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**Centre for
Excellence in
Therapeutic Care**

Delivered in Partnership with Southern Cross University

Practice Guide

Reflective Practice: Enhancing Practice
in Therapeutic Care

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The Centre for Excellence in Therapeutic Care is a partnership between the Australian Childhood Foundation and Southern Cross University. Its function is to support the evolution of the newly reformed Intensive Therapeutic Care system being rolled out in NSW. The Centre integrates up to date research evidence with cultural knowledge, practice wisdom and the voices of young people in care to produce reports, practice resources and training to support the provision of high quality, evidence informed therapeutic care. The Centre works in collaboration with the Intensive Therapeutic Care Agencies, the Department of Family and Community Services (FACS), Education, Youth Justice, Peak Bodies and other important stakeholders throughout NSW. Given the nature of the resources it produces, they may also be relevant to other organisations and systems of care in Australia and internationally.



Purpose of this guide

Reflective Practice is one of the 10 Essential Elements of Intensive Therapeutic Care.

This guide has been developed to support Therapeutic Specialists to engage staff in critical Reflective Practice - the process of learning from experience in order to

improve practice, whilst paying attention to staff's emotional responses and assumptions underpinning their practice.

This practice guide will provide information to guide key considerations in the provision of Reflective Practice.

Key Messages



- Reflective Practice is the foundation of professional development - it makes meaning from experience and transforms insights into practical strategies for learning, growth and organisational impact.



- Reflective Practice is not replacement for theory, but involves drawing on theory to enhance an understanding of practice; reflection, then, is a key means of applying theory to professional practice and provides opportunities for staff to reflect on all aspects of their practice - professional knowledge, skills and attitudes. It is important to understand the differences between knowledge, skill and attitudes to support staff to become fully rounded in their practice.



- Critical Reflective Practice also pays attention to emotional responses and the preparedness of staff to challenge their assumptions and the things they take for granted in everyday working life. This involves examining personal values and issues of power in the context of relationships.



- Critical areas of focus for Reflective Practice include:
 - How is the practice consistent with our beliefs, values and service philosophy?
 - Does our practice foster respect for and inclusion of young people?
 - How do we monitor and change our practice?
 - What theories inform our thinking?

Introduction

Effective therapeutic care can be complex and demanding work.

Therapeutic care places a range of expectations on staff to engage in a relationship-based approach utilising a particular theory of change, ways of knowing or theoretical model. It is expected that staff are able to use analytical skills to understand the perspective of the young person with whom they are working and can make meaning of their complex needs and behaviours. Meaning making requires that staff ... *“can look behind the behaviour and know where that behaviour is coming from in terms of motive, intent and context”* (Anglin, 2002 p. 119). It is further assumed that staff can apply reasoning skills in their integration of knowledge and theory into practice in ways which both adhere to organisational values and incorporate an understanding of how the young people will feel about and react to their interventions.

The use of “self” is key in relationship-based practice with young people. In doing so staff must be able to separate their own needs and responses from those of the young people, recognising their own triggers and stressors, as well as those of the young people.

Reflective Practice is a critical dimension to effective therapeutic care as it:



- assists staff to take step back from the practice to review their responses to young people, critically analyse and interpret the needs of young people and how they can best be addressed, consider other approaches, problem solve and build collective understanding across the staff team;



- helps staff and managers to identify gaps in their skills and knowledge - this helps them to identify their learning needs and improve their practice;



- encourages staff and managers to analyse communication and relationships - this means that relationships can be improved and as such collaborative working is improved;



- supports staff and managers in examining the decision-making process – such that they are able to justify practice more readily;



- encourages a healthy questioning approach which can help staff to ‘find their way’;



- supports emotional intelligence - being able to motivate oneself and persist in the face of frustrations, to control impulse and delay gratification, to regulate one’s moods and keep distress from swamping the ability to think, to empathise and to hope;



- enhances resilience to stress; and,



- fosters wellbeing.

The box below summarises Reflective Practice as it is articulated in the 10 Essential Elements of Intensive Therapeutic Care developed by Verso Consulting (2016) for the Department of Family and Community Services, NSW.

Reflective Practice as described in the 10 Essential Elements of Intensive Therapeutic Care

The delivery of a therapeutic care service incorporates an intellectual dimension which requires staff to employ sharp analytical and reflective skills to unravel presenting complexity, uncertainty and risk. Learning from experience, and recognising that each child and young person's situation is different, necessitates that the use of reflective practice is an ongoing practice characteristic which should permeate all therapeutic practice. No two children are the same and one size does not fit all in terms of practice interventions.



Reflective Practice is a process by which therapeutic care staff develop their skills and practices through becoming aware of their actions and responses, and their impact on the young people while they are working (practicing).



Staff also reflect on the young people's actions, interactions and triggers within a framework that attributes meaning to the young person's behaviour. Within this practice framework, staff take dedicated time to evaluate their observations/learnings by talking and asking their colleagues and the Therapeutic Specialist to contribute to their observations and reflections.



Staff are coached and supported to develop this approach as a consistent practice and way of thinking; participating in team meetings is central to this process. Other team members participate in these meetings through Reflective Practice thus creating an environment where day to day reflective practice thrives.



In Reflective Practice meetings, the Therapeutic Specialist uses their expertise to create an egalitarian and an informed learning environment that reinforces the value of each team member's reflections and contribution. In this way, what is learnt through practice is strengthened and reinforced and new ideas can be proposed for the benefit of the individual staff member, the team as a whole, the young person and the residents as whole.



It is important to note that Reflective Practice should be given its own regular planned time and be differentiated from other team/staff meetings.



Staff use the Reflective Practice meeting and its processes to reflect on questions provided through daily observations and information collected through previous Reflective Practice meetings to aid staff understanding of the young person's progress and to accurately determine what interventions are effective and those that are not.



The data also provides insights into the symptom severity of the young person at the centre of the Reflective Practice meeting, which in turn informs Outcome Measure reporting, analysis and subsequent practice refinement.

What is reflective practice in the therapeutic care?

