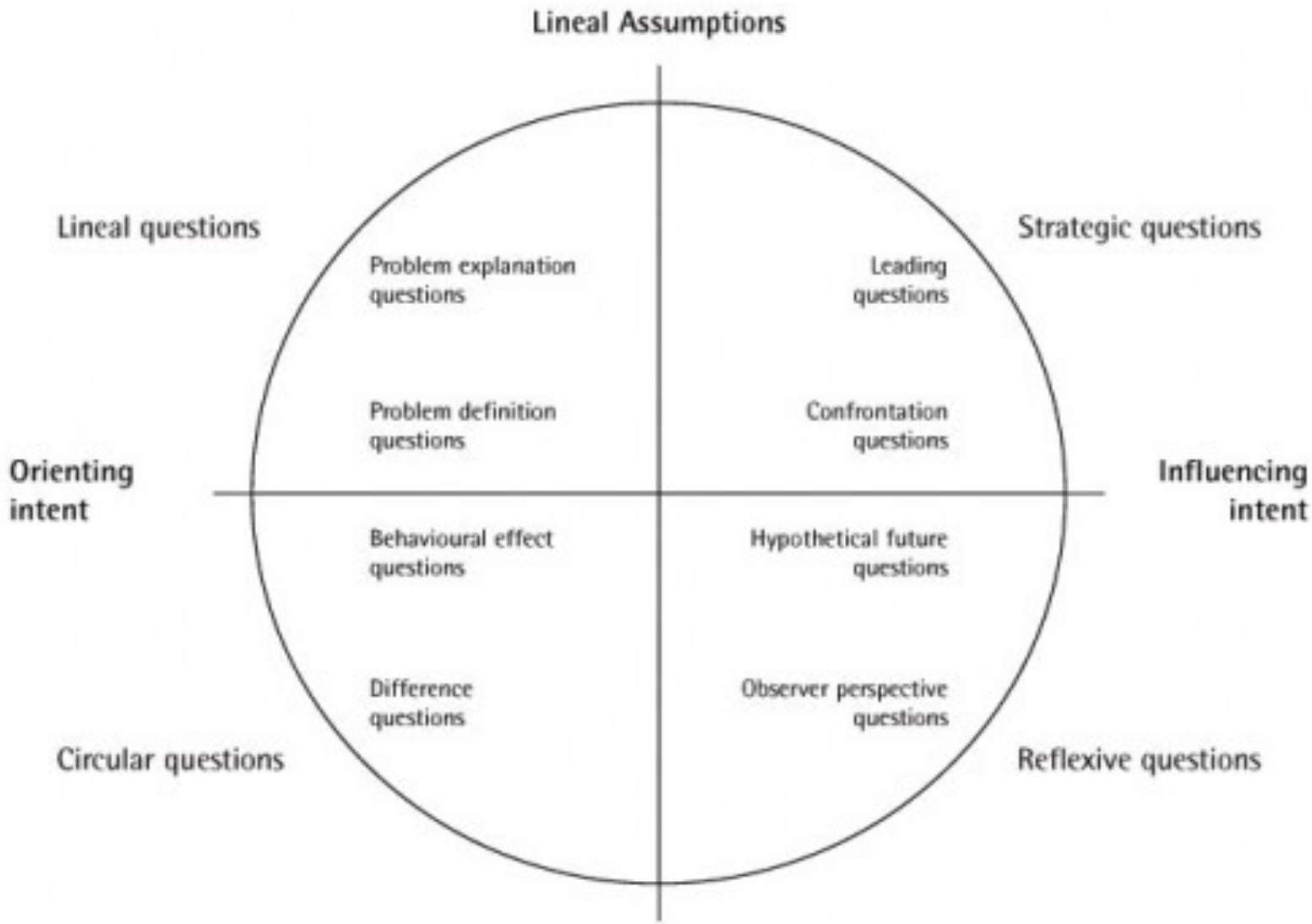
Figure 1: Diagram showing four main types of systemic questions, the assumptions upon which they are based and their intent (Tomm, 1988, p.6).



