

Developing Instinctive Skills – Do Our Systems Get in the Way?

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Have you ever walked into a room and known instinctively that something isn't quite right? This was a frequent experience of mine when my children were young. If they'd been unusually quiet for some period of time I'd go and check what they were up to. Sure enough, some science experiment involving explosives was under way, or they were drinking Milo from *my* favourite mug. It didn't take much to tell they were up to something — even a surprise or a joke they were planning. Such is the insight of a parent. As a parent you get lots of practice at reading a situation quickly, but mistakes are frequent. If you're attentive though, you can become more accurate in reading circumstances quickly. That is, what starts out as an unconscious and sometimes foolhardy prediction can develop into true *insight* with sustained practice and analysis.

We have an incredible ability that Malcolm Gladwell¹ in his book *Blink* refers to as 'thin-slicing': the ability to rapidly scan a situation for meaning and respond to it. The tricky bit is that we are mostly unconscious of these processes, and we can make mistakes. But some things we are really good at.

Take faces for example. Have a look at these three faces that will appear.



I don't think any of you here will have any difficulty *immediately* recognising them. Now, try to describe just one of them. People in general have great trouble consciously describing what they have just seen, in spite of the ease with which almost instant recognition is possible. One part of the brain (the *fusiform gyrus*) is designed to recognise faces (especially of our own racial group) — but to translate that recognition into written or verbal information takes conscious awareness utilising less-developed abilities elsewhere in the brain, an

¹ Malcolm Gladwell, *Blink. The Power of Thinking without Thinking*, Penguin, 2005.

ability policemen and -women develop with sustained practice. That is, with training and practice, it is possible to enhance instinctive abilities.

Now, one problem in this process is that some instincts lead us to wrong conclusions, a common one being that we can easily blame people for the circumstances they are in, and not see the wider context that explains their predicament.

Fundamental Attribution Error:
Tendency of people to over-emphasize dispositional or personality based explanations for behaviours observed in others while under-emphasizing the nature and power of situational influences on the same behaviour.
Nisbett & Ross, 1991

This problem is so widespread that Nisbett and Ross refer to it as the Fundamental Attribution Error. It represents a serious thin-slicing error, especially when working with devalued and disadvantaged people, because we can come to see those people as responsible for the conditions we have created for them — like being an eternal child, or allegations of “attention seeking” — failing to see *we* are the ones who have placed people into the very circumstances that induce these behaviours. Interestingly, when we thin-slice our own behaviour we always find many reasons outside of ourselves to explain why we are late, tired, and cranky!

Have you ever seen a support worker relate to someone in a way that is simply entrancing? For example, helping someone eat a meal with poise, dignity and calmness, relating in a deeply meaningful and individual way, or responding to every nuance of expression as someone attempts to communicate with a look of the eye, a movement of the cheek and a long drawn out vowel — and the worker knowing precisely what the person is saying. Instinctive insight can be enhanced, but it can also be stifled.

As we assist direct support staff in the environments we have built and created, what have we done to help them develop skills that change their unconscious and possibly unhelpful reactions into responses filled with insight and careful and experienced judgement as they support people to create a better life?

Well, what we have mostly created (with the encouragement and demand of funders) is an avalanche of paper. In a sincere but misguided effort to ensure accountability and compliance, we have diverted workers’ attention away from attending to people and onto filling in forms and collecting data — most of which is to satisfy the requirements of other parties *not* even present in the service setting.

Here is what is quite typical of the reporting requirements from funders to an agency. (Example given in presentation).

Much of this information has to come from direct support staff. Is it any wonder good staff are hard to find, good managers are hard to develop, high morale is in such a fragile condition? It involves communication that is largely wasteful and wasted; so much information simply gets filed away without ever getting viewed. It is indicative of how bureaucracy leads people away from the essential matters of facilitating a Good Life for people.

In one evaluation of a major residential service provider we found no less than *43 categories* of administrative duties, forms, reports and data to be collected by direct support staff.

