Applying Cognitive Analytic Therapy (CAT) to Inform Reflective Practice within Secure Children's Services: A Grounded Theory Study of Cognitive Analytic Reflective Practice (CARP)

Sasha Priddy

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Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's

Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means).   This work

has not been previously been presented for an award at this, or any other, university.

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Lay summary

Cognitive analytic therapy (CAT) is a form of individual psychotherapy, which focuses on how internalised relational experiences influence how we engage with the world, other people and ourselves. Increasingly, CAT is being applied 'indirectly' with staff, with the aim of encouraging reflective, psychologically-informed, and relationally-sensitive services; which can better meet the needs of individuals accessing those services.

Although the application of indirect CAT within services has been suggested to be broad, the evidence relating to its implementation is limited. To date, there has been no attempt to identify and synthesize the research in this area. On this basis, Section One reviewed the current research on indirect uses of CAT with the aim of (1) identifying the current formats of CAT being used to inform staff practice, and (2) summarising the reported findings of indirect CAT. Fourteen research papers were identified, which revealed that indirect CAT was implemented using a variety of methods to support staff to reflect on their own practice (i.e. team supervision, reflective practice) and develop their understanding of a client's experiences (i.e. consultation, team formulation, CAT training).

Engaging in indirect CAT was found to lead to improvements in staff wellbeing, increased team cohesion, and enhanced professional development. There was limited research exploring the experiences and outcomes of clients. However, the identified findings indicated indirect CAT was accessible, instilled hope and developed client awareness of problematic patterns and potential exits from these. Based on the review of the current literature, it was

concluded that indirect CAT offers a promising approach for working with staff; whilst also being resource efficient. More research is needed to explore specific methods of indirect CAT and support the development of clear frameworks for practice.

One particular area of expansion for indirect CAT is its application to reflective practice. However, no research to date has explored how cognitive analytic reflective practice (CARP) influences reflective processes for staff. On this basis, Section Two explored the implementation of CARP within a secure children's home (SCH), with the aim of constructing a theoretical model of CARP; using grounded theory. Twenty-four staff members, working within four staff teams, participated in the research. Each staff team attended four CARP sessions, over a one year period. Eight CARP sessions were analysed using Grounded Theory, alongside four focus groups; to further explore staff experiences. Measures of group cohesiveness and perceived helpfulness of CARP were also included in the research.

A conceptual model of CARP with three main categories was constructed. This illustrated that through the process of 'establishing a reflective space', staff members were able to engage in processes that widened their 'awareness of the self, other, and system', which facilitated 'changing relational dynamics and finding exits'. Through these processes, staff reported increased team cohesion, which was felt to improve the care they could offer young people. Further research in this area should explore how CARP influences the care that young people receive and what impact this has for their outcomes.

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Part One: Literature Review

The Use of Cognitive Analytic Therapy (CAT) to Inform Indirect Working and

Psychological Consultation with Staff: A Systematic Review

Abstract

Objectives

The application of cognitive analytic therapy (CAT) as an indirect consultation and intervention method within mental health settings is a growing area. The current review aimed to (1) provide an overview of the current implementation methods of indirect and consultative uses of CAT, and (2) summarise the outcomes analysed and achieved.

Method

A systematic review and mixed methods synthesis was conducted (PROSPERO: CRD42020193879). Database searches were undertaken across four databases (PsychInfo, Scopus, Medline and Web of Science) using variations of the search terms 'cognitive analytic therapy', 'consultation', 'team formulation', 'map and talk', 'supervision' and 'staff'. Grey literature searches were also conducted. Papers were included if they (1) focused on indirect or consultative CAT, (2) had an identifiable research question, and (3) were published in English.

Results

Fourteen studies met the inclusion criteria. The use of CAT to work with staff teams varied in format, including: consultation, team formulation, CAT training, team supervision, and reflective practice. Indirect CAT occurred across a diverse range of settings. Staff outcomes included: (1) increased understanding, (2) improved staff wellbeing, (3) cohesion, and (4) professional skill development. Client outcomes included (1) engagement, (2) client understanding of CAT tools, (2) process of change, (3) outcomes, (4) working towards endings with services.

Conclusions

Preliminary results indicate that indirect CAT offers a promising approach for working with staff; which is also resource efficient. Further research is required to extend the evidence base and inform the development of practical practice guidance to enable greater consistency and facilitate assessment of fidelity.

Practitioner points

- The implementation of indirect CAT remains a relatively novel approach with limited guidance regarding frameworks for implementation. As such, close supervision and consideration of fidelity to CAT should be considered.

- Practice-based evaluation and research should consider implementing outcome measures for clients, in addition to staff, to guide practice and contribute to practice-based evidence.

Keywords: 'Cognitive analytic therapy', 'indirect CAT', 'psychological consultation', 'team formulation', 'cognitive analytic consultation'

Introduction

Psychotherapeutic frameworks have most commonly been developed for their use inside the therapy room, to facilitate a process of understanding and change; between the client and the therapist (Stedmon & Dallos, 2009). However, the application of these models to work at an organisational or consultative level is increasingly common (Geach et al., 2018), with the aim of improving the efficiency of services whilst maintaining or improving outcomes (Department of Health, 2007). This reflects a number of organisational and policy changes which have demanded a "shift in mental health service culture, whereby psychological means of formulating distress are commonplace and supported via multidisciplinary team approaches" (Kellett et al., 2014, p.687).

In the embedding of psychologically-informed theory throughout services, psychological consultation is considered to be a core aspect of the role of a psychologist (Division of Clinical Psychology, 2011). The wide range of associated activity includes formulation meetings, team building, facilitating reflective practice and specific theoretically informed consultation (Geach et al., 2018). Carradice and Bennett's (2012) framework conceptualises the different levels at which this work can be undertaken; which distinguishes between 'direct' and 'indirect' approaches (see Table 1). Within this framework, 'direct' approaches involve any form of consultation with the client, whereas 'indirect' approaches work with the client through the team. Indirect working is based on the premise that facilitating skill development, consultation and reflective practice for staff, will result in services that are more likely to embed psychologically-informed practice throughout their approach (Onyett, 2007; Sampson et al., 2006).

Table 1.

Carradice & Bennett (2012): Levels of psychologically-informed approaches

Level of working	Description
Level 1	Therapy
Level 2	Therapist engages with the client and a member of their team to provide a formulation/care plan as part of a time-limited piece of work; which is used to inform their ongoing involvement with the service.
Level 3	Engaging with the team around the client using formulation, team interventions.
Level 4	Mapping the system and/or organisation.

Whilst the benefits of embedding psychologically-informed working into service structures and staff practice has been hypothesised, the theoretical and empirical base for these modes of working are still in their infancy. However, attempts have been made to summarise research exploring the use of psychologically-informed consultation models to influence practice. Ghag et al. (2021) conducted a systematic review exploring the format, function and outcomes of psychological consultancy in mental health services. Seventeen studies were included in the review, with 58.82% meeting the criteria for 'strong' methodological quality. All but two of the remaining papers were of at least 'adequate' quality. Findings indicated that the most commonly adopted models underpinning psychological consultancy were cognitive-behavioural and cognitive-analytic frameworks. The reported staff outcomes included an increase in understanding and positive feelings towards clients, whilst an organisational outcome was the reduced need for other interventions. The authors concluded that the available evidence indicates potential value in the implementation of psychological consultation, with a clear need for further research in this area.

Similar findings have been identified within a recent systematic review of 'team formulation', which has become increasingly popular method for engaging staff teams in collaborative working (Division of Clinical Psychology, 2011). Geach et al. (2018) identified 11 research studies for inclusion in the review. Benefits of team formulation included improved staff attitudes and increased understanding towards clients (Geach et al., 2018). However, quality appraisal indicated significant issues with evaluative methods across the included studies, which was suggested to impact the degree to which the reported findings were supported. Perhaps the most pertinent finding of this review was the notable variation and lack of clarity around what 'team formulation' entails; as the term was found to be used to refer to a variety of tasks, including the 'informal sharing of ideas' (N=1), 'developing a shared understanding' (N=6), 'reflective practice' (N=4) and 'formulation focused consultation' (N=4).

Across these systematic reviews, both papers reported significant heterogeneity regarding the theoretical frameworks underpinning interventions, and research often failed to describe any clear psychological model underpinning the work. Across the 27 studies included within Ghag et al., (2021) and Geach et al., (2018), a total of 10 studies (37.04%) failed to describe a clear psychological model or structure. Furthermore, it is difficult to ascertain the effectiveness of any specific format of indirect and consultative practice because of the lack of controlled studies; across both reviews, only three of the 27 studies (11.11%) were controlled designs. In order to generate understanding concerning the potential format, function and effectiveness of indirect work, it appears imperative that attempts are made to understand the psychological frameworks being used to underpin such work. It is only through this specific exploration that we shall be able to understand the aspects of psychologically-informed theory that contribute to positive change for organisations, staff and clients.

Cognitive analytic therapy

Cognitive-analytic approaches are one of the most frequently used models implemented within research examining psychologically-informed consultation (Ghag et al., 2021). Cognitive analytic therapy (CAT) was developed as an integrative and time-limited psychotherapy, to meet the needs of the public sector (Ryle & Kerr, 2002). The underpinnings of CAT can be described as explicitly relational; through the understanding that internalised representations of the self and others, termed 'reciprocal roles', influence how we engage with the world, other people and with ourselves (Ryle & Kerr, 2002). At its conception, CAT was intended for use within the therapy room, to understand the problematic patterns and persistent distress that individuals can experience. It has been suggested that the application of CAT to indirect and consultative practice offers a "containing framework to empower teams to work effectively with their clients, by helping them express and make sense of their reactions to the client and build (and maintain) their empathy and understanding for the client in order to maintain a therapeutic approach" (Carradice, 2017, p. 210).

Attempts to formalise the adaptation of CAT to work outside of the therapeutic dyad, has led to the development of frameworks such as 'map and talk' (Potter, 2010) and five-session cognitive analytic consultation (CAC; Carradice, 2013). Both approaches have set out ideas regarding the application of cognitive-analytic theory, leading to growing interest in the potential benefits of these approaches. Based on Carradice and Bennett's (2012) model, it is likely that the applications of cognitive analytic theory may extend beyond these two approaches; to also offer reflective practice or organisational mapping.

Aims

To date, there has not been a systematic review of indirect CAT, which would help to define the applicability, format and effectiveness of this developing organisational field. There is recognised heterogeneity within the implementation of indirect CAT, as such it appears important to attempt to elucidate a more systematic understanding of the emerging application of indirect CAT in practice and research. Indeed, indirect CAT differs from other forms of psychological consultation, through focusing on the relational and being able to do so at multiple levels of the system. As such, it is important that further attempts are made to understand the potentially unique features that indirect CAT might bring to working with staff, service users, and organisations. Using guidance stipulated by Munn et al. (2018), a systematic review, opposed to a scoping review, was deemed most appropriate to critically appraise research quality and systematically address the following aims, which are twofold. Firstly, it shall provide an overview of the current implementation methods of indirect and consultative uses of CAT. Secondly, it shall critically appraise the available research and report associated acceptability and outcome findings linked to these applications of cognitive-analytic theory.

Method

Design and Search Strategy

The current review (PROSPERO: CRD42020193879) was undertaken in accordance with PRISMA guidance (Moher et al., 2009). Whilst heterogeneity is typically discouraged within systematic reviews, Petticrew et al. (2013) suggest that in order for understanding to be generated regarding processes and outcomes of psychological interventions, complex review questions are required. On this basis, the current review did not exclude studies based

on design; thus, qualitative, quantitative and mixed method papers were synthesized. The following electronic databases were searched during the week first week of January 2021: PsychInfo, Scopus, Medline and Web of Science. A 'snowballing' search of the reference lists of relevant papers was also performed (Horsley et al., 2011), in order to identify additional studies that may have been missed through the database searches. Titles and abstracts were screened to assess relevance to the review question, according to the inclusion and exclusion criteria. The full text of the remaining papers were then retrieved and further assessed against the inclusion and exclusion criteria by the lead author; 10 papers were randomly selected for co-checking to ensure accurate screening processes were being implemented. Inter-rater reliability was at the almost perfect agreement level (κ = .90% agreement; McHugh, 2012).

Grey literature

Searches were also conducted using Google Scholar, EThOS and the White Rose database, in order to identify grey literature. To identify any further unpublished studies, a request for papers relevant to the review was circulated in December 2020 within a CAT special interest group within the UK. Respondents were given one month to submit papers to the lead author.

Search terms

Searches were conducted based upon the search terms listed in Table 2, using the Boolean terms 'OR' and 'AND' to group and combine searches (see Appendix A). Terms were searched for within the research paper title or abstract, with no restriction on year of publication.

Table 2.

Search Terms Used in Search Strategy

'CAT'	'Indirect'	'Group'
Cognitive Analytic Therapy	Map and talk	Staff
Cognitive Analytic	Consult*	Team*
	Indirect	Inpatient
	Proxy	Organisation*
	Reflective practice	
	Reflective	
	Reflexive	
	Team Formulation	
	Supervis*	

Inclusion and exclusion criteria

To support the development of an effective search strategy, the PICO framework (Huang et al., 2006) was used to identify the population, intervention, comparison and outcomes of interest (see Table 3). This was used to guide inclusion and exclusion criteria. In addition, research was also required to be published in English for inclusion in the review.

Synthesis method

A textual narrative synthesis was adopted based on the utility of this approach in synthesising heterogeneous research (Lucas et al. 2007). This approach facilitated an exploration of the contextual differences and similarities between the included studies. Steps outlined within Popay et al.'s (2006) guidance for narrative synthesis were followed, namely (1) preliminary synthesis, (2) exploration of relationships and (3) assessment of robustness of the synthesis. Theory development was not carried out because of the exploratory nature of the research synthesized and the degree of heterogeneity across the identified papers. Preliminary synthesis consisted of extracting the descriptive characteristics and textual results

of each study into a bespoke data extraction tool. Thematic analysis was then used to extract main themes from the textual results. Exploration of the relationships between studies was facilitated by analysing the contextual similarities and differences in the application and context in which indirect CAT was applied. In line with Popay et al.'s (2006) synthesis, robustness was considered via assessment of methodological quality and potential bias of the included studies (see Assessment of Bias section below).

Table 3.

PICO Framework of Inclusion and Exclusion Criteria

Variable	Inclusion	Exclusion
Population	Participants were defined as staff (e.g.. residential support workers, care co-ordinators, occupational therapists, nurses etc) , working within mental health or social care services. Data concerning client outcomes was not required, but would be included if presented within the research.	Research which focused only on client experiences or outcomes
Intervention	Indirect forms CAT (i.e. within level 2-4 of Carradice's (2013) framework)	Studies which did not use CAT theory to inform the intervention or focused only on individual supervision.
Comparison	Studies were included that compared the intervention with TAU, no intervention, another form of psychologically-informed indirect intervention, or had no control group .	[No exclusion criteria for comparison]
Outcomes	*Primary outcomes*: Quantitative or qualitative data regarding measurable change or staff experiences of the intervention *Secondary outcomes:* Quantitative or qualitative data regarding measurable change or client experiences of the intervention	Papers which did not include qualitative or quantitative outcome data, or opinion/editorial pieces (i.e. with no data).
Study Design	Randomised Controlled Trials (RCTs), non-randomised controlled or cohort controlled, within subject studies with no control, mixed methodology studies, qualitative designs.	Papers which were meta-analyses or did not include any findings or outcome data.

Search findings

The search process is summarised by the PRIMSA diagram in Figure 1 (Moher et al., 2009). A total of 372 records were identified. Duplicates were removed, leaving 207 papers for screening. A total of 166 records were excluded; the most common reason being that the population was not relevant for the review. Forty-one full-text articles were obtained and read in full. Those that did not meet the inclusion and exclusion criteria were excluded.

Figure 1.

PRISMA flow diagram (Moher, et al., 2009) illustrating systematic review process
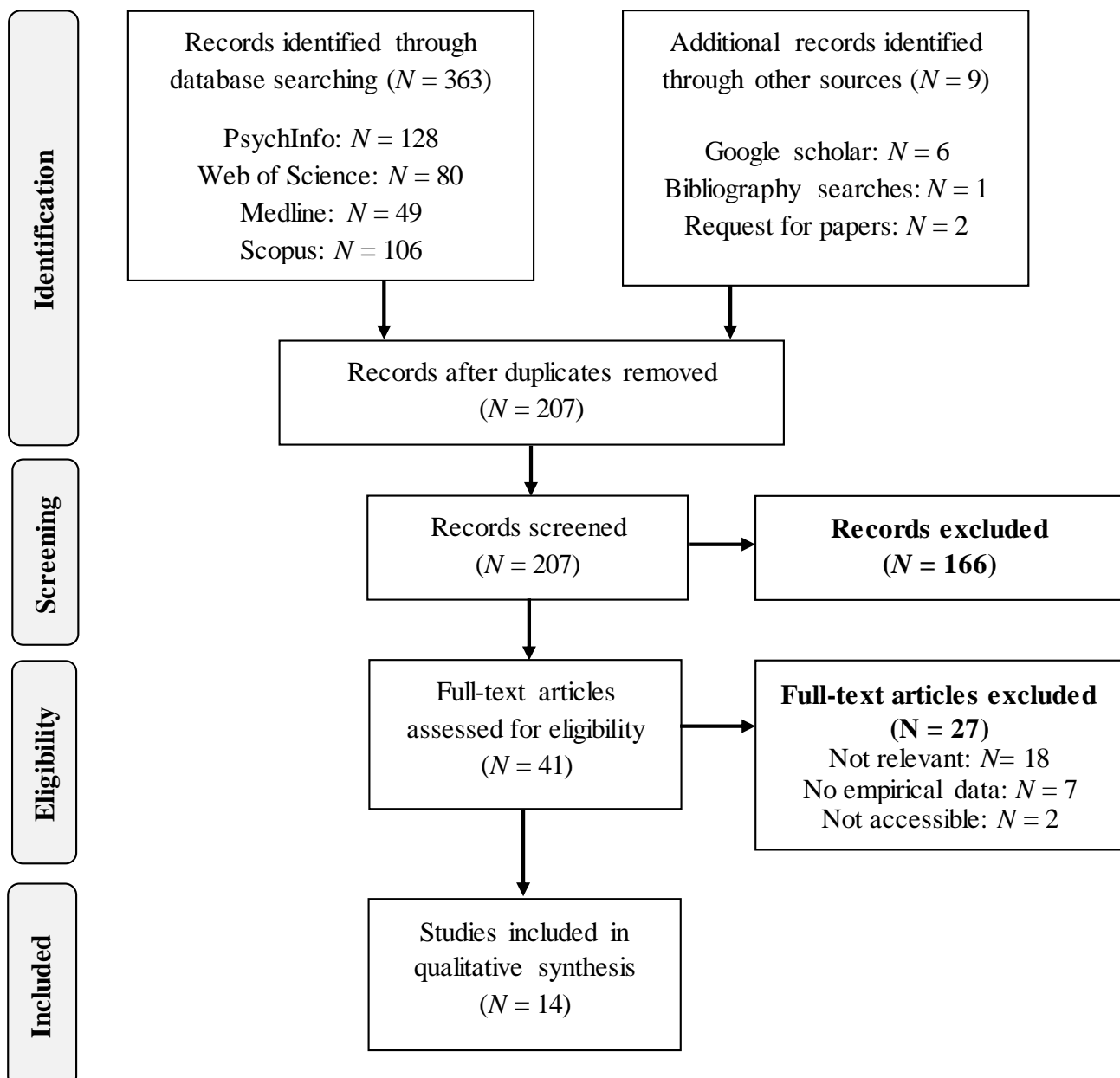
Data extraction

To extract relevant and equivalent information regarding each study, a bespoke data extraction tool was used. In line with Büchter et al.'s (2020) recommendations on data extraction, the bespoke data extraction tool was piloted on a small sample of five papers to assess suitability. Data extraction for a further five papers was then checked by an independent reviewer, to ensure accuracy in the method. Inter-rater reliability was at the almost perfect agreement level (κ = .85.45% agreement; McHugh, 2012). The information extracted included data concerning the format of indirect CAT, the clinical setting, the staff group, and reported outcomes. This can be seen within Table 4.

Assessment of Bias

All included studies were scored using the QualSyst quality rating checklist (Kmet et al., 2004; Appendix B). The QualSyst checklist is suitable for systematic reviews across a broad-base of study designs, through providing assessment criteria to evaluate both quantitative and qualitative research papers (Kmet et al., 2004). The qualitative checklist is comprised of 10 criteria which total a possible 20 points. Each criterion is allocated one point when met and two points when partially met. The overall score for the paper is calculated by dividing the total points by 20. The quantitative checklist contains 14 criteria, with a total a possible score of 28. Each criterion is allocated two points when met, one point when partially met or no points if not met. If items are not applicable (NA), the criterion can be marked NA; these items are multiplied by two when calculating the total score. To calculate the total summary score, the total sum is divided by the total possible sum. For both the qualitative and quantitative summary scores, the highest total score that can be obtained is 1 (highest quality), the lowest score is 0 (lowest quality).

Lee et al. (2008) suggest that the QualSyst tool can be used to grade research, according to the following categories: 'limited' (>.50), 'adequate' (.50-.70), 'good' (0.71-.79), 'strong' (>.80). Four papers (25%) were randomly selected and second-rated by an independent reviewer; a qualitative, quantitative and mixed methods paper was included in the selection. Inter-rater reliability was within the almost perfect agreement range ($\kappa = .83.50\%$ agreement; McHugh, 2012).

Quality of studies

Eleven of the included studies were found to be of at least 'adequate' quality, with scores ranging from 0.5 to 0.9. Two studies, one quantitative (Shannon et al., 2016) and one qualitative (Styring, 2010), were found to score within the 'limited' range. One mixed method paper scored within the 'adequate' range for the quantitative component, but within the 'limited' range for the qualitative component (Stratton & Tan, 2019). The quality scores for the quantitative research was, on average, lower ($M=0.6$) than the qualitative studies ($M=0.8$; Appendix C). Low quality studies were not excluded from the review. The rationale for the inclusion of these studies was to meet one of the primary aims of the review, which is to provide an overview of the application of indirect CAT in practice. As such, lower quality papers, which were most often practice-based, were not excluded.

Across the qualitative papers, criteria eight and ten were found to have the lowest score (see Appendix D). Criterion eight relates to "use of verification procedure(s) to establish credibility" (Kmet et al. 2005, p. 22). This indicates that overall, the qualitative studies included within the review tended to show weaknesses within this area. Criterion ten relates to the reflexivity of the account. Overall, this was also one of the lower scoring criterions, suggesting that the quality of the research could have been improved through documenting and attending to reflexivity of the researcher.

