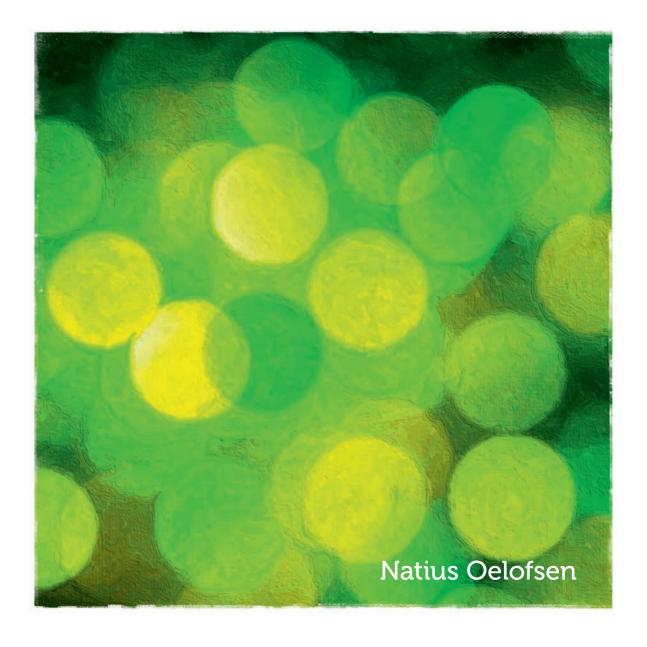
Developing Reflective Practice

A Guide for Students and Practitioners of Health and Social Care



Developing Reflective Practice

A Guide for Students and Practitioners of Health and Social Care

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A Guide for Students and Practitioners of Health and Social Care

Natius Oelofsen



ISBN: 978 1 908625 01 4

First published in 2012 by Lantern Publishing Limited

Lantern Publishing Limited, The Old Hayloft, Vantage Business Park, Bloxham Road, Banbury OX16 9UX, UK

www.lanternpublishing.com

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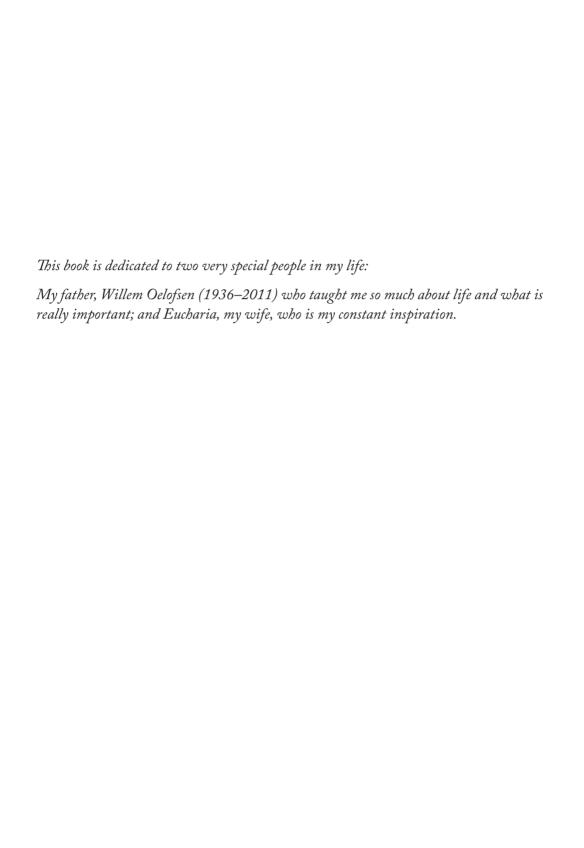
www.cla.co.uk

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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Typeset by Phoenix Photosetting, Chatham, UK
Cover design by Andrew Magee Design Ltd
Printed and bound by MPG Books Ltd, Bodmin, UK
Distributed by NBN International, 10 Thornbury Road, Plymouth, PL6 7PP, UK



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HOW TO REFLECT: THE REFLECTIVE PRACTITIONER'S TOOLKIT

THIS CHAPTER AIMS TO:

- Consider how to create a reflective space through reflecting alone or with others;
- Introduce the benefits of using a reflective journal to record your learning;
- Equip you with practical tools for structured reflection;
- Provide examples of how to use the tools described in the text.

This chapter builds on the concept of reflective practice introduced in *Chapter 1*. We will take the CLT (Curiosity–Looking Closer–Transformation) framework for reflection used in the rest of this book, and add to this a toolkit of reflective techniques to help you develop both self-awareness and an understanding of the processes that might affect the lives of service users and the agencies who work with them. The techniques introduced range from very structured methods to more creative ways to express your experiences – all in the service of improving your skills as a reflective practitioner.