<p>Missing person's profile OH & S policies and procedures Cleaning Roster Task list Risk Assessments, behaviour modification plans, swallowing assessments and guidelines, recording systems and checklists, rosters, medication procedures. Personal profile OH & S – chemicals Incident report forms If don't purchase from safe chemicals list: Materials safety data sheet (M.S.D.S.) Do risk assessment Safe working practice Standard operating procedure</p>	<p>IP's (not many) Telephone calls Health checklist When been anywhere CHAPS Use of consultants: Behaviour Specialists Speech Therapists OT Podiatrist Guardianship advice OPC requirements Policy and procedures Sleep charts Communication systems gloves Photo on fridge (not all need it)</p>	<p>Time slips Awake shift checklist ABC charts Compic – Communication book Bowel, weight – referral forms – diary for appointments Doctor reports Nutrition, dietary plans Budgets and bills sheets Shopping list Menu list Money slips, recordings</p>
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Like so many other forms of human service workers (teachers, nurses, police, child care workers, disability service workers), we have evidently equated good service with meeting an ever-increasing level of non-programmatic demands, a situation that has dubious benefits for service recipients and in all likelihood overwhelms the capacity of workers to effectively solve problems and even to relate at all to the people we have given them to support.

For example, one real danger is that if staff have to support people in service conditions that strip people of their human qualities and that



support their *pejorative* visions of people, they will be led to do things that are consistent with that stereotype *and* become desensitised to what they are doing!

Such exposure to a negative stereotype frequently provokes rejection, especially when available in a convenient form – and one frequently resorted to is retreating to a mountain of paperwork. The fact that completion of paperwork is also often given highest priority certainly doesn't help and provides a seemingly justifiable reason for having less to do with people. Have you visited a hospital lately and noticed where the nurses spend the bulk of their time? It's not with patients, but with paper. So much for patient-centred practice.

Indeed, that paperwork has come about as a result of the astronomical death rate in hospitals due to human error, system complexity, cross-infections and neglect of important and simple protocols like washing hands. But in spite of all this extra monitoring, death rates have not diminished, except within intensive care units where there has been some improvement in adverse incident rates. I mention hospitals because they are very controlled environments and a great deal of data is available about them, and yet it seems almost impossible to bring about improvements in patient safety and care. It's not that we don't know what to do. It's that we can't make people do it through enacting policies.

Even in residential services in NSW, there is an average of 100 deaths per year, approximately 75% of which are due to the administration of the wrong medications. Our response to this frequently involves new policies and yet more paperwork to monitor what is going on.

The mistake is frequently the idea that perfect knowledge will guarantee perfect decisions. Right? Well, not always. Thin-slicing ability is based on reading the *critical* information, not *all* the information. Doctors diagnosing chest pain typically order a battery of tests. The more tests they order, the harder their decisions become. The wrong people get sent home, the wrong people get admitted, and in the end the variability between what doctors recommend as a course of action are very wide indeed. Their decision-making ability drowns in a sea of information. By contrast, Dr Lee Goldman² found that doctors need to know only *three* things — somewhat like an algorithm — to make an effective decision for determining the course of acute care for someone presenting with chest pain:

- (1) is the pain felt by the patient unstable angina?
- (2) is there fluid in the patient's lungs? and
- (3) is the patient's systolic blood pressure below 100?

² Lee Goldman *et al.*, "Prediction of the Need for Intensive Care in Patients Who Come to Emergency Departments with Acute Chest pain", *New England Journal of Medicine*, 344, no. 23 (1996): pp. 1498–1504. Referred to Gladwell, *op. cit.* "Referred to in Gladwell etc"

One's capacity to think deliberately and instinctively requires a balance that is influenced by how much one already knows and by how much one is forced to contend with.



