From Curiosity to Judgment: A Spectrum for Practice

Intro

Social work practice, particularly within child protection in England, is conducted within a complex and often perilous decision-making environment. Professionals are tasked with making high-stakes decisions under conditions of profound uncertainty, where the consequences of error can be severe and life changing for children and their families.

These decisions are shaped by a confluence of pressures that compress cognitive processing, compelling practitioners to navigate ambiguity with limited information, competing accounts, and significant personal anxiety and organisational expectations.

The main challenge lies not only in the external circumstances but in the internal cognitive processes they trigger. When faced with these compressed conditions, the human mind naturally seeks coherence, creates stories to make sense of partial data, and closes uncertainty quickly to reduce mental load.

This resource introduces the Curiosity to Judgment Spectrum, which is a framework designed to map and explain this predictable cognitive shift. It draws on ideas from several disciplines, as well as my own practice experience and observations. Its purpose is to support a trauma-informed and restorative approach to better, more child-centred decision-making.

The fundamental premise of the spectrum is that there is a difference in thinking under pressure, and the five proposed positions identified in the spectrum represent legitimate, yet distinct, human responses to uncertainty, responsibility, and risk. None of these positions are inherently ‘wrong,’ but their utility and impact vary dramatically depending on the context and the stage of practice.

The critical skill for a professional is to develop the ability to recognise where one is standing on the spectrum (metacognitive awareness) and to consciously

decide whether their stance in that position is being shaped by evidence, the child's lived experience, or the more immediate need for cognitive relief.

The journey from pure curiosity to premature judgment is not a moral failing but a predictable outcome of human cognition operating under duress and high stress. Understanding this landscape requires looking at multiple theoretical perspectives to see the comprehensive picture of the mechanisms at play.

From a philosophical standpoint, the spectrum can be understood through the lens of virtue epistemology, which evaluates knowledge and belief not just by their truth but by the intellectual character of the knower. In this view, positions 1 and 2 reflect the exercise of epistemic virtues such as intellectual humility, open-mindedness, and courage

On the other hand, positions 4 and 5 can be seen as manifestations of epistemic vices, such as dogmatism or credulity, where the desire for certainty overrides the pursuit of accurate understanding. This ethical framing requires moving the focus from simply assessing the correctness of a decision to examining the process by which it was reached, aligning with the demands of modern social work to provide justifiable reasoning for all actions.

Neuroscience tells us that the brain operates using two distinct systems of thought, as described by Dual-Process Theory.

System 1 is fast, automatic, intuitive, and energy-efficient, while System 2 is slow, deliberate, analytical, and cognitively demanding. High-pressure situations in social work, such as responding to a crisis call or preparing for a court hearing, force practitioners to rely heavily on System 1. While essential for rapid response, System 1 is prone to cognitive shortcuts known as heuristics, which can lead to systematic errors in judgment.

The spectrum can help maps the reliance on these different systems by identifying our thinking process. This is because moving down the spectrum signifies a greater dependence on the intuitive, heuristic-driven processes of System 1 and a corresponding withdrawal from the effortful, reflective processes of System 2.

This reliance on System 1 is exacerbated by cognitive load which is the total amount of mental effort being used in working memory. Research shows that both external factors like time pressure and internal states like ego depletion (a state of mental fatigue) directly impair executive functions, which are managed by the prefrontal cortex, which is the region of the brain crucial for deliberative thought, planning, and emotional regulation.

Chronic stress and burnout, common in high-demand professions like social work, can lead to structural changes in the brain, including thinning of grey matter in the prefrontal cortex and hypertrophy of the amygdala, the brain's fear and threat centre.

This neurological reality means that practitioners experiencing burnout have a diminished capacity for the very deliberative thinking required to operate in the upper positions of the spectrum. Their brains become neurologically primed for faster, more reactive processing, pushing them down towards premature coherence and judgment.

Developmental psychology suggests that the ability to regulate cognitive resources develops with age. One study found that younger children were significantly more affected by time pressure and ego depletion when it came to helping behaviour, indicating that older children and adults possess more sophisticated cognitive regulation skills. However, this development is not guaranteed and can be eroded by chronic stress. This implies that training and supervision are critical for helping practitioners maintain higher-order cognitive functioning throughout their careers.

The ARCH × Φ model of behaviour posits that human action arises from the interaction of archetypal neurocircuit scripts, motivational drives, and cultural contexts. In my interpretation, in the state of Pure Curiosity, a practitioner may be engaging their 'Navigia' system (exploration/goalseeking), whereas under pressure, the 'Phobon' system (threat detection/defense) becomes more dominant, biasing perception towards potential risks and away from alternative explanations.

Systems theory gives us a macro understanding of how these individual cognitive shifts create dysfunctional patterns within organisations and relationships. Concepts like autopoiesis (self-production) and structural

coupling describe how living and social systems maintain their identity by continuously producing their own components. In a healthy system, there is an open exchange of information (structural coupling).

However, under stress, systems can become trapped in self-referential loops, where they only process information that confirms their existing structure, leading to rigidity and an inability to adapt. Using the spectrum, this would be represented by the practitioner's descent from Structured Curiosity to Judgment. Adding a layer of reflexivity, asking not just what is observed, but how the observer's own actions shape the observation. A practitioner stuck in Premature Coherence might fails to engage in this second-order reflection, treating their initial model of a family as an objective reality rather than a constructed hypothesis.

We know that decisions made by social workers must be reasonable and proportionate. The standard of reasonableness is often operationalised through the 'use and weigh' criterion. A decision made from a position of Premature Coherence or Judgment would fail this test, as it implies that relevant information was not genuinely considered or weighed against alternatives. Similarly, a proportionality analysis requires balancing the infringement on rights against the intended aim.

