

## How do we use Intuition/Gut Feelings?

- What is it?
  - It is experience... something from your personal or professional history... subtle cues when something is either 'not quite right' or 'a chance worth trying'
  - An impression of what might be, but you are unaware immediately of the factual basis... you can't immediately say why but there is something, an alarm bell to be followed up
  - Intuition has been identified as "... *knowledge without conscious reasoning... influenced by professional experience and the understanding and use of one's own and others' emotions. [It] appears to be embedded, but actively hidden, within a larger clinical reasoning framework.*" (Chaffey et al, 2010 p300)
- What are the difficulties associated with its use?
  - Easily dismissed by those who take the view that only objective statements of fact can be communicated
  - Easily confused with other factual statements, and misinterpreted as being fact
  - It could be leading you in a wrong direction through your own personal biases (i.e. not everyone uses experience thoughtfully)
  - You may narrowly process subsequent information in your search to find only evidence that supports your theory
  - It could give some practitioners a form of validation for not pursuing more rigorous searches and analysis of information
  - When and how to share these feelings appropriately and constructively with service users?
- How should it be used?
  - It should never be left as a final statement without a clear indication of what you intend to do with it
  - It should be investigated as soon as possible through other sources of stronger evidence, and discussion with colleagues
- How might it be documented?
  - Document what it is, but more importantly what you are going to do about it (which is also important for others to know/be aware of)
  - Use of less emotive terms such as 'my concerns are...' or 'my impressions...' alongside clearly identified factual information; use of the SOAP (Subjective, Objective, Action, Plan) framework; use as a clearly identified reflective statement in a summary
  - It is vitally important to clearly distinguish it from the factual stuff!

## Exercising Caution when using Intuition/Gut Feeling

- Awareness of how our *personal prejudices* may influence these feelings, so that *gut reaction* may occasionally be nothing more than a personal subjective viewpoint, and even a negative influence
- Safeguard against unintentional blind-spots... where we process new information in ways that only serve to reinforce our pre-determined gut reaction
- We need to recognise it as something to *act on* by seeking further information or clarification of our feelings (i.e. it is always a means to an end, never an end in itself)
- How do we communicate it to service users? It is important to remember that service users also have gut reactions/intuitive feelings (e.g. about different staff members). Being more open about these feelings means we can occasionally explore them further through the therapeutic relationship, and occasionally reach a more factual conclusion
- Our feelings and impressions can be very significant parts of our overall formulation of a situation, and we should not feel inhibited in expressing these ideas so long as we can engage in discussion when they are challenged.