For quantitative studies, criteria four, eight and nine were found to be the weakest overall across the included research papers (see Appendix E). Criterion four refers to whether the subject characteristics are sufficiently described. This indicates that overall, the quantitative research demonstrated a need to provide further detail regarding the participants included within the research. Criterion eight refers to whether "outcome and (if applicable) exposure measure(s) well defined and robust to measurement / misclassification bias" (Kmet et al. 2005, p. 16), indicating that across the papers, more robust measures and well defined interventions were required. Finally, criterion nine relates to whether the study used an 'appropriate' sample size; if studies do not provide sufficient data to assess this, the criteria can only be deemed 'partially' met. This reflects that either insufficient detail was often given regarding sample sizes or the sample size did not seem appropriate.

In total, for the qualitative components, 72.73% (8/11) studies met the criteria for strong quality research, 18.18% (2/11) met the criteria for adequate quality research, and 9.09% (1/8) met the criteria for limited quality research. For the quantitative component, 42.85% (3/7) studies met the criteria for strong quality research, 14.26% (1/7) met the criteria for good quality research, 14.26% (1/7) met the criteria for adequate quality research, 28.57% (2/7) studies fell within the limited range.

Results

A total of 14 papers met the inclusion criteria. Table 4 provides an overview of the characteristics of the included papers and Table 5 provides a summary of the main outcomes. Three studies used a purely quantitative design, seven studies used a purely qualitative design and four studies utilised mixed methods. Thirteen of the studies were conducted in the United Kingdom and one was completed in Italy (Caruso et al., 2013). Staff sample sizes ranged

from 1 to 45 (*M*=15.8), but one qualitative study did not state the sample size (Shannon et al., 2016); therefore this could not be included in calculating the sample size range or mean. Three studies included client outcomes as part of their analysis (Kellett et al., 2014; Kellett et al., 2020; Styring, 2010); the remaining ten papers focused solely on staff experiences or staff outcomes. Patient sample sizes ranged from 1 to 58 (*M*=23).

Format of CAT

Cognitive analytic consultation (CAC) was the most frequently reported format of indirect CAT, with five of the included studies implementing this approach. For three of the five studies, this involved the implementation of the 5-session CAC framework (Freshwater et al., 2017; Kellett et al., 2020; Styring, 2010), the remaining studies used CAT as a consultation tool (Franks, 2015; Kellett et al., 2014). Three studies reported on the use of CAT for team formulation for individual clients (Doyle et al., 2019; Priddy et al., 2021; Stratton & Tan, 2019). Three studies reported using training as a stand-alone indirect approach (Barker, 2018; Caruso et al., 2013; Clinkscales et al., 2018), whilst five studies included training alongside another indirect intervention (Kellett et al., 2014; Priddy et al., 2021; Shannon et al., 2016; Stratton & Tan, 2019; Thompson et al., 2008). The total number of CAT training hours varied in length across studies, from 2 hours to 37.5 hours (*M*=19.3). One study reported a six-month training course (Shannon et al., 2016), but did not stipulate the number of training hours; therefore, this was not able to be included in calculation of the mean training hours.

Organisational contexts

The included studies implemented indirect forms of CAT across a variety of settings; with the most frequently reported context being inpatient mental health settings. Six studies reported on the use of CAT within inpatient settings; specifically two medium secure (Barker,

2018; Doyle et al., 2019), one high secure (Franks, 2015), two tier four personality disorder wards (Clinkscales et al., 2018; Stratton & Tan, 2019), and one general inpatient mental health ward (Freshwater et al., 2017). Four studies implemented indirect forms of CAT within community mental health teams (Freshwater et al., 2017; Kellett et al., 2020; Styring, 2010; Thompson et al., 2008). In addition, two studies focused on specialist community services; including an assertive outreach team (Kellett et al., 2020) and community rehabilitation service (Caruso et al., 2013). Two studies reported on the use of CAT with learning disability (LD) services, including one study using CAT consultation within care homes (Russell, 2019), and one study delivering CAT team formulation in a residential LD setting (Priddy et al., 2021). Finally, one study reported on the implementation of CAT within a homelessness service (Shannon et al., 2016).

Table 4.

Characteristics of studies included within the systematic review

Code	Study	Country	Design	Staff (N)	Client (N)	Indirect methods	Control	Service	Staff group (N)	Quantitative Outcomes *(QualSyst score)*	Qualitative outcomes *(QualSyst score)*
1	Caruso et al. (2013)	Italy	Quantitative: pre and post measures	12	0	5 x 2hr CAT training sessions	N/A	Community rehabilitation setting	Nurses (8) Psychiatrists (3) Occupational therapist (1)	MBI SES GEQ (0.96 *Strong*)	N/A
2	Clinkscales et al. (2018)	UK	Qualitative: thematic analysis	45	0	15 hr CAT training	N/A	Inpatient personality disorder ward	Support workers (21) Nurses (13) Psychologists (5) Occupational therapists (3) Social workers (2) Psychiatrist (1)	N/A	Feedback questionnaire (0.75 *Strong*)
3	Barker (2018)	UK	Qualitative: framework analysis	10	0	4-day CAT training for forensic settings	N/A	Medium secure forensic mental health	Registered mental health nurses (10)	N/A	Semi-structured interviews (0.9 *Strong*)
4	Thompson et al. (2008)	UK	Qualitative: thematic analysis	12	0	7-day CAT training course 6 months CAT case supervision	N/A	CMHT	Social workers (6) Community psychiatric nurses (6)	N/A	Semi-structured interview (0.85 *Strong*)

Code	Study	Country	Design	Staff (N)	Client (N)	Indirect methods	Control	Service	Staff group (N)	Quantitative Outcomes *(QualSyst score)*	Qualitative outcomes *(QualSyst score)*
5	Kellett et al. (2014)	UK	Mixed methods: RCT + 3-month follow-up	20	8	2-day CAT training 3 x 1hr CAC 16 x 1hr CAT supervision	TAU	AOT	AOT workers	SEC TCI (0.88 *Strong*)	Semi-structured interviews (0.9 *Strong*)
6	Priddy et al. (2021)	UK	Mixed methods: qualitative content analysis and descriptive statistics	6	0	2-hour introductory CAT training session Bi-weekly 90-minute team formulation sessions	N/A	Residential learning disability service	Support workers (3) Service manager (1) Social worker (1) Psychologist (1)	COS CPS (0.78 *Good*)	Semi-structured focus group (0.9 *Strong*)
7	Stratton & Tan (2019)	UK	Mixed methods: pre and post service evaluation	16	0	2-day CAT training Weekly 1hr team formulation	N/A	Tier 4 personality disorder ward	Nurses (2), Allied health professionals (2) Support worker (1), management (1)	Evaluative feedback survey (0.42 *Limited*)	Semi-structured interview (0.5 *Adequate*)
8	Doyle et al. (2019)	UK	Quantitative: reparatory grid analysis, principle component analysis and self-identity plot	7	0	1hr team reformulation of a client	N/A	Medium secure inpatient	Health or social work staff (7)	Reparatory grids (0.80 *Strong*)	N/A

Code	Study	Country	Design	Staff (N)	Client (N)	Indirect methods	Control	Service	Staff group (N)	Quantitative Outcomes (QualSyst score)	Qualitative outcomes (QualSyst score)
9	Russell (2019)	UK	Qualitative: thematic analysis	11	0	1-10 session(s) contextual reformulation	N/A	Learning disability services	Service managers (4) Senior support workers (3) Support workers (2) Deputy manager (1) Team leader (1)	N/A	Semi-structured interview (0.95 *Strong*)
10	Kellett et al. (2020)	UK	Mixed methods: quantitative outcomes and interviews	40	58	5-session CAC	N/A	CMHT	CMHT professionals	WAI MBI PCS (0.678 *Adequate*)	Semi-structured interview (0.9 *Strong*)
11	Styring (2010)	UK	Qualitative: content analysis	1	1	5-session CAC	N/A	CMHT	Care co-ordinator	N/A	Semi-structured interviews. (0.2 *Limited*)
12	Franks (2015)	UK	Qualitative: thematic analysis	9	0	CAT consultation (>1)	N/A	High secure hospital	Nurses (3) Psychologists (2) Social workers (2) Therapist (1) Psychiatrist (1)	N/A	Semi-structured interviews (0.9 *Strong*)
13	Freshwater et al. (2017)	UK	Qualitative: thematic analysis	NR	0	5-session CAC	N/A	Secondary care, inpatient tertiary services	Care co-ordinators, CAT therapists	N/A	Semi-structured interview and focus group (0.5 *Adequate*)

Code	Study	Country	Design	Staff (N)	Client (N)	Indirect methods	Control	Service	Staff group (N)	Quantitative Outcomes *(QualSyst score)*	Qualitative outcomes *(QualSyst score)*
14	Shannon et al. (2016)	UK	Quantitative: service evaluation	17	0	15 hour CAT training course Six month accredited skills training course Weekly CAT reflective practice 3 month review CAT supervision session	N/A	Liverpool YMCA	Non-therapy staff using CAT in homelessness service	Feedback questionnaire (0.32 *Limited)*	N/A

Abbreviations: Maslach Burnout Inventory (MBI), Service Engagement Scale (SES), Group Environment Questionnaire (GEQ), Service Engagement Scale (SEC), Team Climate Inventory (TCI), Working Alliance Inventory (WAI), Perceived Competence Scale (PCS), Assertive Outreach Team (AOT), Community Mental Health Team (CMHT), Cognitive Analytic Consultancy (CAC), Young Men's Christian Association (YMCA), Consultation Partnership Scale (CPS), Consultation Outcome Scale (COS), Not reported (NR)

Staff outcomes

Increased understanding of the client

Eight out of the 14 studies (57.14%) reported findings relating to an improved understanding of the client using qualitative methodology. Kellett et al. (2014) reported staff felt that they had gained a deeper understanding and greater awareness of their client, which contributed to feeling as though they were no longer stuck in unhelpful patterns. Freshwater et al. (2017) also reported a theme of increased awareness and understanding, which was reported by care co-ordinators receiving indirect five-session CAT. Furthermore, this was echoed by the CAT practitioners delivering the indirect CAT session, as they felt that care co-ordinators were more likely to demonstrate understanding of their client via recognising relational patterns. Both CAT practitioners and care co-ordinators felt that this increased understanding lead to greater empathy for the client. Franks (2015) also described a parallel process of enlightenment for staff and clients, in which staff felt that consultation could facilitate insight into the client's presentation for the staff member, the client, and the team. This insight was felt to lead to a greater awareness of enactments, which in turn contributed to the development of a more positive therapeutic relationship and increased hope for the future.

Within LD services, Priddy et al. (2021) found staff reported feeling better able to understand their clients after engaging in CAT team formulation. A similar subtheme of 'psychological processes' was reported by Clinkscales et al. (2018), in which participants described being able to use their experience of CAT training sessions to think differently about the client and themselves. Similarly, for staff engaging in CAC, Kellett et al. (2020) found that both staff, and their clients, reported better understanding post-consultation. Following staff engaging in training sessions on CAT theory, Barker (2018) reported

improved understanding for staff, which reflected a greater awareness of reciprocal roles and how these could be used to understand a 'difficult' client presentations and interpersonal dynamics. Staff reported feeling that this understanding improved their relationships with their clients. Furthermore, some staff members described how this understanding was also transferable to the rest of the team. Russell (2019) reported similar findings, where staff reflected that they now had a theoretical basis and words to staff members' intuition. However, it was acknowledged that this understanding can be difficult to apply in the 'heat of the moment' (Russel, 2019).

Staff wellbeing

Three of the 14 studies reported outcomes relating to staff wellbeing. Two studies reported outcomes relating to staff exhaustion, using the quantitative MBI measure. Caruso et al. (2013) reported significant decreases on the MBI emotional exhaustion scale ($Z = 2.7$; $p = 0.006$). Kellett et al. (2020) reported similar findings, with a significant decrease on the MBI exhaustion scale ($Z = -2.02$, $p = <.005$). These studies delivered indirect CAT via different formats; namely, a 10-hour CAT training package (Caruso et al., 2013) and five-session CAC (Kellett et al., 2020). Shannon et al. (2016) further reported that 100% of staff reported that using CAT within their work had improved their psychological resilience as a worker.

Staff cohesion

Four of the 14 studies reported changes to staff cohesion. Two studies reported on quantitative indicators of team cohesion, whilst two studies reported on qualitative themes. Caruso et al. (2013) reported on quantitative outcomes using the GEQ. These results suggested a significant improvement in-group integration within the 'social' category ($Z = 2.54$; $p = 0.011$); suggested to reflect an increase in positive regard and social relationships within the team. However, the 'group integration task' category did not demonstrate

significant improvement, indicating that participants did not perceive significant improvements in their ability to work together to achieve a specific goal. Doyle et al. (2019) used a quantitative method to analyse reparatory grids measuring changes in staff construal of a client, before and after engaging in a CAT reformulation session. Their findings indicated that participants clustered together more closely in terms of their construal of the client after the CAT reformulation; which was suggested to indicate a more cohesive understanding of the client. Using qualitative measures, Thompson et al. (2008) reported that their findings indicated CAT training improved team cohesion through facilitating a shared language and framework for working; which, in turn, was felt to have a positive impact on team morale. Group supervision was identified as playing an integral role within this process. Similarly, Kellett et al. (2014) reported that CAT-based supervision had facilitated improved team climate, with large effect sizes for participative safety (d=1.72), support for innovation (d=2.42), a moderate effect size for task orientation (d= 0.30) and small effect size for team vision (d=0.14).

Professional skills development

Eight of the 14 studies (53%) reported findings relating to the development of staff skills. Caruso et al. (2013) reported a significant increase in participants' self-reported personal accomplishment scores on the MBI from baseline to follow-up ($Z = 2.4$; $p = 0.006$). Kellett et al. (2020) also found significant increase in participants' self-reported competence from baseline to follow-up; measured using the PCS ($Z = -2.02$, $p = <0.005$). Within the qualitative research, Russell (2019) identified a theme of 'developing practice', which reflected participants' description of how CAT theory had changed the ways in which they worked; through recognition of reciprocal roles and enactments. Freshwater et al. (2017) also reported a theme of 'new ways of working' for care co-ordinators, in which participants recognised a shift from working in the 'here and now' to actively exploring early experiences

as part of CAT. Similar themes were identified by Clinkscales et al. (2018), who identified a main theme of a 'theoretical understanding of the CAT model', in which participants reported developing their knowledge of the core principles of CAT. Using a quantitative feedback questionnaire, Shannon et al. (2016) reported that 83.3% of participants felt CAT had a very positive impact on their skills; the remaining 16.7% of participants felt it had had some positive impact.

In addition to the immediate use of CAT theory, transferable learning was also identified by two studies. Styring (2010) reported a qualitative category of 'transfer of learning', in which the theoretical understanding generated from engaging in five-session CAC with one client would be more broadly transferred into other areas of clinical work. The sub-theme 'transferable skills' was also identified by Priddy et al. (2021), in which participants attending CAT team formulation reported having developed skills which could be transferred to other areas.

Staff outcomes: summary

Across the fifteen papers, the most frequently reported outcomes for staff related to developing an increased understanding of the client and development of staff skills. Increased understanding of the client was reported to lead to improved therapeutic relationships, greater empathy and more awareness of enactments. Development in staff skills were suggested to lead to new ways of working and some studies reported these skills could be transferred to other areas. Three studies indicated improvements in staff wellbeing, particularly in relation to reductions in emotional exhaustion and increased resilience. Four studies reported on team cohesion outcomes, which largely indicated significant improvements in reported cohesion. Table 5 provides a summary of the main outcomes of the included papers.

Table 5.

Summarised quantitative and qualitative findings

	Code	Study	Quantitative findings	Qualitative findings
CAT Training sessions	1	Caruso et al. (2013)	**MBI:** Significant decrease on 'emotional exhaustion' and 'personal accomplishment' scores **GEQ:** Significant increase on 'attraction to group-social' and 'group integration-social' scales **SES:** Significant increase on 'availability' subscale	
	2	Clinkscales et al. (2018)		**Three main themes:** (1) practical application of the CAT model, (2) theoretical understanding of CAT, (3) format of training
	3	Barker (2018)		**Five main themes:** (1) challenges of working a medium secure forensic setting, (2) existing skills, (3) CAT training, (4) understanding patients and relationships, (5) developing practice
CAT training + supervision	4	Thompson et al. (2008)		**Two main themes:** (1) increased team cohesion, (2) individual clinical competence
CAT training, CAC + supervision	5	Kellett et al. (2014)	**PCS:** Significant increase in participative safety, support for innovation and task orientation No significant increase in the clarity of team vision over time	**Four main themes:** (1) increased awareness, (2) changes made to the clinical approach, (3) enhanced teamwork, (4) use of the CAT model

	Code	Study	Quantitative findings	Qualitative findings
CAT Training and team formulation	6	Priddy et al. (2021)	**CPS:** 100% of participants indicated positive experiences of partnership across all items on CPS measure **COS:** 100% of staff reported CAT-TF facilitated new understanding and transferable skills 100% reported improved relationships with clients 83% agreed that engaging in CAT-TF would lead to improved outcomes for clients	**Five sub-themes:** (1) new insights and understanding, (2) the tools of CAT, (3) growing relationships, (4) creating safe and (remotely) accessible spaces, (5) recognising patterns and unhelpful responses.
	7	Stratton & Tan (2019)	**Feedback measure:** 100% of participants agreed or strongly agreed that CAT team formulation had facilitated 'shared understanding', 'understanding patterns', 'different knowledge/skills', 'dealing with core issues' 90% of participants reported reduced frustration 80% of participant reported increased confidence	**Two superordinate themes:** (1) pausing to think and feel, (2) challenges to keeping CAT alive
Team formulation	8	Doyle et al. (2019)	**Reparatory grid analysis:** Increase in the similarity of participant grids. Shift in how the subject of the CAT chat was seen consistent with the developed CAT map	
Contextual reformulation	9	Russell (2019)		**Five main themes:** (1) multiple roles and functions of sessions and clinicians, (2) challenging behaviour in relationship, (3) making links – understanding can be enlightening, containing and practical, (4) the process of developing a shared understanding and approach, (5) caught between two perspectives

	Code	Study	Quantitative findings	Qualitative findings
Cognitive analytic consultancy	**10**	Kellett et al. (2020)	**PCS**: Significant baseline to follow-up increases in self-reported competency MBI: Significant baseline to follow-up decrease in emotional exhaustion. **WAI**: significant increase in working alliance from CAC to follow-up for clients, non-significant improvement for staff	**Study one themes:** (1) increased awareness, (2) greater understanding, (3) enhanced clarity, (4) facing up to challenges, (5) identifying exits (6) increasing self-care **Study two themes:** (1) the relationship prior to CAC, (2) helpfulness of the SDR, (3) change processes, (4) the model, (5) following CAC
	11	Styring (2010)		**Three main staff themes:** (1) care co-ordinators understanding of CAT and how it helped the client, (2) transfer of learning for the care co-ordinator, (3) utility of the model **Four main client themes:** (1) client understanding of CAT tools, (2) process of change, (3) outcomes, (4) working towards endings with services
	12	Franks (2015)		**Three main themes:** (1) availability and accessibility, (2) genuine value, (3) mirrored enlightenment
	13	Freshwater et al. (2017)		**Four main themes:** (1) new ways of working, (2) increased awareness and understanding, (3) focus, (4) time demands
CAT Training, reflective practice and supervision	15	Shannon et al. (2016)	**Quantitative questionnaire feedback:** 100% of staff reported CAT increased their resilience as a worker 100% staff felt more aware of their interactions with clients 83% of staff felt CAT had a very positive impact on their skills 75% stated increased empathy towards clients	

Client outcomes

Service engagement

Two of the 14 studies reported outcomes relating to client engagement with the service. Both Caruso et al. (2013) and Kellett et al. (2020) used the SES as a measure of client engagement; which is completed by the professional working with a client. Both Caruso et al. (2013) and Kellett et al. (2020) reported no significant change in scores on the SES from baseline to follow-up; suggesting that client engagement with the service was not seen to increase. However, Kellett et al. (2020) also reported drop-out rates for clients engaging in CAC. Within their first service evaluation project, Kellett et al. (2020) reported 28.40% dropout. The subsequent case series reported 0% dropout; with all clients (N=5) completing CAC.

Experience of indirect CAT

One study reported on qualitative client experiences of five-session CAC (Styring, 2010). Four themes were identified, namely (1) client understanding of CAT tools, (2) process of change, (3) outcomes, (4) working towards endings with services. The identified themes indicated that 5-session CAT was experienced as accessible model, to instil hope, develop awareness of patterns and exits and develop mastery. A follow-up session after 5-session CAC was also experienced as helpful for maintaining change.

Client outcomes: summary

Three of 14 research papers included client outcomes. Two studies reported quantitative data relating to client engagement. These findings did not provide consistent evidence to suggest indirect CAT improves client engagement. One study reported qualitative

findings of the client experience of CAC, these findings suggested that CAC was seen as accessible and beneficial.

Discussion

Summary of findings

The current review aimed to (1) provide an overview of the current implementation methods of indirect and consultative uses of CAT, and (2) provide a summary of the outcomes analysed and achieved. Methods of delivery varied, including CAC (N=4), CAT training (N=3), CAT training and team formulation (N=2), CAT training and supervision (N=1), CAT training, CAC and supervision (N=1), CAT team formulation (N=1) and CAT contextual reformulation (N=1). The services in which indirect CAT was delivered included inpatient settings (N=6), CMHTs (N=4), AOT (N=1), community rehabilitation service (N=1), LD services (N=2) and a third sector homelessness service (N=1). The findings of this systematic review identified four core themes relating to outcomes reported for staff, namely: (1) increased understanding of the client and relational processes, (2) improved staff wellbeing, (3) staff cohesion, and (4) professional skills development. Three of the included studies included outcomes relating to clients, generating two themes, namely: (1) engagement, (2) client understanding of CAT tools, (2) process of change, (3) outcomes, (4) working towards endings with services.