A practitioner who has prematurely closed off their interpretation cannot meaningfully engage in this balancing act, as their conclusion is already predetermined. Therefore, operating in the lower positions of the spectrum might significantly impact practice from a professional and legal perspective.

Using Mathematics and signal detection theory we can identify a metaphor for the spectrum. Signal Detection Theory (SDT) models how a decision-maker discriminates between meaningful signals (e.g., a real risk) and noise (e.g., ambiguous behaviour). SDT separates two components: 'd’ (perceptual sensitivity), which reflects the ability to discriminate between signal and noise, and 'c' (decision criterion), which reflects the individual's bias towards saying ‘yes’ (signal present) or ‘no’ (signal absent).

A practitioner in Pure Curiosity has a flexible decision criterion ('c'), adjusting their threshold based on the stakes and available information. If they move down the spectrum, their criterion becomes fixed and biased. In Interpretive

Drift, they might adopt a liberal criterion for detecting confirming evidence but a conservative one for disconfirming evidence. In Judgment, their criterion is rigidly set to confirm their initial hypothesis, regardless of new data.

This spectrum provides a way to conceptualise when the shift from a balanced, evidence-based process to a biased, confirmation-seeking one takes place. The entire framework is situated within the vital context of trauma-informed care (TIC) and restorative practice. TIC is an organisation-wide shift that recognises the prevalence of early adversity and its impact on behaviour. It reframes behaviours often interpreted as defiance or non-cooperation as potential trauma responses, thus preventing the jump to judgment. Restorative practice aims to repair harm and restore relationships, a process that is impossible once a judgment has been made and dialogue has ceased.

The Curiosity to Judgment Spectrum can be used as a practical guide for navigating the uncertainty inherent in trauma-affected families, encouraging practitioners to remain in the upper positions of the spectrum long enough to understand the root causes of behaviour before taking formal action.

In simple words, the aim of this tool is to support practitioners to foster resilience, reduce error, and supporting the best possible outcomes for children and families in the challenging landscape of contemporary social work.

The Spectrum – From Pure Curiosity to Judgmental Practice

I have created this practice tool or framework (whichever way it can be called) to makes visible a process that is usually invisible. This is the movement of professional thinking under pressure.

In social care decisions are made in environments shaped by uncertainty, urgency, emotion, organisational expectation and risk. Within this context, practitioners do not move from ‘no knowledge’ to ‘decision’ in a single step. They travel, often rapidly and sometimes unconsciously, along a cognitive pathway which this tool argues it strats from open, exploratory curiosity, through structured analysis, into the gradual formation of bias, and, at times, into fixed and unchallengeable conclusions. This spectrum names that movement of thinking.

It aims to provide a shared language for recognising where our thinking sits at any given moment, how it is being shaped, and what risks emerge as thinking narrows. Most importantly, it asks us to change the focus from what we decide to how we come to decide, making the quality of thinking, rather than the outcome alone, the central object of professional reflection and scrutiny.

This spectrum is built on the idea that our thinking is not fixed but it moves and changes depending on pressure, information, emotion, time, and the conditions we are working within. When we are assessing and making decisions, we are not simply 'being objective' but we are travelling through different states of thinking. This model identifies five stages where our thinking can sit at any given point.

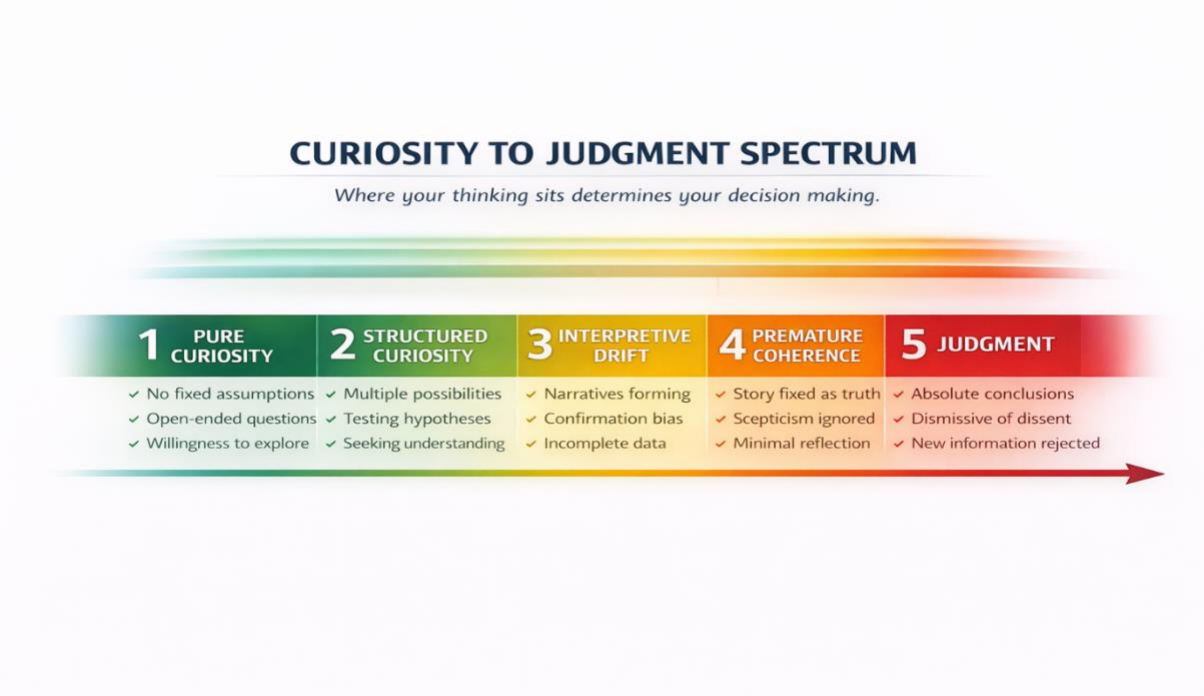
a) Pure Curiosity – This is the stage where thinking is fully open. There are no fixed assumptions, and the focus is on understanding what is happening from multiple perspectives without trying to reach a conclusion too quickly.

