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# **Constructing A Flexible Model of Integrated Professional Practice**

## **Part 1 – Conceptual and Theoretical Issues**

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# **Constructing A Flexible Model of Integrated Professional Practice**

## **Part 1 – Conceptual and Theoretical Issues**

### **Abstract**

This paper considers some of the complex, dynamic links between theory and professional practice. It identifies numerous issues and themes that have significant implications for practitioners working within different disciplines. It addresses some of the difficulties and tensions associated with the concepts of applied psychology and evidence-based practice and reinforces the need for integrity and accountability in professional practice. It suggests that an interactionist approach informed by social constructionism, systems theory, enabling dialogue and informed, reasoned action might enhance reflective practice and promote greater awareness of the process of change. It proposes a new flexible model of professional practice designed to integrate theory and practice and to promote unity across the diversity of disciplines and professions. The conceptual framework underpinning the model provides a meta perspective within which many psychological theories and therapeutic approaches may be subsumed. It also provides a basis for ensuring that psychological interventions are constructed and applied to unique change issues at a level that is specific and local rather than general and universal. The current paper (Part 1) focuses on some conceptual and theoretical issues associated with the model. A second paper (Part 2) will focus on the model in practice.

**Keywords:** Applied psychology; evidence-based practice; reflective practice; constructionism; systems theory; enabling dialogue; reasoned action; empowerment.

## **Introduction**

This paper addresses the complex issue of applying psychology to practice within the 'helping' professions. It focuses on the idea that professional practice involves a process of trained practitioners working with service users to help them understand and manage their problems in ways that facilitate beneficial change without fostering dependence on an expert. Professional practice crosses the boundaries of many disciplines and gives rise to concern about some important common themes; for example, informed consent, evidence-based practice, moral and ethical issues, models of service delivery, the theoretical underpinnings of different approaches and the effectiveness of different types of intervention. In their desire to identify good practice, it seems clear that practitioners within different agencies are struggling with similar themes, often in different ways. There is a tension between the inevitable diversity of views and approaches on the one hand and the need for unity or integration of ideas on the other. This clearly has implications for service users and practitioners, particularly within the context of multi-agency initiatives such as those recommended in recent approaches to mental health (Appleton and Hammond-Rowley, 2000; Audit Commission, 1999).

During recent years, educational psychologists have become increasingly keen to demonstrate that professional practice is informed by both psychological theories and research evidence. Their enthusiasm may reflect a strong desire to emphasise firstly, that educational psychologists have a unique contribution to make through the application of psychology and secondly, that good practice should be informed by evidence of effectiveness. The 'Best Value' culture, driven by government agendas, has also generated increased levels of accountability and a greater awareness of the need for practitioners to demonstrate that they provide efficient and effective services.

These developments have accentuated the connection between two key concepts: applied psychology and evidence-based practice. Both concepts have strong face validity but they are also extremely complex. It is therefore essential to avoid oversimplistic misinterpretations. A diverse range of factors will inevitably influence the impact that they have on professional practice. These include the many different ways they are defined and interpreted as well as the different models of professional practice within which they are implemented. Given the wide variety of theoretical, organisational, cultural and practical contexts within which practitioners work, it is not surprising that there is considerable disagreement about what constitutes applied psychology, research evidence and good practice.

In her presidential address to the British Psychological Society, Lunt (1999) reflected upon the idea that diversity can be a sign of intellectual strength and that it should be possible to foster unity through diversity. She also reinforced the view that psychology has enormous potential to inform professional practice within different disciplines and argued that, in order to do so effectively, it will need to be seen as practical and useful as well as scientific and respectable.

This diversity of approaches, however, makes it difficult to define clearly and concisely what ‘applying psychology’ and ‘evidence-based practice’ mean. There is obviously potential for considerable disagreement, with the danger that competing paradigms will lead to increased polarisation, blinkered practice and little unity or integration. It may be possible, however, to foster greater unity, within and across different agencies, by encouraging practitioners to use a flexible ‘meta’ model, such as the one presented in this paper, to inform their work. The model aims to promote explicit integration of different theoretical frameworks and concepts within a structured, reflective and reflexive process that is rigorously applied with integrity and

accountability. Many educational psychologists have already attempted to address these issues through the use of problem-solving models, which seem to have become the *modus operandi* of their profession (Monsen et al., 1998). Problem-solving models certainly provide structured, sequential, hypothesis-testing frameworks but their theoretical underpinnings are frequently not made explicit. As such they may be criticised for focusing only on procedures, process issues and the pragmatic aspects of solving problems. They seem to lack any explicit application of theory to the process, the service users or the practitioners themselves. It could be argued that these models are not firmly grounded in theory and therefore do not contribute to the ‘psychology of practice’ advocated by Gillham (1999). In this sense, some models fail to reflect the idea that theories, whether implicit or explicit, inevitably influence how people think about and approach their work. It is not possible to escape the practical impact of theories and it is important to promote greater awareness of these issues.