(Tomm, 1988)

Exercise – Questions

- Work in pairs.
- Imagine you are working with a single-parent mother (Joan) and son - (Max, aged 17) - when the following exchange occurs:
- **Joan:** “He’s just like his dad. He never takes any responsibility! I just wish he’d grow up!”
- **Max:** “Then why don’t you treat me like a grown up!”
- Make a list of as many questions as you can, based upon what’s been said, which seek to move the conversation forwards.

Interview using circular AND REFLEXIVE questioning


TIME FOR LUNCH

RISK

THE MONKEY BUSINESS ILLUSION

What do people usually do about risk?

- Avoid
- Mitigate
- Transfer
- Accept

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What is your Relationship with Risk

- Are you a risk taker?
- On a scale of 1-10 where would you place yourself?
- How come?
- Would others who know you agree?
- Have you always be at that point, or was it once different?
- How do you explain the change or lack of change?
- Do you think you might be at a different position in the future?
- What would shift you?
- How do you think this influences your clinical practice?

A Stance about Risk

- The idea of being “Risk Sensible” introduces the idea of a stance
- A stance is literally the way you stand, but here it’s the way you think, the way you see it, how you position yourself in relation to risk.
- Systemic thinking is also a stance, a way of seeing
- The position I take relates to what I believe about risk
- My story about risk relates to what I know and who I am
- My position and story/belief influence what I say and do
- These ideas are linked in the positioning triangle

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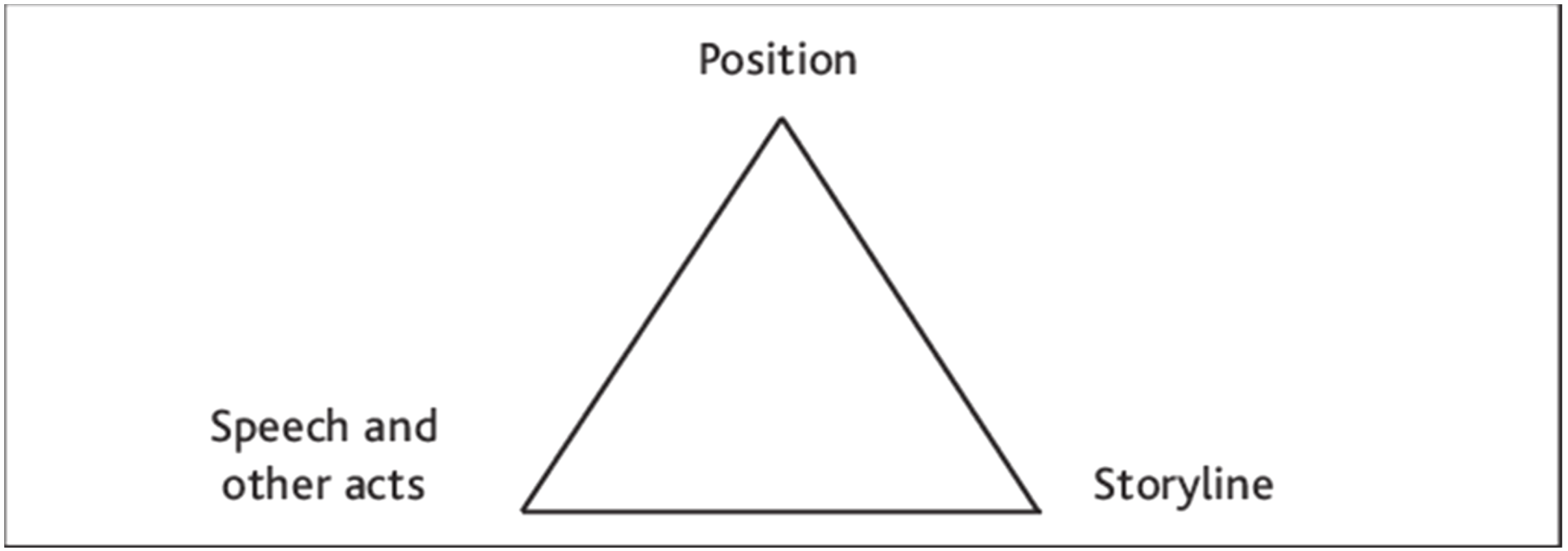
Positioning Triangle



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How has risk been managed in mental health?