As various consumer-based studies have revealed, large amounts of information can simply overwhelm and paralyse our decision-making ability.¹

It seems many workers frequently can't cope with the decisions required of even an average group home. In a two-week (Monday to Friday) period, one agency monitored the calls of staff to assistant managers. And this is what they found.

Apart from the sheer volume of calls, the bulk of the calls related to administrative protocols. They were about immediate issues, driven often by the desire for straight-forward decisions to be made by someone else. Assistant managers lived on their phones, taking all manner of calls about very ordinary issues. For sure, some were significant, but perhaps too many calls were mundane but had been given a sense of urgency, almost to the point of crisis. A sense of proportion was easily lost as assistant managers shepherded staff through the next mundane chapter of daily life. It was almost impossible to give serious consideration to questions related to someone's long term well-being; the immediate "crisis" kept matters firmly rooted in the present. The urgent drove out the important.

Summary of data

Category	Number of calls
Average No. calls per day	44
Total Roster calls	105
Total Attendance calls	32
Total Person we Support calls	89
Total Emergency calls	6
Total Staff personal issue calls	28
Total OHS calls	2
Total Household calls	44
Total miscellaneous calls	132
Total calls during two weeks	438

For staff to get better at thin-slicing they need relevant experience and a way to properly interpret that experience to draw out patterns and lessons. But crisis management keeps this type of insightful mentoring well off the agenda, producing assistant managers and managers who, even while

exhausted, are strangely drawn to the frenetic, even exciting pace of work and the addictive feeling of being *so* needed.

In response to this, agencies and governments everywhere have developed policies to enhance good decision making. They have tried to lay down in advance processes to address every contingency. In so doing they have elevated “policyism” to new heights, and have produced a fearful workforce which prefers to obey policies than to think about and do what is right and sensible for someone.

What does this emphasis on policy produce?

- It produces a lack of personal responsibility in staff. Obeying policies, much like obeying orders, removes personal and moral responsibility from actors.
- It breeds compliance, dependency and, quite often, stupidity. A policy becomes a type of slogan that workers at all levels can hide behind instead of thinking matters through. In the minds of workers, policies frequently act to limit actions and are almost never thought of as creating opportunities. *One frequently and repeatedly hears that doing something is “against our policies,” but when pushed, the speakers are seldom capable of actually pointing to a specific policy — they just believe one exists. Such exaggerated status given to policies not only inhibits any actual action, it seems also to ward off **the very thought** of an action.*
- It can turn workers into mere functionaries, interchangeable and mechanistic, indistinguishable from each other. *A sameness that further erodes personal moral responsibility and opens the door to the potential for abuse.*
- It produces heightened formality and a service form typified by “bureaucratic perfectionism”. And imposes that on service users, their families and other freely given relationships.
- It therefore represents a pseudo-standard for service quality, a proxy for real standards and for getting a real life. It can therefore disguise what is really happening in a service to the people being served.
- It exercises control and pre-empts sound decision-making. *In essence, this avalanche of bureaucracy keeps one party in*

subjection to another. This is particularly problematic when it concerns the support of someone in what is supposed to be their own home—the environment the resident has sovereignty over, not the agency or department.

- It is frequently made an object of worship.

This means that instead of principles underpinning the actions of people, minute rules and regulations do. *Principle has been supplanted by a particularistic and peculiar rule adherence.* In our present era, people can lack a higher order value system that would otherwise guide their behaviour, thus little rules (like what grammar one may use to refer to people) are now elevated to the level of commandments, and woe betide anyone who breaks them!

A citizen advocacy friend of mine, Bob Lee, related how he was having a coffee with a young man he knew who was being supported by an appropriately distant support worker. Another man approached who knew Bob and had also met the young man a few times. This man said, “I know you, you’ve been to our church a few times. What’s your name again?” And with that the service worker jumped up, raising his hand and almost shouting, “That’s confidential!” Fortunately the visitor had enough sense to ignore the worker and proceeded to sit down anyway and continue the conversation.