### **Some important general principles and beliefs**

The ideas introduced in this paper are being developed within the context of professional training for educational psychologists but the authors consider that they are equally relevant to a wide range of professional groups (for example, clinical psychologists, occupational psychologists, psychiatrists, social workers, general practitioners, paediatricians, paramedics and teachers). They may also be relevant to colleagues engaged in research and development within theoretical and academic contexts. As such, they go some way to addressing the practical application of unity through diversity within an approach that is firmly grounded in theory.

The terms ‘constructing’, ‘flexible’ and ‘integrated’ have been carefully selected in this paper’s title to reflect and reinforce the following important principles and beliefs that underpin the construction of this model.

1. All conceptual frameworks or models, including the ideas and views presented in this paper, are socially constructed through language (Burr, 1995). The meanings attached to concepts and theories differ according to the discourses within which they are constructed. For example, evidence may be differentially constructed as what is true, what is useful, what is right, what works or what is cost effective. Furthermore, certain constructions may have a higher status or be seen as more privileged than others within a dominant discourse or culture. Nieboer et al. (2000) argue that a positivist, empiricist discourse seems to dominate current constructions of evidence-based practice.
2. An effective model of professional practice needs to be flexible in order to accommodate the diversity of dynamic, changing needs of different people, different problem situations, different professional groups and different theoretical perspectives. It is important that practitioners maintain a reflexive approach and apply psychology to themselves and their practice as well as to their service users. These views are consistent with those expressed by Gillham (1999), an educational psychologist who has had a significant impact on the profession.
3. Psychology has much to offer the helping professions but, in order to realise its maximum beneficial impact, many complex theories and conceptual frameworks need to be translated into practice. On the basis of their collective experience the authors of this paper consider that current practice is often characterised by competing approaches that seem to be polarised, fragmented, too narrowly focused and inappropriately dominated by 'privileged' or 'fashionable' paradigms. This situation suggests the need for a meta model which embraces the idea that all theoretical approaches are valid within their

constructed frames of reference; and that different theoretical approaches simply provide different conceptual frameworks or filters that lead to different approaches to practice. It is important that practice is informed by theory and just as important that practitioners make informed choices about those theories. Such a model would provide an integrated framework within which all theories and approaches may be included and valued. It would invite all practitioners to apply the same constructionist principles to their chosen theories and paradigms. It would therefore promote greater unity by integrating a rich diversity of approaches within one meta model.

4. Professional practice needs to be rigorous and accountable in order to maintain the highest possible ethical standards and avoid the danger of charlatanism.

These principles form the basis for the Constructionist Model of Informed, Reasoned Action (COMOIRA), the structure of which is presented in Figure 1. It is a model of professional practice that is explicitly informed by psychology and theories from other relevant disciplines. It aims to provide a flexible, integrated conceptual framework for applying psychology and for promoting and managing a dynamic process of change at different levels and in different contexts. It has been influenced by action research (Forward, 1989), conceptual models of problem-solving (Monsen et al., 1998) and solution-oriented thinking (O'Connell, 1998) as well as some super-ordinate theoretical perspectives that are briefly discussed below. COMOIRA goes further, however, and calls for a paradigm shift away from the concepts of problem-solving and solution-focused thinking to the language and concepts of change. It accepts that socially constructed concepts built on language are powerful influences on people's beliefs and the cultures within which those beliefs exist. In this sense it



aims to ‘construct’ a new approach to professional practice that focuses directly and explicitly on the process of change within a framework that:

1. is grounded in theory;
2. promotes rigorous accountability within a broad and flexible definition of evidence-based practice; and
3. aims to integrate a diversity of ideas and approaches.

COMOIRA also questions the artificial distinction that often exists between methods of assessment and methods of intervention. It reframes both as aspects of the same process: change.

Change is fundamental to the resolution of any problem but extremely difficult to promote and manage. People are more likely to change when they engage actively, willingly and openly in the process of change; and when they are empowered and enabled to make conscious choices to achieve their desired outcomes or consequences. Albert Einstein acknowledged the need for a conscious change in the level of thinking about change when he claimed that

The significant problems we face cannot be solved at the  
same level of thinking we were at when we created them.

(quoted in Covey, 1989, p. 42)

### **The structure of COMOIRA**

COMOIRA is designed to provide a flexible, integrated framework for professional practice that aims to empower people and facilitate the process of change. It includes some flexible guidelines for engaging with systems and sub-systems at the level of whole organisations, groups and/or individuals. It is a ‘meta’ model within which different methodologies and theories can be subsumed.