At first, the techniques you will learn about in this chapter, if practised regularly, will improve your ability to reflect on your work retrospectively (reflection-on-action in the Schön (1983) model). They will deepen your understanding of your own practice and enable you to look at all aspects of your practice from a different perspective and learn. In time, however, you should also become more skilled at reflection-in-action – taking a reflective stance in real time, while actively engaged in practice. With frequent practice, effective reflection should become second nature to you and permeate all aspects of your approach.

CREATING A REFLECTIVE SPACE

Reflecting alone or with others?

Although most of the practical techniques introduced in the next section can be done individually, you will almost certainly benefit from opportunities to reflect with others. This can take the form of jointly working through the chapters in this book with colleagues informally, or taking part in a facilitated reflective practice group. Group reflection brings with it a number of advantages, including:

- The ability to share similar experiences with colleagues;
- · Benefiting from others' perspectives;
- Accessing mutual support;
- Opportunities to benefit from feedback from peers in a non-threatening setting;
- Opportunities for rehearsal, role play, and guided practice.

Individual reflection also has an important role to play in your development as a practitioner. You need time to think about and work though your personal reactions to the issues you come across in your work life. Individual reflection and a growing self-awareness combine with reflecting with others to help you develop your own thinking skills and enhance the extent to which you are 'present' in your role.

Making time for reflection

The importance of working at developing your reflective skills through individual and joint reflection alerts us to the need for making space for reflection in our work lives. Creating reflective space involves, first of all, making time for reflection in your busy schedule. In my experience, practitioners are prone to becoming so caught up in the pressures of their jobs that they find it difficult to find time for reflection. However, investing some of your precious work time in reflection can yield impressive gains not only in the quality of practice within teams, but also in the efficiency with which practitioners are able to complete their work. In other words, if you make time for reflective practice, you may find that you become more efficient rather than more pressurised in your role.

Creating reflective space also involves cultivating in yourself a reflective mindset which includes being open to new experiences and a readiness to learn. Learning in this context involves more than enhancing your technical knowledge and learning about new theories. The kind of learning that reflective practice will enhance includes knowing yourself better, acquiring a way to use yourself more effectively as a change agent to benefit service recipients, and developing ways of being with people that communicate empathy and understanding.

YOUR CORE TOOL FOR REFLECTION: THE REFLECTIVE JOURNAL

Keeping a reflective journal is generally seen as one of the most valuable tools in the reflective practitioner's toolkit (Ghaye, 2008; Ghaye & Lillyman, 2006; Jasper, 2003). There are many variations on the theme of the reflective journal, ranging from written journals and diaries to using blogs and social media. In my experience, a written journal in hard copy format can be a very useful tool for recording personal experiences, interactions and feelings about work-related issues. Writing in your journal regularly can foster a sense of immediacy and self-awareness regarding your own feelings about the experiences you encounter at work. It is also helpful for practice development to be able to review journal entries either in supervision or in structured, facilitated sessions for reflection. Having journal entries made over an extended period to look back on, can give you a sense of your professional and career development over time.

What do I write about?

The short answer to this question is anything that is relevant to the way the work you do relates to you as a person. You can record a wide range of practice stories, experiences and thinking processes, including:

- anecdotes;
- personal reactions to situations;
- things you have learned through practice, in supervision, in conversation with other professionals, whilst on training, or through personal study;
- your experiences of casework or what it is like to be part of the organisation you work for.

You can also use your journal as a creative space within which to experiment with different ways in which to conceptualise your work and to reflect on your role and how you understand it.

Many of the exercises in the rest of this book are also suited for use in reflective journals. The key to using your journal effectively is to make time to regularly write in it – even if only for 10 minutes a week. Establishing a habit of 'little and often' for journalling works well as this retains the sense of immediacy in the journal entries and allows you to reflect continuously on your experiences.

What can I gain from starting a reflective journal?

As mentioned above, you stand to gain very substantially from keeping a reflective journal. Procrastination and lack of time are the most frequently cited obstacles to starting and maintaining a reflective journal. Those practitioners who choose to make a small amount of

time available for reflection on a regular basis, almost invariably report that the effort was very much worth their while.

Ghaye and Lillyman (2006) list some of the advantages their nursing students attributed to keeping reflective journals. These included the following:

- Journalling illuminated their thinking and showed them how open and receptive to new learning they were
- They were able to track how their thinking developed over time
- · Journalling helped them to appreciate their general attitude towards their work
- Journalling helped them become better practitioners
- Keeping a journal motivated them and helped them in their advocacy role.

These are not insubstantial gains. Ghaye and Lillyman's list for nurses is certainly consistent with my experience in working with a range of practitioners across different settings.

Note on confidentiality:

If you decide to start a reflective journal, it is important that you give some thought to issues of confidentiality around your journal entries. Both your employer and your professional body may have some guidelines about confidentiality that you should follow. As a minimum measure, it would be very important to ensure that the identities of colleagues and service recipients should never be apparent from your journal entries.