Some would say not very well?

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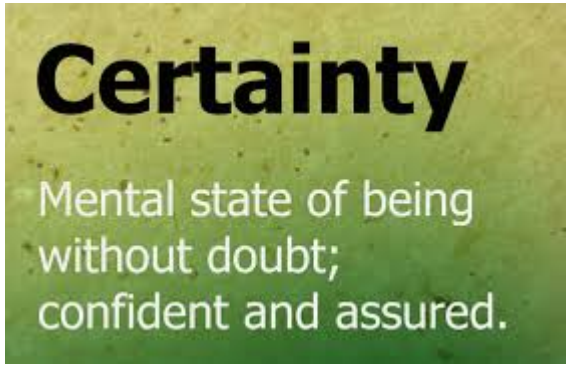
We could answer: “with Processes and Procedures”

- They are important and necessary
- There are good processes and procedures
  - *and some not so good*
- BUT
- Correctly following them does not bring CERTAINTY of outcome



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There is Munro's perspective.....

- When it is concluded that human error is a significant causal factor, the customary, and understandable, solution has been to find ways of controlling people so that they do not make these mistakes.
- The three main mechanisms are:

  - psychological pressure on professionals to try harder;
  - reducing the scope for individual judgment by adding procedures and rules;
  - increasing the level of monitoring to ensure compliance with them.

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Meetings Designed to help Manage Risk

- Risk Management Meetings
- Multi Agency Public Protection Arrangements, more commonly known as MAPPA, were introduced by the Criminal Justice and Courts Services Act 2000 and strengthened under the Criminal Justice Act 2003.
- MAPPA is a process that supports the assessment and management of sexual offenders, and offenders who pose a serious risk of harm to the public.

And there are checklists to help assess risk

This example is about Domestic Abuse

SafeLives Dash risk checklist

Frequently asked questions

What is the Dash risk checklist for?

The purpose of the checklist is to give a consistent and simple to use tool to practitioners who work with victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage the risk.

Other checklists are available e.g. HCR-20

BUT

Meetings and Checklists do not claim to bring certainty, and they don't.

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Risk and Protective Factors

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- Mental health services in recent years have become dominated by the call for ‘evidence-based practice’.
- When we apply this approach to the complex issues of risk, a number of fundamental considerations arise:

  1 What are the sources of evidence?

  2 Who uses which sources?

  3 How is the evidence used?

- Evidence on risk generally focuses on the incidence of tragedies , service failures and research factors supporting the identification of broad categories of risk e.g. harm to others and harm to self.

- Most commonly, the evidence focuses on the incidence of violence and homicide, with a secondary concern for suicide, in opposition to their real incidence.
- As Shera et al., 2002 discuss, risk policies and measures are one of the two most important core issues of mental health policy (the other being cost containment).
- Severe self neglect whilst being identified in Government guidance receives comparatively little attention in the research literature.
- Similarly, the experience of service users as victims of risk, rather than perpetrators, receives little attention.

http://www.centreformentalhealth.org.uk/pdfs/clinical_risk_management.pdf

Kim Kirkman Inquiry Panel

- The panel concluded that the following all played a part in making decision about risk:
- Past history
- Self-reporting by the patient
- Observation of behaviour and mental state
- Discrepancies between what is reported and observed
- Psychological and if appropriate physiological tests
- Statistics derived from studies of related cases
- Predication indicators derived from research.

The decision on risk is made when all these strands come together in what is known as 'clinical judgement,' a balanced summary of prediction derived from knowledge of the individual, the present circumstances and what is known about the disorder from which he (or she) suffers.