It offers an approach to reasoned action that is informed by psychology and designed to focus directly on the dynamic process of change. The process is not a linear one and the outer circles of the model presented in Figure 1 indicate key decision points, which may be entered, continued and concluded in any sequence and in any direction as part of a potentially endless process that the practitioner and service user(s) may choose to end when they decide that it has gone as far as it should at that time.

COMOIRA is similar to the action research model originally proposed by Kurt Lewin (1946) but is more flexible in that the process may begin at any point and does not need to be sequential or directional. Core principles and concepts are placed at the centre of the model in order to emphasise the fact that they inform all decision points in the outer circles.

**Figure 1 - A Constructionist Model of Informed, Reasoned Action (COMOIRA)  
(Applying Psychology to the Process of Change)**



The arrows indicate flexible movement between the core and the outer circles, which may be repeated in any order and as often as is required. It follows that the pattern of this process will depend on the number and sequence of decision points included. Successful work does not necessarily need to involve all decision points. In COMOIRA problems and solutions are constructed or framed as questions and change issues. This is important because, within a constructionist framework informed by systemic thinking, the way a person thinks about a problem is part of the problem.

### **Essential core principles and concepts**

Constructionism, Systemic Thinking, Enabling Dialogue and Informed, Reasoned Action are the essential principles and concepts at the core of COMOIRA. Together they give rise to dynamic, interactionist and constructionist views of how people define and interpret questions and change issues and have an effect on people's choices about relationships and action.

**Constructionism** holds that individuals, groups and organisations construct their own unique interpretations of events (Burr, 1995; Gergen, 1999). They are likely to construct different 'meanings', 'realities' and 'truths' depending on the assumptions, expectations, theories, concepts and language that they choose to inform their perspectives. Such choices may be conscious or unconscious and will influence what people choose to do about problem situations and how they choose to evaluate outcomes. It follows that there are no absolute right or wrong interpretations, just different ones – all of which may be valid within their 'constructed' frameworks, systems or cultures. The discourses in which people choose to engage also communicate something about their constructions of 'reality' and there will be reciprocal influences between people's chosen actions and the culture in which their

choices are made (Gee, 1999). These principles apply to practitioners as well as to their service users and highlight the importance of understanding subjective realities within their frames of reference. This raises interesting questions about the value and status of all approaches to research and professional practice, including those that focus on 'objective' data in the search for 'truth' or 'evidence'. Constructionism provides a meta perspective within which many theories and approaches may be applied to help people understand and manage their change issues and choices. The important principle, however, is that all such theories are seen as valid alternative constructions of events rather than alternatives that are either right or wrong, better or worse, good or bad etc. Within this constructionist context, it is important that the process of change should be implemented within a constructed frame of reference at a level that is specific and local rather than general and universal. In other words, the application of psychology is constructed (or co-constructed with service users) 'on-site' in response to local needs. It is not applied according to universal truths or objective research data (Gillham, 1999). There is a tension here because subjectivity is fundamental and these ideas have implications for traditional approaches to the concepts of expert opinion, objective data, effectiveness and evidence-based practice (Nieboer et al., 2000). The point is that all approaches, including those of a positivist kind, are supported and validated by their socially constructed discourses and rhetoric. Furthermore, each approach can only be properly evaluated within its own constructed discourse. To evaluate one paradigm according to the socially constructed values of another paradigm is just as absurd as evaluating a chess game according to the rules of backgammon or rugby. Constructionism accepts that all research and knowledge are 'of their time' and, in that sense, reflect the current, by definition limited, interpretation of events. The construction of knowledge and evidence is a

dynamic process undergoing constant change. This requires a rigorous but flexible conceptual framework that will help people understand and manage the process of change within their chosen socially constructed paradigms whilst also appreciating that there could be many alternative approaches to the same issues. COMOIRA attempts to provide such a coherent, inclusive framework.

**Systemic thinking** helps to ensure that questions and change issues are considered within a holistic frame of reference, which holds that relationships are interactive and reciprocal (Campbell et al., 1994). This perspective accepts that people construct their own frames of reference and individual subjective realities based on their unique, phenomenological experiences. It is consistent with the social constructionist perspective, which holds that all values and concepts are constructed and that people's theoretical assumptions influence their values and belief systems (and vice versa). In turn, people's values and belief systems influence how they choose to define and interpret thoughts, feelings and actions (their meaning systems). In other words, people's assumptions and hypotheses influence how they choose to think, feel and act. There are circular links between beliefs and behaviour, which influence and are influenced by one another. Systemic thinking aims to promote 'deep' strategic change as opposed to reactive, palliative responses. It aims to avoid the dangers inherent in the latter, which tend to be "easily expressed 'quick fixes' that offend no one, and have little chance of being effective." (Gillham, 1999, p.220). In order to understand and manage key questions and change issues, it is important to investigate what happens between people in social systems as well as what happens within people. In such a context reductionism is not particularly helpful.

