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Article

An Evaluation of Critical-Reflection on Service-Users and their Families Narratives as a teaching Resource in a Post graduate Allied Mental Health Programme: An Integrative Approach

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Abstract

In this article, the author argues for the need for students to have opportunities to dialogue with service users in social work education. Through such conversations spaces for critical-reflection are created in which individual, team and professional discourses can be safely critiqued among a community of learners. Within professional courses of study the constructed nature of distinctions between service users and the professionals who 'treat' them become apparent when consumers and their families tell their narratives of recovery to an audience of allied health students who are in their first year of hospital-based practice. The author proposes that social workers need to take a critical-reflective stance in relation to the teams and the professional discourses they work within. A critical-reflective approach enables students to analyse their practice within their organisation's policies to look beyond the boundaries while paradoxically learning to work within them. This perspective is evoked by the use of service user narratives in educational programmes of professional development. The implications for integrating consumer perspectives in social work education are discussed.

Keywords: education, Health Care, mental health

Introduction

Social workers and strengths-based theorists advocate increasingly for a 'recovery' perspective in mental health practice. However, what the concept of 'recovery' means is not well understood in social work and other helping professions. There are conflicting ideas about what the notion means and how recovery relates to conventional models of assessment and intervention in the mental health field (Pilgrim, 2009; Razanno et al, 2010; Starnino, 2009). Recovery, as a principle in mental health practice, is a relatively recent addition to the rehabilitation scene, appearing in policy documents around the early 1980s in the UK (Pilgrim, 2009 p.478). This paper describes an approach to teaching the concept of recovery to graduate allied health professionals which draws from service-user narratives, strengths-based theories and the work of Ken Wilbur (2006). The Four Quadrant's Model (Wilber, 1993 and 2006) is referred to, for the purposes of demonstrating recovery in action to students. Further, this paper suggests that a critical-reflective process is triggered by student engagement with these narratives to demonstrate how as social workers we can assist or hinder service user efforts to re-author their personal narratives. The methods of establishing a process of critical-reflection in social work education using service users' narratives, and in particular, the role of lecturer as facilitator of this process, are suggested.

What is Recovery?

'Recovery' is considered to be a process of returning to a quality of life that enables the person affected by mental illness to continue to live well with a mental health condition (Razanno et al, 2010; Starnino, 2009). Inspiring hope and positive self-concept are aspects of what is considered to be conducive to staying well in the face of mental illness. (Russinova and Rogers, 2011). Components of 'recovery' include having a positive self-identity through addressing social stigma, support , autonomy, self-determination and decision making power over one's life (Carpenter, 2002). Key aspects of living a 'good life' involves more than symptom management but rather involves fulfilling employment, sustaining relationships and a sense of belonging and participating with an equal voice in community. This comprehensive definition sees social functioning as the primary means towards these key components of living a 'good life' (Starnino, 2009).

Transpersonal dimensions involving hope, personal creativity and spiritual fulfilment feature prominently in the literature on 'recovery' (Cowley, 2001; Fallot, 2007). Health professionals working with consumers understand the growing importance of spirituality and hope yet they also can have reservations and discomfort about working with these intangible aspects of life that they may not have explored in relation to their own lives (Fallot, 2007).. Due to the complexity of the recovery process and the need to bracket their own views in listening to consumer narratives specific training and education is recommended for mental health professions at the tertiary level (Razzano et al, 2010).

As a working definition, much of the literature on recovery mentions the concept of 'empowerment' (Starnino, 2009) which some consumer /peer networks dispute as being appropriate due to inferences in the term that power can be given by one who has it to one who lacks it (Personal communication with Director of consumer network, 'Mind and Body', Burdett, J, 2009).

Tensions between the goals of evidence-based practice and those of the recovery movement are described in the literature as crossing discipline boundaries in mental health with attention to the whole person recommended. Looking beyond symptom management is advocated as means of supporting the service-user to take up daily activities with the aim of return a quality of life to the individual in the contexts of his or her social environments (Rapp, 2006). Social workers have been among those professions who have sought a more holistic view of mental health beyond the medical model, thus recovery as a paradigm aligns well with its central tenets and humanitarian concerns (Starnino, 2009). Prominent in the literature on recovery is the strengths-perspective where the social worker aims to capture the hopes and aspirations of the service user in their intervention which is characterised as a collaborative endeavour (Saleebey, 2006). The development of case management models that are similarly based in the service users' goals continue to challenge the prevailing ideology in mental health that views the 'client' in relation to an expert's DSMIV-TR diagnosis and the chronicity of that diagnosis (Kondrat and Teater, 2009).