‘Without reflection, we go blindly on our own way, creating more unintended consequences, and failing to achieve anything useful.’ (Wheatley, 2009)

Reflective Practice is the foundation of professional development - it makes meaning from experience and transforms insights into practical strategies for learning, growth and organisational impact. By deconstructing or ‘pulling apart’ experiences and critically examining each aspect, staff can gain further understanding to guide their decision making about what practice should be repeated or extended and what might be changed.

It involves integrating activities into daily life on a routine basis which raise awareness, prompt critical analysis and aid self-management and decision-making.

It means:



- Learning to pay attention – listening to ourselves



- Coming face to face with our assumptions



- Noticing patterns



- Changing what we see



- Changing the way, we see.

We often assume learning is a discreet activity which involves reading books, attending courses, perhaps participating in action learning or working with a coach. But we are learning all the time; from everything we do, every conversation we have, every strand of information that comes our way. Reflective Practice is a way of recognising and articulating what we’re learning on a moment by moment basis.

The table below seeks to differentiate between thoughtful action and reflective practice.

Thoughtful Action	Reflective Practice
Is instantaneous – one decides what to do next, thinking about it for only a split second.	Requires one to take time out to reflect. It involves a conscious attempt to plan, describe, and reflect on the process and outcomes of the action.
There is no cycle of clearly defined separate phases. It is an unpredictable sequence because one responds to events in the situation itself.	It is a clear cycle of separate moments in which one engages in completely different activities.
There is no describing moment, because one is engaged in acting.	As reflection occurs after action, one creates an observational record and describes the results of the action.
One is not aiming at an improvement to the practice. One is thinking about how best to do what one always does.	The major aim is to produce an improvement to the practice.
There is no element of inquiry and one is not deliberately setting out to learn something from experience.	One designs and uses inquiry strategies to find out more about one’s practice.

Children and young people learn by creating new connections in the brain and putting them together in sequences. Adults, however, already have a brain full of connections, and reorganising existing knowledge – sometimes referred to as unlearning – is an essential component of the process.

Each adult has a unique set of experiences, mental models and assumptions. Restructuring and re-ordering what is known requires active, engaged participation, relating ideas and concepts to professional/personal experience. Research shows that for this to happen the new knowledge needs to be of practical and personal value. Adults commit to growth and change when they can connect it to their goals and aspirations.

We will begin by examining some definitions of the term 'Reflective Practice' and consider some of the reasons why staff and managers in therapeutic care need to think critically about their work. We will examine the four theoretical foundations of critical reflection and explore the concepts of reflection-in-action and tacit knowledge. We will discuss issues of time management and the importance of making time to reflect. This section concludes with a focus on the many benefits of reflection.

Definitions

If you were to look in a standard dictionary for a definition of the word 'reflection', you would find at least two groups of words. The first refers to mirror images and the second to the act of deep thinking. In many respects this gives us very helpful clues in relation to what reflective practice is and what it involves. It can be likened to looking into a mirror to see our practice and ourselves more clearly and so give some serious thought or consideration to what we see.

So, what is Reflective Practice? Lucas (1991) offers a useful definition when he argues that it involves a systematic enquiry to improve and deepen our understanding of practice.

The use of the word systematic here implies far more than thinking about things. It suggests that it needs to be done in an organised way and to be undertaken in depth, in order to gain the maximum benefit from it.



Many people have their own ideas of what Reflective Practice is and how they would define it. For example, I have heard people say things like 'I know what reflective practice is. I reflect every day as I am driving home from work'. Of course, it is not for us to comment on the quality of someone's driving, but suffice it to say that deep reflection is not likely to happen while you are behind the wheel of a car! It is helpful to think about what reflection is not as well as what it is, and Thompson and Thompson (2008) offer some useful pointers in relation to this. For example, it is not just pausing for thought from time to time, or something just for students who can then forget about it when they start work; or if you are applying for a new position. It is not something that you only do alone, as reflecting with others can be very helpful too. It is not a replacement for theory, but involves drawing on theory to enhance your understanding of practice; reflection, then, is a key means of applying theory to professional practice. Thompson and Thompson are clear to point out that all practice involves the application of theory and that we all need to beware of 'the fallacy of theory less practice' (Thompson, 2000, p 32).



Why is critical reflection about practice so important?

Developing a culture of learning through reflective practice drives continuous improvement and focuses attention on quality outcomes for young people and supports staff well-being.

The definitions above show that the reflective process is a complex one. The aim of this guide is to take you on a journey from reflective practice (which focuses on learning from experience in order to improve practice) to critically reflective practice with its additional focus on paying attention to your emotional responses and being prepared to challenge your assumptions and the things you take for granted in everyday working life. Critical reflection is vital in professional practice for the following reasons:

1. Providing a space for deep thinking

At times, staff may feel that time spent thinking something through is a luxury that they cannot afford, as distinct from time invested. However, taking time to analyse situations (what happened and why) can prevent mistakes occurring in the future and can help to build staff confidence as they feel more secure in their ideas about practice.

2. Evaluating and developing practice

Developing staff practice involves the need for them to review their practice in an ongoing way in order to keep their knowledge up to date and to continue to develop their professional skills. Professional practice is constantly changing and never static. This is particularly true in the areas of therapeutic care, trauma and abuse. Thankfully this means it is never boring!

3. Preventing stagnation

As staff gain experience it is important to ensure that their practice does not stagnate, but remains vibrant and focused on the needs of the young people. In a relatively short space of time it is easy for staff to 'get stuck in a rut', doing things in a particular way because they have always done them that way. Johns (2004, p 5) sums this up very well when he states that reflective practice is 'the antidote to complacency, habit and blindness'. It is essential that all staff are competent and can carry out their role in an effective way. However, the word competent could imply that the professional practitioner is only 'good enough'. Many in therapeutic care wish to strive for excellence and reflective practice offers one key way in which this can be achieved.

4. Making practice creative

Creativity is one important aspect of effectiveness and excellence, and practising reflectively means that new ideas can be generated. Reflection stimulates creative thought processes by taking a questioning approach. This encourages staff to 'think outside the box' in order to be innovative. Thinking outside the box and being innovative are essential elements of practice with young people who have experienced complex trauma.