**Enabling dialogue** is another essential aspect of this conceptual framework. It is considered necessary because all professional practice occurs within an interactive

social context, which involves relationships between people. Invariably, these interactions focus on perceived problems, solutions and change issues. COMOIRA is underpinned by the idea that real and lasting change is more likely to occur when people are empowered and enabled to understand and manage their own change issues. Enabling dialogue aims to promote self-efficacy and independence as opposed to dependence on a powerful expert. It is based on the following principles.

1. The service user gives informed consent to participate in the enabling dialogue and does so voluntarily.
2. The practitioner and the service user maintain appropriate relationships and boundaries.
3. The service user decides what, if anything, to take from the interaction and retains full ownership of the questions, change issues and her/his own choices and actions.
4. The practitioner aims to empower the service user by only providing information, advice and support in ways that do not violate any of the above principles.

The impact of enabling dialogue is influenced by the extent to which the essential aspects of engagement and empowerment are achieved. Engagement is defined as the process of 'joining with' systems and people by establishing and maintaining appropriate relationships and boundaries. Empowerment is defined as the process of enabling systems and people to maintain ownership of their questions and change issues as well as their choices, actions and outcomes or consequences. People choose how to act but may not always be aware of the totality of their choices. Within this model, successful engagement is a necessary but not sufficient prerequisite of empowerment. It is necessary to establish and maintain appropriate relationships in

order to facilitate changes in people's thoughts, feelings and actions without disempowering and disabling them. This position has been influenced by Glasser (1999) and the seminal ideas of Rogers (1957) on helping individuals to change themselves.

**Reasoned Action**, informed by psychology, is the basis of considered choices in relation to desired outcomes. It holds that choices are influenced by many factors, including specific theoretical perspectives, frames of reference and unique, subjective constructions of events, which may be either implicit or explicit. All strategies and methodologies reflect theoretical assumptions. Therefore, at any given time, many different perspectives, strategies and methodologies may be relevant to key questions and change issues. Different approaches to applying psychology and evaluating evidence may be equally valid. COMOIRA recognises that reflective thinking helps to promote the following: self-awareness; the awareness of the impact of oneself on others; the options or choices available at the time; and the predicted or anticipated outcomes of those choices. It empowers and enables people to engage actively in the process of change by 'choosing to change' what they do, in order to 'change the consequences' and influence their desired/predicted outcomes. People may of course choose not to change and/or to believe that they have no choices.

It is important that choices are not 'judged' as good/bad, right/wrong or better/worse but simply different. Choosing to believe there are no choices will almost certainly have different consequences from choosing to believe that there are choices. It follows that, if people are not satisfied with perceived outcomes or consequences, then there may be a need to consider making different choices. The opposite is also considered to be the case. These principles are reflexive and apply to practitioners as well as to their service users. The obvious truism is 'If things don't change they'll stay

the same.’ In other words, ‘If you keep on doing what you do, you’ll keep on getting what you get.’ or ‘If you keep on getting what you get, it may be because you keep on doing what you do.’ (O’Connor and Seymour, 1993). This idea is eloquently expressed in the definition of madness proposed by Alcoholics Anonymous: ‘Continuing to do the same thing and expecting to get different results’.

These issues are linked to attribution theory (Folkes and Graham, 1990) and the theory of planned behaviour (Armitage and Connor, 2001) as well as the concepts of motivation (Dweck, 2000; and Elliott et al., 2000), self-efficacy (Bandura, 1997) and learned helplessness (Peterson, Maier and Seligman, 1993). These theories and concepts reinforce the ideas that people can always choose how to act and that their choices are influenced by their perceptions of self-efficacy and the anticipated positive and/or negative consequences of those choices. People are more likely to be motivated to change when they value the predicted or anticipated outcomes and when they feel empowered and effective. Planned behaviour and informed, reasoned action help to facilitate the process of change (Conner and Norman, 1996).

### **Key decision points**

The eight outer circles in Figure 1 contain ‘key’ decision points, which are all interlinked with one another through the core. They are intended to guide the process of professional practice and may be entered, followed and ended in any sequence chosen by a practitioner and the service user. In practice, ‘construct and clarify key change issues’ seems to be a natural starting point but this does not have to be the case. All key decision points are informed by the core principles and concepts as well as by a diverse range of theories and approaches, for example: group process and group theory (Johnson and Johnson, 1996); existentialism (Macquarrie, 1991); neuro-linguistic programming (O’Connor and Seymour, 1993); cognitive therapy (Sheldon,



1995); solution-focused thinking (O'Connell, 1998); organisational change (Argyris, 1993); discourse analysis (Gee, 1999); personal construct psychology (Kelly, 1991); and theory of reasoned action and planned behaviour (Conner and Norman, 1996).

