

Fostering Critical Reflection in Psychological Practice

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Critical views of psychology and psychiatry are not hard to find. These views predominate outside the profession. Psychologists and psychiatrists are likely to be seen as interchangeable, strange and prone to putting people on couches. More informed criticism tends to come from sociologists, academics and politically minded activists within the professions and the growing user movement. With so much criticism readily available it might appear masochistic to set up the opportunity for critically reflective practice and supervision within our profession. There are several reasons for doing so. It is the sign of a mature profession that it is strong and secure enough to examine what it does with a critical eye. Further, self-criticism can provide defence against external attacks: it is less easy to argue with someone who has already thought through the arguments. A critical stance is also one that celebrates the academic freedom that clinical psychology shares with other branches of the discipline. Finally, creating the opportunities to reflect on our experience, a privilege in today's harassing world, is one way to ensure that clinical psychologists can make sense of what they find themselves doing in modern services.

Planning the Seminar

The first author was asked to facilitate a training session for Merseyside supervisors to look at the opportunities for offering placements that take a critical and reflective stance. The anti-psychiatry placement (Newnes and Maclachlan, 1996) continues to offer third year trainees on the Birmingham course a place to reflect on clinical psychology in relation to the psy-complex: the term used by Breggin (1991) to describe the amalgam of vested interests in a multi-billion dollar concern incorporating psychiatry, psychology and the pharmaceutical industry. It was hoped that the experience of supervising and participating in the anti-psychiatry placement could be used to create a seminar where practice and opportunities for reflective work could be discussed.

The first and last author set aside two supervision sessions to plan the seminar, a discussion conducted in a hopeful spirit of reflection. The themes for the supervision session discussion prior to the workshop were generated by the university's first year placement scheme paper (taken from the Liverpool Course handbook). The paper lists a number of experiences believed by its authors to be desirable to facilitate reflective practice in first year trainees. We thought these aims were generally positive but were left two nagging questions. First, were they

realistic in the present climate of clinical psychology placements? Second, would they meet the course objective or simply overwhelm new trainees? The first six of the proposed experiences are the usual demands placed on trainees, such as visits and meeting other professionals, observing others performing clinical work, shadowing other professionals etc. One would presume that reflective thinking would be facilitated in the trainee by supervisors and other professionals demonstrating self-criticism and self-reflection while encouraging the trainee to contribute to such discussions. The remaining proposed experiences are arguably more trainee lead (although would obviously require supervisors to suggest material and facilitate discussion around them) in the form of reading critical texts and broader reading such as novels, leaflets and books written by users, and the use of video and audio tapes. The trainee would also visit user groups and gain a broader knowledge of user issues.

We were concerned to know how critical and reflective was the teaching on the course; do lecturers encourage debate and challenges to their chosen model/mode of thought; does the course provide history and information about the anti-psychiatry, anti-psychology and user movements; does the university library contain the major texts from critical writers; are individual users or user groups involved in course design and teaching and can trainees attend user groups? One inherent difficulty here is likely to be that, in believing in the idea of experts well versed in scientist practitioner rhetoric the profession might question any need for reflection or self criticism. Our limited experience of clinical psychology teaching practice has not revealed great willingness to present critical versions of say, cognitive behaviour therapy. We wondered if placements had the resources to facilitate critical and reflective study (i.e., books, video and audio tapes, user information and user publications); are supervisors willing/able to facilitate reflective study and practice; are they able to stimulate debate and discussion as well as comment on dilemmas and difficulties; are placements designed to allow reflective practice or are they generally geared to the development of clinical skills (would a trainee fail a placement for not being reflective enough?); and do psychology departments view reflective practice as a high priority?

A further question might be to ask how threatened departments and supervisors are by bright, doctoral level trainees with a range of life experiences to support their various positions. We were concerned about how confident trainees would be that their supervisors were able to not only accept criticism of their practice and that of their department, but also facilitate it, that they were non judgemental and whether the power imbalance that exists between supervisor and trainee would stifle critical thinking and reflective practice. Although reflective practice should be encouraged at the beginning of the course we wondered if critical analysis of the profession and related professions is best examined when trainees are finding their feet on the course (i.e., learning skills, learning models, collecting knowledge of placements, course requirements, learning how to survive) or at a later date.

The Seminar

The seminar was structured around two questions: what opportunities do you as a supervisor have for critical reflection? What would you want from a supervisor to facilitate critical reflection? The session itself began with recognition that it may be difficult for supervisors to foster reflective practice in trainees if they lack the space in their own working life for such reflection.

The first author described the aspects of his own service that are designed to provide practitioners, individually and collectively, with opportunities for critical reflection on their work. A central feature of the service is a job description that ensures an equal balance between four key activities: clinical activity, training, supervision and research. Clinicians are thus not overwhelmed with clinical activity and the frequent demands of large waiting lists encountered elsewhere. Two further characteristics of the service are links to the users of local mental health services, and an extensive library of books and videos featuring critical texts also available to service users. This library has been discussed elsewhere (Newnes and Maclachlan, 1996) Workshop participants then discussed aspects of their own work settings which might constitute a barrier to the creation of reflective space generating the following list: waiting lists, a collective guilt, high clinical activity contracts, no supervision budget, no identified budget for training or books etc, absence of reflective culture in own service and other professions, not working in a clearly defined Psychology Service, pressure from within teams, and constraints on space (no room or desks).

The group was then asked to think about coming to their service as a trainee and what they might require from the placement supervisor to facilitate a reflective stance in relation to their placement experience. Ideas generated during this discussion included; it being acceptable to feel a failure or not understand, being allowed to 'unfold gradually', flexibility from the course i.e. less emphasis on 'skills', permission to experience 'being with' clients, options for thinking about things in different modes e.g. networking, 'not knowing', critical books, feeling more safe, more communication to supervisors about the course teaching, links to related organisations and other sources of support and information, sitting in with a range of other professionals e.g. psychiatrists, witnessing ECT and talking to people who have received it, offering different models of supervision and discussing this at the outset, making the supervision contract explicit, talking about what the supervision relationship is about and how it will be conducted, encouraging criticism in both directions, reflection on note-keeping and other procedures (rituals), encouraging written, diagrammatic reflection, and having material in advance of supervision. An example of the anti-psychiatry placement contract was discussed in order to illustrate some of these themes.

Conclusions

Smail (1996) amongst others has criticised psychotherapists for acting as if the therapeutic hour has magical properties that are somehow immune to the more

malign contexts in which people live. A key theme of this seminar was the need for a critically reflective clinical placement to be seen in the wider context of the supervisor's department, the training course and the wider profession. As a profession, clinical psychology is conservative but not wholly blinkered by self-interest: the profession numbers many critics amongst its membership.

Courses too have the opportunity to ask searching questions about the nature of services and the politics of psychology, even if there is a pressure for lecturers to appear expert in human relations. It is in departments of clinical psychology where the key restrictions to critical self-reflection are to be found. It is ironic that a discipline supposedly versed in techniques for self-examination shows so little evidence of using them. In fact departments of clinical psychology are as prone to the destructive internal dynamics of envy, greed and competitiveness as non-psychology departments.

Further, despite our knowledge of the importance of the environment for mental well-being, clinical psychologists still find themselves in substandard physical surroundings and unhealthy psychological environments featuring pressures to respond to overwhelming clinical demand. This atmosphere does not provide a safe environment for critical self-reflection. Our profession does however require that we attempt to address these concerns in order to work well - our academic background may supply some of the tools.

A good place for a department to start however might be to just talk about why it has so much trouble just talking about things.

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References

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