Modes of delivery and service context

The findings of this systematic review illustrate the breadth of applications for which CAT is implemented to support staff working with clients. Whilst the most common framework for implementing indirect CAT involved using a 'consultation' approach, the

structure of this input was found to vary between studies. There was a notable difference in the use of CAT training sessions across the studies; which was either used as a standalone intervention, or as part of a wider package of CAT informed working. However, standalone CAT training sessions appeared to generate benefits for staff teams; regardless of whether they were combined with specific client focused input. Although positive outcomes were reported across the variety of indirect CAT formats, the number of studies using any given framework (e.g. studies using CAC) was small; ranging from one to five studies. Therefore, any conclusions regarding outcome data should be made cautiously; in line with the limited evidence base. The results of the review also indicate that CAT is currently being applied within a seemingly diverse range of contexts; across client groups, service settings and professionals. This may suggest that CAT offers an indirect and consultative model which can be widely accessible. However, the breadth of this application is not currently paralleled by the depth of the research; due to there being scarcity of replicated findings to date. Therefore, any interpretation regarding the specific effectiveness of indirect CAT within a given organisational context or client group should be made with caution.

Outcomes of indirect CAT and consultation

The implementation of CAT with staff and professional teams improved participants' understanding of clients. This finding is consistent with the reported outcomes of a recent systematic review exploring psychological consultation more broadly (Ghag et al., 2021); which found that psychological consultation, across a range of psychologically informed models (e.g. CBT, CAT, psychodynamic) improved staff understanding of clients. Within the current review, a number of qualitative papers suggested that increased understanding of clients appeared to occur through staff developing greater relational awareness. Whilst none of the included studies explored the specific content of indirect CAT, it is plausible that it is the relational focus of CAT theory specifically facilitates greater awareness of relational

processes; as opposed to awareness of cognitive processes, for example. Further research is required to explore the unique features of CAT, to understand the processes underlying these outcomes.

The findings also indicated that participants experienced increased levels of staff cohesion. Within these findings, it was indicated that one of the mechanisms underpinning this finding might relate to the team developing a shared language; which can be seen within the qualitative data (Thompson et al., 2008) and quantitative outcomes (Doyle et al., 2019). Despite this, one study indicated that feelings of task-related cohesion (i.e. the ability of the team to cohesively work towards the same goal) did not increase (Caruso et al., 2013). Whilst there is little research on the relative influence of these two aspects of team cohesion, as a complete construct, team cohesion has been suggested to be integral to reducing staff burnout in mental health settings (Lasalvia et al., 2009). This appears to be reflected within the outcome theme relating to improvements in staff wellbeing identified within the current review, which reflected a number of the included studies reporting reduced emotional exhaustion (Caruso et al., 2013; Kellett et al., 2020) and increased perceptions of psychological resilience (Shannon et al., 2016).

Methodological Designs and Rigor

Quality assessment of the quantitative research included within the review suggests that quantitative research exploring indirect CAT is currently lacking in methodological rigor. Furthermore, none of the included studies implemented any form of intervention adherence measure. The mean quality rating score across the quantitative papers was 0.68, indicating 'adequate' quality research. This appears to have been strongly influences by two papers of limited quality (Shannon et al., 2016; Stratton & Tan, 2019), which, in part, reflects the nature of these 'practice based' research studies. Based on an analysis of the areas of

weakness for the quantitative papers, future research should endeavour to provide evidence of the appropriateness of the sample size and offer adequate details of the sample characteristics.

Whilst 72.73% (8/11) of the qualitative studies met the criteria for strong quality research, methodological rigor could be improved through enhancing the reflexivity of the researcher. Furthermore, the qualitative study reporting data on client experience (Styring, 2010) included data from only one client; which significantly limits the scope of these findings. The remaining qualitative studies primarily focused on the 'experience' of staff engaging in indirect CAT. None of the included research designs explored the content of any form of indirect CAT, which may have provided greater richness to the data and alluded to the processes occurring within the application of indirect CAT.

Strengths and Limitations

The current review offers a broad overview of current research exploring the use of CAT to inform staff practice. Based on the aim of the review, it has been possible to draw upon a wide range of research. This has offered heterogeneity within the sample of included papers, particularly in terms of service context. As a result, the findings of this review indicate that indirect CAT appears to be a generalizable approach which has broad clinical applications across a range of organisational settings.

The QualSyst scoring tool does not assess the psychometric properties of outcome measures. On this basis, the reliability and quality of the quantitative measures used within the quantitative research cannot be commented upon and any interpretations about effectiveness should be made with this in mind. Despite this, of the included quantitative papers, 71.43% were rated as at least 'adequate' to 'strong' in quality. Suggesting that the overall quality of the quantitative research a met the threshold for inclusion within a

systematic review. Future reviews undertaken within this area may want to consider including an assessment of psychometric properties.

A further limitation of the current review relates to the internal validity of the included research papers; none of which were able to implement an assessment of model adherence. Due to the indirect implementation of CAT being in its relative infancy, there is an absence of competency structures which recognise the specific skills and practices required for this approach. However, the competency in CAT (CCAT; Carradice, 2013) and a recent publication of recommended session structures for CAC could be used to assess fidelity to the model; which could be implemented within future projects. Finally, the lack of 'process-outcome' research which has been noted more widely within a recent review of psychological consultation (Kellett et al., 2020), has also been identified within the current review; which has focused on specifically on CAT consultation and indirect uses of CAT with staff teams. Thus, it is clear that further research regarding the underlying process mechanisms which influence the outcomes that have been discussed is a requirement of future research. This would allow conclusions regarding how CAT facilitates processes which lead to positive outcomes to be made; which could in turn influence the development of competencies and fidelity models.

Finally, it is important to note that all of the research papers were conducted within Western cultures; with all but one study being undertaken in the UK. Therefore, it is not clear whether the findings could be generalised to similar service settings within other cultures.

Clinical Implications

There has been a notable shift within the role of therapists and clinical psychologists, in which facilitation of psychologically informed services is seen as a core aspect of the professional role. This can be seen within professional and policy documents, which

recognise the need for indirect working with clients via staff teams to support psychological

formulation and thinking (Department of Health, 2007; Division of Clinical Psychology,

2011). The current review demonstrates that CAT offers a theoretical framework by which

this work can be done, through supporting staff to develop their skills in relation to

psychological theory to shape their understanding of clients. Furthermore, the review

highlights how implementing and introducing CAT theory with staff can lead to personal

benefits for staff themselves; through reducing emotional exhaustion. Teams with high levels

of emotional exhaustion have been found to correlate with lower service user satisfaction

scores (Garman et al., 2002), suggesting that emotional exhaustion in staff can influence

client's experiences of the service. Thus, the personal wellbeing of staff teams must be

considered when shaping services that can provide positive support for clients. However,

further consideration must be payed to the development of clear guidance around the

undertaking of consultation and indirect working. As indicated by the breadth of this review,

there are currently limited structures to outline good practice or model fidelity in this area. As

such, further work must be undertaken in this area to ascertain how individual practitioners

can provide effective spaces that draw upon CAT theory to shape psychological thinking

within teams.

Future Research

Future research should seek to explore the process-outcome mechanisms of

implementing CAT theory to support staff teams. Through analysing the different modes of

this kind of work, including consultation, team formulation and reflective practice, the key

components for fidelity of delivery to the theoretical model can be identified. There has been

no research analysing the content of any form of CAT consultation and this is greatly needed.

More rigorous and controlled research needs to be conducted on the outcomes of indirect

CAT interventions with staff and organisations. Studies would benefit from extended follow-

up periods and measuring outcomes consistently across the client, worker and organisation.

A common outcome measure for each sphere would also be beneficial. Future research

should also endeavour to triangulate outcomes across the client, worker and service to better

assess reliability concerns. Development of a competency measure for CAT consultation

work would be helpful.

Conclusions

The current review illustrates the current breadth of the application of CAT to inform

staff practice. The initial outcomes summarised within this review, from research using

qualitative and quantitative methodology, appears to indicate that staff benefit from this

approach; through enhancing their understanding of clients, developing professional skills

and improving psychological wellbeing. However, the review also highlighted a substantial

degree of heterogeneity in the format of applying CAT theory to influencing staff practice. In

addition, the quality of the included studies was seen to vary from limited to strong; with less

methodologically rigorous research within quantitative designs. Ultimately, these factors

prevent a depth consideration of the efficacy of the approach. Further research is required to

identify key processes which are necessary for good practice when applying cognitive

analytic theory to work with staff groups and to develop guidance and a framework for

practice. In turn, this will improve the evidence base through providing greater consistency

and opportunity for well controlled research, which is well described, well conducted and

therefore replicable. This review explored a unique, but expanding area of research and

practice. The results of which demonstrate how the application of CAT can contribute to the

development of psychologically informed staff teams; which has the potential for enhancing

service efficiency and lead to positive outcomes for staff and clients.

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Appendix A

Search Terms with Boolean Operators

("cognitive analytic" OR "cognitive analytic therapy") AND ("map and talk" OR consult* OR indirect OR proxy OR reflective OR "reflective practice" OR reflexive OR "reflexive practice OR supervis* OR "clinical supervision" OR staff OR team* OR group OR inpatient OR organisation)

Appendix B

QualSyst Rating System for Quantitative and Qualitative Research

Quantitative Framework

Criteria		YES (2)	PARTIAL (1)	NO (0)	N/A
1	Question / objective sufficiently described?				
2	Study design evident and appropriate?				
3	Method of subject/comparison group selection or source of information/input variables described and appropriate?				
4	Subject (and comparison group, if applicable) characteristics sufficiently described?				
5	If interventional and random allocation was possible, was it described?				
6	If interventional and blinding of investigators was possible, was it reported?				
7	If interventional and blinding of subjects was possible, was it reported?				
8	Outcome and (if applicable) exposure measure(s) well defined and robust to measurement / misclassification bias? Means of assessment reported?				
9	Sample size appropriate?				
10	Analytic methods described/justified and appropriate?				
11	Some estimate of variance is reported for the main results?				
12	Controlled for confounding?				
13	Results reported in sufficient detail?				
14	Conclusions supported by the results?				

Qualitative Framework

Criteria		YES (2)	PARTIAL (1)	NO (0)
1	Question / objective sufficiently described?			
2	Study design evident and appropriate?			
3	Context for the study clear?			
4	Connection to a theoretical framework / wider body of knowledge?			
5	Sampling strategy described, relevant and justified?			
6	Data collection methods clearly described and systematic?			
7	Data analysis clearly described and systematic?			
8	Use of verification procedure(s) to establish credibility?			
9	Conclusions supported by the results?			
10	Reflexivity of the account?			

Appendix C

Total QualSyst Scores for Included Studies

Code	Study	Quantitative Score	Qualitative Score
1	Caruso et al. (2013)	0.9 (strong)	
2	Clinkscales et al. (2018)	0.75 (strong)	
3	Barker (2018)		0.9 (strong)
4	Thompson et al. (2008)		0.85 (strong)
5	Kellett et al. (2014)	0.88 (strong)	0.9 (strong)
6	Priddy et al. (2021)	0.78 (good)	0.9 (strong)
7	Stratton & Tan (2019)	0.42 (limited)	0.5 (adequate)
8	Doyle et al. (2019)	0.80 (strong)	
9	Russell (2019)		0.95 (strong)
10	Kellett et al. (2020)	0.678 (adequate)	0.9 (strong)
11	Styring (2010)		0.2 (limited)
12	Franks (2015)		0.9 (strong)
13	Freshwater et al. (2017)		0.5 (adequate)
14	Shannon et al. (2016)	0.32 (limited)	
	Total score	5.517	8.05
	Mean score	0.68	0.805

Appendix D

QualSyst Qualitative Scores Overview

Study	QualSyst Item										Total	Score
	1	2	3	4	5	6	7	8	9	10		
Kellett et al. (2014)	2	2	2	2	2	2	2	2	2	0	18	0.9
Stratton & Tan (2019)	2	2	2	1	1	1	0	0	1	0	10	0.5
Kellett et al. (2020)	2	2	1	2	2	2	2	2	2	1	18	0.9
Freshwater et al. (2017)	2	1	1	2	1	1	0	1	1	0	10	0.5
Thompson et al. (2008)	2	2	2	2	2	2	2	1	2	0	17	0.85
Russell (2019)	2	2	2	2	2	2	2	1	2	2	19	0.95
Franks (2015)	2	2	1	2	1	2	2	2	2	2	18	0.9
Barker (2018)	2	2	2	2	2	1	2	2	2	1	18	0.9
Clinkscales et al. (2018)	1	1	2	2	2	2	1	2	2	0	15	0.75
Styring (2010)	0	0	1	0	1	1	1	0	0	0	4	0.2
Priddy et al. (2021)	2	2	2	2	1	2	2	2	2	1	18	0.9
Total score per criteria	19	18	18	19	17	18	16	15	18	7		

Appendix E

QualSyst Quantative Scores Overview

Study	QualSyst Item															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	Score
Caruso et al. (2013)	2	2	2	2	n/a	n/a	n/a	2	1	2	2	n/a	2	2	27	0.9
Kellett et al. (2014)	2	2	2	1	2	0	n/a	2	2	2	2	2	2	2	25	0.89
Stratton & Tan (2019)	1	1	1	2	2	0	0	2	1	1	1	0	0	0	13	0.42
Kellett et al. (2020)	2	2	1	1	0	0	0	2	1	2	2	2	2	2	19	0.68
Priddy et al. (2021)	2	2	2	2	n/a	n/a	n/a	1	1	n/a	0	0	2	2	22	0.79
Doyle et al. (2019)	2	2	1	1	n/a	n/a	n/a	2	1	2	n/a	1	2	2	24	0.86
Shannon et al. (2018)	1	0	1	0	0	n/a	n/a	0	1	0	1	0	0	1	9	0.32
Total score per criteria	12	11	10	9	12	10	10	9	9	11	11	9	11	11		

Section Two: Empirical Study

Applying Cognitive Analytic Therapy (CAT) to Inform Reflective Practice within Secure Children's Services: A Grounded Theory Study of Cognitive Analytic Reflective Practice (CARP)

Abstract

Objectives

The SECURE STAIRS framework has been mandated into the children and young people's secure estate to establish reflective and trauma-informed services, but little research has been attempted on process or outcome. This research therefore sought to explore the application of cognitive analytic therapy to reflective practice groups (CARP).

Methods

Twenty-four staff members, working within four staff teams, within a secure children's home (SCH) participated in the research. Each staff team attended four CARP sessions, over a one year period (N=16). Grounded theory (GT) was used to guide data collection and analysis. At the point of saturation, a total of eight CARP sessions were analysed; two per staff team. Four focus groups were conducted as part of the theoretical sampling, using semi-structured questions informed by the constructed GT categories. Further theoretical sampling of sessional measures, exploring self-reported group cohesion and helpfulness of CARP, were also used to confirm theoretical saturation.

Results

A GT model of CARP processes was constructed from the data. Three main interrelated categories were constructed from the analysis: 'establishing a reflective space', 'widening awareness of the self, other, and system' and 'changing relational dynamics and finding exits'. The constructed categories and subcategories were supported by sessional measures, indicating that group members found CARP sessions helpful and groups became more cohesive over time.

Conclusions

The findings suggest that CARP provides a model of reflective practice which facilitates reflective processes for staff. The GT model highlighted the relational nature of reflection in CARP and indicated that these processes were linked to enhanced group cohesion.

Clinical implications

- CARP offers a framework for supporting staff to develop team cohesion and relational awareness within the CYPSE

- SCH's should consider the implementation of CARP to meet the 'SECURE' aims laid out by the SECURE STAIRS framework

Limitations

- The current study was limited to one SCH, resulting in a substantive, rather than a formal, GT model; research across other areas is required.

Keywords: 'cognitive analytic therapy', 'reflective practice', 'psychological consultation', 'secure children's homes', 'child and adult mental health services', 'SECURE STAIRS'

Introduction

The Children and Young People's Secure Estate (CYPSE) is tasked with providing care and secure accommodation for young people (YPs), who are identified by the local authority as raising welfare concerns, and/or are involved in the youth justice system. For YPs within the CYPSE, it has been suggested that they might best be described as presenting with "high risk, high harm, and high vulnerability" (Taylor et al., 2018, p. 194) due to the disproportionately high levels of relational disruption, socioeconomic adversity, and trauma that they are likely to have experienced (Taylor et al., 2018).

In order to better meet the needs of YPs within the secure estate, the implementation of the SECURE STAIRS framework has been mandated across the CYPSE, to establish trauma-informed, formulation-driven, whole-systems approaches, to meet the needs of YPs (National Health Service England, 2018; Taylor et al., 2018). SECURE STAIRS is based upon the principle that day-to-day staff are the primary agents of change within secure settings (see Table 1), as these individuals can develop "the environmental and relational conditions that can manage risk, promote positive behaviour and safety (relational security) and create change" (Taylor et al., 2018, p. 195).

It has been suggested that the implementation of reflective practice (RP) can support staff in this goal (Taylor et al., 2018); however, no single theoretical model has been championed.

Table 1.

Outline of the SECURE STAIRS framework for CYPSE in England (Taylor et al., 2018)

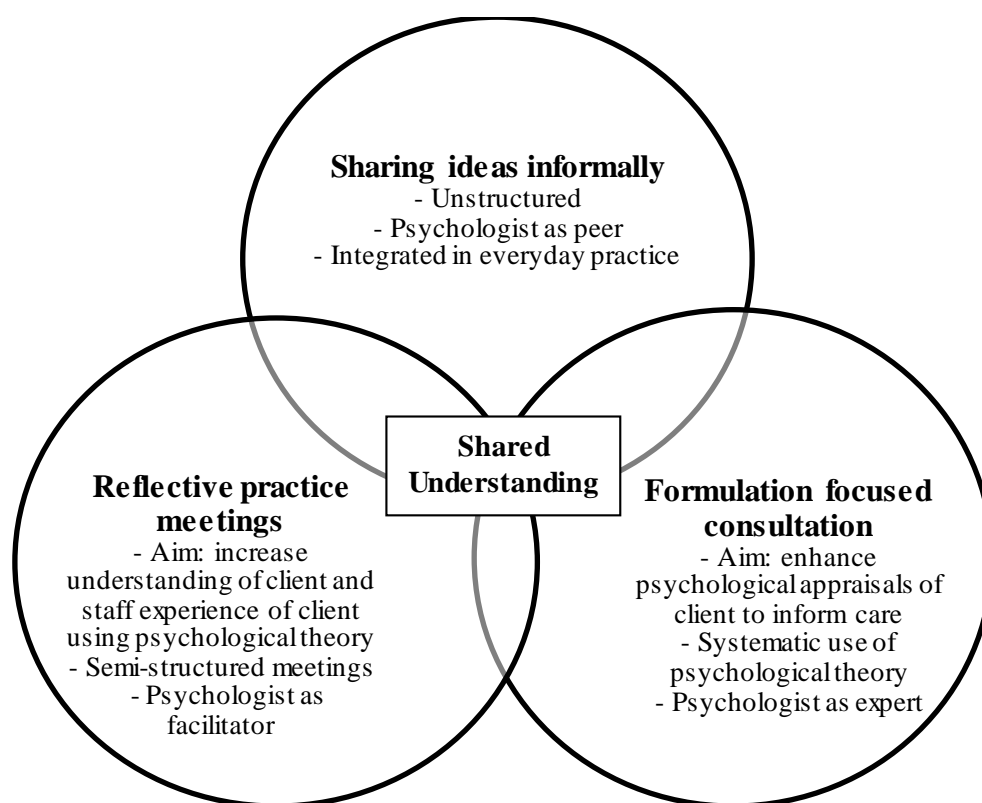|	SECURE		STAIRS
S	Staff with skill sets appropriate to the interventions needed	**S**	Scoping: covering what the presenting problems are, who the key players, and what change is wanted by whom
E	Emotionally resilient staff	**T**	Targets: agreed by the establishment, the YP and their "home" environment
C	Cared for staff: supervision and support	**A**	Activators: of the young person's difficulties with reaching their targets identified
U	Understanding across the establishment of child development, attachment, trauma and other key theories	**I**	Interventions developed at multiple levels that address those activators
R	Reflective system: able to consider impact of trauma at all levels	**R**	Review of movement towards targets regularly undertaken and used to evaluate and revise as necessary
E	"Every Interaction Matters" – a whole system approach	**S**	Sustainability planning considered from the outset

Reflective practice in mental health and social care contexts

The reflective practice (RP) models proposed by Kolb (1984) and Gibbs (1988) continue to be widely applied within the professional development and supervision of professional and non-professional health and social care staff. In addition to these specific models of RP, facilitators will often draw upon therapeutic models, such as cognitive behavioural therapy and cognitive analytic therapy (CAT), as a framework for structuring reflective conversations with staff (Dallos & Stedmon, 2002), However, the paucity in research investigating the application of such models to RP means there is often an overlap between 'team formulation', 'reflective practice', and the 'informal sharing of ideas' (Geach

et al., 2018; see Figure 1); which suggests that there is a need for increased clarity regarding the application of specific therapeutic models to inform reflective thinking.

Figure 1.

The components, and overlap, of RP, informal idea sharing, and formulation focused consultation in practice (Geach et al., 2018)

Sharing ideas informally
- Unstructured
- Psychologist as peer
- Integrated in everyday practice

Shared Understanding

Reflective practice meetings
- Aim: increase understanding of client and staff experience of client using psychological theory
- Semi-structured meetings
- Psychologist as facilitator

Formulation focused consultation
- Aim: enhance psychological appraisals of client to inform care
- Systematic use of psychological theory
- Psychologist as expert

CAT and RP

Increasing interest has been generated in the use of CAT to inform RP, as a theoretical model that is capable of reformulating the often complex interplay of client, professional and organisational factors (Kellett et al., 2014; Shannon et al., 2017). Within CAT, 'individual' difficulties, which would otherwise be solely attributed to the individual, are reformulated as being embedded within a relational system; thus, acknowledging that distress is jointly

created and maintained within relational patterns (Ryle & Kerr, 2002). Each part of the triad (client, professional and organization) act as co-reciprocators, 'dancing together' to either create or maintain a given situation through "unconsciously replaying some of the chaos and complexity that the young people may have experienced in their lives" (Taylor et al., 2018, p.194).

Initial results from research exploring indirect CAT suggests that it can improve team cohesion and facilitate formulation-informed understanding and decision making (Kellett et al., 2014; Stratton & Tan, 2019), whilst also supporting staff to feel more competent and less exhausted (Kellett et al., 2020). Thus, it appears that there is evidence to support assertions that the relational aspects of CAT lend themselves well to facilitating RP; through potentially enabling staff to formulate the client's and their own experience, to inform practice.