The main function of each decision point is defined by text in the outer circles of the model. The points are designed to help practitioners and service users make appropriate choices in relation to those aspects of the process identified in each circle. Each point is also supported by questions, which are intended to encourage reflective thinking about some important features of professional practice and some potential obstacles to change. They aim to raise awareness of process issues and the impact of the practitioner on the process. Some questions are common to each point. Other questions are specific to the key decisions required at each point but all are designed to focus on process issues. Some examples of relevant questions are provided in Appendices 1 and 2. The questions are intended only as suggested but important starting points. It is expected that practitioners will need to generate further questions in relation to the 'local' contexts within their respective agencies.

### **Other assumptions and beliefs influencing the construction of COMOIRA**

Gergen (1999) asserts that the champions of all theories and paradigms, including positivist ones which attempt to identify objective realities, make use of rhetorical devices in order to present evidence to persuade others of their version of the truth. Some do so in ways that aspire to escape any form of bias and set themselves up as being privileged or superior to others. Gergen emphasises that all rhetorical devices are socially constructed and underpinned by assumptions and belief systems. Perhaps, as Bigge and Shermis (1992) claim, there is no science so pure that it denies phenomenological interpretation and philosophical assumption. It seems important, therefore, for practitioners to acknowledge the assumptions and beliefs underpinning

their chosen paradigms and approaches. The remainder of this section presents some additional assumptions and beliefs underpinning the current authors' approach to this model.

- When practitioners construct hypotheses and make judgements about their service users' needs, assessment methods, intervention strategies and evaluation strategies, they also reveal something about their own values and beliefs. Their judgments and choices of action are not value free. They always reflect one or more socially constructed discourse. It is important to appreciate that any construction of a situation is just one of many possible constructions of 'reality' and that all practitioners in different agencies, as well as their service users, construct their own meanings of problem situations and solutions.
- It is not possible for practitioners to engage with people and systems 'objectively' without having some impact on them. It is essential that practitioners remain alert to the interactive nature of their involvement. There are, of course many different constructions and discourses. The status of each will vary according to the context or socially constructed culture in which they are considered. In some cultures a positivist approach to the analysis of scientific data will be considered to provide the 'truth' and will therefore assume a higher status than "more hermeneutic or critical theory based models." (Burden, 1999, p. 230). It is interesting to note that different constructions frequently contain the same concepts, which are defined and presented within different discourses using different language. For example, 'unhelpful belief systems' in systemic thinking may be 'faulty attributions' in attribution theory and 'negative thinking styles' in cognitive therapy. The main point is that these are all valid concepts within their respective discourses.

- Some theoretical perspectives are constructed by discourses that tend to ‘psychologise’, ‘psychiatrize’ or ‘pathologise’ service users by focusing too readily on within-person factors. These perspectives reflect a medical model, which has within it the assumption that service users need treatment or therapy. For example, adolescents who rebel against social values may be described as ‘disturbed’ and referred for therapeutic intervention. In these cases it is likely that most if not all of the ‘causes’ may be attributed to within-person factors.

COMOIRA aims to keep these issues explicit and open by applying constructionism and systemic thinking. It is important that practitioners and their service users remain alert to the wide range of options and choices available at any given time. It is also important that practitioners maintain a reflexive stance and apply psychology to themselves and their services.
- What practitioners choose to do is highly likely to be influenced by their individual needs, knowledge, expectations and assumptions. They will also be influenced by other people’s needs, knowledge, expectations and assumptions; by cultural factors such as legislation, politics and social norms; and by policies, procedures and established practice within their service or organisation. These complex factors and the impact of many different theories and conceptual frameworks are all interconnected in circular relationships that influence how practitioners and their service users choose to think and act. It is important that practitioners do not perpetuate inappropriate myths and expectations through their choice of constructions and actions.
- A flexible model of integrated professional practice will help to alert practitioners to some of the potential dangers of fragmented, egocentric approaches. For example;

- jumping to conclusions and assuming that when people have problems they must need therapy;
- believing that, when they do, certain kinds of therapy or theoretical paradigms take priority over others; and
- assuming that a particular paradigm represents the best interpretation of reality or truth.

There is a danger of operating within a context that is based on habitual or frozen knowledge, understanding and skills; or having a focus that is too narrow by ‘forcing’ all issues through the same mental filters or theoretical frameworks (e.g. behaviourism, cognitive therapy, solution-oriented thinking or psychodynamic models) without considering others. This may lead to people over-analysing or over-interpreting data. Furthermore, such ‘blinkered’ ‘one-track’ approaches may be associated with a defensive reluctance to accept, or even consider, alternative ideas. It is also important, however, to avoid over-enthusiastic acceptance of fashions and fads.

