

Under Pressure:

How Unconscious Bias Shapes Rehabilitation Decisions



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This is a safe space

- This is not about blame, values or calling anyone out
- Bias does not equal prejudice. While there are similarities, they are different
- Bias is what happens to *good* professional judgement under pressure

Why This Matters In Your Role

Two clients, similar injury severity and rehab potential. One framed as “motivated but anxious”, the other as “risky and resistant”.

Which would you choose to work with and why?

What Unconscious Bias Is — and Why It Grows Under Pressure

What it is

- Fast, automatic pattern recognition
- Energy saving and threat-reducing
- Largely invisible to the decision maker

What it is *not*

- Not deliberate
- Not about being “a bad practitioner”
- Not fixed or permanent

Why Bias Increases in COP

- Time pressure: Urgent decisions, heavy caseloads
- Risk exposure: safeguarding, litigation anxiety
- Emotional load: trauma, family conflict , grief
- Fear of scrutiny: “What will the court say if this goes wrong”

Structural factors

- Medico-legal models built on Eurocentric norms:
 - Independence > interdependence
 - Verbal articulation = insight
 - Emotional restraint = capacity
 - “Engagement” and “compliance” defined narrowly

System Pressures

- Multiple professionals contributing to a single narrative
- Early descriptions becoming “sticky”
- Risk-averse cultures amplifying caution

Structural factors

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Common, Practice-Relevant Biases in Case Management

Affinity Bias

- Matching based on comfort or familiarity
- Trusting clients who communicate “like us”
- Overestimating motivation when styles align

Common, Practice-Relevant Biases in Case Management

Confirmation Bias

- Early framing (“challenging family”, “high risk client”)
- Neutral behaviour interpreted to fit the story
- Disconfirming evidence discounted

Common, Practice-Relevant Biases in Case Management

Risk Amplification Bias

- Some clients feel riskier than the evidence suggests
- Defensive decision-making
- Restriction framed as protection

Common, Practice-Relevant Biases in Case Management

Attribution Bias

- Behaviour attributed to personality rather than context
- Trauma, pain, culture, neurodiversity misread as resistance

Which of these shows up most often when pressure is highest?

- Affinity Bias
- Confirmation Bias
- Risk Amplification Bias
- Attribution Bias

How Bias Shapes Decisions (Not Attitudes)

Where bias quietly operates:

- Matching
 - Who gets which support, therapist, or case worker
- Risk tolerance
 - Who is given time vs escalated quickly
- Interpretation of behaviour
 - “Non-engagement” vs self-protection
- Autonomy decisions
 - Who gets more choice and who gets more control

Practical, Real-Time Bias Interruptions

The 90-Second Pause

Before high-stakes decisions:

- What feels risky here—and to whom?
- What story am I telling myself about this client?

Practical, Real-Time Bias Interruptions

The “Different If?” Question

- Would I read this behaviour differently if the client were...?

Practical, Real-Time Bias Interruptions

Language Check

- “Non-compliant”
 - What need might this behaviour be meeting?
- “Challenging”
 - Under what conditions does engagement improve?

Practical, Real-Time Bias Interruptions

Matching Check

Am I matching for comfort or capability?

Practical, Real-Time Bias Interruptions

Risk Calibration

Is this a known risk or a felt risk?

Reflective Supervision, Culture

Why individual insight isn't enough

- Bias is safest addressed **collectively**
- Supervision should explore *decision logic*, not just outcomes

What helps

- Permission to name uncertainty
- Language that normalises bias as human
- Teams that ask how decisions were made, not just what was decided

You don't manage bias by being perfect.
You manage it by slowing decisions down just enough to think.

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If you would like more information on any of the topics discussed, please feel free to contact me through the details below.

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