Research rationale

The implementation of the SECURE STAIRS framework by NHS England in the CYPSE has highlighted the need for establishing psychologically-informed and relationally-sensitive approaches which facilitate reflective and effective staff systems. As a relationally driven model, with a developing evidence base in relation to indirect working, the application of CAT in RP has been recognised as an "extremely important potential area of expansion, given the urgent need for psychologically informed and "relationally intelligent" approaches" (Ryle & Kerr, 2020, p. 280). However, there is a significant gap in the literature in relation to the theoretical application of CAT to inform RP or the impact of cognitive analytic reflective practice (CARP) on practice. Based on the growing need for psychologically-informed reflective approaches within the CYPSE, it is imperative that research is conducted to understand the process of CARP. The findings of this research will be used to inform

guidance relating to CARP facilitation and the national implementation of SECURE STAIRS.

Aims

In light of the evidence discussed, the current research sought to provide an exploration of how CARP influences psychologically-informed thinking and relational awareness within the context of a secure children's home (SCH). As no previous attempts have been made to explore this area, this is both novel and pertinent research. The primary aim of the research was to build a substantive grounded theory (GT) model illustrating the reflective processes facilitated by CARP. This research would provide a novel insight into the underlying processes occurring within CARP. To establish this model, the primary research questions were:

1)   *How does CARP enable staff to reflect upon their own and others experiences?*

And

2)   *As a relational model, how does CARP facilitate a relational awareness for staff in the SCH context?*

Method

Design

Based on the research aims, GT methodology was identified as the most suitable method for data collection and analysis. Unlike other types of qualitative enquiry, GT is considered appropriate for research that aims to generate theory with explanatory power, particularly when a process is embedded within the research situation and there is limited pre-existing research within that area (Birks & Mills, 2011). Based on the research aims, the

pertinent unit of analysis for purposeful sampling was deemed to be the verbal content of CARP sessions. Subsequent theoretical sampling was conducted via focus groups and sessional measures.

Participants

Participants were staff members (*N*=24) who had participated in, or facilitated, CARP within a SCH in England between June 2019 and January 2021. Participants included residential support workers (RSWs; *N*=19), team leaders (TLs; *N*=4), and a clinical psychologist (*N*=1). Within the service, there were four 'core' staff groups, consisting of four to five RSWs and one TL, working on rotation. The CARP facilitator was a qualified clinical psychologist and accredited CAT practitioner working within the SCH. Participant demographic information is detailed within Table 2. This information indicated that one RSW had experience of CAT prior to working in the SCH.

Table 2.

Participant demographic information

Role	Gender		Age *(Years)*		Previous exposure to CAT *(prior to CARP attendance)*		Years of experience in SCH context *(or similar services)*
	Male	Female	Mean	Range	Yes	No	Mean
RSWs	9	10	35.62 (*SD*=7.76)	24-48	1	23	5 (*SD*=5.57)
TLs	2	2	30.25 (*SD*=2.5)	29-34	0	4	6.5 (*SD*=1)

CARP facilitation

All participants attended a one day workshop introducing CAT theory and practice. Following this, each team within the SCH were invited to attend four 60-minute CARP groups per year; conducted outside of their clinical rota. The facilitator used an open agenda and CAT theory to structure the reflective discussions. Due to the COVID-19 pandemic, one session was facilitated remotely; all other sessions were facilitated face-to-face in the SCH.

Fidelity to CAT

The lead researcher used an adapted version of the competence in CAT (CCAT; Bennett & Parry, 2004) to assess fidelity to CAT theory (Appendix A). The amended CCAT, which has 10 domains, was informed by Kellett and Bennett's (2017) CCAT for supervisory (i.e. indirect) practice. For the purposes of this research, the researcher assessed whether each criterion was 'present/observed' or 'not observed' across two randomly selected CARP recordings. Percentage of fidelity was calculated based on the number of domains present/observed across all domains. The assessed CARP sessions demonstrated 72% (Session 4) and 57% (Session 6) adherence to the amended CCAT for RP.

An NVIVO word frequency analysis was also conducted on all CARP transcripts, to search for key CAT terminology and stemmed words (see Appendix B). The number of references to these words within each session and the overall mean references to CAT terminology are reported in Table 3. Cautious interpretation of word frequency is needed, as this is a crude measure; CAT theory was often used without CAT terminology.

Table 3.
Frequency and percentage of transcript coverage for CAT terminology

CARP Session	Number of identified CAT search terms
CARP1	11
CARP2	9
CARP3	43
CARP4	26
CARP5	26
CARP6	19
CARP7	25
CARP8	16
Mean	21.88 (*SD*=10.80)

Procedure

Recruitment

Prior to the study commencing, staff had provided consent for CARP sessions to be audio-recorded and sessional measures to be used for the facilitator's clinical supervision and future research. To obtain informed consent for this data to be used for the current research, all RSWs and team leaders were contacted to communicate the purposes of the research project using an information sheet (Appendix C). Staff members were also invited to consent to participating in the focus groups (Appendix D). The researchers contact details were provided for staff members to ask additional questions about the project.

Ethics

This research was approved by the university ethics committee (Appendix E), the local authority and the SCH service manager (Appendix F).

Informed consent was obtained from all staff participating in CARP and participants were aware they could withdraw their consent up until data analysis commenced. Any participants who withdrew their consent would have resulted in elimination of all data

associated with that participant; including audio-recordings of any CARP group in which they participated. All participants consented, and no participants withdrew, as such, all of the collected data was able to be included in the research.

Participants were informed that any identifiable information relating to staff or YPs would be anonymized, through transcription and in any write-up of the research. Participants were made aware that their words might be used within the final report and their contributions to the work might be published.

Data collection

The first stage of data collection used retrospective, purposeful sampling of pre-recorded CARP sessions. To aid saturation and support the iterative development of theoretical constructs from the analysis of CARP sessions, the second stage of data collection involved theoretical sampling via a range of methods and measures. Data collection stages are illustrated in Figure 2.

CARP recordings

Audio-recordings of CARP sessions were made by the group facilitator using an encrypted Dictaphone; stored in accordance with clinical governance procedures regarding confidential material. The first CARP session with each staff group was not recorded, which allowed participants to give informed consent about the sessions being recorded; based on their experience of the first session.

Focus groups

Based on the initial constructed categories, a semi-structured interview schedule (Appendix G) was developed in consultation with research supervisors and a CAT practitioner. Focus groups, rather than individual interviews, were used to maintain the group processes present within the CARP sessions. This decision was informed by the categories constructed from preliminary analysis of the CARP sessions, which indicated group processes underpinned the emerging model. Questions were open-ended (e.g. "What has it been like to come together to share the reflective practice space?"). Consistent with GT principles, the interview schedule was modified in light of the emerging data (Charmaz, 2006). Each of the four staff teams attended one 45-60 minute focus group, facilitated by the lead researcher.

Figure 2.

Diagram illustrating the GT development process for this research; based on Charmaz (2006) GT framework
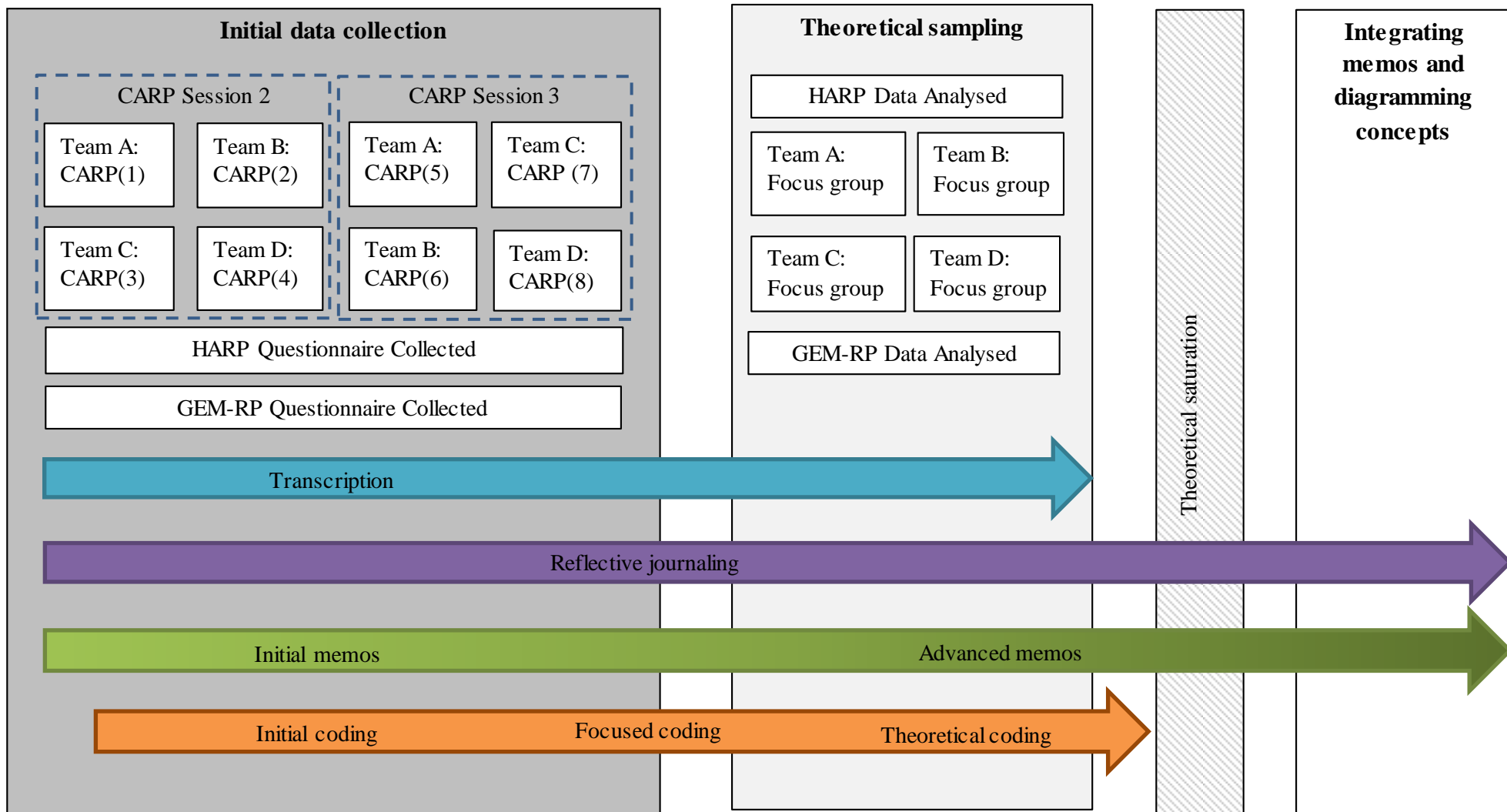
Measures

Helpful Aspects of Reflective Practice (HARP)

An adapted version of the helpful aspects of therapy questionnaire (Llewelyn, 1988) was used to collect data regarding helpful and/or hindering aspects of CARP (Appendix H). The measure was adapted for an RP group context, by amending its wording to refer to 'reflective practice' rather than 'therapy'. The HARP contains four qualitative questions, exploring experiences of 'helpful' and/or 'unhelpful' events within the session (e.g. "Please describe what made this event helpful/important and what you got out of it"), rated using a 9-point Likert scale; where 9 represents 'extremely helpful', 5 represents 'neutral', 1 represents 'extremely hindering'.

Group Entitativity Measure–Group Reflective Practice (GEM-RP)

The Group Entitativity Measure–Group Psychotherapy (GEM-GP; Hornsey et al., 2012) was used to collect information regarding participants' perceptions of group cohesiveness. For the purposes of this research, instructions were amended to refer to 'group reflective practice' instead of 'group therapy'. The GEM-RP rates cohesiveness through participants identifying, from six schematic drawings, which image best represents how they perceive their team (Appendix I). The construct validity of the GEM-GP cannot be assessed due to being a one-item measure. However, the GEM-GP significantly correlates ($p<.001$) with the Therapeutic Factors Inventory cohesiveness subscale (MacNair-Semands & Lese, 2000); a multi-item measure with good internal consistency ($\alpha s > .83$).

Demographic Data

To contextualize the data analysis, anonymised demographic data was collected in relation to relevant characteristics of the CARP group members.

Transcribing

The researcher transcribed all CARP and focus group audio-recordings word for word. This ensured that the researcher was immersed in the data; as recommended when using GT (Charmaz, 2006). To capture the richness of dialogical processes occurring within the audio-recordings a 'naturalist' transcribing process was adopted (Oliver et al., 2005). This permitted pauses or hesitations (e.g. "erm" vocalisations), sounds of encouragement (e.g. "mm" or "mmhmm"), and mispronunciations to be recorded.

Data analysis

Data analysis involved several stages of GT coding (Charmaz, 2006): initial coding, focused coding and theoretical coding. Constant comparison was used to 1) compare data with data, 2) compare new data with emerging categories, and 3) establish relationships between categories. In accordance with GT, data sampling and analysis was iterative, and continued until theoretical saturation was reached (Birks & Mills, 2011); which is defined as occurring when no new codes are identified.

Coding

Initial coding

Incident-by-incident, rather than line-by-line, coding was used to provide greater insight into events occurring within the data. This involved dividing each page of transcript into unit chunks of approximately three to five lines of text, collectively treated as an incident (Charmaz, 2006; Charmaz & Mitchell, 2001). When necessary, the researcher flexibly adjusted the length of each incident, to ensure relevant incidents were not overlooked. At this stage, coding remained close to, and grounded in the data; to remain open to possible theoretical directions.

Focused coding

Focused codes were identified through reviewing codes that occurred frequently or appeared significant in communicating meaning (Charmaz, 2006). Categories were labelled using gerunds wherever possible, to 'nudge' the researcher towards active processes (Charmaz, 2006). Focused codes informed further data analysis and were revised in light of this data; resulting in constant refinement of the codes. Through constant comparative analysis and memos, focused codes were synthesized into tentative conceptual categories and subcategories (Charmaz, 2014).

Theoretical coding

The last stage of analysis involved theoretical coding, to explore how categories related to one another. Theoretical coding enabled an integrated theory to be developed, with embedded interpretations regarding process.

Memo writing

Memo writing, using word documents and hand-drawn diagrams or notes, was used throughout the analysis to explore the researcher's developing ideas and facilitate the formation of tentative hypotheses about patterns and processes occurring in the data (Charmaz, 2006). For exerts, see Appendix J.

Epistemological position

Within GT, a number of theoretical positions can be adopted (Mills et al., 2006). This research adopted a social constructionist perspective (Burr, 2003), which acknowledges that the researcher forms part of the meaning emerging from the data. The constructionist perspective was deemed most suitable for this research as it permitted exploration of how

social interactions between people create versions of knowledge (Burr, 2003); rather than searching for a single objective truth within the data.

Within the presentation of the findings of this research, the use of participant language is intended to ensure that the reader can stay close to the participant's meanings. Through the process of theoretical coding and analytic abstraction, the use of CAT language has been drawn upon to aid the applicability and conceptual relevance of the findings.

Quality checks

The criterion for assessing the quality of GT research has been suggested to include sensitivity to context, credibility and procedural rigor (Elliot et al., 1999; Yardley, 2008).

Sensitivity to context

The researcher's epistemological position and the potential influence of the researcher's preconceived ideas in relation to the area of study were considered throughout the research process using supervision and a reflective journal (see Appendix K). Sensitivity to the participant's context was explored, primarily using contextual information collected via demographic questionnaires and ethnographic memos of the SCH environment; see 'Measures' and 'Appendix J'.

Credibility and procedural rigor

To assess whether emerging categories coherently explained the data, emerging categories were discussed with a peer researcher (Elliot et al., 1999). Member-checking was used as part of the focus group process, to explore alternative constructions and researcher biases. To demonstrate the procedural logic used to interpret the data, quotes have been included throughout reporting of results. An audit trail to log memos against the development of categories was also used (see Appendix J for exerts).

Public and patient involvement

During the development of the research design, CAT practitioners were consulted to ensure sensitivity to practice and research issues. The researcher also facilitated a presentation of the proposed research to key SCH stakeholders involved in the commissioning of CARP. These conversations were documented within the researcher's reflective log, to inform the research development process.

Findings

The findings are presented in accordance with the iterative, but sequential, processes of GT methodology. Qualitative findings from the analysis of CARP sessions, focus groups and qualitative HARP data are presented first, leading to the initial construction of the GT model. Next, quantitative HARP and GEM-RP data is presented, to corroborate GT constructs and assess saturation.
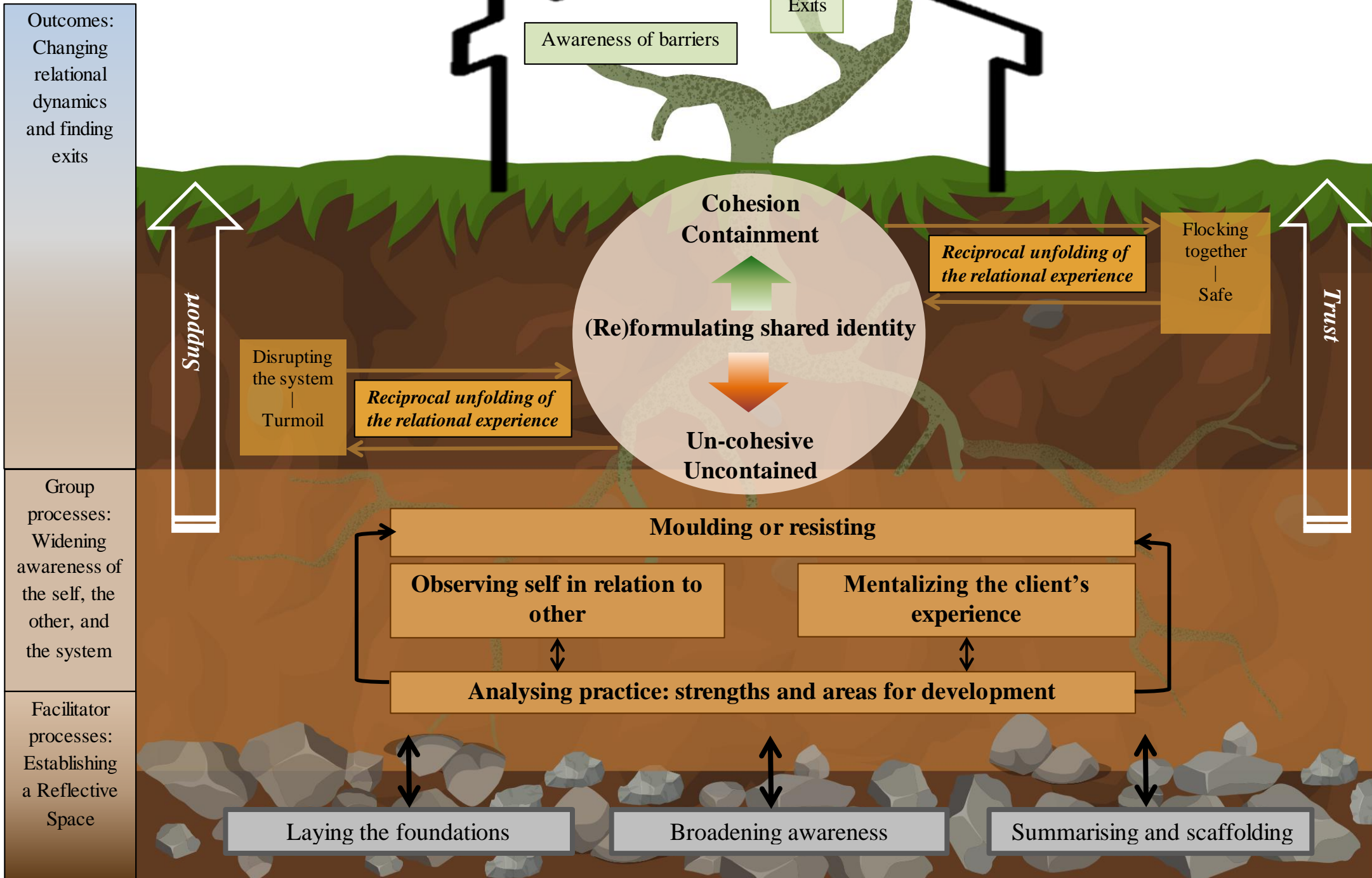
Qualitative findings

Within the initial coding of the qualitative data, 245 codes were generated. Through focused and theoretical coding, 11 subcategories were constructed and subsequently condensed to form three main categories. These are summarised in Table 4 and presented within the GT model in Figure 3. Within the presentation of the findings, and in accordance with GT practices, CARP and focus group data have been combined, with illustrative quotes from both data sources. Additional quotes for each category are provided in Appendix O.

Table 4.

Constructed GT categories and subcategories

	Categories	Subcategories
Facilitator processes	*Establishing a reflective space*	Laying the foundations
		Broadening awareness
		Summarising and scaffolding
Group processes	*Widening awareness of the self, other, and system*	Analysing practice
		Mentalizing the experience of YPs
		Observing self through the other
		Moulding or resisting the cogs
Outcomes	*Changing relational dynamics and finding exits*	Establishing trust and feeling supported
		(re)Formulating a shared identity
		The reciprocal unfolding of the relational experience
		Establishing exits and awareness of barriers

Figure 3.

Constructed GT Model of CARP

Outcomes: Changing relational dynamics and finding exits		
Group processes: Widening awareness of the self, the other, and the system		
Facilitator processes: Establishing a Reflective Space		

Awareness of barriers

Exits

Cohesion Containment

(Re)formulating shared identity

Reciprocal unfolding of the relational experience

Flocking together | Safe

Support

Trust

Disrupting the system | Turmoil

Reciprocal unfolding of the relational experience

Un-cohesive Uncontained

Moulding or resisting

Observing self in relation to other

Mentalizing the client's experience

Analysing practice: strengths and areas for development

Laying the foundations

Broadening awareness

Summarising and scaffolding

Facilitator processes: establishing a reflective space

This category represented the array of processes and techniques demonstrated by the facilitator which encouraged participants to take an observational stance towards their experiences. These processes can be seen as non-linear, as they were used interchangeably across each session.

Laying the foundations

Within this subcategory, the facilitator set the scene for the CARP, through articulating the purpose of the session, explaining confidentiality, and opening the floor for participants to bring topics that they would like to discuss. Participants were invited to 'check-in', to share how they were feeling and their perspective on the current status of their team.