- An effective model will help to develop reflective and reflexive practitioners who are able to engage people and systems at appropriate levels; recognise and manage the importance of ‘people factors’; and remain alert to the difference between espoused theories and theories in action both in themselves and others. It is important to maintain appropriate professional boundaries and to avoid either being drawn into inappropriate activities or attempting to be ‘all things to all people’ (for example, educational psychologists behaving as advisory teachers or social workers; head teachers behaving as psychologists; or social workers behaving as police officers).

- It is important for the practitioner to be clear about the purpose of engaging with the service user and her/his systems in order to identify what change(s) or difference(s) s/he is helping to facilitate. In order to promote efficient and effective practice, it is essential for the practitioner and the service user to have clearly defined change issues. Within this context it is helpful to distinguish between those factors that might be changed quickly and easily and those that may be difficult or impossible to change (e.g. the fatal accident that caused bereavement/trauma; the physical or sensory disability causing educational problems; or the divorced parents causing a child to be upset). It is also important for each person to 'keep her/his eye on the ball' and not to lose sight of the key questions and change issues. What is the point of a practitioner engaging with people and systems when there are no change issues, when people are not aware of the change issues or when professional engagement has nothing to do with facilitating change and evaluating outcomes? It is not acceptable to attribute the lack of change to the severity of the service user's problem or the service user's unwillingness to change without also considering the practitioner's part in the process. The practitioner and service user need to monitor and evaluate changes in relation to their co-constructed questions and change issues.
- Strategic thinking and proactive actions (as opposed to reactive ones) are more likely to empower people and facilitate real and lasting change. Deep, strategic change is likely to be more effective in the long term than 'knee-jerk' reactive approaches that do little more than temporarily treat symptoms. Effective professional practice should go beyond the 'warm glow' of sympathetic support, which may seem to meet the practitioner's needs more than the service user's. It is important for people to reflect on the complex issues involved and not to be

seduced into being too quick by rushing to offer solutions to problems or doing so in ways that ‘disable’ people and foster dependency rather than empowerment.

- The systematic and creative application of psychology within a rigorous, reflexive framework is fundamentally more helpful than pragmatism, quick fixes or ‘cook book’ approaches.

### **Concluding Comments**

In order to be considered effective, practitioners need to demonstrate that they have ‘added value’ by empowering service users to understand and manage their own questions and change issues effectively without fostering dependency. Psychology has much to offer professional practice within different disciplines but, in order to do so effectively, it needs to be seen as practical as well as scientific. It also needs to respect pluralism and promote unity through diversity in order to integrate the benefits of many different theoretical perspectives. COMOIRA provides a flexible conceptual framework that allows practitioners to combine constructionism, systemic thinking, enabling dialogue and informed, reasoned action with many other theories. It provides a structured approach to professional practice across different agencies and aims to focus directly on the process of change with high levels of rigour, integrity and accountability.

Understanding change, and how – and where – it can be achieved is the essential skill of our profession. Our main professional tools are not ready-made packages or notions but conceptual and methodological approaches: we have to construct our understanding and practice ‘on-site’ without bringing in a lot of our own baggage. You don’t give psychological knowledge away: you make it fit the special

character of the setting you find yourself in. The expertise is that of a naturalistic practitioner-researcher – partly flexible intellectual/technical skills but largely the ability to work with other people in *their* physical and psychological territory.

(Gillham, 1999, p. 221)

Practitioners need to maintain the highest level of professional integrity and ensure that their work is consistently informed by relevant theories and research evidence. It is important, however, that they are able to do so within an inclusive culture that values and embraces a diversity of discourses and constructions without favouring some at the expense of others.

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**Appendix 1**  
**Some Examples of Reflective Questions Common to each Key Decision Point**

The questions in this section and subsequent sections are intended to ensure that the practitioner's approach to each key decision point is:

1. both reflective and reflexive;
2. informed by the core concepts and principles at the centre of COMOIRA; and
3. informed by ethical issues, human rights and relevant codes of conduct.

Clearly, these could generate a wide range of questions, the relative status of which may vary according to the differential needs of each practitioner, service user(s) and changing circumstances. The following lists provide some selected examples.

- Have all relevant people (NB In what follows, relevant people include you the EP) chosen to give informed consent to engage/continue to engage in this process?
- Are all relevant people (including you) aware of expectations and boundaries regarding confidentiality, record keeping and the disclosure of information?
- Is it appropriate for you/your service to engage and proceed? If so, when, how, with whom and at what level (organisation, group or individual)? Are you the right person to engage with the system(s)?
- In what ways are people (including you) choosing to construct the purpose of proposed action by you/your service? What frames of reference and discourses are being applied? What constructed outcomes are people (including you) choosing? How are these constructing your/their respective roles and positioning you/other people?
- What alternative frames of reference and discourses could you/they choose to co-construct in order to promote relevant change(s) at each key decision point?
- Are relevant aspects of the system/people (including you) appropriately engaged in and committed to the process at each key decision point?