5. Building emotional intelligence

Emotional intelligence is the ability to identify, assess and manage one's own emotions and those of other individuals and groups. Emotional intelligence comprises five domains: **Self-Awareness, Self-Regulation, Self-Motivation, Social Awareness and Social Skills**. The first three are personal domains and the other two are social domains.



Self-Awareness comprises:

- Emotional awareness: Recognising one's emotions and the effects these have on yourself and others.
- Accurate self-assessment: Knowing one's strengths and limits.
- Self-confidence: Sureness about one's self-worth and capabilities.



Self-Regulation involves:

- Self-control: Managing disruptive emotions and impulses.
- Trustworthiness: Maintaining standards of honesty and integrity.
- Conscientiousness: Taking responsibility for personal performance.
- Adaptability: Flexibility in handling change.
- Innovativeness: Being comfortable with and open to new ideas and new information.



Self-Motivation consists of:

- Achievement drive: Striving to improve or meet a standard of excellence.
- Commitment: Aligning with the goals of the group or organisation.
- Initiative: Readiness to act on opportunities.
- Resilience: Persistence in pursuing goals despite obstacles and setbacks.



Social Awareness requires:

- Empathy: Sensing others' feelings and perspective, and taking an active interest in their concerns.
- Service orientation: Anticipating, recognising, and meeting the needs of others.
- Developing others: Sensing what others need in order to develop, and strengthening their abilities.
- Leveraging diversity: Cultivating opportunities through diverse people.



Social Skills include:

- Influence: Using effective tactics for persuasion.
- Communication: Sending clear and convincing messages.
- Leadership: Inspiring and guiding groups and people.
- Change catalyst: Initiating or managing change.
- Conflict management: Negotiating and resolving disagreements.
- Building bonds: Nurturing relationships.
- Collaboration and cooperation: Working with others toward shared goals.
- Team capabilities: Creating group synergy in pursuing collective goals.





6. Supporting critical thinking

Critical thinking is the application of logical principles, rigorous standards of evidence, and careful reasoning to the analysis and discussion of claims, beliefs and challenges. Critical thinking involves:

- Examining issues from different perspectives
- Taking a systems approach
- Seeing beyond established ways of thinking
- Identifying larger patterns, dynamics and interrelationships
- Challenging assumptions
- Identifying the root causes of issues
- Being aware of cultural and contextual issues
- Acknowledging intuition, emotions and empathy.

7. Being slow to make assumptions

Each day the human brain has to process millions of messages in order to function. To do this effectively, the brain learns to group similar things together. Thankfully this means we do not have to think through every minor detail of our lives every day. The effect of this is that we all make assumptions about things and people on a regular basis. In addition, irrespective of where we live, we are all part of societies and cultures where certain things and particular people are valued more than

others. Reflective Practice helps staff to question their assumptions and prevents them from accepting things at face value. It encourages a deeper examination of issues, which is vital when seeking to promote equality and social justice for the young people we serve.

8. Providing an aid for supervision

During the reflective process, it is inevitable that, at times, staff will become aware of issues that need to be discussed in the confidential and supportive environment of supervision. This could include things that surprise and challenge them ('I didn't realise I thought like that') and things that remind them of previous negative experiences in their own life ('that reminds me of . . .'). This can be uncomfortable, but time and space for such discussions can help to prevent 'burn out'.

9. Providing a means for constructing professional knowledge

Practitioners often cannot explain how they know things, and demonstrate Schön's (1983) 'tacit knowing-in-action'. This professional knowledge includes a high level of self-knowledge and can be constructed through the process of reflective practice. Staff in therapeutic care need regular opportunities to reflect on what they know, how they know it and how they use it in practice.

Developing professional knowledge, skills and attitudes

Reflective Practice provides opportunities for staff to reflect on all aspects of their practice - professional knowledge, skills and attitudes. It is important to understand the differences between knowledge, skill and attitudes to support staff to become fully rounded in their practice.

Knowledge

Knowledge comes in many shapes and sizes. It is important for staff to build their professional knowledge continuously in order to keep pace with the changes happening around them.

Often professional knowledge can be categorised as follows.



- **Theoretical** – explanations of practice usually published by academics and practitioners. A theory is simply one person's (or a group's) explanation of what they see in practice, or, as Brookfield (2006) states, 'A theory is nothing more (or less) than a set of explanatory understandings that help us make sense of some aspect of the world'. However, such theory should be tested or explored in some way through research, otherwise it simply remains someone's idea or assertion.



- **Procedural** – knowledge of processes, procedures and systems that structure and guide professional practice.



- **Evidence based** – using evidence from previous research to find out 'what works'.



- **Tacit** – things we know but cannot always explain in words.



- **Cultural** – developing an understanding of ways of knowing that are unique to Aboriginal peoples and other cultural groups. This includes an appreciation of culturally specific approaches to care and healing.



- **Voices of young people** - their perspectives and stories provide a rich source of information about what is helpful in practice.

Knowledge can be seen as the building blocks of professional practice. However, our professional knowledge can easily crumble without reflection; indeed, reflection is the glue that holds the building blocks of our professional knowledge together.

The place of tacit knowledge

Experienced staff often cannot explain how they know things and demonstrate Schön's (1983) 'tacit knowing-in-action', sometimes referred to as tacit knowledge. When asking staff why they did certain things in certain ways, many will reply 'I don't know – I just did it that way' or 'It just seemed right at the time'. This can lead to common misunderstandings about tacit knowledge. It would be easy to assume that the staff member's response is based on intuition. However, being able to reach such conclusions quickly, almost on the spur of the moment, will undoubtedly have been learned through many past experiences. Just because we cannot always explain why we do things in words does not mean they are intuitive or simple. This is not the case and, as professionals, we all need to beware of the danger of minimising the nature of our tacit knowledge.

Skills

Staff use a broad range of skills in their practice - some are specific to their role or training and some are more general. Here are some of the more general ones that all staff need to develop.



- **Communication** – these include interpersonal skills (e.g. listening, asking open questions, rapport building) and written skills often carried out using ICT (e.g. writing case notes, reports).



- **ICT** (information communication technology) skills – these include updating databases, communicating by email, using the internet for research.



- **Self-management and time management** – many staff work with a certain level of autonomy and need to be able to manage their own work by prioritising tasks and managing their time effectively. In addition, there will be specific skills that they will need to develop that are vital for their work with young people.