- Can communicate deep distrust

Perhaps at the heart of such an extreme emphasis is the need to control people by creating impervious boundaries. From the outset, the veiled threat implied that policies are more important than workers, or workers minds and their ability to think and problem solve. Yet, it may be true that the ability of workers to do these things has been indeed been weakened, so that they can no longer act unless presented with some recipe to follow.

At a deeper level, humans interact best when trust exist. We trust the truck will stay on their side of the road, we trust the teacher will actually teach our children, we trust that the swimming teacher actually knows how to teach swimming. But when trust is gone, perhaps due to so many disappointments, then we can no longer operate

- Like all false gods, it enslaves rather than liberates.

Even worse, our emphasis on policy compliance could produce a profound deadening effect upon optimism, vision and hope, and, as I have said, eliminate a worker's sense of personal moral responsibility.

If workers are confronted with the suffering of people that they feel unable to respond to (even if they really can respond), they will be forced to distance themselves from that suffering in order to protect themselves. As Staub³ notes, this is likely to produce callousness, hardly a quality we seek in our services. It might also partly explain why there is still far too much abuse and neglect within our services.

Good pedagogic practice seeks to bring a learner through the stages of compliance, to identification and ultimately to internalisation. Service quality should be strongly influenced by how well staff have internalised sound practice, not by how compliant they are with rules and regulations. Policyism produces slavish compliance and stunts growth in both server and served. For example, we always knew that individual program plans were meant to facilitate workers' ability to treat people as individuals, but how often have we seen silly goals placed within plans year after year with *no progress whatsoever*? To treat someone as an individual is a matter of the heart — it can't be legislated.

“Remaining passive bystanders in the face of others' suffering can create callousness. It is nearly impossible to see great suffering, to do nothing, and continue to feel caring and empathy. To protect themselves from guilt and empathic suffering, individuals and groups that remain passive need to distance themselves from victims. As a result, their passivity may reduce the likelihood of later action by them.”
(Staub 2003 p367)

What makes for excellence in a service? Sure, we have fantastic concepts — like Relevance and Potency, Bending over Backwards, and Utilising the Culturally Valued Analogue — that should provide frameworks for our thinking. But in the end we need people who are thoughtful about such concepts and how they might be applied, not people rendered unconscious by mere compliance; we need to support people in bringing increased thoughtfulness, insight and knowledge into their daily practice.

It *is* possible to develop and train insight. But the person has to be guided to observe the right information. Imagine doing a wine tasting course, and instead of learning how to identify the various characters of taste, one learnt about taxation arrangements for exporting wines. We wouldn't

³ Staub, Ervin. *The Psychology of Good & Evil*, Cambridge, NY 2003

build much insight into the wines we drink, would we? I'm sure it feels just like that for many of our workers.

So what must we draw their attention to? Well, *key* questions: Who are the people? What have they experienced? What would really meet their needs? What kind of life should they have? What could a real home for this person really look like? And how far have we got?

As Malcolm Gladwell says, "Insight is not a light bulb that goes off inside our heads. It is a flickering candle that can be easily snuffed out." (2005, p122.)

Of course we have to be organised and efficient. But the mistake of the managerialist model is to assume that formalisation and bureaucratisation create good service, and not to see that the true nature of a life for someone is intrinsically *informal*⁴, relational and communal. The task is to shield service recipients, their families and even direct support staff from as much bureaucracy as possible that would otherwise overwhelm the very purpose of a service, especially a residential or community based service.

There are many ways to enhance the thoughtfulness and insight of workers through such approaches as reflective mentoring, observation, structured analysis, and a clear connection to principles and higher order value constructs, but that is a long way removed from what is often the first and last question that so many staff ask: "But is it according to policy"?

⁴ Clearly, other service contexts, like work, *are* more formal, and support an increase in reporting, supervision, regimentation etc. Community contexts however are often more formal than home, but much less formal than work. Human services have not done particularly well in nuancing service provision to reflect community practices around this question.