Risk management

- A statement of plans, and an allocation of individual responsibilities, for translating collective decisions into actions.
- This process should name all the relevant people involved in the treatment and support, including the individual service user and appropriate informal carers.
- It should also clearly identify the dates for reviewing the assessment and management plans.

How do systemic ideas help?

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1. A Relational Perspective

- *Links to hypothesising*

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2. Positioning

How strict a parent are you?

Strict ⟺ **Lenient/Soft**

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3. The Social Construction of “Risk”

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Social Construction Examples

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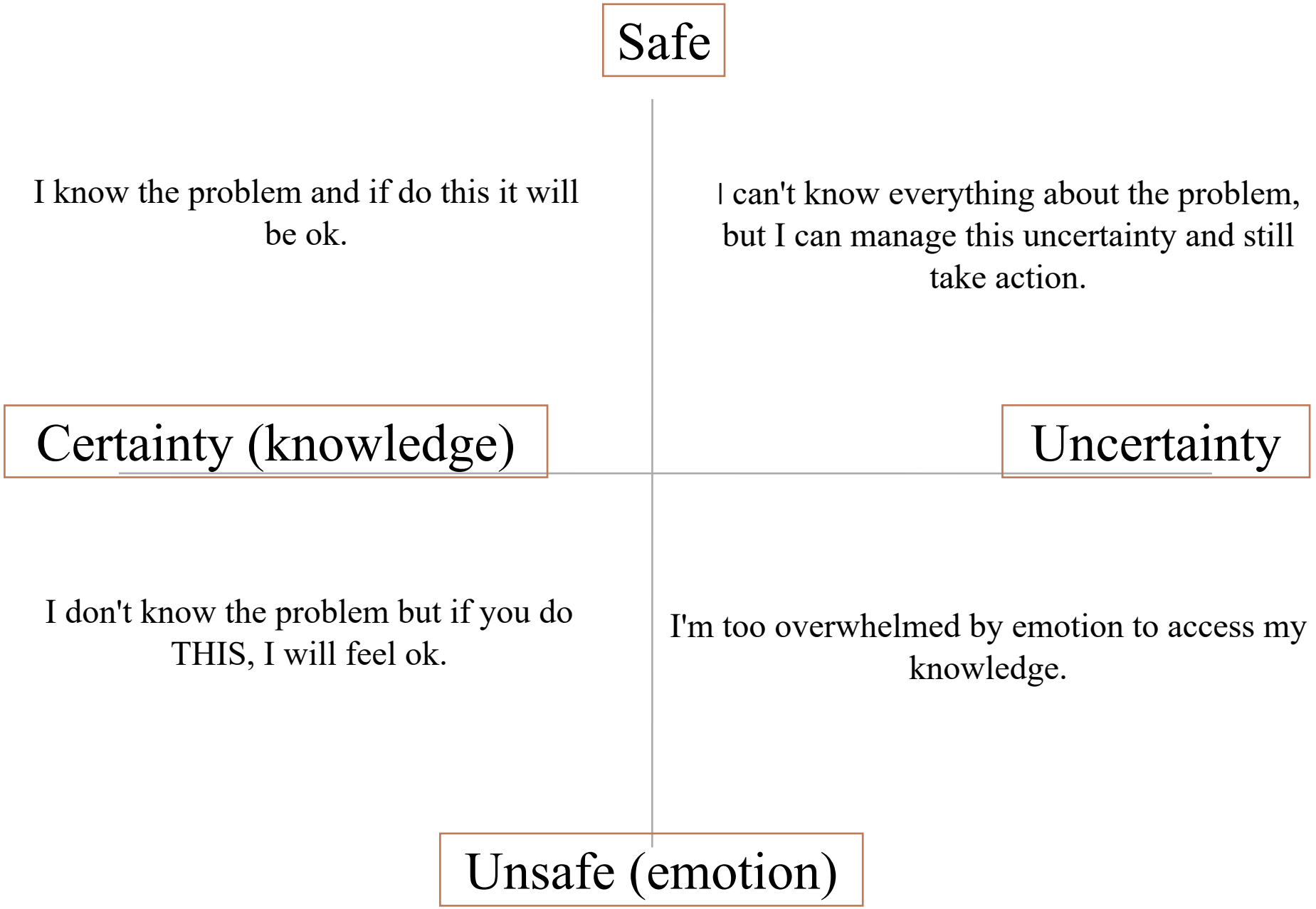
4. Barry Mason: Towards a position of 'safe uncertainty' (1993)