Attitudes

The word ‘attitude’ is used to describe our ways of thinking about things, which in turn influences the way we do things. It goes without saying that staff need to foster positive attitudes, but what does this mean?

Here are some words that describe a staff member with positive attitudes towards their practice:

- Approachable
- Patient
- Calm
- Supportive towards colleagues and young people
- A good communicator
- Well organised
- On time
- Hard working
- Follows things through and does what they say they are going to do
- Slow to make assumptions
- Non-judgemental
- Committed to anti-discriminatory practice
- Quick to respond and act
- Reflective.

The ongoing development of staff in the areas above will demand a high level of self-awareness and openness to feedback from others in order to ensure that they can identify their strengths and those areas that they need to continue to work on.

Reflective Activity

Here are a couple of questions to supportive reflective capacity in staff.



- Imagine you overhear some of your colleagues having a conversation about you. What would you hope they would be saying in relation to your knowledge, skills and attitudes?



- How might a young person describe your relationship with them? What qualities do they see in you that they value?

Reflection-in-action or ‘thinking on your feet’

In his seminal publication, *The Reflective Practitioner*, Schön (1983) discusses the concept of ‘reflection-in-action’ in some depth. All of us spend time thinking – it is so much part of our everyday lives that sometimes we do not even realise we are doing it. ‘Reflection-in-action’ is the kind of thinking we all do as we are working, studying and living generally, and as human beings we all have a capacity to think as we are doing other things. When writing about reflection-in-action, Schön (1983) describes it as ‘thinking on your feet’. This type of reflection is very important staff who work with young people. There are not always logical solutions to everyday problems. Because people are unique, there is no single response or action that will suit every situation.

When working with young people in therapeutic care it will often be necessary to try several different strategies to enable them to engage with the process. By ‘reflecting-in-action’ staff will be able to assess the strategies they are using as they go along, deciding whether their approach is working with that particular young person or group.

If not, they can change their approach and in many (but not all) cases find something that will work, or will at least work more effectively. ‘Reflection-in-action’, like all reflection, is a skill that develops with practice. At first it is very difficult for staff to concentrate on listening to the young person, applying a theoretical model or approach, being sure to follow important procedures and thinking about what they are doing at the same time. Thankfully, practice makes perfect (well, better anyway!).

There are clear parallels here with learning to drive. At first it seems impossible to remember everything (mirror, signal, gears, manoeuvre) but in time, and with good constructive feedback, things begin to fall into place. Of course, we know that now bad habits can set in, and this points to the dangers of relying on ‘reflection-in-action’ only. Constructive feedback or the opportunity to reflect with someone else about your progress is also critical. This also serves as a reminder of ‘the fallacy of theory-less practice’ (Thompson, 2000) when we might be fooled into thinking that we could do this all along.



Making time to reflect

As mentioned in the list of attitudes, being organised is vital for effective therapeutic care practice, and effective time management is an important skill that all staff need to continue to work on. It is important to recognise the difference between the important and the urgent. Being able to differentiate between these two concepts will undoubtedly be a key factor in achieving success in your professional life. Here are definitions of the two terms:

Urgent – things that demand our immediate attention and at least give us the impression that they need to be done now.

Important – things that help us to achieve our long-term goals.

Covey (2004) presents a useful model to help us to make this important distinction. This is represented by a square with four quadrants, which can be described as follows:



- **In Quadrant 1** (top left) we have important, urgent items – items that need to be dealt with immediately.
- **In Quadrant 2** (top right) we have important, but not urgent items – items that are important but do not require your immediate attention, and need to be planned for. This quadrant is the quadrant that we should focus on for long term achievement of goals.
- **In Quadrant 3** (bottom left) we have urgent, but unimportant items – items which should be minimised or eliminated. These are the things that take time but are likely to result from poor planning rather the significance of the issue itself.
- **In Quadrant 4** (bottom right) we have unimportant and also not urgent items – items that don't have to be done anytime soon, perhaps add little to no value and also should be minimised or eliminated. These are often trivial time wasters.

Many staff spend a lot of time in Quadrant 1. Covey is clear about the consequences of this, which include a range of symptoms caused by high levels of stress, feeling that you are constantly 'fighting fires' and managing crises; here the risk of 'burn out' is high. Spending lots of time in Quadrant 3 is also something to beware of, as here staff run the risk of being a 'slave' to the priorities of others – in other words, focusing on things that are important for others but not for themselves or the young people. The risks here are high as staff begin to see their own goals and plans disappear and become pointless, as they rarely achieve them. Staff can begin to focus is on the short term, begin to feel worthless and even victimised as the work seems to spiral out of control. Quadrant 4 is full of procrastination, often called 'the thief of time'. Here, time is stolen from staff because staff can put things off that they know they should be doing, and sometimes even things that they want to do.



Staff do this for a range of reasons that are often personal to them and can include:



- Fear of failure, or even fear of success.



- Not knowing where to start.



- Being so overwhelmed by the volume of work that they are experiencing that they cannot see a way forward.



- Boredom and lethargy.

Perhaps it is difficult to imagine staff in Quadrant 4 as it is contrary to many of the staff attitudes we looked at earlier in this guide. However, it is important not to be deceived by things that appear as legitimate work tasks, which can conspire against staff if they are not careful.

For example, the feeling that staff need constantly to check emails to be sure they are up to date and not letting others down.

Covey advocates staff spending a significant amount of time in Quadrant 2 where their own goals and priorities are in focus. Here, they are clear about what they hope to achieve in the longer term: such tasks and projects do not need to be done now, but they will help staff to achieve their long-term goals. Much of this clarity comes from reflection and spending time thinking through what they hope to achieve will be important.

Remember too, that taking time to reflect is a choice. However, if staff spend too much time thinking about our long-term goals, over time these will shift into Quadrant 1 as time runs out on them. What was previously 'not urgent' then becomes so as deadlines loom. Or worse, staff fail to achieve them as they minimise their worth and they 'fall off the end'.