- Have appropriate relationships and boundary issues been co-constructed, established and maintained?
- What are you and other people choosing to think, feel and do about the currently constructed situation (the current view of events)?
- How are people's chosen thoughts, feelings and actions (including yours) influencing the change issues/process at each key decision point?
- What other options or choices could you and other people construct at this point? What are the likely outcomes of each choice/option?
- What are the constructed short-term and long-term implications of each choice for you and other people? Will they empower or disempower people?
- What beliefs, expectations, assumptions, theories, hypotheses, philosophies, prejudices, and needs are people (including you) choosing to construct regarding you/your role and their role(s)? Are these appropriate to you/your service and to other people?
- Are you and other people currently at an appropriate point in the process?
- Should you choose to move to another point in the process, renegotiate your role, redirect people to another service or simply disengage?
- What other systemic factors are influencing your chosen feelings, thoughts and actions? How are these being framed/constructed?
- What constructed frameworks, research studies, evidence appear to be relevant? How do these contribute to an understanding of the constructed change issues/process? What hypotheses do they give rise to?
- What feedback loops can be constructed and what information do these contribute?

- Is there a need to construct/co-construct and explore new hypotheses? If so, who should do this and how?
- How will relevant people decide whether the hypotheses can help to inform the change issues/process at each key decision point? How will the constructed outcomes influence the change issues/process?
- Are all relevant people aware of their constructed choices and the implications of these for the change issues at each key decision point?
- What other constructed frameworks from the core concepts, principles and theories may be helpful (e.g. punctuation, open/closed systems, hard/soft systems, equilibrium or homeostasis, total behaviours, intentions and perceived control)?
- What other constructed intrapersonal, interpersonal and organisational systems are relevant?

## **Appendix 2**

### **Some Examples Of Questions Specific To The Key Decision Points**

Questions listed in the following sections of this appendix provide some selected examples of the kind of questions that may be relevant to each key decision point. It is expected that each practitioner will choose to construct some additional and/or alternative questions.

#### **Construct and clarify key change issues**

Questions at this point focus on how relevant people are choosing to construct key change issues.

- What general/long-term things need to change or be different?
- What specific/short-term things need to change or be different?
- Who needs to change these things?
- What is assumed about/expected from the service/practitioner to help bring about the change(s)?
- What is assumed about/expected from other services/practitioners/people to help bring about the change(s)?
- What are people (including you) choosing to construct/frame as the key change issues?
- What constructed changes are people choosing to want/need and who appears to want/need them? Who do they want/need them from?
- Are the chosen/constructed change issues focused at the level of a whole organisation/system (e.g. local authority or whole service), sub-system (e.g. department), group (family or team) or individual (yourself, another adult or child)?

- When, why and how were they first identified/constructed and how do you know about them?
- What does the 'process' (the way people choose to communicate the constructed change issues) imply about the intrapersonal, interpersonal and organisational systems?
- What action is being chosen/constructed/framed (e.g. research, project work, systemic change, indirect work with groups or individuals, direct work with groups or individuals)?
- Is the action chosen/constructed/framed at the level of the whole organisation/system, sub-systems, groups or individuals?
- Who is choosing to be concerned about the constructed change issues?
- Who is/are constructed as the service user(s), customer(s) or problem owner(s) (e.g. whole organisation/system, sub-systems, groups or individuals)? To whom are people choosing to attribute ownership of the constructed change issues?
- How are relevant people choosing to construct and frame the key change issues?
- What language/discourses are they choosing to use?
- What things are relevant people choosing the construct as taken-for-granted and fixed/unchangeable?
- What value judgements are people choosing to construct and apply?
- What social, political and cultural factors are relevant?
- How do people's chosen constructions/frames (including yours) differ and what are the implications of these differences for you/your service and the change process? Have you co-constructed agreed change issues?
- How are relevant people choosing to construct the role for you/your service?



- Is there a role for you/your service and if so what activities/tasks/functions are relevant? Will these help to facilitate the constructed changes?

### **Construct and explore relevant hypotheses**

Questions at this point focus on how relevant people are choosing to construct and explore relevant hypotheses.

