



RESEARCH TO PRACTICE NETWORK

Mentoring the Development of Reflective Practice in Decision-Making

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All of us have had the experience of wondering about, questioning, or being surprised at someone else's decision-making. Understanding a client's or family's situation is complex, in part, because there are various perspectives about the issues, the causes, and the intervention. In team meetings, lively discussion about these various perspectives can lead to a more thorough assessment and understanding of a particular situation which then leads to a better resolution for the client and family. However, in some cases, even with the best intentions, the situation becomes worse, and in some cases, the social work decision-making plays out as a scandal in the local media. There are plenty of examples of this, most often in child welfare. But these decisions affect the community and social service sector as well. Recent media attention has been drawn to foster homes, group homes, and the mental health system. Of course, the armchair pundits have the benefit of looking at the decision-making from hindsight – which is always 20-20. The result of this high level of scrutiny, the public's interest and concern for the most vulnerable people in our society, and various government enquiries into tragedies is that decision-making in social work situations has become increasingly reliant on 'objective' facts and transparent accountability processes. However, many social workers would argue that client situations are

much more than 'objective' facts. They would suggest that there are multiple kinds of knowledge that go into decision-making; including a whole range of experiential (both professionally learned and personally lived) knowledge. This latter knowledge, although focused on during formal education, is rarely seen as a legitimate form of knowledge and is therefore given little credence in professional practice. This paper summarizes research that was conducted to examine more about how these two kinds of knowledge are utilized in every-day practice.

Background

Decision-making is increasingly required to be made through a paperwork process of completing forms and following procedural manuals. This process of technocratic competency emerged in the 1960's and 70's when there was growing doubts about the effectiveness of the welfare state's ability to bring about improvements in individual's lives. Social work was being criticized for being too zealous and intrusive in the private lives of families on the one hand, while being ineffective in ameliorating the conditions of their lives on the other (Howe, 1996). At the same time society was no longer placing their trust in expert systems such as social work. Social workers were increasingly encouraged to consider the accumulating body of practice-relevant scientific information and draw upon evidence-based practices of health care, medicine, nursing, and mental health (Howard, McMillen, & Pollio, 2003).

Arguably there was a need for higher accountability and decision-making based on objective information. However, like many things when a pendulum swings to a new trend, there is a subsequent loss from the counter position. In this case, with an emphasis on empirical knowledge, or an objective epistemology, there was a concomitant loss of attention, and diminishing value, on subjective knowledge. This subjective knowledge is referred to as many things: intuition, tacit knowledge, practice wisdom, or experiential knowledge,

In social services, practitioners have to be able to filter a situation through their own thinking and knowing processes; they have to decide which information is relevant to the situation, in order to decide how to best help and support social service consumers. Ruch (2002) argues that relying solely on objective knowledge disregards the uniqueness of each situation, resulting in the marginalization of both the emotional complexity of people's lives and the use of self in practice. In

order to see the situation in a meaningful way social workers must pay attention to both the rational, objective knowledge as well as the inductively derived knowledge that has been assimilated over time from personal and experiential learning. It is this experiential learning, or use of 'self', that explains why tools, techniques, and approaches come out differently in different hands (Dewane, 2006). However, because this reflective knowledge is an unclear form of knowledge, and not easily amenable to investigation or accountability, it often holds a lower status in truth-value than knowledge derived from scientific research. But Parton (2003) argues that it is this tacit and implicit knowledge which is grounded in, and arises from, practice situations that is the most appropriate form of knowing for the inherently ambiguous and uncertain situations that clients and practitioners find themselves in. Although this art of practice has been lost in recent discussions, Dewane (2006) argues that it is this melding of personal self (personality traits and life experiences) with professional self (knowledge and training) which is the hallmark of skilled practice.