You should also take great care to store your journal entries securely. If you are planning to use a reflective journal as part of a reflective practice group, it would be helpful if the group could reach some consensus on how confidentiality and anonymity would be protected within your journals. Similar considerations apply when any of the techniques discussed in this chapter are used in professional settings with confidential information.

Even if you ensure no one can be identified through your journal, you also need to know that, in the UK, under law, it is possible that your journal entries may be viewed as legal evidence and you may be required to release your entries to be entered into evidence in the Courts. However, the best way to ensure that your journalling is safe in this regard is to discuss the issues that keeping a journal raises for you in your setting with your line manager or course tutor.

An example of a journal entry

The following example of a journal entry uses the CLT framework given in *Chapter 1* to illustrate one practitioner's learning from an incident at work:

The most significant event at work yesterday was the phone call I had from social services in the morning. It stayed with me all day and I took the issue home with me which is not a good thing for my stress levels. They want to refer another child protection case to us. This time they have been involved with the family for years; the children have been on the child protection register for neglect and emotional abuse. When I asked what it was they wanted from our team, she asked us to go in and offer advice on boundaries and bedtime routine. But child and adolescent mental health services are involved and the family already has at least three other allocated workers from different agencies. I just felt so angry that they keep referring families with complex needs to us when we are a preventative service. The social worker was surprised when I asked her if she knew that we were a preventative service that only works with families for six weeks at a time. I told her she could complete a referral form for the team, but my heart had already sunk as I am sure we will end up carrying the case as we do in so many other instances. Why does this always happen to our team?



Curiosity

Why does this always happen to us? Do we as a team ever say 'no' to referrals? Do other people know that we are only a preventative service? Why am I so upset when this happens?

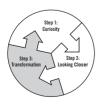


Looking closer

I thought about this incident all night and came to the conclusion that we as practitioners – and that includes me – have created a culture amongst ourselves of not saying 'no' to work coming in; we hold on to families, perhaps thinking we can rescue them. Usually the discussion in team meetings or in supervision goes something like 'If I don't stay

involved with them, no one will be there to support (or rescue) them, or social services will do nothing.' Is this really true?

I also don't think we as a team have agreed and written down referral criteria, so referrers don't know what we can and cannot offer.



Transformation

I will start to listen more closely to myself and my colleagues when we talk with each other about the people we work with to see if we are really 'rescuers' and what that means for us personally and for our practice. It might also be good to raise the questions about saying 'no' to referrals and discharging people a little quicker at team meetings.

This morning I suggested to my colleague who was in early with me, that we do an information leaflet on our service and she agreed that that was a great idea, so we will raise this with our manager.

This example of a journal entry illustrates several aspects of the learning that can be done through reflective journalling. First of all it illustrates that any practitioner open to reflective practices can use structured reflective techniques to learn from their experiences. The example chosen shows a common dilemma in services where there are conflicts between demands and needs and how these are reflected in the interrelationships between different agencies – and how these relationships can impact on the work lives of individual practitioners. It also illustrates how individual and joint action can result from reflecting on work-based situations.

Using a structured guideline, such as the CLT model of reflection, is just one way this practitioner could have used her journal to reflect on this situation. The CLT model guides you through the reflective process, ensuring that you invest time and effort in trying to come to an understanding of the practice situation that you are reflecting upon. It also directs your thinking to the ways in which reflection helps you to transform your approach to your practice and improve the way you work. Alternative approaches to journal reflection include using techniques such as illuminative incident analysis or critical incident analysis, both of which are described below.

Finally, the above example illustrates that reflection is an ongoing process. The practitioner concerned may engage in further reflection cycles as she follows up the ideas generated by her first reflective cycle. At a later date she might reflect on further developments within her team regarding their response to her idea that they may not be clear on who they accept or reject to their service. As such, any one reflective cycle can be followed up by further reflection that extends and elaborates on developments over time. This ongoing, continuous process of reflection is what characterises reflective practice as an approach to continuous professional development.

Interspersed between different sections of this book, there are four extended examples that elaborate and develop the idea of journal-based reflection for readers. These illustrate further examples of the CLT framework for structured reflection. But there are also other reflective methods illustrated in the examples. Through providing these, I hope that you will find inspiration in using reflective techniques to help you develop your own reflective skills and improve your service.

Levels of reflection

Goodman (1984) identifies three levels of reflection, two of which are illustrated in the previous example of a journal entry. The first level of reflection involves accurate description

– identifying the salient features of a situation you wish to reflect on. In the example above, the practitioner identified both personal reactions to events and features of those events as suitable material for reflection. At this level, awareness of one's own reactions to events is very important. For example, the practitioner in the example identified that the enquiry about a possible new referral that came in triggered stress and worry for her that impacted on her life outside work. It also brought to the fore a growing realisation of possible personal and team dynamics around rescuing others and feeling burdened with caring for vulnerable service users, despite this not being the core purpose of the service. At this level, an understanding of individual and team dynamics from the various perspectives covered in this book can equip practitioners with the thinking tools to reflect effectively.