When work is very busy it is all too easy to be distracted, and, before staff even realise, they have wasted precious time on activities that might appear urgent, or that they have deceived themselves into thinking could be important. These processes can undermine the space for, or staff commitment to Reflective Practice. Support staff to get into the habit of blocking out the time for Reflective Practice sessions.

Reflective Activity



Support staff to think about their work and identify two things that they would place in each quadrant. Remember, to achieve their long-term goals their focus needs to be in Quadrant 2. How can they achieve this?



You can ask staff to reflect on this as individuals and then ask them to reflect on the same things from a team perspective.



How much similarity or difference is there between team members? What does the team want to set at the things they want to focus on in Quadrant 2? How will they work together to achieve these? What additional support do they need to succeed?



How does the team negotiate with young people about what is in each quadrant? How might this improve the day to day experience of care for young people?

A reflective space

As well as making time to reflect, many people find having a reflective space is also important. This can help if staff find it difficult to 'switch off' from work and

activity. A space that you have identified as somewhere offering staff the opportunity to focus on their development can be extremely helpful.

From unconscious incompetence to unconscious competence

An effective staff member in therapeutic care has well developed knowledge, skills and attitudes. In thinking about the purpose and expected outcomes of Reflective Practice is useful to consider this well known and useful model (sometimes referred to as the conscious competence learning model, the conscious competence

matrix or the conscious competence ladder). The model describes the journey that people make when learning something new from 'Unconscious Incompetence to Unconscious Competence'.

The origins of the model are unknown and has the following four steps:

1. Unconscious incompetence – this is where most learners start. They are unaware of their lack of knowledge and skill and, put simply, they do not know what they do not know.

2. Conscious incompetence – as the learner progresses they become much more aware of their limitations and start to recognise what they do not know and cannot do.

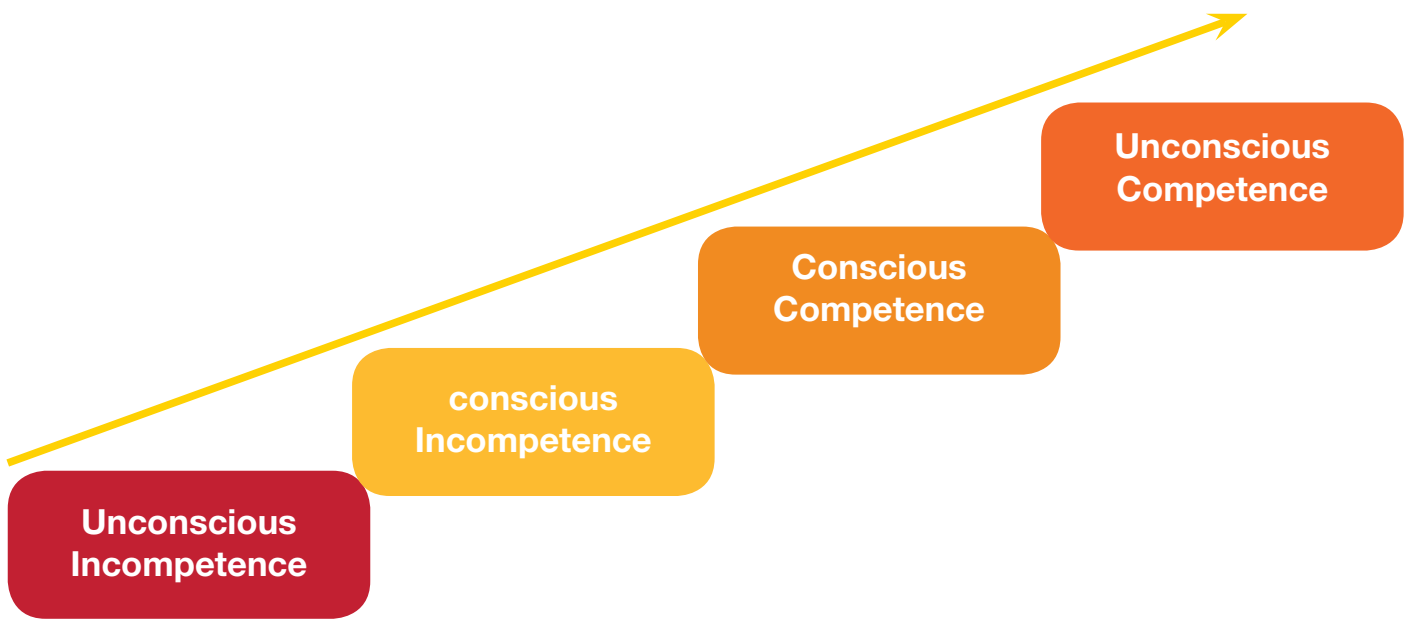
3. Conscious competence – as the learner continues to move forward, they become more knowledgeable and skilled and begin to apply their learning. Typically, the learner does this in a deliberate step by step way.

4. Unconscious competence – by this point the learner can perform well in their work without much conscious thought, as their knowledge, skills and attitudes become embedded in their practice.

The model

This model provides a useful way of Therapeutic Specialists, Supervisors and staff themselves conceptualising where they are in their own learning and

development journey. They may be at different parts on the journey in relation to different areas of practice.



How do we do Reflective Practice?

Sometimes it's difficult for staff to develop a critical perspective of their own practice. The dynamic and team environments of therapeutic care make team or group Reflective Practice extremely useful forums for the sharing and exploration of issues and situations that arise in the care of young people. Group processes often help bring a range of perspectives into the discussion and aid the generation of meaning making, new ideas and strategies for moving forward. Team or group discussions also help in the exploration of values and assumptions that are underpinning how the practice is enacted.

There are many tools and resources available to help guide Reflective Practice. What they all have in common is a process that enables you to look back or observe what happened, reflect and learn, and identify and apply a different approach next time. This section will introduce you to Kolb's Experiential Learning Cycle.

Kolb's Experiential Learning Cycle

Kolb's Experiential Learning Cycle (1984) is a well-known theory which is based on the notion that we learn from our experiences of life, even on an everyday basis. It treats reflection as an integral part of such learning. According to Kolb, the process of learning follows a pattern or cycle consisting of four stages, one of which involves what Kolb refers to as 'reflective observation'. The stages are illustrated and summarised below:





Each stage of the cycle is further explained below.