- A model for thinking about what position we want to take about risks that present themselves in our work with families

- Barry Mason distinguishes 4 positions in relation to change and risk:

  - safe certainty
  - unsafe certainty
  - safe uncertainty
  - unsafe uncertainty



Mason, B (2008 Towards Positions of Safe Uncertainty)

What is your Relationship with Uncertainty?

- How comfortable are you with uncertainty?
- On a scale of 1-10 where would you place yourself?
- How come?
- Would others who know you agree?
- Have you always be at that point, or was it once different?
- How do you explain the change or lack of change?
- Do you think you might be at a different position in the future?
- What would shift you?
- How do you think this influences your social work practice?

• Mason argues that clients often present in one of two positions: unsafe certainty or unsafe uncertainty.

• Often their hope and expectation for change is that the professional can offer safe certainty.

•Mason's concern about this 'expert position' is that it locates responsibility for change with the professional, and can then prevent people from developing their own solutions.

Mason proposes that we adopt a stance of *safe uncertainty* with our clients, and invite them to join us and to take take up position as well. This position is associated with therapeutic practices which make circular assumptions (people and events co-exist in a pattern of mutual influence) and ask circular and reflexive questions about hypotheses.

•*If one of the central aims of therapy* [i.e. helping people to change] *is to open up the idea of the existence of other possibilities, an expansion of emotional space, then it is clearly counterproductive to be in a position of premature certainty. However... we should not enter into the trap of equating a belief encompassing uncertainty with a view that we cannot own our expertise.*

•*Solutions are only dilemmas that are less of a dilemma than the dilemma one had.*

(Mason 1993)