The second level of reflection involves drawing conclusions from observations and coming up with solutions that improve services or address the problems that came to light during the reflective process. Increased practitioner insight in personal or collective practice – such as the suggestions for transformation mentioned in the example – can deliver tangible benefits for services, but also provide the root material for further reflection. In the given example, practitioners' tendencies toward being rescuers was one of the phenomena that aroused curiosity – practitioners may wish to explore such phenomena further using structured reflective tools such as Johari's window, discussed below.

It is also helpful to appreciate that the example illustrates the tentative and unfinished nature of any one 'episode' of reflection – suggested changes may need further reflection and evaluation after implementation; personal reactions may need follow-up and discussion in supervision; and team or organisational changes may bring to light further issues that elicit reflection. The reflective process is therefore an open-ended exploration of the boundary between the personal and professional.

The third level of reflection involves appreciating the wider social, political and societal influences that come into play within the incident or situation that is the focus of reflection. In the example above, the practitioner showed some awareness of inter-agency pressures and the impact of these on other agencies (social services in this instance), but did not focus her reflective process on exploring these issues for her service. In contemporary service settings, this level of reflection is likely to touch frequently on the many conflicts between resources and needs that affect service delivery on the front line in the modern welfare state.

A selection of tools for structured reflection

The reflective tools discussed in this section are offered as structured techniques that might help you to reflect on specific situations or cases you come across. They are mostly aimed at enhancing understanding of complex situations and issues that practitioners often encounter. Most of these can be done either individually or in group settings. Some of them will be illustrated in more depth in the four extended worked examples that are provided throughout this book.

Mapping out self-understanding – a variation on Johari's window

How does your personality affect your approach to work? How do others perceive you? How open are you to learning about new ideas that can enhance your practice? What if those ideas involve facing up to the many different sides of who you are? And what if you come face to face with how others perceive you in the process?

Self-awareness is a key element of reflective practice as the term is used in this book. Understanding our own processes and how these influence the way in which we approach our work can help us to use ourselves more effectively as change agents. One very helpful tool to support self-exploration is called Johari's window. It is named after Joseph Luft and Harry Ingham, two psychologists who invented the technique in the 1950s.

The idea behind Johari's window is fairly simple; namely, that there are some things about us that are known only to us, while there are also things about us that others may notice even though we are unaware of them (Luft & Ingham, 1955). In between these extremes are personality traits that both we and others are aware of. The Johari's window system is completed by considering those aspects of our functioning that are as yet unconscious – unknown to ourselves and to others. These unknown elements of our personalities may be those areas of our functioning that have never been elicited due to our never being exposed to the circumstances that would bring these traits to the fore. The four combinations can be represented as a two-by-two grid, as illustrated below.

Known to others
Unknown to others
Hidden
Unknown to self
Unknown to self
Unknown to self

Table 2.1 The four quadrants of Johari's window

Looking at the quadrants of Johari's window in turn:

- The **open** area represents things known about you to yourself, as well as to others.
- The hidden area represents aspects of your personality known to you, but not to others.
- The **blind area** is known to others, but you are unaware of these perceptions of you.
- The **unknown** area represents those elements of your functioning that are unknown both to yourself and to others.

Through becoming more reflective in your practice, your open quadrant will tend to expand. You may start to understand and recognise elements of yourself that you bring into work that you were previously unaware of, especially through eliciting feedback from others (thus shrinking the blind quadrant). You may also find ways to share and explore elements of yourself with others which you previously hung on to, perhaps for fear of looking incompetent, unprofessional, or perhaps unworthy. Through self-disclosure the hidden quadrant becomes smaller, and the open area expands.

Over time, you might find that unknown aspects of your response to your work practice reveal themselves to you, perhaps in unexpected ways. You might just be able to capture these elusive revelations before they disappear from your awareness and record them using the Johari grid. Bringing these aspects of yourself into the light is a key step towards integrating them into your self-awareness.

Please note that all of us will always have all four of these quadrants – and it is not desirable to eliminate any of them completely from our personalities. However, as you become more reflective you may become more able to reduce your **blind** area by requesting feedback from others, reduce your **hidden area** by developing skills at appropriate self-disclosure, and reduce your **unknown area** through a process of self-discovery, and processing others' observations of you.

The original Johari's window technique involved using adjective checklists to complete the four quadrants, but this is not the only way one can use the grid. Reflective practitioners may decide to include a Johari's window framework in their journals and, where relevant, indicate on the grid where aspects of their practice fall during the times they use their journals for reflection.

Johari's window is a useful tool in supporting the process of working with hidden and blind spots to foster greater self-understanding, but it also reminds us that there are elements of not seeing and not knowing that are always present in the work. These unknown, unpredictable, perhaps even impenetrable elements of work in frontline services are always in the background and can be the source of considerable anxiety in practitioners. Awareness of the existence and contents of such hidden sides of our personalities can help us to understand and accept even the shadow sides of ourselves as practitioners and consequently lead to improved self-insight. The benefit to services lies in the enhancement of their capacity to match service needs with practitioners who are best suited to meet these.