Stage 1: Experience (Kolb's "Concrete experiences")

Life is full of experiences we can learn from. Whether at home or at work or out and about, there are countless opportunities for us to 'kick-start' the learning cycle.



Stage 2: Reflect (Kolb's "Reflective observation")

Reflection involves thinking about what we have done and experienced. Some people are naturally good at this. Others train themselves to be more deliberate about reviewing their experiences and recording them.



Stage 3: Conceptualise (Kolb's "Abstract conceptualization")

When we pass from thinking about our experiences to interpreting them we enter the realm of what Kolb termed 'conceptualisation'. To conceptualise is to generate a hypothesis about the meaning of our experiences.



Stage 4: Plan (Kolb's "Active experimentation")

In the active experimentation stage of the learning cycle we effectively 'test' the hypotheses we have adopted. Our new experiences will either support or challenge these hypotheses.

To learn from our experiences, it is not sufficient just to have them. This will only take us into stage 1 of the cycle. Rather, any experience has the potential to yield learning, but only if we pass through all Kolb's stages by reflecting on our experiences, interpreting them and testing our interpretations.

Summing up, learning from our experiences involves the key element of reflection. Obviously, most people don't theorize about their learning in this way, but in their learning follow Kolb's cycle without knowing it.

A practice example

What follows is a reflective process that Peter, a staff member, went through following an incident with James, a 16-year-old young person.

Concrete Experience - About James

I was on shift when James came out of his room. He looked agitated and was moving around the lounge room in a predatory way. He appeared to be looking for an opportunity to create an issue/problem. I spoke with James. I asked him if he was "alright". James ignored me. I moved closer to him and asked him if he wanted to sit down or go outside and use the trampoline. James stared at me and swore.

The other young people were looking concerned.

I asked James not to speak to me like that. He said: "get out of my face or else". I asked him if he was threatening me. He said: "you'll find out".

I turned my back on James to ask the other young people to leave the lounge room and he pushed me in the back and I fell forward over a coffee table. James picked up an ornament which he threw and smashed a window.

Observation and Reflection

What observations and reflections did I take away from this experience?

1. Following the incident, I was concerned about how I had approached James and how it had escalated so quickly.
2. I reflected on whether I should have checked with the other team members if they knew any reason why James was agitated.
3. I wondered if following James was helpful or unhelpful. Did he experience this as a threat?
4. Should I have ignored him when he swore at me? Was I concerned how the other young people would view me if I let him get away with speaking to me like that?
5. Turning my back on him was a mistake. Did James see it as an opportunity or a rejection of him?

Formation of Abstract Concepts and Generalisations

What abstract concepts and generalisations did I take from this experience?

1. Young people who have had adverse experience involving trauma can see threat where it does not exist.
2. The stress response system is automatic and the young person's system is geared-up for the fight or flight. James was ready to fight.
3. Fear is contagious and the other young people's stress response systems were becoming geared-up to defend themselves.
4. Challenging young people who are outside their 'window of tolerance' is unhelpful. De-escalating is more helpful.
5. Turning away from a young person who is highly escalated is dangerous.

Testing the Implication

What are the implications for new situations?

1. I will always make sure I am as aware as possible of how each young person is travelling at the beginning of a shift.
2. I will find out from other staff how they have previously dealt with James in similar situations with success and try those strategies.
3. I will make myself aware of any de-escalation techniques that the young person has been using to help in difficult situations.
4. I will not take personally comments made by a young person.
5. If a situation is escalating there needs to be another member of staff to take care of any other young people who are present.

Activity: Reflecting on your practice



Support staff to think of a situation that they found difficult when they first attempted it, such as their first time on shift, meeting a new young person who was being difficult or an incident that was complex and challenging.



Use the stages in Kolb's cycle of learning to help them to reflect on what happened. Using the questions below, try to recall what emotions, thoughts or reflections the situation prompted in them and what they learned from the experience. How would they deal with a similar situation the next time they encountered it?



- Describe the **Concrete experience**.



- What **observations and reflections** did you take away from the experience?



- With **abstract concepts and generalisations** might you formulate?



- What are the **implication for new situations**?

Questions to enable active reflection

The following questions will help you get started in facilitating the Reflective Practice session. You will be able to generate many more questions.

- Tell me about what happened?
- What did you feel at the start?
- Describe your feelings?
- What feelings/thoughts/ideas did you feel during?
- What patterns did you see? Any links to historical information you have seen, any new information?
- What did you think the young person was feeling?
- How can we understand what was going on for the young person in that moment?
- What are the possible triggers or lead up to the situation?
- Any factors that influenced your feelings for example gender or race?
- Where and when did you feel least/most comfortable?
- Any change/similarities/difference since last encounter with the young person?
- What aims/outcomes were not achieved?
- What do you need to revisit or feel is not known?
- Define your role/organisation role?
- How do the young people define your role?
- What went well, or not well, and why?
- How would you describe the power relationship?
- Has your thinking changed, if so why?
- What areas of further assessment/resources are required?
- What bits of theory, training, research, policy or values might help you make sense of what happened?
- What are the current strengths, needs, and risks for the young person/people?
- How do we observe, listen and critically review what is happening through the day?
- What is the rationale behind our practice?
- Is the practice consistent with our beliefs, values and service philosophy?
- Does our practice foster respect for and inclusion of all young people?
- How do we monitor and change our practice?
- What theories inform our thinking?

Running a Reflective Group

Effective reflection requires that facilitators demonstrate an open-minded attitude, communicate appropriately, manage group dynamics, incorporate diversity and provide closure. Developing skill in each of these areas involves learning and becoming comfortable with numerous facilitation practices.

REMEMBER

Use	Avoid
Open-ended questions	Refuting people's ideas
Ask for specifics and examples	Putting people on the spot
Paraphrase and summarise ("So what you're concerned about is who defines what's best for the young people?")	Downplaying thoughts, feelings
Acknowledge contributions	Forcing people to speak
Redirect questions to group	
Be creative	
Take some risks by posing provocative questions	

Setting a culture of openness and safety

Staff are more likely to engage in Reflective Practice when there is a culture of openness and trust. It is important for facilitators to support staff to recognise there is no single or 'right' way to approach complex issues.