- What hypotheses are people (including you) constructing re: factors that are causing and/or maintaining the issue(s) of concern at each point?
- At what level are people choosing to construct hypotheses (organisation, system, group and/or individual)? Why are they being constructed in these terms?
- Is it appropriate to explore/test the chosen hypotheses? If so, what, when, who, where and how etc?
- What relevant data are being constructed at the level of the organisation, system, group and/or individual (including you)?
- What data are required and at what level should they be collected? (e.g. whole organisation, system, group and/or individual (including you)?
- How will the data help to inform the constructed choices, change issues and hypotheses at each key decision point?
- What are the constructed implications regarding the questions, change issues, hypotheses and further action?
- What are the constructed implications for the systems, sub-systems, and individuals concerned (including you and your service)?
- What circular/reciprocal relationships can be constructed and how might these influence people's interpretations of the current view of events?

### **Explore constructions of intention to change**

- Who are choosing to be the main ‘customers’/the people who want/need to change? Are they appropriately engaged in the process?
- Have relevant people shown that they want to change?
- How strong is the desire of relevant people to change?
- Do all relevant people (including you) have a clear idea of how they would choose to construct the future? What changes have been co-constructed?
- To what extent are people choosing to engage in the process and commit themselves to change relevant aspects of their intrapersonal, interpersonal and/or organisational systems?
- How strong are relevant people’s intentions to change?

### **Explore constructions of ability to change**

- Are the main ‘customers’ choosing to believe that they have/can acquire the power and the skills to make relevant changes?
- How strong and effective do they appear to feel at present?
- If it is necessary, what can you/your service choose to do that will help them choose to feel stronger and more effective?
- What else can people do to empower the main ‘customers’ so that they choose to admit to feeling stronger and more effective?

### **Reflect, reframe and reconstruct**

- Have relevant people chosen to implement all relevant aspects of the process so far in relation to the different levels of the whole organisation/system, group and individual adult/child (including yourself)?
- Have relevant people chosen to co-construct and maintain appropriate positions, boundaries and roles throughout the process?

- Have you chosen to construct and remain alert to your own needs and other pressures on yourself?
- Have you chosen to review your role in the process, especially in relation to the initial constructed change issues? Has your role changed? Do you still have one?
- Have you chosen to engage effectively with organisations, systems, groups and individuals?
- Has your chosen engagement so far facilitated change and empowered appropriate people or disabled them further by promoting dependence?
- How can the change issues and other factors in the process be reframed or reconstructed in order to empower/enable relevant people/systems and promote further changes?

### **Facilitate change(s)**

- Is further action (indirect or direct) required by you in order to facilitate change? If so, have you chosen to establish and maintain appropriate relationships and boundary issues?
- Have you chosen to identify and co-construct a clear role and objectives for yourself and other relevant people?
- Have you co-constructed agreed and clearly understood boundary issues regarding ownership, responsibilities and accountability?
- Have you chosen to consider the impact of the process (and your part in it) on the issues of control, power and dependency for all relevant people?
- Have you chosen to scan and consider all available/appropriate change strategies (e.g. research methods, project work, systemic intervention, therapeutic intervention, assessment)?

- Have you chosen to consider carefully at what level these strategies need to be implemented and by whom (e.g. the whole organisation, the system/sub-system, groups or individuals)?
- Have relevant people chosen to check all appropriate issues (e.g. statutory requirements/procedures, policy guidelines and the needs of other systems/agencies)?
- Have you chosen to empower and enable relevant people to choose for themselves what action to take?
- Have all relevant people chosen to co-construct appropriate change strategies, resources, time scale and settings?
- Have all relevant people chosen to co-construct and establish procedures to monitor, review and evaluate the change(s)?
- Have all relevant people chosen to co-construct the pitfalls and obstacles to change? Have arrangements been made to overcome these?
- Have clear boundaries and responsibilities been co-constructed in relation to the agreed change(s)?
- Are all relevant people clear about the co-constructed arrangements for implementing, monitoring and evaluating the changes?
- Are all relevant people choosing to be ready and willing to implement, monitor and evaluate the agreed changes?

#### **Evaluate the change(s)**

- Have you chosen to implement strategies to evaluate the impact of your part in the process?
- Have relevant people chosen to check whether the change strategies were implemented fully and consistently as agreed?

- Have relevant people chosen to check that the change strategies were monitored as agreed?
- Have relevant people chosen to evaluate the impact of the change strategies? If so, how and in what terms?
- Have relevant people chosen to check that appropriate records were kept as agreed?
- Have relevant people chosen to co-construct the degree of success that was achieved?
- What are the implications for the whole organisation, system, subsystems and relevant people?

### **Review the process**

- Have you and other people chosen to engage in all relevant aspects of the process?
- Have you chosen to establish and maintain appropriate relationships and boundary issues with relevant people?
- What options and choices do you and other people seem to have at this point?
- What other factors are relevant at this point?
- Should you move to another point in the process, renegotiate your role, redirect people to another service or disengage?