> *[CARP] F: So reflective practice is just about reflecting on your practice, so it can be anything, a leadership thing, it could be about the young people, it could be about your specific teams, so you can sort of use it for any way you want really; it's an open invitation. I don't have a strict sort of agenda. Erm, so I don't know if you want to start doing a quick sort of check in? Where you're at and how things are going? Then we can sort of see where it moves.*

This process often led to participants identifying areas to focus on within the session, which was named by the facilitator.

> *[CARP] F: Yeah, so is it worth having a think about [YP] and what are some, some of the inconsistencies are?*

From this, the facilitator invited participants to confirm whether the identified areas would be a valuable focus for the group; proving opportunity for further clarification of the topic. For

participants, an important component to the 'foundations' of CARP was feeling that honest communication was enabled, through the facilitator establishing a relationally and practically confidential space, without external disruption or intrusion.

Broadening awareness

This subcategory represented the process by which the facilitator introduced ideas or viewpoints into the conversation which were not already present. This often involved drawing participants' attention to affective and intrapersonal processes related to the impact of the work.

> *[FG] P11: I think [the facilitator] touches upon it more than we do, because they talk about the impact that this job does have on us personally, and because we do it every day, we don't necessarily, it becomes normal…your first week of working here, you're like, "what is going on?", but like, this is just normal now, so I think [the facilitator] helps us, reminds us, that it does affect your personal life*

This category also included the facilitator attempting to introduce the voices of YPs within the SCH who were not present within the session, usually by inviting participants to consider the perspective of that individual.

> *[CARP] F: And in terms of the kids, what are they like in terms, 'cos they, you know, they'll all have their views on this team, this team, this team, you know… do you get a sense, in terms of what the kids feel like within your team?*

This process encouraged participants to broaden their narrative, through exploring relational dynamics from different perspectives; see 'mentalizing the experiences of YP's' subcategory.

Summarising and scaffolding

Within the 'summarising and scaffolding' subcategory the facilitator shared CAT theory to conceptualise the discussions between participants and extend ideas using frameworks such as 'reciprocal roles'.

> *[CARP] F: That's really containing isn't it, in terms of how that makes you feel, if you've got, you know, think of the CAT training we did and the reciprocal roles, do you remember when we did that training about how the other feels in relation to you? If you as a leader are containing, everyone else is going to feel contained.*

Using CAT-informed concepts, such as the 'boundary seesaw' model, the facilitator provided a theoretical scaffold for participants to reflect on their relational approach.

> *[CARP] F: Do you remember this [boundary seesaw]? So, the idea is, this is just a really helpful model for thinking about where you are, sort of within yourselves, but also as a team.*

After inviting these reflections, the facilitator encouraged participants to think about how they could use these reflections to inform their practice.

> *[CARP} F: The aim is that each of you can stay in this green zone, of being able to offer sort of, nurture and care, whilst at the same time being able to put in the boundaries, 'cause every young person, as you know, they need the boundaries, but they also need the nurturing care alongside it.*

This scaffolding towards relational awareness permitted participants to share perspectives on each other's relational style and consider the relational functioning of the team. Through this, participants engaged in 'group processes: widening awareness of the self, other and system'.

Group processes: Widening awareness of the self, other, and system

This category represented the array of mechanisms, topics and approaches that were demonstrated by participants as part of the reflective process. These were often interlinked, rather than isolated, resulting in a layering of reflection using different perspectives.

Analysing practice: reflecting on strengths and areas for development

Within this subcategory, participants shared ideas around practices they perceived as a relative strength or needing further development at both the individual and team level.

> *[CARP] p11: Yeah I feel like, this is across teams, and we're guilty of this as well, I feel like the enrichments are not very meaningful, I feel like sometimes it's just to fill time, "we'll just do this", like, enrichments to me, I think should probably be a bit more meaningful, because ultimately these should be teaching children to build life skills.*

Analysing practice also involved reinforcing what participants perceived to be good practice, which provided an opportunity to recognise these skills as resources; to enable change elsewhere.

> *[CARP] P1: I will say something, I think [P4]'s done really well building those relationships up with some of the kids*
>
> *F: Well that's a fantastic start, and I think that is the biggest key isn't it, its money in the jar, you get the rewards*
>
> *P4: That's one of the best things [P1]'s ever said to me, "make sure you've got them relationships, cause without that you've got nothing"*

Building good relationships within the team, and with YPs, was frequently described as an integral relational resource, which created a foundation from which to engender change. Within this subcategory, participants engaged in an active process of sharing similar and/or different perspectives, to establish their direction for 'good practice'.

> *[CARP] P13: I mean a good shift for me, people would say "we haven't had a restraint", nah, that's bollocks, that's not a good shift for me, a good shift for me is you get the young people, the young people are going to bed safe, they've got a smile on their face*

This illustrates how participants used the CARP space to construct and inform their own sense of 'good' practice, based on a consensus of what this meant for the group.

Observing the self through the other

This subcategory represents participants' attempts to develop knowledge about the 'self' (i.e. an individual or team) through team-to-team or peer-to-peer comparisons. Through recognising differences between the 'self' and the other, participants would identify opportunities for change.

> *[CARP] P5: I think with my team and with [participant's name] team, we're both very, very different and I think we both need to try and come to some middle ground, so my team, are probably, well, they're definitely not as good as your team, at sticking to their times, making sure everything gets done, your, your, enrichments and everything are really rigid and my team is not there yet, but from some comments from some people on your team, our team get out on time, like, we're more efficient with the paperwork, and I just think we need to kinda, take a bit from each other's teams, to get a middle ground*

This was often facilitated by the 'summarising and scaffolding' process, where invitations to use CAT concepts allowed participants to recognise differences in how they were perceived by others.

> *[CARP]P8: I put myself in a different place to where others put me [on the boundary*
>
> *seesaw], and I think it opened my mind a little bit more, to my own factors and stuff.*

This process interlinked with the 'moulding or resisting' and '(re)formulating a shared identity' subcategories, as participants recognised their individual differences, whilst also seeking to establish team cohesion.

Mentalizing the experience of YPs

Within this subcategory, participants attempted to formulate their experiences of YPs and understand relational dynamics between them and the staff team. This process was encouraged by the facilitator (see 'broadening awareness' subcategory), through inviting reflections on how YPs might experience the relational dynamic.

> *[CARP] F: What do you think the impact is in terms of the message the young people*
>
> *get from that?*
>
> *P5: Er, well*
>
> *P2: I'll be honest, and I'll say it, they think you're soft*

Within this category, participants also attempted to disentangle contextual and longitudinal influences on a YPs presentation. Through analysing 'here-and-now' contextual dynamics, participants considered the function of certain behaviours.

> *[CARP] P1: And it's like [YPs] not here, his eyes become dilated, he's just gone*
>
> *F: Gone, yeah*

P1: And it's like he gets, I don't know how to describe it, it's almost like he wants the restraint, and now we're not doing that, that's not happening

F: Yeah

P1: But sometimes it's almost like he's pushing for that containment

Participants would also transfer their understanding from one YP to another. This demonstrated a lasting legacy of how YPs shaped staff members' attempts to understand their experiences and highlighted the reciprocal learning that could occur between staff and YPs.

Moulding or resisting

Within the 'moulding or resisting' subcategory, participants described pressures to develop in line with the wider team and fit the mould laid out by the secure system. Participants often used mechanical language and described themselves as a "small cog", whose purpose was to facilitate the continuation of the "larger cog" of the service. Within these reflections, participants spoke about entering the unfamiliar context of a SCH, which presented a dilemma of whether staff would mould to, or resist, the system.

[FG] P17: When I first started I said "oh my god, everything's military and I can't cope with it" but like, now I've adapted and I see how, like, because it is military, how well we work, you can see why it works for the kids when you set up your shift, the kids know exactly what's going off when you as a staff member know what's going off

The consequences of staff members within the service going "off tangent", rather than moulding to these expectations, was seen as detrimental by participants due to causing disruption within the system; a "chain reaction" impacting each 'cog' in turn.

[FG] P18: If I go off tangent from these, then I'm not a team player

P16: Mmm, if people don't do what they're supposed to do and they go off and do

their own thing it has an effect.

P17: A chain, chain, you know what I mean chain reaction, so to speak.

For team members who were seen to be resisting the mould, participants felt that these individuals should adapt to the team's way of working to keep the "well-oiled machine" continuously working.

[CARP] P1: They need to adapt to our way of working a bit more

F: Okay so, there's a bit of a-

P1: 'Cause we have cogs in a team, it's a bit like a watch, if one of the cogs isn't-

F: Erm, okay, and is that then, does that have an impact?

P1: Mmm, it has a massive impact

F: 'Cause like you say it's like a cog isn't it, you have your little cog and then there's all the bigger cogs, and then you've got the bigger cog of [the SCH]

P1: Mmm...If people don't do what they're supposed to do and they go off and do their own thing, it has an effect

The content of this subcategory can be seen as existing in relation to the '(re)formulating a shared identity' subcategory, as resisting the mould was experienced as challenging the cohesion sought by the team.

Outcomes: Changing relational dynamics and finding exits

The 'changing relational dynamics and finding exits' category reflects participant's perceptions of the primary outcomes of CARP sessions. This included participants reflecting

on how their own team dynamics influenced relational processes with YPs and participants explicit intentions to alter practice based on the content of CARP.

(Re)formulating group identity

The overriding process which was seen an integral function of CARP sessions was to '(re)formulate a shared identity'. Within CARP, participants explored their sense of team identity and also discussed how periods of change caused disruption to this process, which could leave participants feeling uncontained.

> *[CARP] P7: Erm... it's same with anything aint it, when you're a team, just a team in anything, sport, work, whatever it is, you, you, you find yourself a niche don't you, a spot, something that you do, that you feel...*

> *F: Where your team are in that stuff?*

> *P7: Yeah, so it's hard to create that when you're all over the place*

Within this category, participants experienced CARP as an opportunity to facilitate togetherness, through sharing experiences and identifying ways to collectively develop.

> *[FG] P13: It [reflective practice] gives you a togetherness, you're in a like mind-set going out, and everybody has got your back*

Participants revisited the process of 'mentalizing the experience of YPs' to consider why this was important, beyond their own sense of feeling supported. Within these reflections, it can be seen that the context of the secure environment influenced the sense of needing to be a 'strong unit'.

> *[FG] P3: You just feel together, you portray that, the kids see you coming on, you're a unit and you're together*

P11: Strong

P3: I know it sounds silly, but if like, if you feel like you're going to war, like, you're not going to battle on your own

P11: Kids would like to divide and conquer, but if you're a strong unit and a strong team, that's not happening

The importance of establishing a 'strong' and cohesive identity appeared to sit in relation to the environment which participants saw themselves working within, in which threats to safety were anticipated.

Reciprocal unfolding of the relational experience

Within this subcategory, participants reflected on how the relational dynamics of the team could have reciprocal effects for YPs. This subcategory interconnected with '(re)formulating a shared identity', in that team cohesion operated as the 'glue' for harmonious staff relationships, which consequently created a more therapeutic home for YPs.

[FG] P18: I think people forget, this is the children's home, but as a professional, some might say it, some might not, but this is my home, these are my peers that I'm working with, I'm living with my colleagues, so we're all, it's all harmonious. For me, to have that team identity, it's leading to us being cohesive, if we're cohesive like a glue, those kids get the best

P16: It's like a marriage isn't it

P18: Yeah

P16: 'Cause we're all looking after the young people. If the marriage is bad, the home life is bad isn't it. That's how I see it.

The language used to describe relationships within the SCH was often reflective of a 'home' environment, with staff being 'parents' to the YPs. This use of language appeared communicate participants' appreciation of the importance of these relationships, and also provided an insight into how entwined and interconnected these relationships were within the 'home' environment.

> [CARP] P1: I am noticing when we have [CARP], that staff and young people know where we stand, 'cause when I'm working across other teams, the staff haven't got a clue what shift set up or structure is, and that's what sends the kids into turmoil

When staff experienced themselves as not cohesive, there was recognition that this would leave the YP in a place of "turmoil". Equally, when there was consistency between team members, participants reflected that they believed this would leave the YP feeling "safe".

> [CARP] P2: 'Cause the [YPs] know where they stand, they know what they're doing, they know the routine, and because as a team we are so consistent, they know what they can get away with and what they can't
>
> F: So what does that make the young people feel?
>
> P2: It makes 'em feel safe.

These reflective processes were linked with the 'mentalizing the experience of YPs' subcategory, but extended to recognise relational experiences as being both reciprocal and operating in parallel.

Building trust and feeling supported

Within this category, participants described perceiving trust and support between members of the team as integral to establishing team cohesion and a shared identity.

[FG] P18: Once you've got that trust in your team

P9: You've got the same aims

P18: They are the ingredients to make cohesion, they're the vital ingredients, if you don't have them vital ingredients there, you don't have cohesion in us as a team, they're the vital ingredients

Participants highlighted how the context of the SCH environment influenced the importance of participants feeling able to trust other team members and feel supported on shift. In part, the perceived function of CARP was to offer a facilitated space for honest conversations, to build trusting relationships within the teams.

[FG] P13: 'Cause when I go through there, I'm trusting you to support me, cause anything could happen, somebody could get stabbed, somebody could get kicked, somebody could punched, and it's happened…you have to support each other and have that trust within the team, that I trust you 100% that you'll have my back, that's with anything, if I'm in a restraint, somebodies got to take over you know, and that comes down as a team and as an individual member of staff, we need to have that honest conversation and this is the forum for it

Thus, it can be seen how the processes of establishing trust, feeling supported, and being cohesive appeared intrinsically linked; with CARP enabling these relational outcomes through encouraging honest and reflective dialogue between members of staff in the team.

Establishing exits and overcoming barriers

Within this category, participants negotiated establishing solutions as 'exits' to the issues discussed. Within this process, participants often vocalised thoughts around feeling that change was unsustainable or outside of their control.

> *[CARP] P11: It doesn't matter what we do here, as soon as [YP] goes out, they'll just rule [their parents] again*

To mitigate these 'snags' which prevented investment in potential change, the facilitator would often attempt to revisit the 'broadening awareness' process, to introduce ideas that could shift participants' perspectives.

> *[CARP] F: When you take all this away, has this kid changed and will it all be hunky dory? No, absolutely not. But what you have given them is an experience of some consistency and some containment and building some relationships, you know, they'll look back at [the SCH] as one of the best times in their life, I genuinely think that… [YP]'s said similar*

Many identified exits were accompanied by recognition that team leaders would need to scaffold the development of junior members of the team; illustrating that the process of 'scaffolding' extended beyond the session.

> *[CARP] P5: I know the areas of development for myself and my team, I know what they need to do better and I know what I need to do to get them there, but I just think, [participant name] is my big example, I can, I can, model to show them, I can watch them do it the next time, they see it happen differently, and it all unravels and goes back to where they were before*

Establishing change also required a continuation of consistent modelling across teams; to cement new ways of working into practice. From this, it can be seen that a further function of cohesion was to facilitate change as part of a system-wide process, rather than an isolated endeavour. This demonstrated how practice-based changes were seen as consistently underpinned by a relational process; creating change at any level, for staff members and YPs,

required cohesion in the system.

Findings from the HARP and GEM-RP

HARP

To assess whether the constructed categories were aligned to participants' perceptions of the helpful and/or unhelpful elements of CARP, the qualitative HARP responses were coded and, where appropriate, aligned to the constructed categories (Appendix L). A total of 28 HARP measure responses were obtained. All participants reported having experienced a 'helpful' or 'important' event within each CARP session; see Appendix M. One hindering event was reported; which was a 'high alarm', causing disruption. No new codes arose from the analysis of qualitative HARP data, indicating that saturation appeared to have been met.

Participants' quantitative scores of the 'helpfulness' of CARP were also analysed, to assess any differences between groups. The mean HARP score across all groups was 8.31 (*SD*=0.76), with 9 representing 'extremely helpful'. A Kruskal-Wallis one-way ANOVA indicated there were no significant differences between participants' sessional ratings of helpfulness ($H(7) = 10.75$, $p= .15$); suggesting there was similarity across sessions in relation to participant's reported helpfulness of CARP.

GEM-RP

Based on the initial categories constructed from the qualitative analysis, GEM-RP data was analysed to assess whether participants' reported team cohesion increased over time. Mean scores for each session have been presented; see Table 5 and Figure 4. Mean cohesiveness scores increased from session two (M=3.8), to session three (M=5.1). A Kruskal-Wallis one-way ANOVA indicated that changes in cohesion scores between session

two and three were statistically significant $(H(1) = 4.18, p = 0.04)$; suggesting that there was incremental effect between CARP attendance and team cohesiveness.
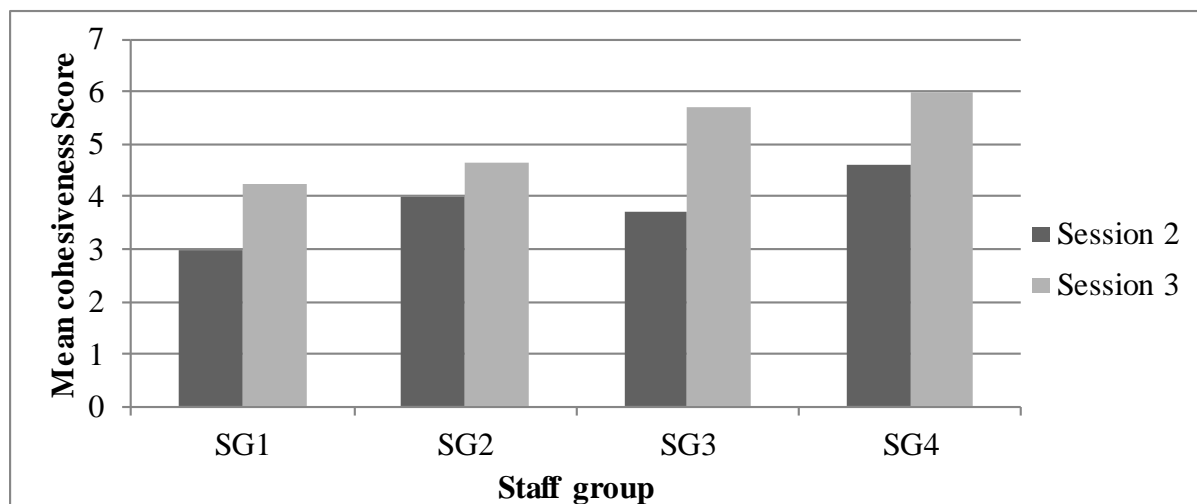
Table 5.

GEM-RP mean cohesion scores for each staff group

Staff Group	Number of Responses	Session 2: Mean GEM-RP score	Number of Responses	Session 3: Mean GEM-RP score
1	2	3	4	4.25
2	3	4	3	4.66
3	4	3.7	4	5.7
4	3	4.6	3	6
		$M = 3.8$ ($SD = 0.67$)		$M = 5.15$ ($SD = 0.83$)

Figure 4.

Mean cohesiveness scores for each CARP sessions across participants

The findings from the GEM-RP provide additional confirmation of the constructed GT model. In particular, the increase in group cohesion appears to corroborate the '(re)formulating a shared identify' as an integral CARP process and outcome for staff.

Discussion

The current research aimed to produce a GT model of CARP, to explore how CARP might facilitate reflective thinking and relational awareness in SCH staff. A substantive model outlining the processes, content and outcomes associated with CARP within the context of a SCH has been presented. The constructed model proposes a number of linear and reciprocal processes, occurring between the facilitator and CARP participants. The constructed main categories illustrate that through 'establishing a reflective space', staff members were able to engage in processes that widened their 'awareness of the self, other, and system', to 'change relational dynamics and establish exits'.

The processes identified within the presented GT of CARP might be best understood in terms of the zone of proximal development (ZPD) used within CAT (Ryle & Kerr, 2020; Vygotsky, 1978). A team's ZPD represents the difference between what a team is able to accomplish independently, compared to their potential ability with support and scaffolding from consultation; such as RP. Using this concept, the three GT categories can be seen as the participants and facilitator engaging in reciprocal processes to scaffold their understanding via experiential learning and widen their ZPD; to change their approach to working with YPs. This process of collective scaffolding within CARP can also be used to understand the importance of 'trust', 'support' and 'cohesion' for staff teams. As these elements appear to provide integral supporting pillars for the scaffolding process, allowing participants to feel supported to work outside of their 'comfort zone', but not become 'overwhelmed'.

The embedded relational processes identified within the presented GT model of CARP demonstrate a clear point of difference to other models of RP. Unlike other frameworks, such as Kolb (1984) and Gibbs (1988), which focus on internal processes that can occur independently of others, the proposed GT model of CARP recognises that the

reflective process is facilitated by, and occurs in relation to, the 'other'. In this light, the proposed GT of CARP extends beyond the predominant models of RP, to highlight the influence of relational processes within RP.

The reported findings also expand upon previous research investigating indirect CAT with staff in mental health contexts, which have reported increased cohesion within staff teams (Caruso et al., 2013; Doyle et al., 2019; Kellett et al., 2014; Thompson et al., 2008). Using a bottom-up and data-driven approach, the direct analysis of CARP content within the current study has indicated that establishing cohesion was indeed an integral process within the sessions. The constructed GT model provides an outline of the underlying processes involved in the facilitation of enhanced cohesion and an insight in to how this might impact on the delivery of care to YPs in SCHs, through parallel processes of reciprocal interaction.

The current research did not explicitly seek to establish whether CARP meets the SECURE STAIRS aims. However, the applications of the current findings are evidently pertinent to its national implementation across the CYPSE. Table 6, represents an overview of the 'SECURE' components and considers how the constructed GT can be applied. From this, it can be seen that the findings indicate a number of the SECURE components appear to be met.

Table 6.

GT findings aligned to SECURE components of SECURE STAIRS

	SECURE Components	Elements of the GT model of CARP
S	Staff with skill sets appropriate to the interventions needed	• Limited evidence to ascertain this component.
E	Emotionally resilient staff	• Within the 'broadening awareness' category, exploration of emotional reactions to the work was facilitated and encouraged by the facilitator. • This was recognized as an area that was typically neglected by staff, outside of the CARP session.
C	Cared for staff: supervision and support	• Within the 'trust and support' sub-category, findings indicated that CARP was experienced as more supportive and open than other forms of supervision.
U	Understanding across the establishment of child development, attachment, trauma and other key theories	• Within the 'mentalizing the experience of YPs' sub-category, staff engaged in a process of formulating YP's presentation, often in relation to knowledge YP's personal histories • CAT theory relating to attachment and trauma experiences were often added to these reflections by the facilitator; within the 'summarising and scaffolding' sub-category.
R	Reflective system: able to consider impact of trauma at all levels	• Participants reported that CARP provided a space to reflect on many relational layers, as indicated by the GT model.
E	"Every Interaction Matters" – a whole system approach	• The 'changing relational dynamics' subcategory reflects how CARP appears to have enabled staff to reflect on the relationship as the foundation for change.