Social workers along with other mental health professionals have been influential in raising awareness that the transition from institution to 'community care' requires specialised skills and

an holistic perspective. Due to their position in the multi-disciplinary team and involvement in discharge planning and follow up services in the community, social workers have found a synergy with an integrative approach comprising strengths-based, narrative and service-user led approaches in mental health. Given this breadth of perspective, social workers were able to observe, first hand that the movement to community care beginning in the 1970s was more of an euphemism if appropriate resources were unavailable after consumers were discharged from long term hospitalisation or institutional care (Starnino, 2009). Furthermore, social workers due to their training and role in discharge planning were well- positioned to see where the organisation's goals of rehabilitation did not align with what service-users and their families actually wanted.

Risk management may also militate against the vision of recovery from within professional discourses where risk to self and other may be involved in decision making surrounding discharging ex-service users into the community. Therefore, the recovery paradigm including narrative and strengths-based theories of practice were a better fit with social work's humanitarian ideals and social justice principles. Addressing the social stigma of mental illness has always been part of the social work profession's agenda which aligns recovery with belonging in community and wider social justice concerns. Thus 'recovery' can also refer to what has been called: 'the optimistic edge of our current societal aspiration of human rights and full citizenship for all'. (Pilgrim, 2009 p. 478). This tension between philosophies underpinning the medical model and recovery is evident when comparing and contrasting professional and service-user discourses about 'assessment' and 'treatment'. As Pilgrim(2009 p.482) for example, concludes, 'professionals tend to define success by patient adherence to service

contact, especially with treatment plans, with typically involve the long term use of medication and its attendant iatrogenic consequences'. My aim in teaching evidence-based practices alongside the principles of recovery in a post graduate mental health programme was to expose the inherent tension points and contradictions inherent in mental health practice. Once define, my aim was to encourage students to hold this complexity whilst working out their own frameworks for practice.

The importance of narrative in the recovery process

The position of recovery from a service user perspective is more narrative in focus, with service-user accounts providing opportunities to 're-author' personal narratives that have become 'problem- saturated' and medicalised by the prevailing societal discourses about mental illness. (Kondrat and Teater, 2009). White (1993) writes about the importance of 'externalising conversations' as a method for separating the person from the 'problem' and as a means of freeing the service user from the diagnosis they have had attributed to them (White, 1993). In the recovery process, mental health practitioners are required as part of their assessment to ask about how the diagnosis has influenced the service user's life and identity and to explore the 'sparkling events'(White and Epston, 1990) or exceptions to the 'problem' where people transcend the stigma of mental illness to areas of personal success and fulfilment. How to teach allied mental health practitioners to have these important 'conversations' with service users whilst also teaching evidence-based mental health practice is a challenge to educators in professional courses of study. One challenge of teaching students about these tensions is to remain relevant to

the realities of the of working in a hospital context whilst retaining mindfulness of recovery principles within the predominant discourses about the power of the expert.

Teaching Mental Health Professionals about 'Recovery'

How to construct learning opportunities within them safely with students to facilitate opportunities for them to witness re-authoring accounts from service users is a challenge of social work educators as in other areas of professional or applied learning. Critical reflection for social workers involves a sustained exploration of how our knowledge as individuals and as a profession is constructed to analyse the central power dynamics within them. (Fook and Askeland, 2007 p.527). Fook and Askeland (2007) discuss the challenges of teaching using this definition of critical reflection in an educational context as they suggest that the classroom is innately competitive and is a place where emotional disclosure is rarely encouraged in the learning (Fook and Askeland, 2007 p.527). Furthermore, Fook and Askeland's, 2009 pp. 521-522 model of critical reflection:

'Aims to challenge cultures, that is, the preconceived ideas which are embedded in practices, in order to examine and change them if they do not fit with the stated ideals of individual professionals. We believe that professionals should be able to interpret and understand themselves and the implicit ideas in their reactions and actions. '

To transcend the language of the profession to listen to the experience of clients and their families is a way of seeing ourselves as others do. These narratives have the potential for creating therapeutic dialogue in which service users describe encountering the stigma of mental

illness and the movement to the growth of identity that attaches new meaning to experience. This interaction and 're-authoring' allows us to critically reflect on what we as social workers do by applying a critical eye to our own actions in practice and the underlying power dynamics of 'client' and 'worker'.