Example of how to use Johari's window:

Joanne is a family support practitioner who was sent on a residential training course on attachment theory and working with vulnerable families. The training was both theoretical and experiential. She used Johari's window to capture some of her experiential learning on the training course:

Table 2.2 Example of a completed Johari's window

	Known to others	Unknown to others	
Known to self	Open	Hidden	
	Bubbly & enthusiastic about new ideas;	Feels very vulnerable when confronted with strong personalities;	
	Enjoys doing things more than thinking about theories;	Confidence is a sham – full of doubts regarding own abilities;	
	Very moved by vulnerable children and their plight; Gets stressed easily.	Worried about small things in relationships – will they still love me if they find out who I am? Own history of insecure attachment carefully kept a secret.	
Unknown to self	Blind	Unknown	
	Tremendous empathy with vulnerable people and respecting of their choices and actions;	Brief moments of very strong anxious feelings never experienced before.	
	Can get very angry if feeling rejected;		
	Works very hard at being accepted by everyone;		
	Takes on 'mothering'/caring role.		

Joanne's learning about herself involved realisations moving from the blind and unknown sections of Johari's window into her open and hidden areas during the course of her residential week. This happened as she became more aware of those aspects of herself through interacting with the other participants and the course facilitators. She used Johari's window to summarise where, in her view, the different elements of her personality resided before she become aware of them.

Taking a closer look at the hidden elements, she might decide to become more open in supervision about her feelings of vulnerability and her lack of confidence. She may still decide not to share her insecure attachment history with others. She might have been surprised to learn that others viewed her as hard working, very caring, and empathic. Perhaps the intensity of her anger and the depth of her anxiety may also have been surprising to her. Learning in this way from her own experience and the feedback from others may enable her to understand herself more fully and manage her reactions to work situations better.

Finally, the hidden feelings of deep anxiety may relate to her attachment history. At any one point in time hidden aspects of our personalities may only partially reveal themselves to us. It is not essential to unearth these completely, but over time Joanne might experience more clarity on the significance of these feelings and how they affect her in her work and personal lives.

It is likely that Joanne only shared a part of her learning about herself with others, but the Johari's window exercise helped her capture what she had learnt and enabled her to think about how her experiential learning can help her in her role.

Thinking about critical incidents: critical incident analysis

Originally, critical incident analysis was developed in the aviation industry to analyse effective and ineffective behaviour in certain situations. In health care practice, these techniques have become very widely used, primarily to help practitioners think about situations where something did not quite go according to plan; for example, drug errors and other reportable incidents. Ghaye and Lillyman (2006) point out that critical incident analysis can be a very useful methodology for practitioners who are interested in reflecting on their experiences with the purpose of experiential learning: An incident becomes a 'critical incident' once it is the focus of reflection and learning. Thus ordinary experiences from daily practice as well as extraordinary experiences such as near misses can be used as the basis for a critical incident analysis.

Tripp (1993) suggests that we can approach critical incidents in the following ways:

First of all, we should ask ourselves questions both about what actually took place, and what did not happen. Asking ourselves questions about 'non-events' can lead to powerful learning and improvements in practice.

The second method he talks about is the 'why?' challenge. Delving deeper into the reasons why we engage in certain actions may lead us to the roots of our assumptions. Very often the answer to the question 'why?' is 'because that is the way we have always worked'. There may be a rich history behind embedded practice routines, but that does not guarantee a sound evidence base or clinical effectiveness. One of the aims of reflective practice is to question deeply held assumptions with regard to frontline practice in order to give practitioners the tools with which to effect positive change at all levels.

The third method Tripp suggests is to identify dilemmas inherent in the incident. What are the aspects of the situation within which you feel caught between two difficult alternatives? How did you resolve the dilemmas you faced? Is there a different or better way to achieve resolution than the one you followed?

Fourthly, we need to make explicit our own personal theories regarding the incident and the people involved. Which of your values informed the way you managed the incident and how did that affect your work and your approach?

Lastly, critical incidents should be located within their broader social and political contexts, an idea very similar to the third level of reflection mentioned earlier (Goodman, 1984). Which ideological assumptions did you make in your approach to the situation? Would you have acted differently if you operated from a different ideological stance? Although our underlying assumptions are often very difficult to identify and articulate, they are important in explaining our behaviour in many situations and can be at the root of acting in ways that we might ourselves find difficult to understand. Examples of ideological assumptions include the ways in which you characterise the people who use your service, how your political views affect your practice, and how you respond to current government policies that affect your area of practice.

Ghaye and Lillyman (2006) offer a slightly simpler framework for recording critical incidents. They suggest that you cover the following aspects of each incident:

- What happened? (description of the incident)
- Who was involved?
- What were the outcomes of the incident?
- What did I/they learn?
- How did this incident affect my practice?