Limitations

The use of focus groups enabled member-checking and deeper exploration of participant's experiences of CARP sessions. However, all focus groups were conducted directly following participants' attendance at a CARP session, which may have primed participant's reflections. However, data collected via the HARP measure suggested that there were not significant differences between groups in terms of the helpfulness of the sessions, which offers reassurance that any selective bias will not have resulted in unhelpful elements of the sessions being overlooked.

The use of focus groups, as opposed to individual interviews, may have placed limitations on the data through limiting the narratives that were shared. Focus groups can lead to more normative discourses, in which conflicting or contentious positions are unlikely to be expressed (Smithson, 2000). Furthermore, vocalised discourses can also be determined by more dominant voices within the group (Smithson, 2000). The researcher attempted to remain sensitive to this potential limitation through the use of memos, which were considered when constructing the GT model.

The current study analysed data relating to CARP sessions conducted within one SCH in England, which places potential limitations upon the transferability and generalisability of the findings. However, to the researcher's knowledge, the implementation of CARP is not currently occurring within other SCH's; meaning that further sampling would not have been possible.

Practice implications

In line with SECURE STAIRS, CARP appears a suitable framework for addressing the 'SECURE' components of the framework. SCHs that are currently mandated to work in

accordance with SECURE STAIRS should consider the implementation of CARP as an approach to support staff to meet the 'SECURE' aims; particularly given the absence of other evidenced psychologically-informed RP approaches.

This research introduces a novel and clear outline of the processes involved in CARP sessions, including facilitator processes, reflective practices, and group dynamics. There is now a model in which to base practice recommendations around the facilitation and implementation of CARP specifically within secure settings, but with possible applicability in a range of contexts. This model may also support facilitators and supervisors to consider whether RP sessions demonstrate fidelity to CAT using this established model of CARP.

Research implications

Within CARP sessions, the experience of YPs within the SCH was often alluded to, in terms of the hypothesised impact of staff practice. Future research should seek to explore the experience of YPs, to assess whether YPs experience changes in staff practice following CARP. Practice-based quantitative research investigating the impact of CARP on YP outcomes would also be beneficial. Future methodologies would benefit from using mixed methods and certainly using longitudinal approaches. Being able to access and analyse staff-YP conversations pre and post CARP would be a good test of the impact of the group process.

To corroborate and establish the transferability of the current findings, future research could benefit from using the presented GT to guide semi-structured interviews with staff attending CARP within other SCH settings. Using individual interviews would potentially permit less dominant and non-normative narratives regarding CARP experiences to be heard.

Conclusion

Given the absence of any frameworks or theoretical models for CAT-informed RP groups within the research literature to date, this research has met a key objective and offered a unique contribution to the evidence-base. The constructed GT model of CARP illustrates the reciprocal and relational nature of RP, which extends beyond the dominant, individual-focused RP models. From these findings, CARP appears to offer a psychologically-informed method of RP which can enhance team cohesion and widen relational awareness; to recognise how reciprocal processes occur between staff, YPs and wider systems. This appears to meet key objectives from the SECURE STAIRS framework and further research should be done in this area to directly explore the impact of CARP on the care experienced by YPs in SCHs.

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> Publications.

Appendix A

Amended CCAT for RP with CARP Ratings

CCAT Domain	Relevance for CARP	CARP4 Present/ Observed	CARP6 Present/ Observed
Phase specific therapeutic tasks	• A potential area of focus is identified with group members without premature focusing or imposition of the facilitators own agenda	Yes	Yes
Theory practice links	• The facilitator is noticing and taking opportunities to use the CAT model to structure sessions and conceptualise CARP group member's experiences. Simply, is CAT guiding this work?	Yes	Yes
	• The facilitator uses CAT theory to conceptualise the dynamics in the facilitator/group relationship	Not observed	Not observed
CAT specific tools and techniques	• The facilitator encourages CARP attendees understanding and application of relevant CAT tools and techniques to aid reflective processes (i.e. the boundary seesaw, use of reciprocal roles to guide interactions)	Yes	Yes
External framework	• The facilitator effectively establishes and maintains a containing frame for CARP sessions and observes boundaries within the professional relationship	Yes	Yes
	• Are there parallel processes in the facilitator/group relationship that mirror the therapeutic relationship with the client in terms of boundary violation or enmeshment? If present, these appear to be recognised and worked with.	Not observed	Not observed

Common factors	• The facilitator establishes and maintains relationships with CARP attendees that include warmth, supportiveness, and attentiveness to the challenges of the work and continued personal development	Yes	Yes
Respect, collaboration and mutuality	• Mutuality is evident in the CARP group, in relation to how the facilitator shares and develops the use of CAT tools	Yes	Yes
	• Reflecting together in the CARP session feels like an authentic, joint learning encounter and reflects a genuine shared purpose and sense of teamwork	Yes	Yes
Assimilation of warded off emotions and problematic states	• The CARP facilitator encourages, contains, conceptualises and assimilates the CARP attendees experience of their work and the reflective practice process	Yes	Yes
Making links and hypotheses	• The facilitator enables CARP attendees to see their relational ZPD both within and across their therapeutic relationships, so that they can become more aware of unhelpful procedures with clients and peers	Yes	Not observed
	• The facilitator helps CARP attendees to see any parallel processes between the position they find themselves in with the client, their peers and the position they find themselves in during CARP sessions	Not observed	Not observed
Identifying and managing threats to the therapeutic alliance	• The facilitator uses the model so that they are alive to identifying, and then exploring reciprocal role enactments within CARP sessions, that represent threats to the CARP attendee's learning/development, pose a threat to the facilitator/group alliance or are an important opportunity for developing awareness	Not observed	Not observed

Awareness and management of own reactions/emotions	• The CARP facilitator and CARP attendees reflect on and manage their emotional state during CARP sessions and use this information to inform the process of reflective practice	Yes	Not observed

Appendix B

CAT Terminology Search Terms for NVIVO

CAT OR "reciprocal role" OR reciprocal OR relational OR enactment OR pattern OR

sequence OR attachment OR state OR "state switch" OR switch OR map OR "zone of

proximal development" OR "ZPD" OR "boundary seesaw" OR boundary OR boundaries OR

"controller" OR "pacifier" OR role OR relationship OR controller OR pacifier OR negotiator

OR transference OR countertransference OR reformulation OR recognition OR revision OR

exit

Appendix C

Invitation to Participate and Information Sheet

Cognitive Analytic Reflective Practice Groups (CARP) and Its Relationship to Changing Staff Practice: A Grounded Theory Study

Dear staff member,

As part of my Doctorate of Clinical Psychology at the University of Sheffield, I am carrying out the above piece of research. The study is interested in exploring processes which occur during reflective practice groups informed by a cognitive analytic therapy (CAT). As a staff member within the service, I am contacting you as you have previously given permission for the recordings of the CAT reflective practice sessions which you have attended to be used for the purpose of potential research.

The recordings of the reflective practice groups will be kept confidential and participants within the groups will be assigned codes to ensure personal information is not revealed during the analysis of the responses.

As part of the research, I shall also be looking to conduct semi-structured interviews exploring staff experiences of engaging within the reflective practice groups. This shall involve engaging in a telephone interview with myself, which is expected to last for 45-60 minutes.

There is no compensation for participating in this study. However, your participation will contribute to developing understanding about the processes which occur within CAT informed reflective practice sessions.

Before you decide whether or not to consent to your data being used as part of this study, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish.

If you are willing for your data to be used for the purpose of this study, please complete the attached consent form and send your contact information to the email address below. If you have any questions, please do not hesitate to ask.

Thank you,

 Sasha Priddy

Trainee Clinical Psychologist, Sheffield University, spriddy1@sheffield.ac.uk

Appendix C

Participant Information Sheet

What is the title of the project?

Cognitive Analytic Reflective Practice Groups (CARP) and Its Relationship to Changing Staff Practice: A Grounded Theory Study

What is the purpose of the study?

The study aims to develop an understanding of the application of Cognitive Analytic Therapy (CAT) to staff reflective practice groups within secure children's settings. The study will analyse anonymised group transcripts and semi-structured interviews with the aim of understanding how CARP enables reflective practice and influences your practice.

Why have I been invited?

There is growing research to suggest that the indirect use of CAT is beneficial for staff working in mental health settings (Carradice, 2014). However, there is currently no research that investigates how CAT is implemented to facilitate reflective thinking within staff teams. Reflective practice and relationally informed professional practice have been increasingly prioritized as key aspects of personal and professional development (PPD) for staff working in secure settings. As a staff member who has engaged in CARP groups, you have been invited to take part in this study, so that your anonymized contributions to the reflective groups can be used to inform our understanding of the processes that occur within these sessions. We may also invite you to engage in a semi-structured interview, as part of the research process; the purpose of this will be to develop a better understanding of your experience of CARP.

Do I have to take part?

Your participation in this study is voluntary; you also have the right to withdraw up to one month after initial consent.

What will happen if I take part?

As the data has already been collected as part of the standard delivery of the service, the only additional information we will ask you to provide is demographic information; which is intended to provide context to the researcher when interpreting the data. If you decide to take part in the study, you will be consenting to the researcher transcribing and analysing the content of the CARP groups in order to address the research questions. The sessional rating scales (which were completed at the end of each reflective group), and the 'staff burnout'

questionnaire (which was completed prior to, and one-year after, the CARP sessions commencing) will also be used to contextualize the data analysis. This will remain anonymous, in order to not to identify you or your team specifically.

The researcher shall also be conducting semi-structured interviews or focus groups with CARP group attendees. Should you wish to participate in this part of the study, please indicate this within the consent form. We shall then contact you in order to arrange the interview and confirm verbal consent; to ascertain whether you still wish to participate in this aspect of the research.

Once the data analysis has been completed, we hope to invite participants to attend a focus group. The purpose of this session will be to inform you of the outcome of the data analysis and ask for your reflections on the findings. This will be recorded so the researcher can consider your reflections in relation to developing a deeper understanding of the data.

Are there any circumstances where the data I provide won't be included in the research?

Due to the nature of the audio recordings, we will need consent from all participants within the group in order to analyze the audio recording of the CARP sessions; therefore, your contributions to the CARP sessions will only be used for the purpose of this study if we obtain consent from all group members. However, If you have chosen to participate, the anonymized data you contribute via CARP feedback questionnaires will still be included in the research.

What are the benefits of taking part?

Being part of the study will hopefully provide an opportunity for you to further your awareness of the research processes, with specific relevance to your place of work. The information that you provide will contribute to a written thesis regarding the use of CAT within reflective practice. This may then be used to consider future implications for practice and improve the delivery of CAT within secure settings and potentially add to the wider research on reflective practice.

How will the audio recordings be used?

The audio recordings of your activities made during this research will be used only for transcription; they will not be used in the raw form after transcription has occurred. Anonymised excerpts of the transcripts will be used for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings

Will all the information be kept confidential?

Any information provided by you will remain strictly confidential and will only be accessible to members of the research team. You will not be able to be identified in any reports or

publications. The interview recordings will be stored on an encrypted device and placed into an encrypted file on a secure computer at the University of Sheffield. As soon as is possible, the interview transcripts will be coded to remove any identifiable information. The questionnaire information will also be coded and the information will remain confidential. All personally identifiable information will be anonymised and removed. Copies of the audio files utilized for the project will be destroyed and deleted once analysed.

What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice: https://www.sheffield.ac.uk/govern/data-protection/privacy/general

Will I receive any reimbursement of expenses for taking part in this research?

There will be no monetary reimbursement for you taking part in this study.

What will happen to the data collected, and the results of the study?

All data will be kept anonymously; transcribed data shall only accessible by the primary researcher and their supervisors. The results of the study will be written up for submission to the University of Sheffield as a Doctorate of Clinical Psychology thesis. Thereafter, we hope that these findings will be disseminated to relevant publications and conferences, in order to inform clinical practice.

Outside of the purpose of this project, an original copy of the anonymised audio recordings shall be securely stored by the CARP facilitator. Should the CARP facilitator wish to use these recordings for any purpose outside of this research, your consent shall be sought.

Who is the data controller?

The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

Who has approved this research?

The ethics of this research has been reviewed and approved by local authority's Research Governance Framework (RGF) and the University of Sheffield.

What if I wish to complain about the way the study has been carried out?

If you would like to make a complaint about this project, in the first instance you should contact the lead researcher (Sasha Priddy). If you do not feel satisfied that your complaint has been dealt with appropriately you can contact the lead researcher's supervisor (Dr Shona Goodall, s.goodall@sheffield.ac.uk). If you feel that your complaint has not been handled to your satisfaction following this, you can contact. Prof Glenn Waller, Head of Department at

g.waller@sheffield.ac.uk or Dr. Thomas Webb, chair of the Department Ethics Subcommittee on t.webb@sheffield.ac.uk

Can I withdraw at any time?

You are able to withdraw from the research up to one month after initial consent is provided; this is due to timescales relating to the analysis and write-up of the results, it will not be possible to remove your data after this point.

Contact Information

This research is being conducted by Sasha Priddy, Trainee Clinical Psychologist. This research will be used to write a thesis which fulfils part of their doctoral training. If you have any questions about the research, you can leave a telephone message with the Research Support Officer on: 0114 222 6650 and they will ask Sasha to contact you.

References

Carradice, A., (2004). Applying Cognitive Analytic Therapy to Guide Indirect Working. *Reformulation*, *23*, 18-23.

Appendix D

Participant Consent Form

Cognitive Analytic Reflective Practice Groups (CARP) and Its Relationship to Changing Staff Practice: A Grounded Theory Study

Participant Consent Form

Please tick the appropriate boxes	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated August 2019; or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	☐	☐
I have been given the opportunity to ask questions about the project.	☐	☐
I agree to take part in the project. I understand that taking part in the project will include audio recordings and any data collected via the 'reflective feedback questionnaires', 'demographic questionnaire' and 'staff burnout' measure being analysed as part of the research.	☐	☐
I consent to participating in a semi-structured interview or focus group with the researcher; which shall focus on my experiences of the CARP groups.	☐	☐
I understand that my taking part is voluntary and that I can withdraw from the study up to one month after I provide initial consent; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.	☐	☐
How my information will be used during and after the project		
I understand any of my personal details collected as part of the research will not be revealed to people outside the project.	☐	☐
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs.	☐	☐
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	☐	☐

Name of participant [printed]   **Signature**   **Date**

Name of Researcher: **Signature**   **Date**

Sasha Priddy, Trainee Clinical
Psychologist

Project contact details for further information:

If you would like further information, please contact lead researcher (Sasha Priddy, spriddy1@sheffield.ac.uk). If you wish to complain about the project, you can contact. Prof Glenn Waller, Head of Department at g.waller@sheffield.ac.uk or Dr. Thomas Webb, chair of the Department Ethics Subcommittee on t.webb@sheffield.ac.uk.

Appendix E

Ethical Approval from University of Sheffield Ethics Committee

The University Of Sheffield.

Downloaded: 17/11/2020
Approved: 17/03/2020

Sasha Priddy
Registration number: 180157033
Psychology
Programme: Doctorate of Clinical Psychology

Dear Sasha

PROJECT TITLE: Cognitive Analytic Reflective Practice Groups (CARP) and Its Relationship to Changing Staff Practice: A Grounded Theory Study
APPLICATION: Reference Number 032422

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 17/03/2020 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 032422 (form submission date: 19/02/2020); (expected project end date: 01/05/2021).
- Participant information sheet 1075885 version 1 (19/02/2020).
- Participant consent form 1074280 version 1 (01/01/2020).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Thomas Webb
Ethics Administrator
Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy:
  https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure
- The project must abide by the University's Good Research & Innovation Practices Policy:
  https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix F

Research Approval from Local Authority and SCH service

CHILDREN, YOUNG PEOPLE AND FAMILIES
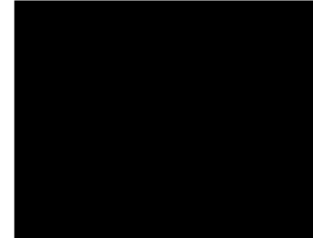
21.05.2021

Re: Research Approval

Project title: Cognitive Analytic Reflective Practice (CARP): A Grounded Theory Study
Researcher: Sasha Priddy (University of Sheffield)
Primary research supervisor: Shona Goodall (University of Sheffield)

On behalf of the local authority and ██████████████████████████ service, I can confirm that the above named project was reviewed and granted approval on ethical grounds. I am aware that the project has also been reviewed and approved by the University of Sheffield's ethics panel (Ref: 032422). This approval has been granted on the basis of the application presented to the local authority and the indemnity insurance documentation that has been provided by the University of Sheffield.

Yours sincerely,

Service Manager – ████████████████████████
On behalf of ██████████████████████ Local Authority

Appendix G

Semi-structured Interview Questions Informed by GT Categories

Main areas	Questions and further prompts
	Yellow = Added within second focus group, based on analysis of first focus group
	Green = Added within third focus group, based on analysis of focus group one and two
Experience of CARP	Can you tell me a little bit about your experience of engaging in the reflective practice group (RPG) at [the SCH]?
	• *Prompt: how would you summarize the overall experience?*
	What does reflective practice mean to you?
	Has anyone engaged in reflective practice before?
	• **Follow up:** Did you notice any differences between your previous experience and the reflective practice groups at [the SCH]?
	• **Follow up:** What impact do you think these differences had?
	What, if anything, did you value about engaging in the reflective practice groups?
	Can you tell me about what factors, if any, influenced your ability to use the group space to reflect?
Personal and professional development	How, if at all, do you think that taking part in the RPG influenced your professional development?
	• *Prompt: in relation to your understanding of the job or your practice?*
	• **Follow up:** What happened within the RPG to enable this development?
	• **Follow up:** Did you experience anything that inhibited your professional development?
	How, if at all, do you think that taking part in the RPG influenced your personal development?

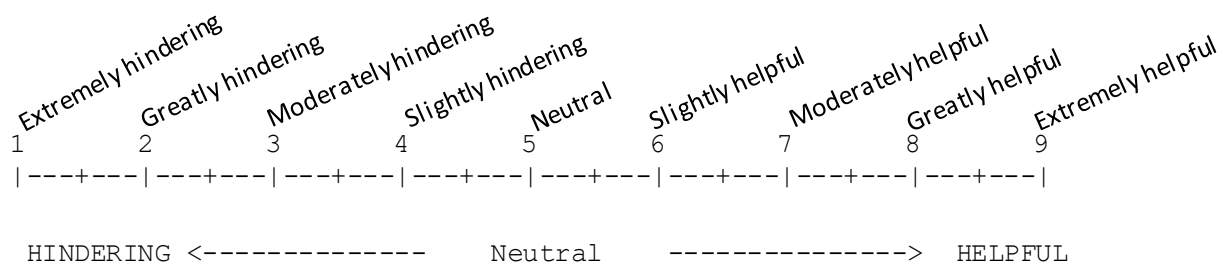|	
	Prompt: *in relation to understanding yourself, your emotional reactions, managing your wellbeing?* **Follow up:** What happened within the RPG to enable this development? **Follow up:** Did you experience anything that interfered or inhibited your professional development?
Impact of CARP on practice	In what ways, if any, has CARP influenced the ways in which you engage with your work within the secure children's home? **Follow up:** Can you describe anything that happened within the RPGs, which facilitated these changes?
Identity	What has it been like to come together to share the RP space? How, if at all, do you think that taking part in the RPG influenced your understanding of your role within the team? How, if at all, do you think that taking part in the RPG influenced your identity as a team? **Follow up:** What, if any, ideas or tools did the facilitator bring that influenced this?
Wider context	How, if at all, do you think engaging in the groups influenced your awareness of relational dynamics within the SCH? How, if at all, do you think engaging in the groups influenced your awareness of how the SCH 'system' influences your practice?
Ending questions	In what ways, if any, has the COVID-19 pandemic influenced your experience of taking part in the RPG? Is there anything else you feel that I should know in order to understand your experience of engaging in CARP sessions whilst working within a secure children's home?

APPENDIX H

HARP Measure

Reflective Feedback Questionnaire

1.   Of the events which occurred in this reflective practice session, which one do you feel was the most **helpful** or **important** for you personally? (By "event" we mean something that happened in the group session. It might be something you said or did, or something your facilitator said or did or something a colleague said or did)

2.   Please describe what made this event helpful/important and what you got out of it.

3.   How helpful was this particular event? Rate it on the following scale. (Put an "X" at the appropriate point; half-point ratings are OK; e.g., 7.5.)

```
Extremely hindering  Greatly hindering  Moderately hindering  Slightly hindering  Neutral  Slightly helpful  Moderately helpful  Greatly helpful  Extremely helpful
        1                2                    3                    4              5           6              7                  8              9
       |---+---|---+---|---+---|---+---|---+---|---+---|---+---|---+---|

        HINDERING <------------    Neutral    -------------> HELPFUL
```

4.   Did anything happen during the reflective practice which might have been **hindering**?
        YES ☐
        NO ☐

        (a). If yes, please rate how hindering the event was: ☐ 1. Extremely hindering

                                                                   ☐ 2. Greatly hindering

                                                                   ☐ 3. Moderately hindering

                                                                   ☐ 4. Slightly hindering

        (b). Please describe this event:
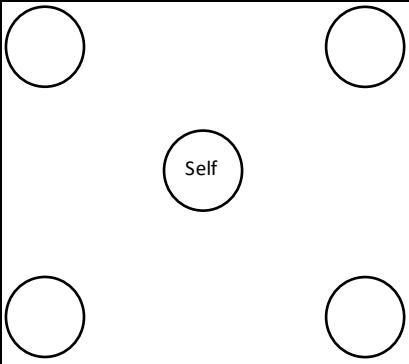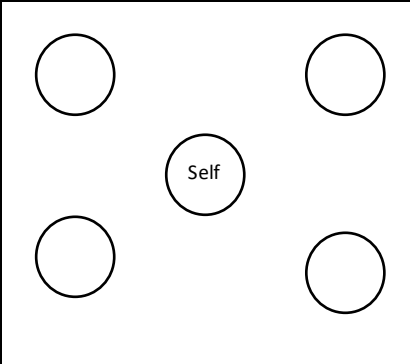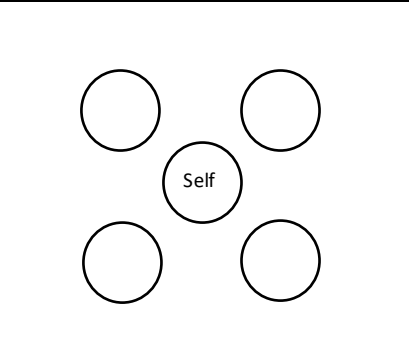
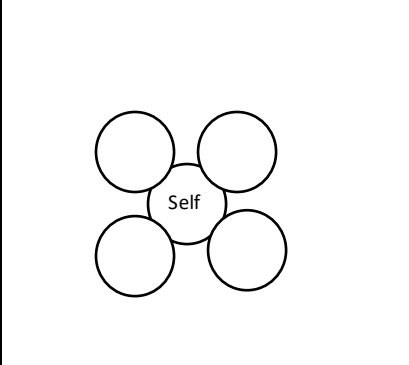   (c) What would need to change to make this less hindering?