b) Structured Curiosity – Thinking becomes more organised and analytical. The practitioner begins to explore possible explanations and test them, while still remaining open to being wrong or discovering something new.

c) Interpretive Drift – At this stage, a narrative begins to form. The practitioner may start giving more weight to information that fits an emerging view, while unintentionally overlooking or minimising information that challenges it.

d) Premature Coherence – Here, thinking becomes fixed. A conclusion is formed and treated as if it is already true, reducing openness to alternative explanations and limiting further exploration.

e) Judgment – This is the final and most dangerous stage, where thinking becomes certain and closed. Decisions are made with high confidence, but with little or no space left for reflection, challenge, or new information to influence the outcome.



The Stages

What follows builds on this spectrum by exploring each stage in greater depth, starting with where high-quality professional thinking is most intact and continuing along the spectrum to where professional thinking becomes dangerous.

Position 1 and 2: The Epistemic Virtues of Curiosity in Professional Practice

At the top of the Curiosity to Judgment Spectrum lie the first two positions: Pure Curiosity and Structured Curiosity. The tool argues that these positions represent the ideal cognitive stance for social work practice, embodying what philosophers of epistemology refer to as ‘epistemic virtues’ which are the intellectual character traits that contribute to the search for, production of, and justification of knowledge. They stand in stark contrast to the cognitive shortcuts and biases that plague decision-making under pressure. Practitioners operating in these positions are actively engaged in virtuous inquiry, which links the pursuit of truth to personal integrity and moral character. This

approach is not merely about gathering facts but about cultivating a mindset of openness, humility, and deep engagement with complexity.

Position 1, Pure Curiosity, is defined by the professional's ability to remain in open contact with reality by sitting comfortably with ambiguity and maintaining a relational stance. It is the epitome of epistemic virtue, driven by the passion for knowledge itself, rather than any ulterior motive. In this state, the practitioner does not seek to close the case or form a definitive conclusion; instead, they are oriented towards understanding, mirroring the philosophical desire for understanding that is pervasive in everyday life.

This position is fundamentally relational. It requires the practitioner to suspend assumptions and be fully present with the child, young person, and family, allowing their lived experiences to inform the professional's perception without imposing a pre-existing narrative.

The goal is not to solve the problem but to comprehend it more deeply. This stance is profoundly aligned with trauma-informed principles, which demand that practitioners see the world through the eyes of the child and the parent/s, recognising that behaviours are often adaptations to adverse experiences rather than reflections of intent. A practitioner in Pure Curiosity sees not a ‘non-compliant parent’ but a human being whose actions may be rooted in their own history of trauma, creating a space for empathy and connection rather than blame.

From a neuroscientific perspective, this state is associated with exploratory and learning oriented brain activity. The ARCH × Φ model identifies a 'Navigia' system, which encompasses exploration and goal-seeking, as one of several evolutionarily conserved neurocircuit scripts. Operating in Pure Curiosity activates this system, directing attention outward to gather novel information. This state also engages the brain's Theory of Mind (ToM) networks, which include regions like the ventral temporoparietal junction (TPJ) and medial prefrontal cortex (mPFC), enabling the practitioner to hold multiple, potentially conflicting perspectives in mind simultaneously.

Most importantly, it avoids the neural pathways associated with empathic distress, where the boundary between self and other blurs, leading to personal overwhelm and withdrawal. Instead, it fosters a compassionate response, linked to a different network involving the mOFC and sgACC, which promotes prosocial motivation and resilience.

Mindfulness training, shown to induce positive neuroplastic changes, strengthens precisely these areas of the brain, enhancing cortical thickness and improving emotional regulation, thereby making it easier for practitioners to access and sustain a state of Pure Curiosity.

Position 2, Structured Curiosity, represents the professional application of this openminded stance. Here, the practitioner's curiosity is not aimless but directed with intent. This position embodies the concept of 'professional curiosity' frequently highlighted in serious case reviews as a key protective factor. It involves moving from passive observation to active testing of hypotheses through skilled questioning and targeted information gathering.

The practitioner asks probing questions not to trap or accuse, but to explore possibilities and deepen their understanding. This is the domain of evidence-based practice, where the practitioner systematically collects data to evaluate competing explanations for a family's situation.

For example, rather than assuming a child's poor school attendance is due to parental neglect (which could be a premature judgment), a practitioner in Structured Curiosity mode would ask:

'What do we know about the child's health?

Have there been any recent changes in the family?

What is the school's perspective on the issue?'

Here, the practitioner uses questions designed to gather specific pieces of information to test the initial hypothesis. This position is connected to the scientific method and Bayesian reasoning, a mathematical framework for updating beliefs in light of new evidence.

In Structured Curiosity, the practitioner holds a prior belief (e.g., 'there may be some unaddressed mental health issues in this family') and then actively seeks out posterior evidence (the new information from visits, records, professional discussions etc.) to either strengthen, weaken, or revise that belief.

This process stands in direct opposition to the cognitive rigidity of the lower spectrum positions. Systems theory views this as an open system in dynamic interaction with its environment, constantly exchanging information and adapting its internal model. It is a hallmark of effective supervision and peer-aided judgment, where practitioners collaborate to refine their interpretations and avoid getting stuck in their own assumptions.