The following example from the journal of a practitioner in a children's home embeds this framework within the CLT model for reflection discussed in *Chapter 1*.

Last Friday afternoon Lennie ran out into the road again. He had an argument with one of the other care staff shortly before and became very aggressive towards all of the staff afterwards. Because of his behaviour he lost some of his privileges for the weekend. I observed all this, but was not involved in any of the altercations and was able to spend some one to one time with him. Yet I left work somehow feeling that we had failed him.

Who was involved?

Thinking back, apart from Lennie, there were two other male carers and myself. The other males are generally more assertive and robust with the young people, while I tend to be quieter and keep to the background when there are confrontations.

Who did what?

Lennie was originally upset because Steve would not let him go to the shops on his own. Lennie argued that Steve allowed two of the other young people to go on their own, so why couldn't he? He would not accept any explanation or reason and became more and more upset. Steve responded by raising his voice and telling Lennie that was the end of it, no further discussion was to be had. Lennie stormed off towards the front door, and went out into the road. Steve and Martin followed him and forcibly brought him back in as he wanted to go out in front of the cars. Lennie became very distressed and had to be restrained. I saw all of this from the hallway.

Once he was restrained, Lennie started crying, saying he is always treated like a baby and no one trusts him. After he had calmed down, I spent some one to one time with him. Martin hurt his hand during the restraint and was in the office trying to sort that out. When Lennie and I sat talking, he kept telling me about his mum and dad and how his dad was always violent towards her and that he used to hide behind the sofa when his dad came home drunk.

Learning

I finished my shift with a sense that we had failed Lennie and wanted to reflect more on this in my journal. Something in me was very ill at ease with the whole episode. Steve and Martin documented the whole thing, but when I read what they wrote before I left work, I felt that the team's account was a little bit one-sided and did not take Lennie's feelings into account, only his actions.

The care worker went on to use the CLT framework to further his reflections on the incident:



Curiosity

I have so many questions about this afternoon. What was it in the situation that made me feel we had failed Lennie? On reflection, I often feel this about our work with the young people. What was it about us that brought out his anger and aggression? What was my response about this – he never confronted me. and I never confronted him – was I the only one

not involved? What do I feel about him? What is it about confrontation I don't like – or is that an issue at all?



Looking closer

Reading Lennie's file, I noticed that he came from a family where there was a lot of domestic violence, alcohol and drug use, but he also had numerous failed placements. It's like when he hit 10 years of age, he spun out of control. So there are issues for him of boundaries, attachment and feeling that he can't be controlled and contained in a placement –

and all the messages to him so far have been about not being manageable when this side of him came out: 'You are too aggressive, move on to the next, more restrictive place.' People are already thinking he is in line for a secure unit or an out of county placement. What does Lennie do when he feels upset – lash out or place himself in danger as if to say, 'I need you to

be able to care for me when I attack you like I was attacked/in danger or when I place myself in danger?

There is also another serious question. How do we as a team respond to Lennie? We all like him, but then we become very punitive towards him and despairing when he loses control. It's as if we lose control as well and Lennie and our feelings about him become unmanageable all at the same time.

But what about me? I think I know now that I am more an observer than an active participant when strong emotion and confrontation happens. This has never been an issue for me before, but I guess it's to do with some of my memories when Dad raised his voice when I was a child. Never liked confrontation – so I withdraw. I wonder how – and if – I can use this to help Lennie?



Transformation

It's important that I raise the issue of our reactions reflecting Lennie's emotions in the team meeting tomorrow. I will also take to supervision what I learned about myself. Perhaps I'm not assertive in other situations as well – so maybe I should get some feedback and do something about this. It's almost certain that I will get involved in some kind of

confrontation sooner or later while I am doing this job so I might as well start working on becoming more comfortable with confrontation.

It is also interesting to see first hand how society, i.e. us as a home and the social services, respond to young people like Lennie who are 'out of control' with ever stronger attempts to restrict them which then only leads to them failing in many different contexts. It's so sad for me to see this in action. I wonder how we as a team can prevent this from happening for Lennie in our service, or even if we can?

A process such as that described here would take place over a number of days and, like most episodes of reflection, it is likely to raise a number of important questions that might not be answerable at the time. The process is also almost always incomplete, but raises questions that can form the focus of further reflection. However, practitioners benefit in many ways. They may gain enhanced insight into their own functioning as individuals within the workplace, increased sensitivity to both specific issues relating to their individual settings and broader issues that reside within the system as a whole, and helpful ideas their teams could take on board to improve practice.

Drawing things out: illuminative incident analysis

As mentioned in *Chapter 1*, the work in frontline settings can often be fraught with strong emotions in everyone involved. When an incident occurs within such a loaded context, there is often a lot of pressure on teams to come up with the causes and to identify who is to blame. In multi-agency work, it is rare to find individual agencies not pointing the finger

at other agencies: 'This would never have happened if the social worker had done her job properly.' It is the nurse who should have noticed the signs of the problem and alerted the rest of us.' I can't believe the foster carers did not report the problem.'