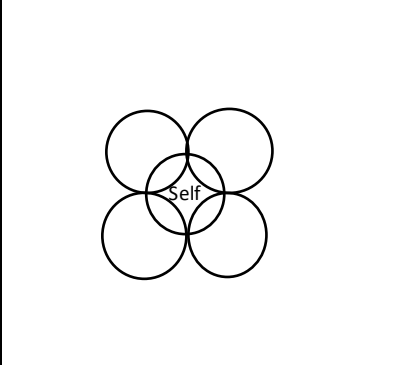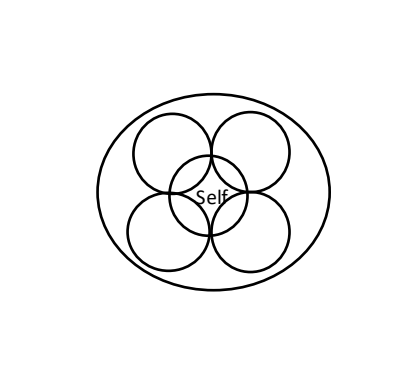**Appendix I**

GEM-RP Measure

Reflective Feedback Questionnaire

Below are six diagrams. Each diagram contains five circles that move increasingly closer to one another. The **centre circle represents yourself** and the **four surrounding circles represent your fellow group members**.

Please circle the number of the diagram (1– 6) that **best represents your perception of the reflective practice group**. Do not worry if the number of circles does not match the number of members in your reflective practice group.

Thank you for your feedback – all your responses shall remain anonymous

Appendix J

Data trail for Memos and Associated Transcript Extracts

CARP Session	Transcript extract	Associated memo
RP5	*p2: I'll go with brigadier, whatever he says* *RP1*	Interesting use of language – "brigadier" an officer in the British army commanding a brigade and ranking immediately below a major general. Seems to communicate awareness of ranking and willing participation in submitting to authority. Also seems to be used to indicate respect for the team leader?
	P13: I think adding on to what these to have said, it's really important that we hold the fort together, we pull each other, not only just supporting each other, it's about challenging each other on a daily basis *RP4*	Use of language "holding the fort" - more reference to military/fighting metaphors. Interesting use of it here, that "holding the fort", supporting and therefore feeling together isn't just about supporting each other without question. It is also about "challenging each other" - this feels healthier than unconditional cohesion.
	p8: I think it's, I think since the, I get close to that side... the more change over there is in terms of like, the group, like, the cycle of kids coming in and out, erm... I can remember at one point when I felt fairly new, just sat on the corridor being fuckin totally abused by a couple of the young people verbally *f: Yeah, so not knowing, in terms of how to put that in*	This insight seems to recognise that feeling like the "new" member and staff to the group of young people can influence where staff place the boundaries. Here the staff member seems to be saying they are closer to the "pacifier side" on the boundary seesaw, and they recall being "abused" by the young people. This has made me wonder around about the way in which staff perceptions of how the young people see them also influences the "togetherness" they within their team and within their role.

	p8: Yeah, yeah, erm...	
	f: And they'll step that up as well	
	p8: Yeah	
	f:To test where you are	
	RP3	
	p7: Yeah, but it's probably always going to be 'ent it, so then you just have to take it on yourself, and that, that, this is my	Participants discussing how they will not mould to fit with other teams when they work across the service. This seems to have interesting implications for cohesion and demonstrates where the cohesion is most desired (i.e. within-team, rather than between-team).
	p8: Take on it	
	p7: Take on it, so then if you come somewhere else and it don't, and maybe that's not there, just don't even ask the fucking question, just like, "no you can't and it's as simple as that", and then if	
	f: You mean don't, so say if [participant] is on [participants] team and a young person asks for orange juice and you just say "no, that's, that's not a thing", rather than going to the team leader to ask	
	RP3	

	f: A bit of both, yeah, and have you noticed that P7, in terms of P8? *p7: Yes, yeah, I think it's pretty natural thing, like, erm, when we've had a big change over in terms of kids and stuff, its and opportunity 'ent it, to bring yourself back to where you* *f: Want to be* *p7: Want to be* *f: Yeah* *RP3*	Young people also seem to be part of the pulls to mould or resist. Changes in the cohort of young people offer an opportunity to reshape oneself and return to "where you want to be".
	p2: Yeah, he looks after his staff, they look after the young people *f: Yeah yeah* *p2: He's consistent and he means what he says and he says what he means*	Interesting illustration of reciprocal roles, seems to speak to the idea that the relationship between team leader and the staff team is 'internalised' by staff, so that it can then be enacted with the young people (other-to-self, then, self-to-other).
	p2: They know where they stand, you know its p1's shift, you know who's on p1's team, if you're messing with one you're messing with the lot, do you know what I mean *RP1*	YP's experiencing the team as consistent seems to be underlying the statement "they [YP's] know where they stand" – in turn, does this reinforce staff's feelings of togetherness "if you're messing with one of us, you're messing with us all". So the experience of consistency is containing for both YP's and staff team? Also noticing some indication of fear/feelings of hostility in the terms "messing with".

	P19:As my team leader colleagues know, it's about the consistency, and obviously I am an experienced team leader cause that was me role, so my aim is to get them to where we are really consistent and we're taking all the good points from each other's teams and you know *RP7*	Emphasising that consistency appears to be an overarching aim, across teams, and held by the service.
	P7: But I, my experience was [staff member] come in and I was just told, I can't remember, who was it, you're leading the shift and I can remember thinking, "fucking hell" like… *F: And it can be a really valuable learning experience like that, and it is sink or swim stuff isn't it, but some can do it better than others and I think-* *RP7*	"Sink or swim" – seems to be returning to the idea that the context is one in which you will either survive or perish.
	P19: you cannot build the relationship with young people on false pretences on sand, so for me, if I'm going to have the issue with the young person, well so be, I'm having this issue with the young person, but the local authority does not employ me for them to take care of my needs and support me, you know, and you know me [facilitators name], and you've known me a lot of years and that sounds hard and harsh, but its fact, it is not	This feels at odds with the ideas shared within a previous group [ ], that the staff need to feel looked after by the service, in order to provide care for the looked after children. Recognition here that sometimes putting in boundaries is personally challenging – seems to be suggesting that being "softly, softly" doesn't create a solid foundation with young people.

	fiction, its facts, they employ me to provide a service for these young people and were a national service as well	
	F: It's a big responsibility isn't it	
	P19: It is, as much as I want to sometimes, what's the word, take a bit of a tender kind of approach sometimes…softly, softly, and it is in me, but for me, it's like building something on sand, and I'm all about the solid foundation, because that's where the attitudinal change comes in with a young person	
	RP7	
	P1: because we are corporate parents, and cooperate parent is leaving, and it does hit 'em hard *RP7*	Language of "corporate parent" feels like an interesting dialectic. A very close, dependent relationship [parent] combined with a business relationship. I wonder how this is experienced by staff? Is this dialectic possible? Is it challenging? Awareness here that staff leaving the YP's "hits 'em hard" – seems to recognise that staff are more than just "staff"
	P20: So what's the team leaders job, somebody tell me what the team leaders job is *P5: To role model* *P20: Yea* *P1: To, well, manage the team, manage the*	The primary role of the team leader is being explicitly communicated here – which is to turn the RSW's into the team leader; to mould them, in the image of the team leader. This gives some insight into where the need to mould might come from? It also indicates that this is seen as the gateway to consistency.

	shift, set the shift out, to lead your team and delivering *P20: [Staff name] going to go through* *P21: The team leader's job? To manage staff and hold people accountable* *P20: So, I obviously don't say this, so I'm going to start saying it more, the team leaders job is to turn the five RSW's under them, into them, that's the team leaders job, your job is to develop those, you're a leader and a manager, so one of you're main things, the biggest thing I trust you with is five people, so I give you resources, staff, but you're job is to turn those five people you manage on your team, which will be six people from next year when we grow, into you. Now you're frustrated because you haven't got consistency, but you'll not get the consistency until you turn them into you.* *RP7*	
	P2: Sometimes I think it is a bit much and then it falls down, and young people see it, because you're body language, you're negativity, that's projecting into the atmosphere and staff morale become low, and I don't want to be here... I could come, but I'd have to do that, so...	There seems to be some identification here of the organisational factors that can lead staff to feeling as though they can't contain the workload, due to issues with staffing, which has a "snowball" effect. The impact of the snowball effect isn't explicitly stated, but the implicit indication seems to be that young people might feel the "low morale" that's "projected" into the atmosphere

	f: You don't take on the extra stuff, yeah yeah, yeah, knock on isn't it? *p2: Knock, knock, knock, snowball, domino whatever you want to say, ten pin bowling* *[Laughter]* *p1: But that's why we struggle with staff containment, due to the times we get finished* *RP5*	
	p1: It's like one of them perceptual motion ball machines, it's like watching that in my head all the time, it's like banging your head against a brick wall *RP5*	Participant is discussing the impact of challenges with staffing levels on the team. The sense that this is never ending (i.e. perceptual motion ball machine) and attempts to take action are futile (banging head against a wall)
	P13: I mean it's going to be challenging no matter what, but so long as we're sticking together, there's a lot of development in the team *RP4*	This seems to communicate the idea that being "together" as a team is also the foundation on which development can occur. This impact of "sticking together" on the team's ability to feel it can develop hasn't been discussed before.
	P4: Can I ask a question? *F: Of course you can* *p4: Is it team stability that stops you from taking the leave?*	The participant initiating this interaction by asking if they can ask a question seems to indicate that they thought it might be a difficult/contentious question. The response from p1 felt as though it caused some tension in the

	P1: How'd you mean? *P4: That if you're not there to stabalise the team it worries you.* *P1: They can do it without me, I'm fine with that* *F: But picking up on wat you were saying dolce, I wonder if you as a team, you've got such a strong-* *P4: I'm not saying it were anything bad* *F: You've got such a strong unit that you, it sounds like you-* *P2: If he's off, I know you and me are going to be alright* *RP3*	conversation, which was noticed by p4. The interjection from p2 seems protective, to confirm that p1 has a "strong" team, that can't be destabilised. The question from p4 seemed to implicitly suggest that they see instability within the team, which may have been experienced as a threat/criticism; based on the response. This could also connect to comments made by participants about how taking annual leave, or not being on shift, can cause disruption for the young people. It seems that staff dismiss that they could also experience disruption from temporary breaks in attachment?
	P6: That you can be kinda positive because, you know, if you have a set amount of staff, then you're doing this, they're doing that, it just functions in, it's a well oil machine, and then when the main cogs come away, it stops and it start, and stops, and it starts and stops *RP2*	Use of language: Reference again to the system as a "machine", which is made up of many "cogs"- this seems to be a well-used metaphor between staff. The likening of the service to a machine, as opposed to something else, could also reflect inferences about the accepted identity of their role as staff members. The notion of things "stopping and starting" when the staff team is inconsistent also seems to resonate with another quote from a group talking about whether staff taking leave causes anxiety about team instability; the instability caused by "stopping and starting".
	P19: And that's not to put pressure on you [staff member], or [staff member] or [staff member], erm, but if we model it, yeah, as managers, then people below us, yeah, there is no hiding place, and that's where I want to get to, that's where, we can't, er, I've lost,	The concept of "no hiding places" seems to reflect the security embedded within a secure children's home, where surveillance is part of the environment (e.g. cameras in every room). This statement possibly indicates the expectation that staff should be under the same level of surveillance as the young people. However, this also brings in to question how people establish 'trust' when there is an environment that

	I don't want people to have any hiding places *P3: It's about making people accountable 'ent it* *P19: That's right* *F: Yeah the responsibility* *P20: Exactly that. Responsibility, word integrity just comes out, you know, here, you're not in a kindergarten you're not in school, you're not in a crèche, you're a local government officer, you know, you work and serve the people of [local area]* *RP7*	communicates that 'we want you to have nowhere to hide'; which seems to imply distrust. Further note on language here: to 'serve' the people, possibly reminiscent of 'serving for your country'.
	F: I think you're never gonna get [staff name] there all the time, because like you say, they're naturally more that way aren't they, and they prefer to be liked and *P19: Saviour* *F: Yep, so they're, they're gonna naturally go there, but your aim is to get them into a place where you can manage that within a team, because you're always gonna get some people within your team that are a little bit more passive and a little bit more, you know, but actually they can do a really*	Use of CAT tools (i.e. boundary seesaw) to scaffold thinking of the group here. Facilitator appears to be broadening awareness around what could be considered 'helpful' aspects of difference (i.e. some staff might be more towards the pacifier side of the seesaw, and this could be helpful, until it causes clear problems).

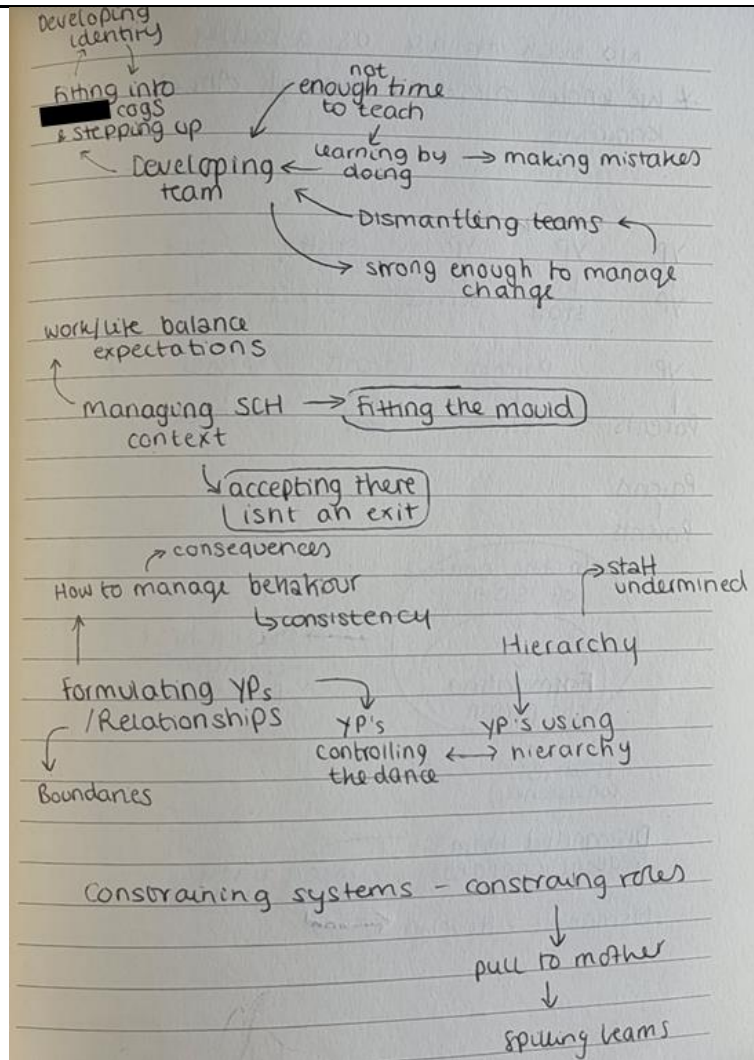|		
	good job in the nurturing side or, you know, but it's recognising for them, actually this is unhelpful, when you do it that way, actually that doesn't help our team *RP7*	
	F: Yeah, I think its recognising the impact as well, the impact on a team is massive, if you've got somebody that's doing that because it really does cause, it causes splits, it causes divides, it, it really does separate the team up doesn't it, erm, so I think sometimes recognising, actually "because you've done this with x you know, this has meant that now, it's made our relationship more difficult", "it's made, its created another issue here", its, it's sort of that erm, how do, how do you do that in terms of in supervision? *P19: It's a pebble in a pond innit, it's the ripple innit, the pebble in the pond, it's the ripple* *RP7*	Participants talking about the impact of inconsistency on the system being like a "pebble in a pond", sending out ripples. This seems to speak to the hope that consistency will create stillness/peace within the service, whereas inconsistency causes ripples; which also draws my attention to inconsistency being described as causing "turmoil" by another participant.
	P3: so long as you have the fundamentals, which is a good trait of our team, we've got everything, of what we need to do, we dot the I, cross the t, know what we're doing, so her way of dealing with that young person, I'm not going to be able to be a mother, I	Another example of participants using the roles of "mother" and "father" to conceptualise their approach with young people. There seems to be some unexpressed, but implicitly communicated, ideas here about how a "mother" and "father" will be different in their roles. This also seems to reflect an idea about how staff can use a different

	might not be able to be like a father figure, but the message will be the same *RP8*	approach (e.g. "being a mother"), but communicate the same message. This seems to be a way of acknowledging the middle ground between the position of "we are all individuals", whilst also being "one" as a consistent team.
	F: so you're talking about clarity aren't you? you're talking about being clear with the children, from 4 o clock in that first meeting, and with the staff around this is what the plan is for the day, so thinking about the training that you've had before around reciprocal roles, if you're being clear, you're being consistent, you're letting the kids know what to expect for the rest of that day, how do you think on the bottom end of that, how do you think those young people feel, why do you think it's helpful? *P2: cause they know where they stand, they know what they're doing, they know the routine, and because as a team we are so consistent, they know what they can get away with and what they can't* *F: so what does that make the young people feel?* *P2: it makes 'em feel safe* *RP8*	Clear example of the facilitator using CAT to scaffold their reflections and extend their understanding. Facilitator also seems to be taking the reflections further through getting participants to mentalize the felt experience of the young person; not just their thoughts. This seems to take the conversation to another level, to start to look at the needs of the YP's and how these are being met – rather than just focus on the consequences of when these needs aren't met (e.g. behaviour – "they know what they can get away with".

	P1: well everyday it's a winding road, cause as soon as your back on after a weekend off, they might have had a good weekend, they might not, but then they will just test us *RP8*	Participant is referring to YP's [they]. This has been mentioned before. Staff feeling as though a period of separation (e.g. weekend, annual leave) causes disruption in the relationship. In this instance, the participant seems to be describing feeling uncertain about what they will come back to when they return to work. They also seem to be referring to the YP's need to "test" staff on their return, which has also been referred to before, and understood as YP's way of testing the attachment when they feel it is under threat (i.e. through staff not being present). This has made me think about how staff also seem to experience anxiety about YP's being inconsistent; which can perhaps cause uncomfortable uncertainty.
	P3: It's just little things *F: looking out for each other* *P3: But I don't think everybody else has that some relationship within their team* *P2: Yeah* *P3: And I think that shows* *F: And what works, what's helped about that?* *P3: I don't know, I just think we've got the same morals?* *RP1*	Participants seem to be describing how their ability to "look out for each other" and establish closeness is based upon a sense that they have shared morals. This seems to also resonate with the idea that "signing from the same hymn sheet"/"togetherness" is connected to feeling supported and being able to offer support.

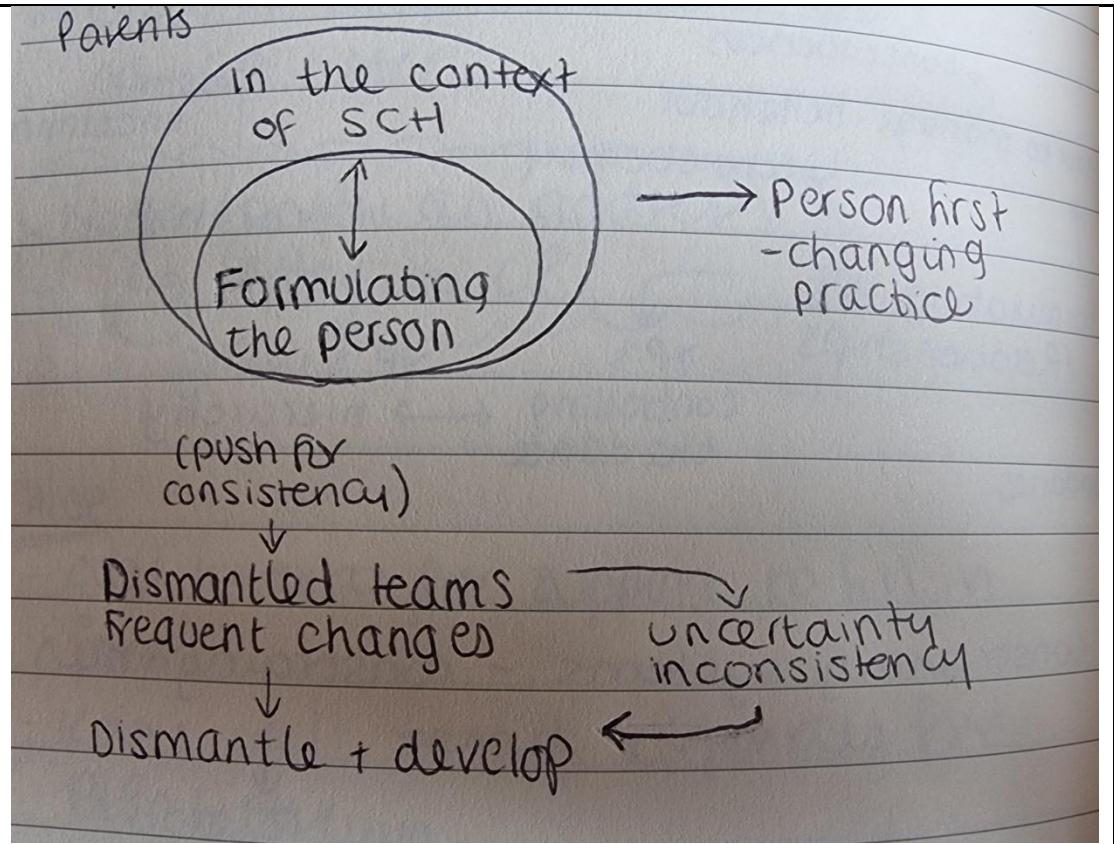|		
	F: So the predictability, what's happening next is clear *P8: I think so yeah* *F: And that has a real knock on effect to the kids doesn't it because they feel safe and know that's a huge thing for our kids, the predictability of knowing, what's going to happen next, with this team that's what I can get, that's what it's going to look like, that is huge* *P8: Yeah* *F: Erm, and it sounds like you're managing to hold onto that despite having lost two, or you're trying to hold onto that* *RP3*	More themes here connecting to predictability (/consistency) for staff has a "knock on" (reciprocal) effect for the young people; so they experiencing 'knowing'/certainty. Comment from facilitator reflects that the team have managed, or are trying to manage, holding on to this predictability despite losing two members of their team; which might have disrupted their own sense of predictability.
	P12: I think [staff name]'s idea of you know, extending what family is within our team, to bring it on to the unit, is a big, big thing, the kids feel safe, they know where they stand *RP4*	Another reference to the use of family to talk about the role of the team. This idea here of extending "what family is within our team, to bring it on to the unit" seems interesting. This reflection seems to connect with statements in other groups, particularly the idea of the team's relationships being like a marriage, and the secure children's home being the 'home': "if the marriage is bad, the home life is bad". These reflections seems to really speak to the relational understanding amongst participants, that their relationships with each other will affect their relationships with the young people, and how the young people feel; (i.e. "safe" or in "turmoil" [RP8 P1])

Early stages of drafting codes and theoretical links		
		Developing identity fitting into ▮▮ cogs & stepping up → not enough time to teach Developing ← learning by doing → making mistakes team Dismantling teams ← strong enough to manage change work/life balance expectations Managing SCH context → (fitting the mould) ↳ (accepting there isn't an exit) ↗ consequences How to manage behaviour → staff undermined ↳ consistency Hierarchy formulating YPs / Relationships YP's YP's controlling the dance ↔ YP's using hierarchy Boundaries Constraining systems – constraining roles ↓ pull to mother ↓ splitting teams

Memo relating to category construction		Developing Identities ⟷ Fitting mould * Reflecting on how context influences and demands change * Change as a relational process * ↳ occurs 'in' us, but through the influence of others / environment - Boundary see saw examples - Change for YP's ↳ If context dependent, is it internalized?