The use of systemic formulations, which cultivate relational reflexivity, helps move beyond first-order observations ('this is what happened') to second order reflections ('how did our involvement influence this process?'), which is a key feature of Structured Curiosity.

Position 1 vs Position 2 (Curiosity Positions)

Feature	**Position 1: Pure Curiosity**	**Position 2: Structured Curiosity**
Core Orientation	Open-ended pursuit of understanding; embracing ambiguity	Directed inquiry to test hypotheses and gather evidence
Philosophical Basis	Epistemic virtue; desire for knowledge	Professional curiosity; applied inquiry
Cognitive Process	Intuitive, exploratory, non-judgmental engagement	Deliberative, analytical, hypothesis-testing
Primary Question	'What is happening here? Help me understand.'	'What are the possible explanations? What evidence do I need?'
Neural Correlates	Exploration systems; perspective-taking networks	Analytical processing; prefrontal cortex engagement

Feature	Position 1: Pure Curiosity	Position 2: Structured Curiosity
Trauma-Informed Lens	Sees behaviour as a potential adaptation or communication, not an inherent flaw	Explores the family's history and context to understand the function of current behaviours
Restorative Potential	Builds trust and relational safety	Enables informed restorative dialogue by gathering the necessary information about harm and context
Example Prompt	'Tell me more about that… or I am not sure I fully understand, help me see it from your perspective'	'What would confirm or challenge this idea?' 'Based on what we've heard, one possibility is X. What information would we need to confirm or challenge that idea?'

The transition between these two positions is fluid. A practitioner might begin in a state of Pure Curiosity, sensing something is amiss with a family but unable to pinpoint it. This leads them to Structure their curiosity, designing a series of targeted questions to explore or investigate specific areas of concern.

The goal is never to leave these upper positions unless absolutely necessary. Even when time is short, a moment of structured curiosity can prevent a catastrophic error.

For instance, a quick but focused question like, '*Before we make this decision, have we spoken to both parents or school*?' can bring critical information that prevents a premature and harmful intervention.

The challenge in social work is to protect these cognitive spaces from being eroded by ever-increasing demands and digital overload, which can heighten

cognitive load and push practitioners towards faster, less reflective modes of operation.

Therefore, maintaining these positions requires intentional practice, supportive supervision, and an organisational culture that values depth over speed.

Position 3 and 4: The Descent into Bias and Coherence

When navigating the intense pressures of their role, you may find yourself gradually shifting down the Curiosity to Judgment Spectrum, moving from the open-mindedness of Positions 1 and 2 towards the more rigid cognitive postures of Interpretive Drift and Premature Coherence.

This degrading of thinking is not just a conscious choice but usually a predictable consequence of cognitive limitations under duress and stress or pressure. It is driven by the brain's natural inclination to conserve mental energy by relying on heuristics which are the mental shortcuts that the brain uses to simplify decision-making but at the same times it introduces significant biases.

Understanding these lower positions is critical, as they represent a significant gateway to making erroneous judgments that can cause profound harm, even for those who enter the profession with the deepest compassion.

Position 3, Interpretive Drift, marks the point where the practitioner begins to favour information that confirms their emerging narrative while discounting or struggling to process information that contradicts it. This is a classic manifestation of confirmation bias, one of over 200 identified cognitive biases that can lead to irrational judgments.

At this stage, the practitioner has likely formed an initial hypothesis about a family's situation, for example, ‘the mother is struggling with her mental health, and it is affecting her parenting.’

While forming hypotheses is a normal part of assessment, in Interpretive Drift, the focus shifts from testing the hypothesis to finding evidence to support it. A

comment from the mother that could be interpreted as defensive might be accepted at face value, while a similar comment from the father might be scrutinised as evidence of collusion. Here, the practitioner starts to see the world through the lens of their chosen story.

Neuroscience has an interesting analogue for this phenomenon. Research on anxiety and hypervigilance reveals that anxious individuals exhibit a top-down shift in the starting point of evidence accumulation towards a threat-based conclusion.

This means their cognitive process begins closer to the 'threat' decision boundary, requiring less sensory evidence to reach that conclusion. This computational mechanism is mirrored in the brain activity of individuals with social phobia, who show reflexive hypervigilance towards the eyes of emotional faces, which is a socially relevant cue that is automatically processed for potential threat or evaluation.

In a social work context, this translates to a practitioner's attention being automatically drawn to details that fit their narrative of risk or dysfunction, while neutral or contradictory information is filtered out or processed with less salience.

This is not necessarily malicious because it is a cognitive default triggered by stress and the need for psychological closure. Psychodynamically, this drift can also be linked to countertransference, where the practitioner's own unresolved feelings or past experiences unconsciously influence their perception of the client, causing them to selectively attend to cues that resonate with their own internal state.

Position 4, Premature Coherence, represents a more advanced stage of this cognitive compression. Here, the practitioner has closed their interpretation early and now treats the case as if it is already fully understood. New information is no longer used to refine or challenge the existing belief, instead, it is quickly assimilated into the established narrative or summarily dismissed as irrelevant.

Observation becomes a tickbox exercise, a mechanical collection of data points that fit the predetermined story. The practitioner acts as if the puzzle is complete and only needs to be presented in a coherent format for a manager, an assessment document, or a court statement.

This position is characterised by anchoring bias, where the first piece of information received (the ‘anchor’) disproportionately influences all subsequent judgments.