The Research Study

The research for my doctoral dissertation examined decision-making in child protection as a way of understanding more about how social workers were integrating their objective, procedural knowledge with their reflective, experiential knowledge (Stokes, 2009). The research methodology was the factorial survey method in which a vignette was designed to reflect an everyday child protection situation (Rossi & Nock, 1982). The vignette contained several variables that were randomly assigned so that each vignette in the survey was unique. For example, the child in the vignette was sometimes Aboriginal and sometimes Caucasian; the family may have had no history of problem alcohol use, or had occasional weekend benders, or a serious drug abuse problem; or the family's housing varied. Each respondent was then asked to make some decisions about how they saw, and would proceed with the situation they were presented. Respondents were also asked questions related to their demographics, education, experience, and job satisfaction. The results were then analyzed statistically to see which, if any, factors within the vignettes, or about the respondents, made a difference in decision-making.

Although the research did not demonstrate a clear causal relationship between the decisions made and the source of knowledge (from the vignette or from their

own experiences) it appeared that decisions about risk level or service provision were more statistically likely to be related to empirical knowledge of procedures such as the risk assessment tool; whereas decisions about home visits and amount of time spent with the family were more likely related to characteristics of the respondent themselves (Stokes, 2009; Stokes 2011). This finding supports other research that social workers in practice either do not draw on practice-related research findings (Gibbs & Gambrill, 2002) or use both knowledge from research findings and practice wisdom (Bates, 2006).

Research into Practice: How is this helpful?

In the community and social service sector, new graduates are frequently employed and it falls on the shoulders of experienced practitioners to develop them from new graduates to good practitioners. I would argue that the ongoing critical reflection of self-understanding, in addition to procedural knowledge of assessment and systems, and content knowledge of courses and workshops, is essential in the development of a professional social service or social worker. Although there is not one way of doing this, and no prescriptive list for developing strong and valued reflective skills that are trustworthy, I have offered some ideas as a starting place to incorporate, or sustain, the development of this integral and important knowledge.

1. Find space and opportunity to investigate and trust your reflective practice

It is important to learn to talk through and legitimize all of our knowledge. Many people talk about having ‘a gut instinct’ or ‘feeling it in our bones’; these feelings of course, are not empirically proven, although many of us have learned to trust these instincts that have been developed through our lived experiences. However, in our professional lives clients have to expect a relatively consistent approach and as professionals we represent an agency’s or organization’s perspective. Therefore we cannot just react from a personal vantage point; we have to have ways of formally valuing our experiential, both personal and professional, knowledge so that we can learn to trust it more and place a higher value on it. This practice is done throughout our schooling. Every practicum we attended included seminars and journaling which forced us to reflect on our feelings and reactions to situations, listen to and accept that others had differing perspectives, and then analyze our world view with all the additional information, including professional knowledge of process, policies and legislation. While many of us

struggled with this, this process is largely lost when new graduates join the work force. Some do this informally in each other's offices; however encouraging ongoing opportunities to formally participate in self- reflection in the workplace provides an avenue for workers to publicly integrate holistic experiences.

LEANNE & Reflective Practice

Leanne was an experienced alcohol and drug counsellor working with people with concurrent disorders in a clinical community setting. After finishing her day of clients she was concerned about one particular lady who she had known for a long time. Today Leanne was concerned that something was 'not quite right' with Cindy; although Leanne couldn't put her finger on it.

Although it was unusual practice, Leanne wondered about calling the client but realized this may be intrusive and questioned whether calling Cindy would be looking after her own needs, as opposed to being beneficial to Cindy as she couldn't describe what was different today. For her, this was an ethical dilemma and so she sought a supervisor who allowed her to 'just' talk about it.

In consultation, Leanne and her supervisor decided that it was okay for Leanne to give Cindy a call with just a minor, routine (fabricated) question of follow-up from the interview. If, in a brief conversation, Leanne had nothing further to go on (i.e. more objective) she would leave it until the next appointment.