In the allied health programme I have been teaching, the use of service users and their families' narratives of recovery create a reflective space by casting a critical eye on the organisational contexts and the individual practices for our students. This dialogue is often of a very personal nature and involves an emotional journey for students and presenters alike. Recovery as a process is not often a linear path but one with stops and starts along the way to the present moment. Hearing these stories of recovery triggers reflection on the positioning of health professionals in this process and how we can inadvertently reinforce the stigma experienced by service users and their families. This 'critical eye' on one's practice in the context of service-user narratives of their lives, sets the scene for the deep learning that is to follow and which I will now turn to describe.

Service Users as Teaching Associates

One of the challenges in setting appropriate learning activities at post graduate level is the question of how to engage students' interest and imagination in critically reflecting on their own practice. The use of consumer narratives alongside the predominant professional discourses in the teaching of professional courses of study is an approach I have used to enthusiastic feedback from social work students in the allied mental health programme I have been teaching for the past three years. The challenges posed by students' interaction with ex-service users and their

families are a powerful learning resource that is little mentioned in the social work education literature, however. To hear directly what was helpful from the service user, care-giver and family perspectives to promote recovery from mental illness engages students in a critical reflective process as it challenges their own 'theories in use '(Argis and Schon, 1974) as well as their employing agencies policies and practices.

When the service users and caregivers present their own models of recovery building on the evidence-based literature of the recovery movement, new and original insights are evoked about the role of professionals within recovery. These models used include a synthesis of narrative theory with an ongoing dialogue of critical reflection together with integrative theories such as Wilber's 'Four Quadrant' approach (Wilber, 1997 and 2006).

Engagement with service-users and their families triggers critical reflection for students both as individuals and as a group. This critical reflective process is evident when students begin to question their own practices and professional discourses which include 'tacit practices' (Eraut, 1994; 2003) or implicit ways of working that are beyond the individual's level of current awareness. Observing this process whilst I have been 'teaching' suggests that ex- service users and their families are and need to be an integral part of the teaching team of professionals in applied courses of study. Consumer and family involvement in presenting their narratives suggests new roles for lecturers beyond those traditionally associated with imparting content. Narrative and critical-reflective approaches align with more recent developments in teaching and learning theory with learning as a personally transformative process, as suggested by a range of educational theorists (Laurilliard, 2002: Ramsden, 2003).Critical-reflective learning

approaches are important throughout the social worker's professional career as they facilitate life-long learning when a new field of practice is entered as well as the outset of one's career trajectory.

I will now go on to describe this teaching approach that draws from the 'Four Quadrants' (Wilber, 2006) framework, presented as a series of narratives by the service users and family at the initial four day intensive workshop with students. To preserve confidentiality, pseudonyms have been used to represent the contributions of the service user, whom I refer to as Tom, his wife, Harriet and their daughter Annabel who present to our students. Tom's background is now as a service manager within the health services and he has worked as a mental health consumer advocate over many years.

'The Four Quadrants Model: Tom's story

Knowing of Tom's work in raising awareness of the issues for mental health services, I invited him in 2007 to our first meeting with students to present the holistic model of recovery he has developed which draws from the work of Ken Wilbur (Wilber, 1997 and 2006). Social work theorists have drawn on the work of Ken Wilber's integral approach as a framework for uniting the multiplicity of theoretical orientations used within the profession (Sarnino, 2009). In a parallel way, Wilber (2006) creates a framework of perspectives based in the central idea that what appear to be competing viewpoints are actually just different ways of looking at the same experience but in different domains. Under the four domains that are identified within this model, the left had side of the four sectioned grid represents the individual and collective aspects of interior consciousness or the subjective experience, whilst the right relates to the

objective/rational or the scientific dimensions of experience (Sarnino, 2009 p.833). Using the Four Quadrants model (Wilber, 2006), the right hand side can be seen as representing the scientific aspects including the medical model of assessment and diagnosis. The left hand side captures the individual's attachment of meaning to experience including aspect such as creativity hope, spirituality or the awareness of the intangible areas of life, meaning and purpose (Sarnino, 2009 p.833). The four domains are interrelated and interconnected, the point being that each of the quadrants represents another angle or part of an individual's truth in the context of the community and broader structures.