From a systems theory perspective, reaching Premature Coherence is equivalent to establishing a rigid, self-perpetuating feedback loop. The practitioner's initial hypothesis becomes the central organising principle of their assessment, and every piece of new information is processed through this filter. This represents a failure of second order thinking, as the practitioner ceases to reflect on their own role in co-creating the observed reality. They mistake their own interpretive model for an objective truth.

This state is dangerously reinforced by the organisational context of social work. With increasing pressure from bodies like Ofsted and tight deadlines for assessments or high caseloads, there is a constant pull towards producing a ‘clean’ and ‘coherent’ case file and meeting Key Performance Indicators (KPIs).

This administrative imperative can incentivise practitioners to settle on a conclusion too quickly, prioritising bureaucratic efficiency over genuine understanding.

The result is, arguably, also a form of institutionalised premature coherence, where the pressure to produce a definitive product overrides the professional imperative to remain in a state of inquiry.

The consequences of operating in these lower positions are severe. In a trauma-informed context, Interpretive Drift and Premature Coherence are antithetical to the core principles of safety and empowerment.

A practitioner in Premature Coherence is unlikely to perceive a parent's difficult behaviour as a trauma response, instead, they will interpret it through a deficit-based lens, seeing it as wilful resistance or incapacity.

This misinterpretation builds a wall of mistrust, closing down the very communication and relational channels necessary for building a collaborative

relationship. It can lead to pathologizing survival strategies, contributing to the re-traumatisation of families who are already vulnerable.

Legally, a case built on Premature Coherence is indefensible. It fails the 'use and weigh' criterion, as it suggests that alternative viewpoints and less restrictive options were not genuinely considered. It would also fail a proportionality test, as the reasoning process is closed before the balance of rights versus benefits can be properly struck.

Position 3 vs Position 4 (Drifting into assumptive positioning)

Feature	Position 3: Interpretive Drift	Position 4: Premature Coherence
Core Orientation	Seeking confirming evidence and favouring details that fit the emerging narrative	Closing interpretation early and treating the case as already understood.
Dominant Bias	Confirmation bias	Anchoring bias / fixation
Cognitive Process	Selective attention; filtering information	Assimilating of new info into fixed hypothesis, dismissing contradictory info
Primary Question	'Yes, this supports my idea that…'	'Now that I have my answer, how do I frame this?'
Neural Correlates	Bias toward pre-conceived conclusions and Top-down shift in evidence accumulation towards a pre-conceived conclusion	Reduced reflective control
Trauma Lens	May misinterpret trauma responses as intentional defiance or manipulation.	Ignores trauma context entirely leading to deficit based and blaming narratives
Restorative Potential	Limits restorative work by prematurely defining roles (e.g., 'the bad parent').	Prevents restorative work entirely by closing down dialogue and assuming a fixed outcome
Example Prompt	'What am I avoiding considering or hearing here? or What information am I finding it difficult to hear right now?'	'Have I genuinely considered all the options and the least restrictive option that keeps child safe? What would I need to happen for me to change my mind?'

Breaking free from this downward spiral requires conscious effort and supportive structures. Peer consultation, reflective supervision, and structured decision-making tools are essential for pulling practitioners back up the spectrum.

First step is recognising the signs of Interpretive Drift such as feeling a sudden sense of certainty or finding it easy to ignore challenging. Asking deliberately provocative questions can help reintroduce doubt and reopen the interpretive process.

What is the strongest argument against my current view?

What part of this situation feels too easy to explain?

What is the strongest argument against my current view?

Whose voice or perspective is missing from this analysis?

What is the child telling me?

In addition to questioning, one approach to widen thinking is to actively seek disconfirming evidence, not just additional information. This is to deliberately look for what does not fit the current narrative.

Another is to externalise the reasoning process, for example by mapping out competing hypotheses in writing or verbally explaining your thinking to a colleague or your manager, which often exposes gaps, assumptions, or overconfidence that remain hidden when thinking stays internal.

Ultimately, avoiding the slide into Premature Coherence is about managing cognitive load and protecting the mental space needed for reflective deliberation. In an environment that often rewards speed, this becomes a radical act of professional self-care and ethical commitment.

Position 5: Judgment

Position 5 of the Curiosity to Judgment Spectrum, Judgment, represents the furthest point from the open-ended inquiry characteristic of virtuous epistemology. Here, the practitioner treats their conclusion as absolute truth, ceasing all further testing, observation, or seeking of updates. There is a complete closure of the analytical and interpretive process. Whatever happens subsequently, the professional is not surprised or even tempted to explore because their mind is already made up.

This position is the zenith of cognitive shortcutting, representing a full-throated embrace of intuition at the expense of deliberation. While intuition is recognised as an important component of social work decision-making, it must be tempered by critical reflection to be considered 'justifiable'.

Judgment, in this context, is not justifiable because it is not accountable to evidence. Judgment in this stage is accountable only to the practitioner's initial, and now inflexible, belief about what has happened and what needs to happen, regardless of what the evidence suggests.

This cognitive state is fraught with peril in the high-stakes world of child protection. It is, arguably, the endpoint of a cognitive cascade initiated by pressure, uncertainty, and the brain's natural tendency to seek closure (although there are also elements of preestablished bias, views, and potential discriminatory behaviour from the onset on some occasions).

Once a practitioner reaches Judgment, they are no longer a seeker of truth but positions themselves as a proclaimer of it. This stance is fundamentally incompatible with the ethical and legal requirements of social work.

Legally, a decision made from a position of Judgment is indefensible. It fails the core tenets of reasonableness and proportionality. The legal standard requires that a professional be able to demonstrate they have considered all relevant factors and weighed them appropriately.