5. Domains of Action

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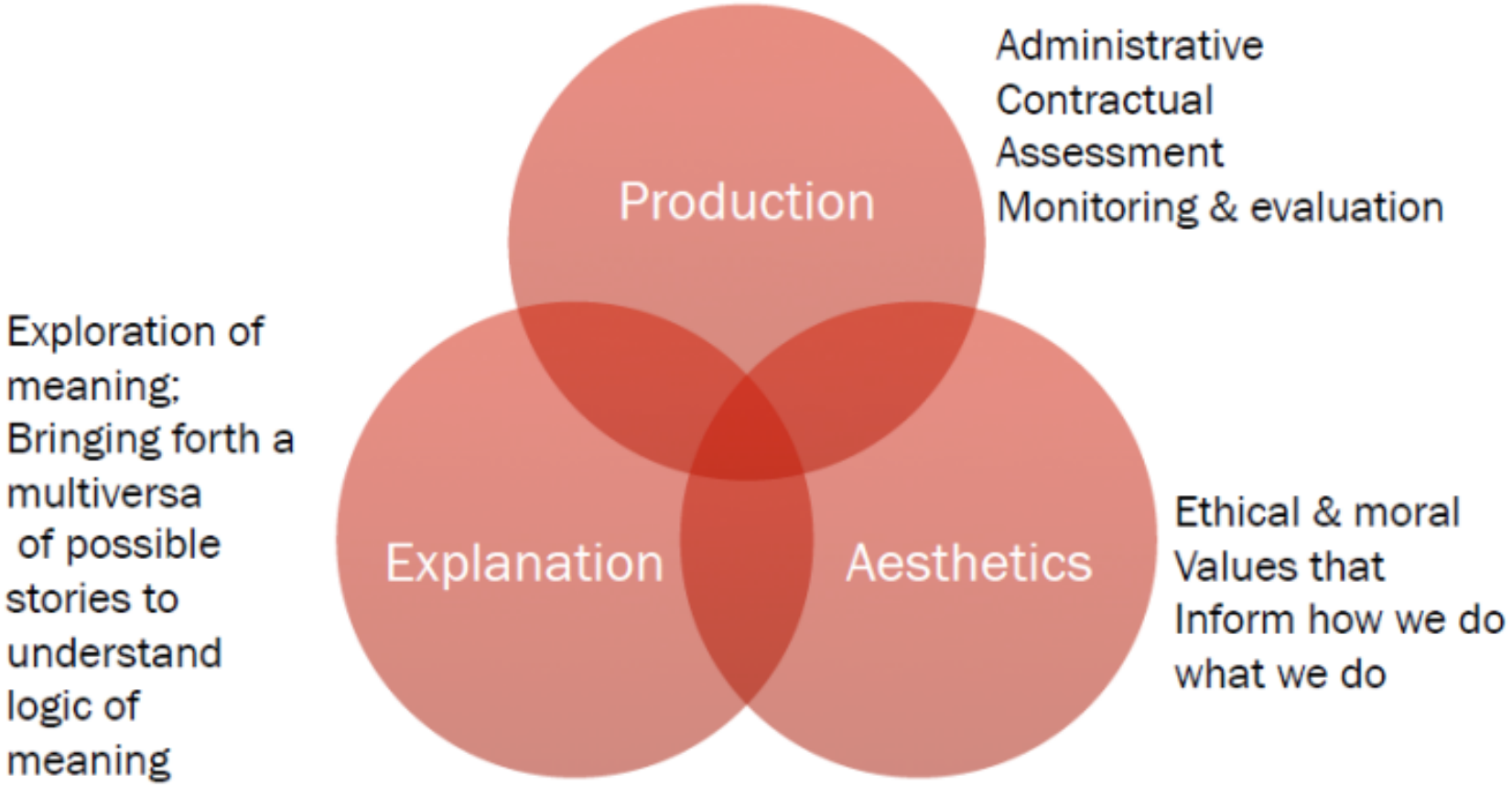
Domains of Action (Lang, Little & Cronen 1990)



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Domain of Production

- The domain of production deals with so called 'universal truths'; with policies and procedures – some of which may have their basis in legislation.
- Here we are concerned with gathering evidence to make judgments and apportion blame.
- This is also where we might show our professional authority in our gestures and tone of voice, our attention to form filling.

I think of this as the "what" domain: What is our contract for working? What are the "rules" of engagement? What are the anticipated outcomes? What should we do/what action is needed?

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Domain of Explanation

- We enter the domain of explanation when we wish to explore alternatives so that we can begin to understand the logic of how things are or have become.
- We recognise that events and experiences can be understood from different perspectives.
- We set forth our ideas (in the form of our hypotheses) to bring forth different explanations.

I think of this domain of the "which" domain. Which of these explanations or beliefs are more helpful/useful?

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Domain of Aesthetics

- In the domain of aesthetics, we pay attention to how we do what we do. This is the domain in which we consider how we show respect for other people's feelings, beliefs and values while managing our duties and responsibilities.

I think of this as the "how" domain. How will I do this? What kinds of values and beliefs might influence my thinking about how I do what I do? How have I, for example, arranged the seating to convey my intentions? How have will I greet/welcome the family/my colleague into this space?

6. Relational Risk

- A co-construction stance
- “Warming the context”
- Authoritative Doubt
- Open and Curious questions

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References

- Mason, B. (1993) Towards a Position of Safe Uncertainty. *Human Systems: The Journal of Systemic Consultation and Management 4*: 189-200
- Shera, W., Healey, B., Aviram, U., and Ramon, S. (2002). 'Mental Health Policy and Practice; a multi-country comparison.' *Journal of Health and Mental Health Social Work 35, 1-2, 547-575.*


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BACK