On Practice Research Networks and the changing of thinking and practice
Peter J. Taylor, DRAFT 10 October 2015

How do people have their thinking changed?" is the topic of the first Collaborative Exploration (CE) in my graduate critical thinking course this semester. My exploration led me through various steps to a question for further inquiry: what moves and motivates people to make changes when working within the framework of a profession or a particular form of practice? Let me explain.

The scenario for the CE reads:

> There are many approaches to teaching or coaching, each of which aims to improve the knowledge or thinking of students or some other audience. In other words, each aims to change their thinking… We might ask how strong the basis is for any given approach to teaching or coaching. We could, in the spirit of critical thinking, scrutinize the assumptions, evidence, and reasoning behind the approach. In this case, we want you to do this scrutinizing for a teaching/coaching approach "X" (where you choose X…), but also to go further: …consider how to change the thinking of an exponent of X so that they think more critically about their approach.

The approach X I chose to examine is the Human Givens approach to therapy and mental health (HG; Wikipedia, n.d., a). Before describing HG, let me admit that my interest in having students examine approaches to changing people's thinking arose from a skepticism that has at least three sources:

1. Several years ago, when I was a young member of the panel reviewing 30 years of teaching critical thinking, one of the senior statesman in the field noted that he was not sure how well teaching thinking skills worked. I wondered why he had persisted with that approach without evaluating its effectiveness.
2. Some years later, after reading Richard Paul's study of how few educators understood critical thinking even though they claim to support it or teach it (Paul et al. 1997), I wondered why he had not inquired about the reasons for the people's views, which may have moved him to consider alternatives to directly teaching thinking skills.
3. I have a sense, although I have not systematically studied this, that most people can think critically about some topics, even if they do not think critically about all topics. This has made me concerned with building a context of support in which people can mobilize their intelligence, rather than emphasizing the teaching of thinking.

When I put these three sources together, my expectation was that many approaches to changing thinking would not fare well when the subject to critical thinking about the approach, that is, when we scrutinize the assumptions, evidence, and reasoning for the approach. Would that also be the case for other approaches to changing thinking?

This HG approach has been developed in England since the late 1990s and has exponents in a few other countries (but very few in the United States). From Minami (2013, 166):

> The HG approach focuses uniquely on those unmet emotional needs of clients as specifically defined in this therapy leading to the understanding of how the client's resources are malfunctioning or are inadequate in allowing the client to get their needs met in a healthy balanced manner [Human Givens Institute, n.d.]. For example, a client may be missing out on the need for connection with others because of crippling anxiety when in crowded places. Helping the client identify the original triggers for the anxiety, teaching management skills, helping to deactivate any earlier traumatic experiences that may have set up the anxiety response and encouraging reconnection with others, perhaps in a small way to begin with, would be a typical HG approach.

The relevance to the CE of this approach is that it aims to change people's thinking in the sense that they no longer act on the basis of an earlier traumatic experience. I looked for reviews of the effectiveness of this approach and found the results of a five-year study analyzed by Minami and colleagues. The analysis did not use a randomized controlled trial of a single component of the theory or practice. Instead it followed the idea that "field studies, carried out in regular clinics and treatment settings with typical patients, are more representative of standard behaviour in relevant populations" (p. 166). In this spirit they focused on the HG practice research network (PRN). PRNs are "collaborations of practitioners and services that are committed to systematic collection of practice-based data" (p. 166). They found a recovery rate of 54%—well above the target set by the Department of Health in the UK of 40%. They acknowledged some of the limitations of this study, which included "the lack of availability of much more information as to the specific elements of the HG approach, as used in these various settings by these treating practitioners" (p. 173).

The idea that the practice as a whole would be evaluated, and not each component separately, reminded me of the Dean Ornish approach to cardiac rehabilitation (Wikipedia b, n.d.). That approach included several elements (Aetna 2015):

- A smoking cessation program; and
- A vegetarian diet with less than 10 % of calories from fat, with minimal amounts of saturated fat (the "Reversal Diet"); and
- For the most part, no use of lipid-lowering drugs; and
- Group support and psychological counseling to identify sources of stress and the development of tools that help manage stress more effectively; and
- Moderate exercise, usually a walking program; and
- Reliance on the daily use of stress management techniques including various stretching, breathing, meditation, yoga and relaxation exercises.