A judgment-based decision, however, arguably, does the very opposite because here the practitioner fundamentally starts with the conclusion and works backward to find supporting reasons, a process known as rationalisation.

Such a decision would almost certainly fail judicial review, as it lacks the transparent, evidence-based reasoning that public authorities are required to provide.

From a statistical and signal detection theory perspective, Judgment position corresponds to a decision criterion ('c') that is maximally biased and fixed. The practitioner has set their internal threshold for ‘risk’ or ‘harm’ at a level that ensures they will always detect it (in simple words, anything becomes risk or harm), regardless of the actual signal strength. This eliminates false negatives

(missing a risk) but at the cost of generating a massive number of false positives (flagging non-risks).

In practice, this means that families deemed safe by a more curious, evidence-based practitioner might be seen as high-risk by one operating from a place of judgment, leading to unnecessary and devastating interventions like unnecessary child protection plans, pre-proceedings, care proceedings or the removal of children from their homes.

The use of predictive risk modelling (PRM) in social work brings this tension into sharp focus. While such tools may support more consistent analysis, there is a real danger that their outputs are treated as definitive truths rather than one source of information among many.

When this happens, practitioners can move prematurely into the Judgment position, where thinking becomes fixed and less open to challenge. In this state, decision-making can mirror the dynamics described in the Karpman Drama Triangle, where the practitioner may adopt the role of the *Persecutor* by enforcing a fixed narrative of risk, or the *Rescuer* by imposing what is seen as the only 'safe' solution, without fully exploring alternative interpretations.

Rather than supporting professional reasoning, PRM can therefore unintentionally reinforce cognitive closure, unless it is used critically, transparently, and alongside reflective, curiosity-led practice.

The Karpman Drama Triangle arguably can emerge from this position, because Judgment is the stage that provides the unwavering certainty that allows a practitioner to fully inhabit the role of the Rescuer. The rescuer believes they possess the correct solution and are therefore justified in imposing it upon others.

In a child protection context, this might manifest as the firm conviction that 'the only safe option is to remove the child and place them in care.' This belief transforms the practitioner into a heroic figure on a mission to save the child from perceived danger, often overriding the wishes of the child and parents, the concerns or information from other professionals, and the complexities of the family's situation. The rescuer's energy is spent on controlling the outcome and defending their righteous course of action, leaving little room for

collaboration or flexibility. The belief that they are acting in the child's best interest provides a powerful moral justification for their authoritarian stance.

Operating from a position of Judgment also makes a practitioner highly susceptible to perceiving themselves as a Victim. If a colleague challenges their plan, the practitioner in Judgment will not see it as a valid professional debate. Instead, they will interpret the challenge as a personal attack, a persecution designed to thwart their noble efforts. They can easily portray themselves as misunderstood, unfairly criticised, and overwhelmed by the systems' or professional's or parents' incompetence or malevolence.

This victim mentality deflects accountability and fuels a polarised conflict, where any disagreement is seen as hostility. This can make the triangle become a self-reinforcing cycle where the practitioner's judgmental rescuer stance provokes a persecutory response from others (who feel threatened by their rigidity), which in turn reinforces the practitioner's victimhood, solidifying their commitment to their original, unyielding judgment.

This dynamic is particularly toxic in a trauma-informed setting. A family already experiencing trauma is acutely sensitive to power imbalances and threats. When a social worker enters the arena of Judgment and adopts the Rescuer role, they inevitably likely appear to the family as a persecutor, in this case an agent of the state coming to take their child away. This perception shatters any nascent trust and makes genuine collaboration difficult to impossible to offer or maintain.

The practitioner's rigid certainty closes off the very relational space needed for healing and restoration. It can pathologise the family's trauma responses and frames the situation in simplistic terms of good vs. bad, saviour vs. villain, which can be psychologically primitive and professionally irresponsible.

The ultimate harm of Judgment is that it replaces nuanced, context-specific professional wisdom with a dogmatic, one-size-fits-all formula for action, sacrificing the dignity and autonomy of the family on the altar of perceived safety.

The Karpman Drama Triangle: Mapping Psychological Roles onto the Spectrum

The Karpman Drama Triangle provides a psychological framework for understanding the interpersonal dynamics that emerge when individuals feel powerless and resort to predefined roles to regain a sense of control.

The triangle consists of three roles: ***the Victim, the Persecutor, and the Rescuer.***

These roles are not static personality types, but temporary stances adopted in response to stress, conflict, and ambiguity. In the high-pressure, emotionally charged environment of social work, practitioners and families can easily become entangled in these destructive dramas, which undermine collaboration, compromise professional judgment, and can inflict secondary trauma.

The Curiosity to Judgment Spectrum is a resource that can help understand how and why these roles may be adopted, mapping each position on the spectrum to a specific, albeit fluid, enactment of the triangle.

In my own interpretation of the drama triangle, through the spectrum it can be highlighted a direct psychological coping mechanism for the distress caused by uncertainty and cognitive compression. When faced with a complex family situation where clear answers are absent, the mind seeks a simpler, more controllable narrative.

Adopting a role within the triangle provides a ready-made script:

The Victim feels powerless but justified in their suffering,

the Persecutor finds a target for their anger and a source of power,

and the Rescuer gains purpose and moral superiority by offering a solution.

This dynamic is particularly insidious because the roles are interchangeable; a helpful Rescuer can quickly become an aggressive Persecutor if their assistance is rejected, a phenomenon noted in therapeutic settings.

The triangle perpetuates itself by feeding on the emotions of its participants, such as fear, anger, guilt, and shame, creating a vicious cycle of escalating conflict.

By using the spectrum, we can trace the cognitive pathway that leads a social worker from a state of professional curiosity into the traps of the drama triangle.