Illuminative incident analysis was developed by Cortazzi and Roote in the 1970s as a way to help teams come to an understanding of the many factors involved in incidents and move forward in new ways with the lessons learnt (Cortazzi & Roote, 1975). Illuminative incident analysis involves using a series of visual representations such as group drawings and cartoons to depict an incident from different perspectives and learn from this what happened in the context of a strict rule of 'no blame'. They cite a number of examples where teams using this method in health care settings with people with intellectual disabilities managed to work through serious failures in care to find solutions that brought extended teams together and led to better care of patients.

Originally, this technique involved a facilitated group process, but the basic technique can be adapted for individual use. As an exercise to see how this might work for you, try the following:

REFLECTIVE ACTIVITY

Make a drawing that shows yourself and how you feel in relation to work right now. The artistic quality of what you draw is not important, but try to find a way to show your relationships to the different factors that affect your work life.

The following example (*Figure 2.1*, overleaf) links back to the reflective episode regarding the social services referral described earlier and illustrates how this method can help to foster understanding of a complex situation.

In order to get the most out of using illuminative incident analysis, you may find it helpful to make a series of drawings from the perspective of several of the parties involved in the incident you want to reflect on. You may also want to ask yourself questions such as 'Where is the service user in all of this?' (Cortazzi & Roote, 1975).

Capturing history: time lines

Time lines have been used in psychotherapy for many years now and have become a key tool in many psychological approaches. Usually a time line consists of a graph where the horizontal axis represents the passage of time, indicated either through chronological markers (years/months/ages) or through significant events. The height of the graph indicates the variable of concern which can be, for example, level of engagement with work, how much you enjoyed your role, or degree of job stress. Time lines can be constructed for many purposes, including:

- · Mapping out critical incidents
- · Visually representing your career development
- Correlating life events with career events.

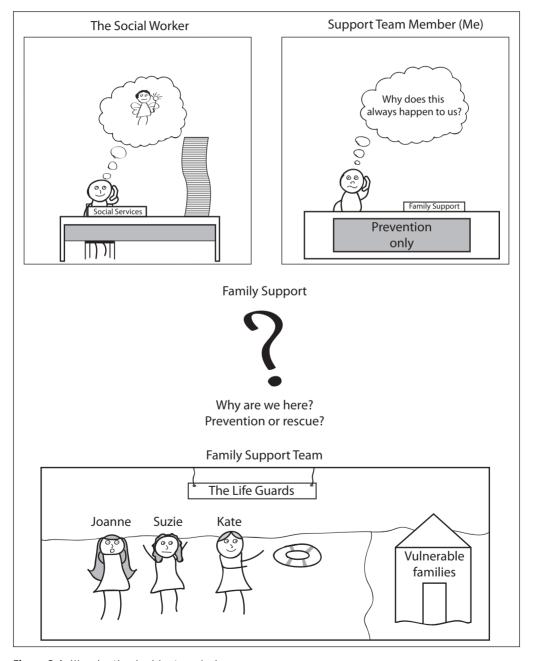


Figure 2.1 Illuminative incident analysis

The following example illustrates how a time line can be used to help understand how someone came to be where they are in their work life:

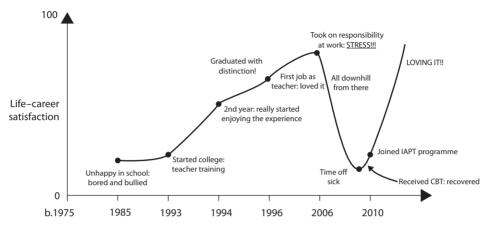


Figure 2.2 Career time line: Haseen, an IAPT worker

The reflective conversation: talking with a 'critical friend'

Beverley Taylor, in her introduction to reflective practice for nurses and midwives, introduces the helpful idea of a conversation with a 'critical friend' (Taylor, 2006). A critical friend is someone whom you choose to support your reflective practice; their role is to listen to your practice stories and ask you questions that are geared towards helping you reflect critically on your practice. The role of the critical friend is not to criticise you, but to support you in looking at your practice in ways that help you to identify your blind spots and learn from your experience.

Critical friend conversations centre around practice stories and the role of the critical friend might be to ask questions such as the following:

- What happened?
- Who was involved?
- What was your role?
- How did you feel when...?
- How do you explain the situation to yourself?
- What alternative views/options were there in the situation?

Although Taylor's original concept involves asking a colleague to be your critical friend, you could also use a group of colleagues to be critical friends, or even try to have a 'critical

friend' dialogue with yourself in your journal, as the following fictional example dialogue illustrates:

Self: The family I visited yesterday. The mum has three children and she just lets them run riot in the house. It's such a mess. They are so demanding and she just sat there ignoring everything around her. Even talking to her was a chore as she answered questions with only the most basic information. I was so frustrated when I left, I just wanted to wake her up and get her to have a bit of energy.