Tom begins his two hour session by introducing himself and his family . He then discusses his history of his contact with the mental health services and his journey to wellbeing over the past twenty years. He does this by drawing a large grid on the floor of the seminar room with the dimensions of the spiritual, social physical, cognitive/emotional in line with Wilber's model (1997). He steps backwards and forwards between the cells of the grid to show that the model is just that- an artificial construct. Tom's major point is that this much compartmentalised view of human nature is part of the professionals' dialogue of assessment in medicine so aligning within the right hand side of the quadrant. His diagnosis represents the right hand side of the grid where he was known primarily by the mental health professionals involved in his 'care' whilst an'inpatient', as having bipolar affective disorder. To tom, this diagnosis seemed all-encompassing as he felt his identity became re-organised around his diagnosis. He demonstrates through his story telling that the facets of his life integrate as a whole which is sometimes a neglected area of the health professionals' discourse. Tom's journey backwards and forwards through each quadrant is accompanied by a monologue about his struggle to be understood by

the health professionals involved in his 'care', and what assisted his journey from illness to wellness . What helped and hindered his recovery is discussed with reference to specific examples that his family add to as a means of bringing their voices into Tom's narrative. In these examples Tom elucidates what factors and approaches assisted in his recovery in relation to the role of each of the helping professionals on the multidisciplinary team. How each professional group in the multi-disciplinary team related to he and his family is discussed reflectively and critically. Students listen intently to what their professions of social work and occupational therapy offered to Tom and his family throughout the period of illness. There are nods of recognition from students around the seminar room when Tom tells of his struggles in seclusion as a committed patient and an escape from hospital, out of which he came to an important realisation: he needed to work as a 'good patient' within the mental health system to be returned to his family and community. Accordingly instead of rebelling he attended the day programme as a means of eventually getting out of hospital and the mental health system.

Harriet's story

As Tom finishes his narrative, his wife, Harriet mother to their four children, gives her story from the 'care-giver's' perspective. She describes how Tom's behaviour challenged her ideas of having an equal partner in the marriage as Tom was unable to work and parent for many years during some acute phases of his illness. The difficulties of acting as a sole parent and beneficiary supporting the family on a limited budget, are discussed for the students. At this point, the social work students often question why she had not had access to better information and whether anyone had informed her about her rights to supplementary income and accommodation

supplements. Her struggle resonates with those students who have experienced similar situations within their families of origin or have had the experience of subsequently marrying a partner who had mental health issues. Sometimes a student's own past experience of mental illness comes to the fore in hearing these narratives.

Social work students in the group question if Harriet would have preferred to have advocacy and advice about benefits and income supplements as well as the therapy that was offered to her. Harriet smiles and agrees with that advocacy was what she would have preferred at the time and affirms that they have connected with the main learning she made about being in that situation. The relative power positions of caregiver and social worker are exposed in the students' analysis of Harriet's life story.

The social work students ask Tom how he regained his sense of himself when he was discharged from hospital. Tom relishes telling the students of his disinterest in the hospital ward day programme and' skills for daily living' which were compulsory for him to attend but which he found condescending. The students working in ward programmes listen intently to his comments and ask how he would have preferred to have been treated. The issue of choice, personal power and autonomy, key themes for service users, are discussed by Tom in response to these queries. He steps backward and forward within the four quadrants to show that he wanted professionals to adopt a holistic approach to rehabilitation which he defined and had choices about.

Annabel's Story

Tom and Harriet's adult daughter, Annabel, then joins her parents to talk about her experience of her father's illness as she was growing up. As Annabel is the age of many of the students, it is at this point that I note the students' identification with her narrative. Annabel's story involves the sadness at the sense of absence of her father who was physically present but emotionally detached throughout periods of her child hood and young adulthood due to his illness. She discusses the impact of this on her subsequent relationships which has included a relationship in which she was the survivor of domestic abuse. She discusses her own journey towards healing which now some time and distance from her current relationship is comfortable for her to share with the group.

Processing the Narratives

After these presentations, I invite students to share what was evoked by the two hour interactive workshop with the presenters still in the room to comment, taking the critical reflections to the meta level of analysis by reflecting on the reflections presented. Earlier in the workshop I had negotiated shared understandings for group interaction. This was essential to create a climate of trust and respect by establishing shared ground rules for understanding of how we will work together at the outset of the workshop. These understandings include issues of maintaining confidentiality within the group. What is discussed in the workshop remains in the room and with the group at the conclusion of the four days. This invitation is met with more personal narratives from students – some describing client interactions others commenting on their observations of how different professionals work with consumers in the multi-disciplinary team.

