Critical Reflective Practice Workbook

Peer Positive
This workbook was developed as part of the **PEER POSITIVE** initiative (www.peerpositive.ca).

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The booklet was designed and illustrated by Erin McPhee.

Just like all of our tools, this is a work in progress. Let us know how we can make it better by emailing josina.vink@camh.ca.
Introduction
This workbook is for peers and professionals who want to improve the current state of social services, starting with themselves.

If you are committed to taking a more PEER POSITIVE approach, establishing a critical reflective practice is fundamental.

This workbook will help you notice some of the influences on your understandings and reactions so that you can prevent oppressive practice. Noticing these influences and adjusting your practice are essential as we work toward equitable partnerships between peers and professionals in services.

What is Critical Reflective Practice?
Critical Reflective Practice (CRP) involves examining ourselves and our practices in relation to our anti-oppression values. It means questioning ourselves about how power and social location affect our understanding, communication, decision-making, and problem solving.

CRP helps us check our reactions, assumptions, and practices to explore how they have been influenced by, and exert influence on, our identities and the world around us. It helps us identify biases within aspects of who we are and our responses.

CRP provides us with a structured process (used before, during and after practice) to support ongoing practice change in keeping with an anti-oppressive and PEER POSTIVE approach.
**SYSTEMIC**

- Fat people are undisciplined
- Black men are good athletes and entertainers
- People with disabilities should look after themselves
- I just need to lose weight
- Life will be easy once I become a rapper

**CHATTER**

- The man should be the breadwinner
- You're a burden to society
- I have no money in the bank—what kind of man am I?
- I'm just an old man, no longer useful
Systemic Chatter refers to the stories that circulate within society that become our automatic truths. These stories shape the power and privilege that different people have. Through repetitive storytelling, we are conditioned to believe that these truths are reality.

Critical Reflective Practice helps us to question systemic chatter so that we do not reproduce oppression inherent within these stories.

Q: What kind of systemic chatter do you hear about service providers and service users? What are the stories that we are told and that we tell ourselves about each role?
Each of us has aspects of ourselves that are informed by systemic chatter and reproduce oppression. **Systemic Self** invites us to examine ourselves and how our identities are shaped by oppressive forces. We seek to understand how our identities contribute to the power and privilege we hold in relation to other people. Critical Reflective Practice helps us monitor ourselves in an ongoing way to catch when we act in ways that reinforce dominance within a system or society as a whole. For example, a man might find that he dominates conversations in the company of women and works to adjust this practice.

**Q:** What aspects of your identity do you need to monitor within peer-to-professional relationships? What actions can you take to reduce any potential harm?

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**Note:** the concept of the Systemic Self is borrowed from Ekua Andria C. Walcott, Akua Benjamin and Jana Vinsky.
Q: What are some of the ways that we further the division between service providers and service users?

One powerful story that exists in social services is that the helper is someone who is strong and independent, and that the service user is someone who is in need and vulnerable. This is a myth because as humans, we all experience times of need. No one is always the “helper” or “helped” in all aspects and at all times in their life.

The setup of ‘helping’ in social services traditionally privileges the helper at the expense of the person receiving services. It also discounts that many service providers have their own lived experiences.
Lenses of objectification have us see people as things, rather than as human beings. These lenses are informed by systemic chatter and our systemic self. Lenses of objectification de-humanize the social services because they encourage strong divisions between service providers and service users.

Examples of common lenses include:

**Damaged**
Seeing people as so broken that no amount of help will make a difference.
*Example:* “I’m just going to do the minimum since there’s no hope for this one anyways.”

**Efficiency**
Needing to be productive by accountability standards, rather than providing quality service.
*Example:* “I’m going to end the meeting with him early because I have paper work that I need to finish.”

**Liability**
Making decisions to manage risk when you know it will interfere with good service delivery.
*Example:* “I’m going to call the police just in case something happens. Seeing the police might upset my client, but this way I won’t get in trouble.”

**Infantilization**
Treating people like children, assuming that they are less competent, less experienced, and less intelligent than others.
*Example:* “You could fill out the form, but why don’t I do it so we get it right.”
**Paternalism**
A fatherly way of helping.  
*Example:* “You may not agree, but this is the best way to solve your problem.”

**Maternalism**
A motherly way of helping.  
*Example:* “I enjoy nurturing the people I work with.”

**Pathologization**
An individual is in a challenging situation because they are somehow defective, different, or wrong.  
*Example:* “She probably thinks that because she was abused as a child.”

**Normalization**
We have a responsibility to help people conform to a ‘normal’ way that the world works.  
*Example:* “I try to dress nicely to set a good example for my clients.”

**Choice**
A person’s situation, no matter how positive or negative, is a result of the choices they have made.  
*Example:* “Your life would be a whole lot easier if you just got a job.”

**Moral Value**
Individuals only need to use social services because they lack proper ethics or values.  
*Example:* “She’s on welfare because she’s lazy.”

**Binary**
Situations can only be one of two opposite choices.  
*Example:* “Service users are in no position to help others.”

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**Q:** What would a PEER POSITIVE lens look like? How can we consciously use this lens in our practice?

**PEER POSITIVE** offers a new lens that can help us counter the lenses of objectification that are common within the social services.