(from http://www.aetna.com/cpb/medical/data/200_299/0267.html)

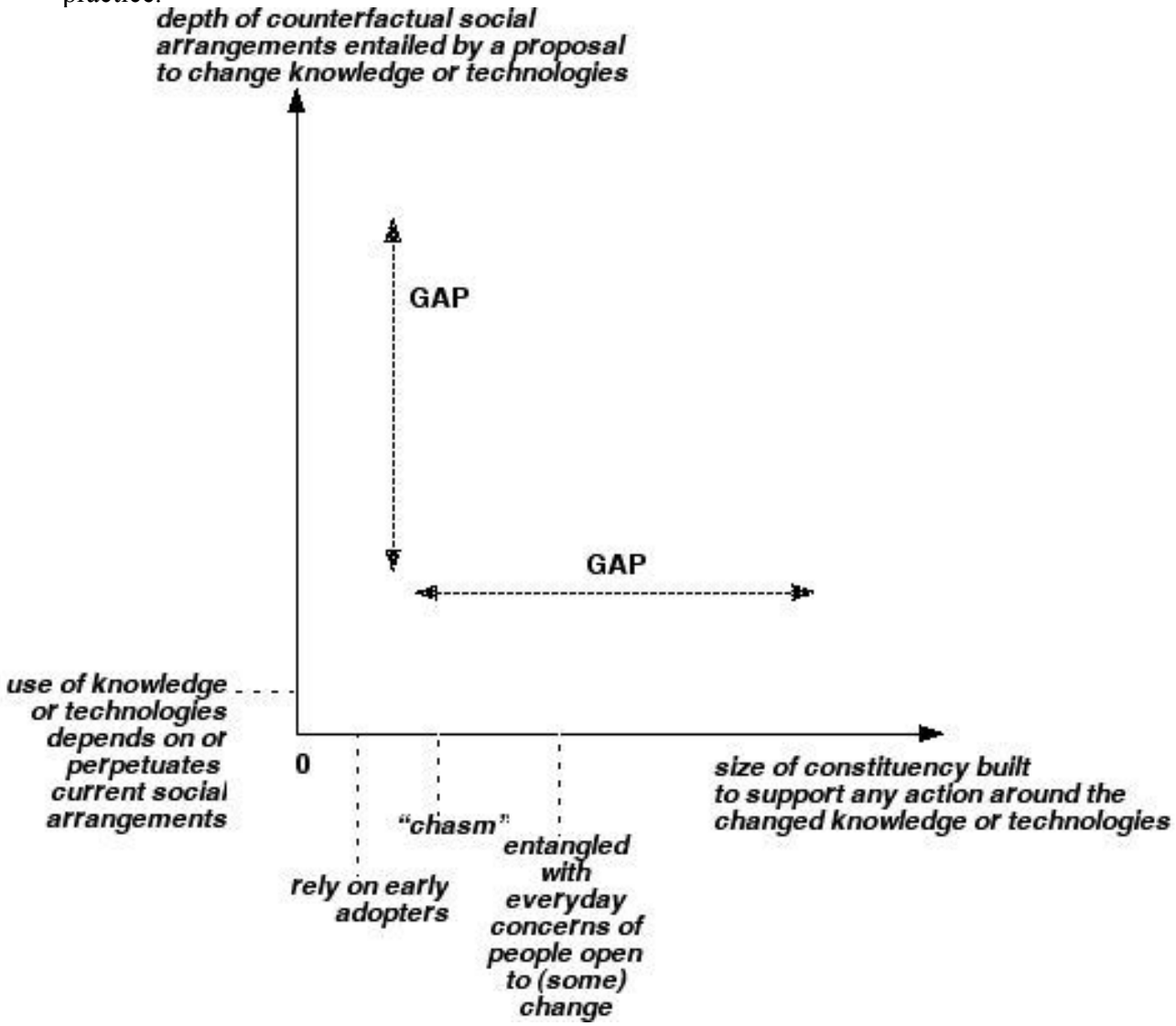
My recollection was that the program was very effective, but some researchers wanted to know which components produce the result. Ornish or others had responded in effect: "What does it matter? All of the components are good for you; none of them does your harm; people in the program feel a great sense of mastery of their lives in comparison to the earlier ways of living." However, I looked for evaluations of the program and found the review (Aetna 2015) that