Inevitably the role of social worker in the narratives discussed by Tom and his family become the focus for the social work students and the question is asked as to how social work can honour service-users experiences whilst maintaining professional codes and practices. If we use the language of assessment and treatment from a 'top down' perspective of the consultant psychiatrist can we be collaborative with service users and their families as social workers? Then there are some personal reflections on recovery from the experience by students. This source of practice wisdom is respected now as a resource from which to practice.

Case Study Presentations

This critical reflection in the presentation from service-users and their families is capitalised on when students present their case studies. I ask each student at the next three day workshop half the way into the academic year to present a piece of work by their critically reflecting on their own actions and interventions. They then discuss the theories that underpin these interventions and tell me and their peers what they thought worked and what didn't in terms of their theories in operation. In this context they raise the issues Tom presented at the first meeting about a holistic vision of being human as being essential to reclaiming one's authority and voice as a consumer. How the concept of recovery influences their assessment and guides them to work with and alongside the client is part of the assignment that students comment upon as being valuable. This is, indeed important learning that is evoked as students cast a critical eye over earlier espoused theory from their undergraduate degrees.

Secondly, I ask students in the same case review assignment, what interventions , treatment choices that is within their scope of practice to provide that, they would ideally have liked to

offer the client in retrospect. In response to this question, students mention giving the consumer greater voice and control in defining then driving the rehabilitation process. The students talk of needing to challenge systems that impede the consumer and caregiver perspectives from being heard within the multi-disciplinary team particularly when consumer decision making is not always sought when formulating the treatment plan. The need to work systemically with partners and family is highlighted as being of vital importance to the service user's recovery. Addressing the stigma of mental illness in community is then a wider reflection made in the case studies.

Discussion: The implications for social work education in post graduate professional courses of study

Direct conversations between new allied health professionals and service users and their families can be used to stimulate reflection on one's practice in a new field of work in the mental health services. The critical reflective process that is evoked by this workshop establishes the learning activities throughout the academic year by focusing on the nature of the recovery movement in mental health through three different perspectives- the service user, caregiver/partner and family. Students learn from Tom, Harriet and Annabel through listening and empathising with their narratives. Students tell me in their evaluations of this initial workshop that they learn respect for alternative discourses to the medical and professional discourses in which they daily practice. Hearing these presentations leads to a discussion of how as new mental health professionals these values of self -determination, respect of difference and social inclusion, can be embedded in practice.

Conclusion

The feedback from social work students over the past three years in the allied mental health programme has been that the presentation by service users and their families offers a direct conversation which provides learning that has real world relevance to the context of social work in the mental health services. Having the opportunity to directly dialogue with service users and to hear their journey of recovery, resonates with the practice environment, and echoes for students throughout the academic year. The case study is where I see the learning outcomes of the earlier work presented by Tom and his family, which is introduced during the first workshop organised for the students. These outcomes include a demonstrated connection between strengths-based theories of practice (Saleebey , 2006) that form part of the curriculum. How students operationalise these theories in the case study presentation constitutes a theory in action for their practice, now and in the future. In this way, theory becomes less of an all-encompassing explanatory framework and principles such as social inclusion and participation are referred to as being what students consider 'good' practice to be about, alongside advocacy and family education.

The success in dealing with sensitive topics and disclosure depends on how the workshop is conducted and shared understandings are developed to ensure a climate of trust and respect. This is where the lecturer becomes the facilitator of the group process which enables such interactions to occur safely. This role has previously been discussed as being the critical factor when social work students are encouraged to express emotions related to their responses to their practice and workplaces in the classroom (Fook and Askeland, 2007; Gardner, 2009). Guidelines relating to

the confidentiality of all student disclosures and personal material needs to be clearly established early in the morning before the workshop commences and ideally soon after each student introduces themselves. Personal judgements also need to be bracketed for the process to feel safe enough for students to disclose emotions and deeper reflections in a group setting.

The service user and family need to have sufficiently integrated their respective, individual experiences so that they can present these with enough distance from them to avoid re-traumatising. Consumers as teaching associates need to be relate to as teaching associates in the classroom and respected by the academic institution who forges this partnership and valued for their contribution to the learning endeavour. Their status as practice partners in the teaching needs to be reflected in their rate of reimbursement as 'guest lecturers' within the employing university. When these conditions are established only then can there be 'recovery' conversations that are at once healing and informative for all who participate in them.

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