Position 4, Premature Coherence, is, in my own interpretation, the primary breeding ground for the Persecutor role. Having reached a firm and confident conclusion about a family's failings, the practitioner is equipped with a clear narrative of blame.

Their certainty provides the ammunition needed to attack, criticise, and accuse. They can confidently label a parent as 'neglectful,' a partner as 'controlling,' or a system as 'broken.' This positioning is often justified as 'telling it like it is' or 'speaking truth to power,' but it is rooted in a refusal to consider alternative interpretations.

The persecutory utterance, 'The mother is clearly unfit to care for her child,' is a direct expression of Premature Coherence. This stance creates a hostile environment, forcing others into the Victim or Rescuer roles to defend themselves or try to fix the perceived problem.

Position 5, Judgment, solidifies the practitioner's identity as the Rescuer. The rescuer is defined by their belief that they have the exclusive knowledge and authority to impose a solution. Their entire professional identity becomes invested in executing their judgmental plan, which in social work is often framed as the 'only safe option' for a child.

Here, the practitioner sees themselves as a hero on a mission, saving a child from the very 'persecutor' they have just identified. The language of the Rescuer is directive and authoritative:

'We have no choice but to apply for a care order,' or 'The child will be safer away from these people.' This role is psychologically rewarding, providing a powerful sense of purpose and control. However, it is fundamentally anti-

relational and anti-restorative, as it shuts down dialogue and imposes a solution rather than collaboratively exploring one.

The Rescuer's focus is on controlling the outcome, not on nurturing the relationship.

Position 3, Interpretive Drift, is the position that most readily fosters the Victim role. By selectively focusing on evidence that confirms their emerging narrative, the practitioner can easily construct a story of their own victimhood.

When challenged by a resistant parent, a sceptical manager, or a critical colleague, the practitioner in Interpretive Drift will likely not see it as a healthy professional exchange. Instead, they will interpret the challenge as a personal attack, a persecution designed to impede their well-intentioned work.

They can deflect accountability by claiming they are merely 'following the evidence,' conveniently omitting that they have already begun to filter that evidence. They can portray themselves as the true victim of a difficult case, an incompetent system, or uncooperative, non-engaging, or hostile families.

This victim mentality protects their fragile certainty and provides a justification for their increasingly rigid and persecutory behaviour.

Spectrum Position Primary Drama

Spectrum Position	**Drama Role**	**Manifestation in Practice**	**Cognitive Driver**
Position 3: Interpretive Drift	Victim	Feels unfairly challenged, misunderstood, or overwhelmed. Deflects accountability by claiming to follow the evidence.	Selective attention and Confirmation bias
Position 4: Premature Coherence	Persecutor	Blames, accuses, and attacks. Uses definitive labels to define others.	Anchoring and confirmation bias

Spectrum Position	Drama Role	Manifestation in Practice	Cognitive Driver
		Creates a hostile environment.	
Position 5: Judgment	Rescuer	Imposes the 'only solution' with authority, believing it is the only correct one. Acts with moral authority to 'save' the child (victim) from the bad parent (persecutor).	Fixed decision threshold, over reliance on their fixed views.

This mapping is my interpretation on how it can demonstrate that the drama triangle is not an external force but an internal psychological process that unfolds as a practitioner's thinking becomes less flexible.

The table below illustrates a hypothetical scenario demonstrating this progression.

Stage	Practitioner Thought	Spectrum Position	Role
Initial Contact	'The child has bruises, and the mother seems anxious and dismissive. I wonder what's going on in this family?'	Position 1 (Pure Curiosity)	Observer/Collaborator
First Visit	'She said she fell off her bike, but her explanation is vague. Let me ask	Position 2: Structured Curiosity	Inquirer

Stage	Practitioner Thought	Spectrum Position	Role
	more specific questions to understand the context.’		
Reviewing Records	‘The GP notes mentioned anxiety last year. This fits with my idea that her mental health is impacting her parenting. I need to check if she's accessed services.’	Position 3: Interpretive Drift	**Victim:** ‘It's so hard trying to get information from this fragmented system.’
Meeting with Manager	My gut feeling is that the mother is not coping and the child is at risk. We need to act.	Position 4: Premature Coherence	**Persecutor:** ‘We are all aware of the risks here; we can't afford to wait any longer.’
Decision	‘The only safe plan is to remove the child and place them in emergency foster care immediately. No other choice.’	Position 5: Judgement	**Rescuer:** ‘I'm doing what's best for the child. I won't be swayed by sentimentality.’

Recognising this pattern is the first step toward dismantling it. Reflective practice and supervision are crucial tools for catching oneself before the slide into Judgment.

A manager should intervene by asking:

'Help me understand why you believe removal is the only option. What other possibilities have you considered?'

This single question can disrupt the momentum of Premature Coherence and pull the practitioner back towards Structured Curiosity. Avoiding the Drama Triangle is not about achieving a state of perpetual positivity, but to maintain the intellectual honesty and emotional regulation required to sit with uncertainty and engage in complex, collaborative problem solving.

In a child protection context, this means choosing a messy, uncertain process over a neat, certain judgment every time. It means staying with complexity for longer than feels comfortable, holding multiple possibilities in mind, and resisting the pull toward quick conclusions that offer clarity but risk inaccuracy. It requires practitioners to tolerate not knowing, to test and retest their thinking, and to remain open to being wrong, even under pressure to act.

This does not mean avoiding decisions or delaying action where a child is at risk. It means ensuring that when decisions are made, they emerge from a process that has been sufficiently curious, proportionate, and critically examined. In practice, it is the difference between deciding *quickly because it feels right* and deciding *carefully because it has been properly thought through*

Practical Application of the Spectrum

This resource is designed as a practical tool designed to enhance self-awareness and improve decision-making in the high-stakes, intensive, and pressurised practice.