Critical friend: So what do you think was happening for her? And for you?

Self: Thinking about it, I guess she felt overwhelmed. She is quite isolated and the kids are very demanding. Her partner is away most of the week and she might be depressed. But she is not keeping even basic standards of cleanliness and the kids need boundaries which she is just not putting in place.

Critical friend: What about you?

Self: I felt angry and impatient with her, I just want her to pull her socks up and start cleaning the place and teaching the children some discipline. I guess I'm action orientated and always felt that people should really attack problems actively rather than waiting for something to happen to resolve things. I know it might be a serious bout of depression, but I never had much sympathy with people who just give up.

Critical friend: How is your reaction going to help or hinder her?

Self: Perhaps my anger and impatience is similar to what she gets from her partner. I left with the feeling that he could be around more if he wanted to but that he withdrew from the family because of how she is. So I guess I'm not helping things to move forward much. I suggested counselling for her depressed feelings but she has the kids and no childcare which means she cannot attend appointments. Perhaps we can do something about that. She also said that she is conscious of being overweight and afraid of using public transport in case people stare at her. Perhaps my attitude could make her feel more judged.

Critical friend: What would a better situation look like?

Self: I would just like to see her get out of the house a little more – perhaps access a group or two for the kids and address the hygiene factors in the home. If she did a course on cooking healthy foods at the children's centre where there is a crèche and maybe we can find some funding to put a cleaner in for a one-off clean of the place, that might help. I could also talk to our support worker who works with dads, perhaps she can get dad to be a little more involved.

Critical friend: How do you feel now?

Self: I am still keen that she starts to help herself, but if she feels overwhelmed by the children and the house with no support, then perhaps we can help her in small ways to get there. It is a start. Maybe I'm not quite so impatient now.

In this example, an imaginary critical friend conversation gave the practitioner permission to question her own assumptions and to move on in the way she felt about a family and her work with the mum. Many issues remained unresolved, but the exercise allowed for a way forward to be found and the practitioner could explore both her empathic and impatient selves.

Engaging your creative side: music, movement, poetry and prose as reflection

As we have seen in the previous chapter, reflecting on practice involves making sense of our experiences at work. Since experience involves all of the senses, reflecting can involve all of the modalities of expression, including creative arts (Jasper, 2003; Lillyman & Ghaye, 2006; Taylor, 2006). Writing a poem that expresses your feelings about a certain incident, using prose or even music or movement (dance) to express your experience and make sense of it in a different way can assist you in developing your self-awareness as a practitioner.

Can you turn the picture below into a story that reflects the way your service operates?

REFLECTIVE ACTIVITY

Figure 2.3 A valiant knight to the rescue: how does this apply to your service?

Here are some further examples of exercises that you can do alone or with your team to explore the creative side of reflection:

- Retell a practice story as a fairy tale, e.g. Little Red Riding Hood. What roles in the story would be taken up by professionals from the different agencies involved and which would be taken up by a service user? How can the ways in which the different characters interact be changed to improve the outcome and how does that translate back into actions you can take to improve the service?
- Ask each team member to try to write a limerick that captures your role. How does
 yours compare with those of your colleagues? What are the important learning points
 from this exercise that you can take forward as a team?
- When you next discuss a complex case or a practice dilemma, ask your colleagues to be characters in the story and place them as sculptures around the room. What can you learn from each one's feedback on what it was like for them to be placed in the positions you asked them to take? What are the implications for you regarding this specific case?

CHAPTER SUMMARY

Five key points to take away from Chapter 2:

- → In order to reflect effectively, you need to create a reflective space for yourself. This may involve taking time out from other pressures to engage in reflective activities.
- ► It is often helpful to reflect together with others in a facilitated group, although reflecting alone can also be effective.
- → Any work experiences are legitimate objects of reflection. Often the mundane aspects of work life can provide helpful insights that are useful in transforming services.
- ► Techniques that can be used for structured and unstructured reflection include keeping a journal, making images, group work, and more creative activities such as writing poetry, making music or constructing role plays.
- This chapter presented a range of tools that can be used to foster self-understanding and an understanding of service users' perspectives. These include Johari's window, illuminative incident analysis, time lines, 'critical friend' conversations and the CLT reflective cycle mentioned in *Chapter 1*. Examples of how to use these techniques for reflective practice are presented throughout this book.

FURTHER READING

This chapter introduced you to a number of techniques you can fruitfully use to enhance your ability to reflect in structured and creative ways on your practice. The books by Jasper (2003) and Taylor (2006) provide many excellent examples of additional reflective methods specific to nursing and health care. Ghaye and Lillyman (2006) offer detailed guidance on critical incident analysis and learning journals. Throughout the text of this book, there are also many other worked examples of reflective journal entries and further illustrations of some of the other techniques introduced in this chapter.