complicated my recollection. First, there were studies that showed the Ornish approach was not much better than more conventional, medically focused approaches. Second, there were studies that analyze specific components of the approach. This mean that I needed to inquire further about evaluation of a practice as a whole versus evaluating its separate components and chew on the issues. Doing so would have implications, in turn, on my views about practice research networks. What follows is my thinking to date:

1. An emphasis on examining specific components is akin to the all-other-things-being-equal approach of randomized controlled trials. That approach is well suited to testing of new drugs, but is not so relevant to testing of a linked set of parts that make up a practice such as a form of psychological therapy (see #2 below). Yet, it need not be that case that each and every component of the practice is essential and effective.
2. There have been attempts to subject psychotherapies to strict evaluations that mimic randomized control trials, namely "manualized" treatments. These reduce practice to following rules laid out in the manuals. This is very unlike therapies in practice, as it squeezes out the insights and creative responses that experienced practitioners can have. In the latter spirit, Irvin Yalom's (2000) book *Love's Executioner* describes many of his therapeutic cases, and concludes, somewhat humbly, that his successes and his failures as a therapist had little to do with his theory–based analysis of the clients.) Moreover, in addition to the explicit components of any theory or practice, there are also implicit or unintended components. For example, there is often an effect of exponents of an approach paying attention to you – where you might be a patient or a student or a teacher doing a pilot run of their approach. And there is also the commitment that exponents have to implementing a practice well, a commitment that might derive in part from the integrated picture of components as a whole.
3. Suppose we stay for now with the practice research network approach of evaluating a practice as a whole. This is not exactly the same as the practice-based research approach that is undertaken in education (Furlong and Oancea 2005). As far as I have been able to find, the latter approach does not assume a network of practitioners committed to an identifiable approach and to systematic collection of practice-based data based on that shared approach. Two questions for further inquiry: a. do some of the approaches to teaching critical thinking come close to resembling practice research networks even when they do not use the term?; b. is practice with PRNs as shared as I am assuming?
4. Given the question at the end of #1, how does PRN help or hinder practitioners changing parts of their thinking and practice. On one hand, the active exchange in a network might allow new ideas, if they seemed fruitful, to be incubated then spread. And the network would foster ongoing professional development whereby practitioners improve their ability to implement the approach. At the same time, a network of professionals is ripe for professionalization, in which standards are defined and policed, and those who do not abide fully by the standards are excluded. Moreover, the sharing and ongoing professional development as well as the imposition of standards can be shaped by social pressures, such as the push for matching teachers' salaries to student's performance on

high-stakes tests. Yet they can also serve as a basis for resistance to such pressures. This warrants further inquiry to observe what actually goes on.

5. In advance of such inquiry, I ponder—or, at least recall previous pondering. The question about how practitioners change any of their thinking and practice when they are embedded in networks or professional organizations recalled for me some of my thinking about what moves and motivates people to make changes. Instead of repeating that here, let me point to a video podcast, in the process of being transcribed, that posits two kinds of "gaps" (see schema below): the size of the constituency built to support any action around changes in knowledge or technologies; and the depth of counterfactual social arrangements entailed by a proposal to change knowledge or technologies. The final thought I had after revisiting the schema on the gaps was that an effective idea or practice may change existing social arrangements *without* requiring counterfactual social arrangements – the key work is to enlarge the constituency of people applying the idea of practice.



Conclusion: After working on this collaborative exploration, my emphasis has shifted away from wanting practitioners to show that they have subjected their approach to critical thinking. I now want practitioners to a. develop PRNs committed to supporting ongoing professional development and to systematic collection of practice-based data, while b. fostering allowing some space for tweaking or even challenging specific components of the practice. Just how people do that is a matter for further inquiry. And how much I personally promote approaches to change (e.g., the Many Rs of the CCT experience) that are not subject to the support and the scrutiny of PRNs is a matter for reflection.

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