It provides practitioners a shared language and a diagnostic framework to identify current cognitive state and that of their colleagues. By understanding the characteristics, consequences, and guiding questions for each position,

practitioners can navigate their thinking, resisting the pull towards premature judgment and fostering a more resilient, accurate, and humane practice.

This section provides guidance for applying the spectrum in daily practice. A foundational strategy for navigating the spectrum is the cultivation of metacognitive awareness through regular, structured reflective practice.

Supervision should explicitly incorporate moments for practitioners to pause and ask:

'*Where are we on the spectrum in this case right now?*'

This simple question can surface the cognitive dynamics at play.

For instance, a manager might notice their supervisee has moved from Structured Curiosity to Interpretive Drift after receiving a negative report from another agency. The manager can then intervene with a prompt like, 'You seem very convinced by this report. What information, if any, would make you reconsider your initial view?'.

This technique draws on second-order thinking, prompting reflection on the process of observation itself.

Managers should also work to build a 'positive error culture,' where mistakes are treated as opportunities for learning rather than grounds for blame.

Reducing the fear of being blamed is critical, as this fear is a major driver of premature judgment, as practitioners rush to a conclusion to avoid future criticism. When a practitioner recognises they have moved towards the lower end of the spectrum, a series of practical interventions can help them recalibrate.

One technique is to deliberately generate the 'strongest possible argument' against their current position. This forces a cognitive shift from confirmation-seeking to refutation-seeking.

The following table provides a summary of practical guidance for each position on the spectrum, offering specific examples, questions, and prompts for social work practice.

Position	Key Characteristics	Impact on Children & Families	Practice Prompts
Position 1: Pure Curiosity	Open questioning, no assumptions, sitting with ambiguity, listening for understanding, not for answers, suspending judgment.	Builds trust and relational safety, empowers the family by validating their experience, reduces the risk of misinterpreting trauma responses.	Help me understand what that was like for you? What am I missing here? What haven't I asked? I'm not entirely sure I grasp the situation. Can you walk me through it again from your perspective?
Position 2: Structured Curiosity	Using questions to test hypotheses, systematically gathering data, checking assumptions, collaborating with the family and other professionals.	Provides a thorough basis for any subsequent action, demonstrates to the family that their case is being taken seriously and investigated carefully.	Based on what we know, a possible explanation is X. What evidence would we need to confirm or challenge this? Who else do we need to speak to, or what records do we need to review, to test this idea? Let's list all the possible reasons for this behaviour and brainstorm how we

Position	Key Characteristics	Impact on Children & Families	Practice Prompts
			could explore each one. What evidence confirms/challenges this?'
Position 3: Interpretive Drift	Finding confirming evidence easily, struggling to hear or accept contradictory information, becoming emotionally attached/invested to a particular narrative.	Creates a risk of mislabelling trauma responses as deficits, it can lead to polarised conflict with families and professionals or manager, plants the seeds for a negative narrative on records.	What information am I finding it difficult to hear or accept? Why might this be uncomfortable? Am I giving equal weight to evidence that fits and doesn't fit my idea? If I were to argue *against* my current view, what would my strongest points be?
Position 4: Premature Coherence	Acting as if the case is already understood, actively filtering new information to fit the established narrative, focusing on producing a coherent report rather than gaining	Undermines trust, pathologises families, increases the risk of disproportionate and harmful interventions, produces a legally indefensible case.	Have I genuinely considered the least restrictive option or all options? What is the strongest piece of evidence that contradicts my conclusion? If I had to defend this case in court

Position	Key Characteristics	Impact on Children & Families	Practice Prompts
	deeper understanding.		tomorrow, could I honestly say I considered all alternatives? Can I explain my decision to the child today and in 15 years time?
Position 5: Judgment	Treating the conclusion as absolute truth, ceasing to seek new information, acting authoritatively to impose a solution.	Causes profound harm through disproportionate intervention, destroys relationships, reinforces trauma, positions the practitioner as an infallible judge.	Is my certainty based on evidence, or is it based on a need for this situation to be simple and resolved? Am I acting as a collaborator, or have I decided this is a rescue mission? • "Who is benefiting from me holding this position? Is it the child, or what I want to happen?

Lastly...

The idea to create this started from my own practice, where I found myself in the past, having to manage a situation where the conditions for good thinking had collapsed.

This was a situation where a professional actively demanded removal of the child as the only option, making the environment very hostile towards the family and the other professionals, because their positioned had hardened so much into certainty, that any evidence and the views of other professionals were considered as wrong.

This was an extremely difficult situation to manage, where there was challenge at different levels, and it made me reflect on curiosity and why we sometimes struggle to become professionally more curious.

I created this idea not as a critique of individual practice, but as an attempt to name the fact that under pressure, any of us can move into states where we believe we are reasoning well, but in reality, our thinking and actions has become very oppressive and narrowed.

Hopefully this will support reflection, because it provides a new and practical way of strengthening professional curiosity, which is not by telling practitioners to 'be curious', but by giving them a way to check the conditions of their own thinking.

We need to remember that being curiosity is it more than a skill or a value, and in difficult or pressurised conditions, it can be lost.

The task, then, is not only to ask better questions of families, but to ask harder questions of ourselves:

Am I still open to new perspectives here?

Am I still thinking, or have I already decided?

In answering that honestly, we begin to reclaim the space where ethical, proportionate, and defensible practice becomes possible.

Because ultimately, even the road to hell could be paved with good intentions.

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