Leanne called Cindy. Cindy was incoherent and experiencing delusions. At this point, Leanne was quickly able to assess Cindy's psychotic state and call for appropriate assistance to stabilize Cindy. At the time of the meeting, Cindy's presentation had not been so dramatic, but clearly Leanne's experience and relationship with Cindy had cued her to 'knowing' that there was more to be concerned about.

2. Stay in touch with your feelings to improve

Most practitioners would agree that our behaviour is not simply driven by our cognitive, intellectual processes; our behaviour is a result of a complex interaction of the 'doing' behaviour, our 'thinking' at the time, our 'feeling' or emotional reaction, and our 'physiological' experiences. A key tenet of practice, taught as a foundation in all social service and social work schools, is the importance

of developing a ‘relationship’ with people we work with. A helping relationship is one of the most important determinants of client outcome (Horvath & Bedi 2002; Berg, 1994); and requires key worker characteristics such as understanding and accepting, empathy, warmth, and support (Lambert & Barley, 2002). Once again, throughout our education we are encouraged to make visible our feelings in discussions about case situations, but in practice, we are dissuaded from articulating feelings. The research indicated that it was characteristics about the workers themselves that were most likely to affect decisions about contact and home visits. This indicates that our use of ‘self’ and our feelings for the people we work with is critical to developing the relationships which lead to positive outcomes.

MELINDA & Tears of Sadness

It is not uncommon that children and youth on a guardianship team prematurely die for a whole host of reasons.

In one team I worked on a child had died suddenly. As with any child’s death, instantly all the investigative processes begin and there is a flurry of activity to support other youth in care, and the family. However, little attention is paid to the worker’s feelings and relationships they have with the child or youth and family.

In speaking with the worker a couple of days after the tragedy she reported all of her activities with the family as well as the completion of the documentation. I then asked how she was feeling. Tearily, she said not well, and she was struggling because she had been told “not to cry as she was supposed to be professional”. My response was that it was normal to be sad when someone we know and care about dies.

While sometimes, as professionals, we are asked to suspend our feelings to support others; ignoring them at a personal level is, in my opinion, unnecessary and unhealthy.

3. Read, take time, and critically reflect

Students are privileged during their programs in college and university to take the time to critically reflect on situations. As they are not overwhelmed with the demands of high caseloads, we encourage them to journal and discuss, and in general reflect. Once in practice there is minimal time for this. I would encourage human service workers and organizations to formally provide opportunities

for this reflection. It can be part of personal professional development time, or formalized in supervisory and team reflection time. It can take the form of journaling, orally discussing, tape recording (maintaining confidentiality ethics), or pairing and sharing.

A Reflective Exercise

Every agency that maintains client records has some very thick files related to complex clients who have been involved with the agency for a very long time. Take time to reflect on the development of the file. Work your way from the beginning and write a new assessment or new summary report. Pay particular attention to how workers notes moved from hypothesis to an 'objective' fact in the file (often without evidence of the hypothesis being checked out); Pay attention to how the client may experience the notes that have been written. Question how your feelings and thoughts about the client depicted in the file recording is congruent or inconsistent with your knowledge of the client.

This exercise is very helpful for not only critically reflecting on a difficult situation, but also enhancing awareness of the effect of written records.

Conclusion:

Clearly the balance of objective and subjective (or experiential) knowledge is necessary. Clients should be able to expect consistent, ethical and fair professional practice which includes empirical knowledge bounded by a system of laws, policies and normative practices. Many good decisions are made based on empirical knowledge and accountable through objective measures. However, while there is pressure to utilize objective or empirical knowledge in decision-making, the practice of social service or social work also requires use of 'self' and awareness of personal and professional experiences; in particular to develop good professional relationships that create positive outcomes for clients. While this reflective knowledge, or practice wisdom, may not be amenable to scrutiny; attempting to obscure its value is simply ensuring that workers are unable to develop it as trustworthy. It is not eliminating it from being used every day. Just as our objective store of knowledge is built over time and given value, so too does subjective knowledge also need to be developed in order for it to be trustworthy to self and others in professional practice.

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