The key to open and honest reflection is an environment in which participants feel safe and comfortable. For group members to express their thoughts and opinions they must feel that they can do so without fear of attack or condemnation. It is the facilitator's job to create such an environment, to monitor staff comfort levels, and to take the necessary steps to maintain safety. This includes understanding and planning for individual differences in needs, abilities, fears, and apprehensions. Staff who feel safe are more likely to make honest and genuine contributions and to feel camaraderie and respect towards other group members.

Ground rules establish a foundation upon which the group's communication will occur. They help to create a safe environment in which participants can communicate openly, without fear of being criticised by others. Ground rules that have been arrived at by all members are the most useful and can be repeated if tension rises during reflection. Sample ground rules follow:

- Be honest
- Listen, even if you disagree
- Avoid prejudicial comments
- Criticise the idea, not the person
- Pass if you're not comfortable
- Use "I" statements
- Don't interrupt
- Be brief
- Everything is confidential
- Agree to disagree



Promote “active listening”

Staying quiet and considering others’ remarks can be challenging when controversial topics are discussed, but is crucial to respectful communication. Facilitators should discourage staff from professing their opinions without considering and responding to others’ comments. Instead, facilitators should model communication in the form of a dialogue, in which staff listen and respond to each other. The type of communication used (whether “polite conversation” is favoured over informal or slang conversation) can vary, and should be determined according to such factors as the group’s cultural background, familiarity with each other, goals for reflection, etc.

Encourage participation by all

Facilitators should clearly communicate that reflection is an egalitarian process in which everyone has a right to speak, or to choose not to speak. Group members who have not spoken should be encouraged to do so, if they wish. This can be accomplished by creating a space for more introverted group members to speak. This can be accomplished by stating something like, “Let’s give an opportunity to hear from some people who haven’t spoken yet...”

Use “stacking”

To promote full participation, the facilitator should guide the allocation of speaking time by “stacking” (or “queuing”). This involves the facilitator identifying and placing in some order those individuals who wish to speak.

Manage disagreements

It has been said that “whatever resists will persist.” Facilitators must be adept at recognizing tension building in the group, and respond to it immediately. Among the most useful strategies is to repeat the ground rules established by the group, including a reminder that criticism should pertain to ideas not to people. In addition, facilitators should not permit any disrespect or insults and should clarify misinformation. It is important that negative behaviour be handled immediately so that participants do not get the impression that the behaviour is condoned by the facilitator.

Promote equality

As indicated, effective reflection is not designed around the leadership of one person. Equality of staff should be communicated and modelled by the facilitator. Again, the facilitator must be an alert observer, identifying signs of a developing hierarchy, or of divisive factions within the group. S/he should not permit arguing up against any group member(s), and should not take sides in any developing debate. Such situations can be counteracted by recognising all members, and encouraging their participation equally.

Be mindful of power, and who has it

All groups have opinion leaders or people who most others look up to. Often, these opinion leaders will set the tone for a discussion, thereby limiting active involvement of the more reserved members. Identify who these opinion leaders are and if it appears their power and authority is dominating the discussion, ask them, politely, to entertain other opinions.

Other keys to managing group dynamics include:

- know the group
- keep the group on track
- don't avoid topics
- reflect responsibility back on group
- be prepared for disagreements
- encourage challenging issues

Build in diversity

To appropriately handle diversity issues in reflection sessions, facilitators must begin by recognising their own attitudes, stereotypes, and expectations and must open their minds to understanding the limits these prejudices place on their perspective. The facilitator will be the example to which the group looks, and should therefore model the values of diversity.

Monitoring communication for expressions of bias requires the facilitators attention and sensitivity. Facilitators should be aware that some language and behaviour has questionable, different or offensive meaning to some people, and they should encourage them to share their perspectives and information. Specifically, facilitators should watch out for statements or situations that generalise groups, or that identify race, sex, age unnecessarily.

Closure and Evaluation

As a challenging and meaningful reflection session draws to an end, staff may feel that their intended objectives have not been met, that questions have not all been answered, or that a plan of action has not been finalised.

Nonetheless, the group needs to recognise that progress has been made and that the process must continue. It is the job of the facilitator to initiate this sense of resolution, and to invite feedback so that the process may foster as it continues. Suggestions for accomplishing this include:



- Request a closing statement from each participant about what they learned, what they plan to do next, etc.



- Review the session with the group, recognizing participants' contributions and the necessity of further reflection.



- Provide participants with resources, such as written material and upcoming events, to encourage their continued involvement.



- Request written and verbal evaluations so that participants may voice those concerns and ideas that have been left unsaid, and so that facilitators may understand the strengths and weaknesses of their skills.

As with any skill, the ability to facilitate effectively will develop through experience, feedback, observation, and reflection. Using the tools described in this and future sections of this manual you are equipped to begin refining your facilitation skills.



Trouble Shooting

Given the non-authoritative and flexible nature of facilitation, it is not unusual for situations to arise that can compromise the effectiveness of the reflection. Facilitators need to stay alert to these possibilities, and be prepared to deal with them. Following are suggestions for handling such situations:



1. One Person Dominates the discussion or continually interrupts it.

Make it clear that you want input from everyone: “Can I hear from someone that hasn’t spoken yet?”

Use activities that require everyone’s participation, i.e., gathering questions and ideas. If a person consistently talks for long periods of time, without singling out that person specify that you would like everyone to be brief.

If someone continually interrupts, don’t become defensive or ignore him or her. Instead, acknowledge the value of their input. Point out that in the interest of the group, interruptions should be kept to a minimum. Offer to speak to them at length at the break or after the session.

Keep track of people who wish to speak by “stacking” (verbally list names of people who have raise their hands, indicating the order in which people will speak).



2. Several people refuse to talk or participate.

If some people refuse to participate in the large group, you might try dividing the group into pairs, threes, or fours. People who will not speak up in front of the full group will sometimes feel more comfortable sharing in a small group.



3. The group becomes distracted and loses its focus.

In refocusing a group, it sometimes means interrupting someone or interrupting a two-way argument that is going nowhere. Although you may be hesitant about this, remind the participants of the original topic and put the tangent on hold, at least until the first topic is resolved.



