**

**CONSENT FORM**

Title of study: Evaluation of Resilience Based Community of Practice  
Name of researcher: Kuljinder Dhanjal

I have had the details of the study explained to me and willingly consent to take part.

My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that I may withdraw consent for the study at any time and to decline to answer any particular questions.

I agree/do not agree to the interview being audio recorded.

I understand that I have the right to ask for the audio recording to be turned off at any time during the interview.

I confirm that I am over 16 years of age.

Name ..... Signature ..... (Participant)

Name ..... Signature ..... (Researcher)

Date .....

Table 1: Value creation stories

Potential value	Applied value	Realised value	Reframing value
<p>Gained knowledge of what 'works'/was fun</p> <p>Gained knowledge about how to apply RT</p> <p>Gained knowledge to understand/apply RT + positive feedback from applying it.</p> <p>Realisation that had theoretical and practical knowledge of RT.</p> <p>Saw that other groups were knowledgeable.</p> <p>Positive attitude, have hope &amp; optimistic.</p> <p>RT Evaluation Tool</p>	<p>Training resource to get people to understand RT.</p> <p>Used with clients, evaluated projects &amp; supervision. Developed training course</p> <p>Developed tool &amp; course for own organisation.</p> <p>Gave training on RT.</p> <p>Used other group members as trainers</p> <p>Applied RT to self and clients.</p> <p>Checklist to ensure systematic evaluation of client cases</p>	<p>Match training to different learning styles. People coming to other meetings.</p> <p>Able to influence own organisation to put RT into practice</p> <p>Greater self belief/efficacy. Better understanding of what doing. Client has capacity to solve their problems/own role is as catalyst. Greater energy, enthusiasm &amp; commitment. Increased ability to influence others. Happier (success defined as happiness &amp; vice versa).</p> <p>Self development (greater confidence &amp; self belief) became trainer, better practitioner</p> <p>Used to feel tired/hopelessness of some situations. Small things can make qualitative difference. Feel healthier.</p> <p>Living/breathing embodiment of resilience. Removed blame from practitioner when 'failure'/pinpoint causes &amp; reasons for failure. More accepting of 'failure'. Greater motivation to persist in difficult cases.</p>	<p>Share new ideas. Learn from other people.</p> <p>Greater willingness to share own knowledge in CoP. Self: raised career ambitions</p> <p>Self: Valued knowledge of other groups (before did not).</p>
Journal	Use to reflect each day in work & personal life to do things differently. Match skills to work.	Higher professional confidence, motivation & work satisfaction.	
Training packs	Group training. Aligned with previous knowledge & training.	Be playful. Tangible way of getting across concepts.	
Members of CoP (and their network/shared knowledge).	Collaboration (research, teaching).	Greater access to local practitioners. Combine practitioner knowledge to own understanding. Expanding network/break down barriers. Sense of belonging to wider community. More assertive in working relationally.	Common language within CoP