4. An offensive comment (e.g. pertaining to race, gender, sexual orientation, etc.) from a participant evokes angry reaction or shocked silence from the group.

If anyone makes an offensive comment, expect conflict. Your job is to control the processing of what happened and allow the workshop to continue. You can ask people to vent, but without argument. (refer to the previous section on diversity for specific suggestions.)



5. Someone verbally attacks your leadership and completely throws you off.

Usually they are very upset and are to blame. Do not take the attack personally. Explain your rationale. Discuss it with the person privately during a break. If you erred, apologise and continue.



6. Someone presents inaccurate information or strays away from the focus of discussion.

Allow participants to point this out and/or reject the comment. You should invite other participants to correct the misinformation. If they don't, correct it yourself. If you don't know the answer, acknowledge and commit to looking into it. Don't leave the group with any misinformation.



7. Group participant states: "It's all hopeless anyway; you can't change people's attitudes. Why even try?"

Acknowledge their feelings. Point out the hopelessness, without buying into it yourself. Point out the purpose of the Reflective Practice itself, and that you have seen attitudes change and grow by doing this work. Don't get



8. You find yourself disliking a participant.

Remember that you are a human being and entitled to your own personal likes and dislikes. However, you must also keep in mind that as a facilitator, your neutrality is essential to the success of a workshop. Acknowledge your feelings to yourself, and move on.

It is helpful to practice responding to challenging situations by role playing them with others. As you gain experience as a facilitator you will discover additional responses to these and other situations and will develop your own style.

Conclusion

Reflective Practice is a key element of effective Therapeutic Practice that requires skilled facilitation, a culture of respect, openness and honesty and a commitment to continual learning and practice quality.

The introduction of Reflective Practice may be unfamiliar for some and common place for others. Remember that change can be threatening, talking about practice can feel intimidating and exposing for some staff. Consider how you can support staff into the reflective practice

space in a way that is going to realise the full potential of what it has to offer.

The Communities of Practice for Therapeutic Specialists provided by the Centre for Excellence in Therapeutic Care are a critical resource to Therapeutic Specialists in their own development and provide an ongoing opportunity to talk about the provision of Reflective Practice within organisations.



Useful links and resources

Reflection and Kolb's Cycle

<https://youtu.be/-6gB4564vAk>



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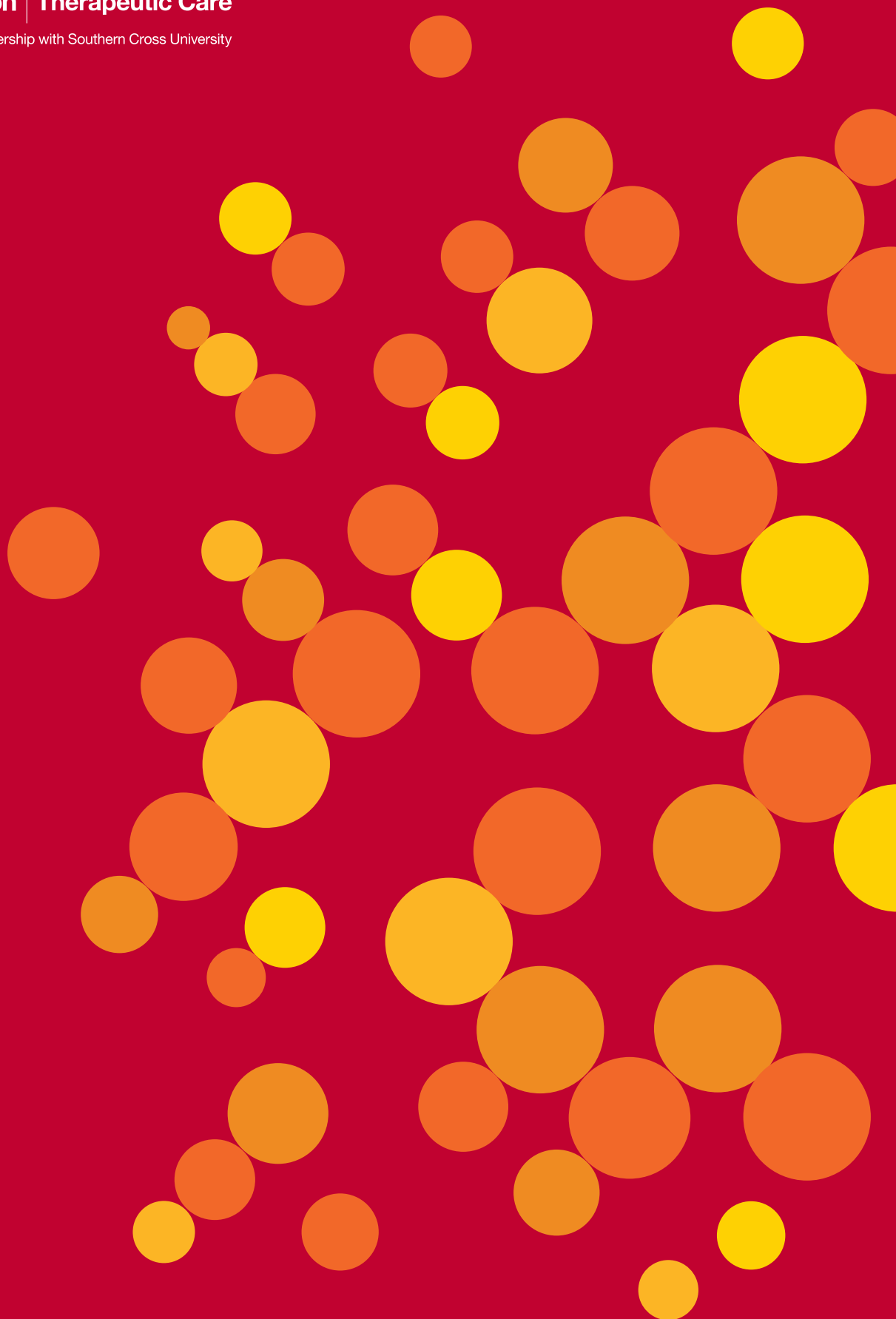
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