Memo from CARP2	

Appendix K

Exerts from Reflective Journal

Feb 2019	Attended the SCH today for the first time in order to deliver a presentation to key stakeholder for CARP. The meeting felt helpful and gave me an insight into the multiple layers of thinking and assessment that go in to conducted research within a SCH environment, which gives some insight into the limited research in these contexts. I felt that I needed to balance ensuring that the SCH felt happy with the research that was being proposed, whilst also trying to remain mindful of the GT which is inherently grounded in the data, rather than searching to prove/disprove a particular hypothesis. From a social constructionist perspective, it felt important to remain mindful of these two potentially competing pulls and I shall continue to do so throughout the research process.
Aug 2019	I visited the SCH today in order to begin transcribing. Noticed that the experience of entering the SCH environment seemed to begin to alter and influence my expectations of how the context might influence CARP, so felt it was important to document this. I was struck by the amount of secure restrictions, with each door having to be mechanically locked and unlocked, which makes moving anywhere a long process and also continuously reminded me of the context that I was in; (i.e. this level of 'safety' is required due to the level of 'risk'. I thought about how this process of movement being restricted might impact on how individuals within the context experience their own sense of autonomy, for staff and YP's, both physically, cognitively and emotionally. I also thought about how people might feel relationally much more distant, when there are so many locked barriers between people within the SCH.

Aug 2019	I had a conversation with the CARP facilitator today which felt as though it gave me some added context about the history of the SCH and the staff working there. Being mindful of the history and heritage of the service and those within it feels really important, as I've noticed how this type of information can help me understand the interpretations that seem to be made within the CARP sessions, and also inform the way that I interpret certain incidents within the data. I've also revisited some of the demographic data to refresh some of my 'sensitivity to context', which has felt helpful when considering certain uses of language, and trying to understand where this language in rooted from. This has left me thinking about how sensitivity to context goes beyond the specific context that the research is occurring in. It also needs to consider individuals historical contexts, which will inevitable be brought into their current interactions.
Nov 2020	I visit the SCH for a day of transcribing. Today I was stuck by how often you see conversations happening between staff and YP through the glass of the locked doors. I think what struck me most about this is how these physical barriers feel quite opposed to what I would usually associate with childhood, which is relative freedom. It made me think about how thinking about 'exits', in CAT terms, feels quite counter to the context that staff and YPs are in. As all of the exits in the building are intentionally secured, to prevent YPs from leaving without going through a process of obtaining permission. I wondered around how this could impact on the sense of 'barriers' to exits, which have been discussed within CARP, and how the physical context seems to prime or communicate something about exits. It also led me to think about how in order for all YPs and almost all staff to leave the building, they need another person to give them that exit – and so physical exits are inherently relational.

Nov 2020	Started to review transcripts and categories with a peer researcher. This felt helpful and enlightening with regards to areas where I may have inferred meaning, which I will explore with some theoretical data sampling via the focus groups.
Nov 2020	Met again with peer researcher to consider the constructed codes and preliminary ideas about categories. It was helpful to talk about how much my own knowledge of CAT my influence what I see in the data. I recognise that because of having some knowledge of CAT, I can see CAT ideas and concepts being used even when this isn't directly termed as 'CAT' by the facilitator. It was helpful to think about how this doesn't appear to change what I see as occurring in the data (e.g. we both saw processes of relational awareness and reciprocity), but it might influence the language that I use to explain the analytic abstraction of these ideas. I think this is helpful, in terms of developing a GT model which is applicable to context, but I also want to remain mindful of not imposing CAT where it is less present in the data. Discussing concepts with a peer researcher without as much awareness of CAT will support my own self-monitoring
Nov 2020	Conversation in supervision today about the preliminary categories and model. The process of talking through the model felt helpful in facilitating some thoughts around how the categories theoretically sit together, which ones are linear, which ones seem reciprocal. I started to draft some process ideas, which I will hold on to and adapt as I process the data.
Jan 2021	I've now conducted a focus group and feel eager to start analysing the data. Being able to communicate directly with participants felt as though some of the content 'came to life' and I also felt as though a lot of the internal processes which seemed indicated within the CARP sessions became for explicit and confirmed some of the theoretical links. In particular, the links between staff developing a shared identity and how this is linked to their practice and their beliefs about how this impacts the YPs they care for.

Appendix L

Alignment of Qualitative HARP Data to GT Categories

	Category	Subcategory	Qualitative HARP Feedback
Facilitator processes	**Establishing a reflective space**	**Laying the foundations:** Facilitator explaining the purpose of the session and confidentiality. Opening the floor for participants to 'check-in' and identify topics that they would like to discuss.	*"A safe space to be able to reflect"* *"Letting colleagues share, have a let out"* *"Able to express my feelings"* *"It was helpful to be able to speak freely about concerns and stresses"* *"Hearing how other people feel"* *"Team recognising each other's stresses"* *"Being able to freely voice opinion"* *"High alarm" [seen as unhelpful]*
		Broadening awareness: Introducing ideas or viewpoints into the conversation which were not already present.	*"Team discussions and reflective situations that we are now more aware of"* *"Better understanding of my role and goals"*

			"We were all able to discuss different ideas" *"Bouncing ideas of each other"* *"Positive interactions - ideas shared"* *"Getting to know other people's thoughts and feelings on the set-up"*
		Summarising and scaffolding: Using CAT theory with the group, to conceptualise the discussions between participants	*[No identifiable data matches]*
Group processes	**Widening awareness of the self, the other, and the system**	**Analysing practice:** participants' attempts to identify areas of practice which they perceived as a relative strength or needing further development	*"Team development"* *"A chance to discuss as a team how we work together and what we can do to improve"* *"All being able to speak openly and discuss how we need to improve as a team"*

			"Discussions and reasoning around new teams and identifying what we need to do"
			"Development, learning, progression of service to support young people. This is very important for the team leaders in terms of management/leadership, development of all staff"
			"Experiencing reflective practice overall was helpful, discussing team layout and strengths"
		Mentalizing the experience of YPs: participants' attempts to formulate their experiences of YP within the service	*"Reflecting on new residents"* *"Analysing individual young people"*
		Observing through the other: participants' attempts to evaluate their own practice using team-to-team comparisons or peer-to-peer comparisons	*"I think people felt previously that they were doing this more than they actually were [being autonomous]"* *"Getting things off my chest and people to state how they think I'm getting on"*
		Moulding or resisting the cogs: participants described pressures to	*"Autonomy discussion"*

		develop in line with the wider team, and fit the mould laid out by the service.	*"To be more autonomous"* *"Turning RSWs into team leaders"* *"Discussion around teams, taking on board views of team leaders in terms of what makes them feel confident as a team"*
Outcomes	**Changing relational dynamics and finding exits**	**Establishing trust and feeling supported:** trust and support between members of the team as an integral process for establishing team cohesion and a shared identity.	*"Being able to empathise with each other"* *"It [shared views] underpins what happens on shift and in the building. I want team leaders to feel confident and safe, and this underpins this."* *"These sessions always benefit us as a team, having an honest conversation"* *"Let's me know how I can support my team and reassured me we're on the same page"*
		(re)Formulating shared identity: the process of exploring identity, fostering togetherness and establishing shared goals	*"An understanding and common understanding across the team"* *"Brought everyone together"* *"It was good knowing that as a team we are working together and*

			singing from the same hymn sheet"
			"We are singing as one, unity"
			"To see we are a team and identify the same goals"
			"Working as a team more and everyone knowing their part to play"
			"Being able to talk as a team and know how everyone is feeling"
			"Discussion about identity of team good to explain this properly to [p5]"
			"Talking about things and us being a team, I think that's really key and we've been neglecting it for a while"
		Reciprocal unfolding of the relational experience: participants recognition and reflections on how their own relational processes as a group could have reciprocal effects for YPs	*"Thinking about how team cohesion is important for YPs"*

		Establishing exits: the process of establishing solutions as 'exits' to the issues discussed within the session.	*"Revised and confirmed a need for the team to organise holidays better"* *"Mapping plans out"* *"Thoughts about action planning for team"*
		Unmatched cases:	*"it has been the first time we have sat down as a new team"*

Appendix M

Participant Responses on HARP Measure

Group	Identified helpful event	Aspects of the event that were helpful	Rating of helpfulness of event
RP1	Revised and confirmed a need for the team to organise holidays better	An understanding and common understanding across the team	8
	Letting colleagues share, have a let out	Brought everyone together	8
	Team recognising each other's stresses	Being able to empathise with each other	8
RP2	Thinking about how team cohesion impacts on YPs	Team discussions and reflective situations that we are now more aware of	8.5
	Speaking about team dynamics	Being able to freely voice opinion	9
	It was good knowing that as a team we are working together and singing from the same hymn sheet	Able to express my feelings	9
RP3	We are singing as one, unity	Mapping plans out	8
	Team development	To see we are a team and identify the same goals	7
	To be more autonomous	A chance to discuss as a team how we work together and what we can do to improve	9
	Autonomy discussion	I think people felt previously that they were doing this more than they actually were	8
RP4	All being able to speak openly and discuss how we need to improve as a team	We were all able to discuss different ideas	8
	Working as a team more and everyone knowing their part to play	Being able to talk as a team and know how everyone is feeling	8
	Bouncing ideas of each other	Better understanding of my role and goals. A safe space to be able to reflect.	8

	Discussions and reasoning around new teams and identifying what we need to do - turning RSWs into team leaders	Thoughts about action planning for team	9
RP5	Positive interactions - ideas shared	Sharing information, development, learning, progression of service to support young people. This is very important for the team leaders in terms of management/leadership, development of all staff	9
	Discussion around teams, taking on board views of team leaders in terms of what makes them feel confident as a team	It underpins what happens on shift and in the building. I want team leaders to feel confidence and safe, and this underpins this.	8
	Discussion about identity of team	Good to explain this properly to [participant name]	7.5
	Getting to know other people's thoughts and feelings on the set-up	Getting things off my chest and people to state how they think I'm getting on	9
RP6	It was helpful to be able to speak freely about concerns and stresses	[Field not completed]	6.5
	Reflecting on new residents	It has been the first time we have sat down as a new team	8
	Experiencing the first reflective practice overall was helpful, discussing team layout and strengths. Analysing individual young people	Reflection; see why sometimes as staff with how hard everything is, it's easy to forget	8
RP7	Spending time together as a team, and knowing that if we want to speak to you [facilitator] or [staff member] individually we can, cause I didn't know that	[Field not completed]	9
	Talking about things and us being a team. I think that's really key and we've been neglecting it for a while.	These sessions always benefit us as a team, having an honest conversation	10
	Hearing how other people feel	Let's me know how I can support my team and reassured me we're on the same page	9
One 'unhelpful event': [RP6] "High alarm" – not rated by participant.			

Appendix N

Examples Of Open, Focused And Theoretical Codes, Subcategories And Categories

Quotes	Open codes	Focused codes	Theoretical codes	Sub-categories	Category
F: Yes, so, in terms of, erm, if you remember last time in terms of confidentiality, I'll just let [the SCH] know general themes and just do a couple of paragraphs that go into the supervision folders that [staff name] keeps, and that's all, and you can see them, you know it's just general themes nothing specific, and like I said last time that's as far as it goes, this is about your time, your space, so of opportunity to talk about how you think things are anything particular you want to talk	Explaining the remit of confidentiality, providing an opportunity for participants to guide the session	Remit of confidentiality, inviting an open agenda	Group framework	**Laying the foundations**	**Establishing a reflective space**
F: so how do you keep hold of the stuff you're doing that comes so naturally to you? as an outsider looking in, I just want to capture it and hold it and show it back to you, because it's just not something that happens erm, because you guys think it's just natural, "oh it's just what we do", but actually, as someone as a trainer whose coming in its extra, much, much more than the norm.	Holding on to good practice, recognising that practice goes beyond the norm	Recognising and sharing reflections on good practice	Practice feedback	**Broadening awareness**	

f: But in terms of the impact on how it feels, just thinking you know, when we do the CAT training, we do the reciprocal roles and we think about, you know, erm, the top end, and again, I don't know what the word is for you guys, in terms of losing [participant name] and [participant name], what that feels like? Erm... *p7: I don't know what word is* *p8: Left up shit creek without a paddle*	Inviting participants to share feelings about losing team members, using CAT reciprocal roles	Reflecting on experience using reciprocal roles	Exploring relational experiences	**Summarising and scaffolding**	
p11: Yeah I feel like, this is across teams, and we're guilty of this as well, I feel like the enrichments are not very meaningful, I feel like sometimes it's just to fill time, we'll just do this, like, enrichments to me, I think should probably be a bit more meaningful, have a learning journey to it, because ultimately these should be teaching children to build life skills, to manage their health, there's a meaning behind all of that, so we need to evidence that as well	Suggesting enrichments need to be more meaningful, Expectation that enrichments should be teaching life skills	Enrichments as an area for development	Area for development	**Analysing practice: strengths and areas for development**	**Widening awareness of the self, the other, and the system**
P13: it's about engaging the kids and having a bit of fun with them, they're only kids, do you know what I mean, if we don't engage the kids in teaching 'em something different, they're gonna get bored, and	Enrichment is about engaging the YP's, failing to engage the YP's can lead to	Understanding that a lack of engagement leads to boredom	Relational aspects of behaviour	**Mentalizing the experience of YPs**	

they're only gonna get bored because you're leading them to boredom, you don't challenge there mind-set, it's about challenging the kids to think, and I think that's what we do really well as a team	boredom				
P5: And I think I've been, there's been really valuable, I had [p13] on a shift last week, erm, and he'll go into debrief with that in mind, "this didn't happen on time, that didn't happen on time", and it's really valuable to have feedback from your team, [...] and I think it's just having that middle ground with both of our teams, we definitely need to take a lot from your team, and I think your team will probably benefit a lot from taking from my team	Having feedback from your team is helpful, learning from other's teams can be beneficial	Feedback is needed for learning and development	Mechanisms for learning	**Observing self in relation to other**	
P13: I'm not expecting to change in terms of the way I am, but in terms of coming into work and being part of the group, I will do what you ask me to do and go beyond that	Expecting to maintain personal identity, willing to fulfil expectations	Preserving personal identity whilst moulding to expectations of the role	Adapting	**Moulding or resisting the cogs**	

P3: And I think the trust comes into it as well, it's nice to get to the point with people where you look at somebody and they know, they know what you're thinking, or you can sense them, you walk into a room and you can just sense it, you go into a restraint and you can just look, you're just there together, even if you're not physically in it, you're just present, I don't know, I think if you just get to that point, it's a really nice feeling	Trusting each other leads to being able to sense peers experience, be present together	Building trust facilitates awareness and support	Linking trust, support and cohesion	**Establishing trust and feeling supported**	**Changing relational dynamics and enhancing exits**
P7: I just think, again, I want to go back to identity, direction as a team kind of thing, for me, that's what I think it brings, it gives us a chance to get together as a team and think "this is where we want to be, this is what we want to do", erm, so yeah I think it just helps to define that a bit more	Identifying direction as a team, RP providing time to defining identity more	Defining identity through RP	Identity	**(re)Formulating shared identity**	
F: the more contained the young people feel and when that plan diverts or goes off for whatever reason, then the young people might struggle with that or get frustrated or whatever, so there's sort of the clarity of the plan, the more structure and predictability there is, the more relaxed they feel and the more contained they feel	Having a clear staff plan makes YPs feel contained and relaxed	Clarity facilitates containment	Containment	**Reciprocal unfolding of the relational experience**	

P5: what's the solution for the shift set up thing, what do we need to do? 'cause I've got a couple of ways that I can work with you, but people probably aren't going to be happy with 75% of my suggestions, so let's work together *p9: For example, with the enrichments, we can say "this is my enrichment that I'm bringing to the table", "so and so can do this today", whatever, so then we can sell it, and kids are gonna want to do it*	Asking for group to generate solutions together Suggesting ways to organise enrichment	Collaboratively exploring possible areas for change	Exits	**Establishing exits**	

Appendix O

Additional Example Quotes Associated with GT Categories

Category	Subcategory	Example quotes
Establishing a reflective space	**Laying the foundations:** Facilitator explaining the purpose of the session and confidentiality. Opening the floor for participants to 'check-in' and identify topics that they would like to discuss.	*RP F:Yes, so, in terms of erm, if you remember last time in terms of confidentiality, I'll just let [the SCH] know general themes and just do a couple of paragraphs that go into the supervision folders that [staff member] keeps, and that's all, and you can see them, you know it's just general themes nothing specific, and like I said last time that's as far as it goes, this is about your time, your space, so an opportunity to talk about how you think things are, anything particular you want to talk about, erm, and it gets kept within these four walls really, so for you guys hearing things, we appreciate that you don't go talking about it, because it's about your stuff, and that's it really so, erm, last time we talked quite a bit about your team didn't we, erm, and where you're up to and how things have sort of been developing and you as a team, like I said you can talk about anything, you can talk about [the SCH] generally, might be about you as a team, might be about the young people* *RP F: Okay so, last time erm, can you sort of remember the main themes tha-, what reflective practice is about and sort of the main things that people tend to use it for, do you remember saying*

that? So they tend to talk about sort of [the SCH] in general and sort of how you're doing within the very established sort of cog that is [the SCH] and you know it's quite a complex and difficult environment to work in so it might just be a general how you're doing within that. Erm, sometimes people like to talk about how you're doing as a team and sort of within you guys, I think we spent quite a bit of time thinking about that last time, erm, you might want to talk about a young person, so you might want to think about a particular young person and it might be er, just help, you know, "I want to think about that young person, what's going on for them" or it might be "I want to think about us as a team, how were managing that young person" or it might be "how are [the SCH] managing that young person", so there's sort of different, different, areas we can go in erm, or it could be something completely different, and that's fine because it's your time and it's just about you having the space to think really together as a team , erm, so I don't know where you wanna start or what you want to..

RP F: So, as we said last time, there's different themes, but you can take the lead in terms of what you want to talk about, erm, so yeah, does anybody want to start? Does anyone have any ideas about what you might want to think about today?

		FG P :I think [the facilitator] was very good at putting our minds at ease, she let us know what your role was and stuff and we know that it's not going to go back to managers and stuff, so I think she's been really good with that. But as a team, I think we've got a really good relationship, we have that thing of knowing it's not going to go anywhere else.
	Broadening awareness: Introducing ideas or viewpoints in to the conversation which were not already present.	*RP F: What about systemic, what about sort of the system and [the SCH], how are you feeling about how you work in your team and the system that is [the SCH]?* *RP F: I guess thinking about you as a team and what might help or, where does [staff name] sort of, if she was here, little empty chair, what, where do you think [staff name] would fit, what would she be saying in terms of where you're at?*
	Summarising and scaffolding: Using CAT theory with the group, to conceptualise the discussions between participants	*RP F: So as we know, for young people, the more they know, you know, whether they've got autistic tendencies or whether its attachment stuff, it's all that same view isn't it, the more predictability they can, you know, the more structure and predictability there is, the more relaxed they feel and the more contained they feel, so you, you've got that element that you've sort of brought up* *RP F: Yeah, so on this, do you remember the*

		boundary seesaw model we were talking about, he is the kid that will pull everybody into wanting and feeling quite punitive about him, you know wanting, because he is the, and a bit of this, the ends of these two, people will either get pulled into wanting to please him and give in a bit and him feeling like he's getting away with more, people will get pulled into that or they'll get pulled into wanting, even if it's in your head, wanting to punish, or wanting to, he is the kid that completely splits, erm, so what you're saying there [P1] is that when you notice that any of you, and you all will, get pulled into feeling a bit more like that, or, or like you can notice it, and you've got a relationship within your team where you can say "right, it's time to switch or time to", is that what you…?
Widening awareness of the self, the other, and the system	**Analysing practice:** participants' attempts to identify areas of practice which they perceived as a relative strength or needing further development	*RP P1: I just think like were going off in diff directions, so I'm having to learn a different job, and it's just trying to find time to look after the job that's already there, do you know what I mean?* *RP F1: Yeah, yeah, when your priorities are like, and your head somewhere else, it's hard to keep the cog going and turning whilst you're pulling things together?* *P1: Cause we're alright with consistency* *F: Yep* *P1: So like, I'll have a week off, then he has a week off, then P3 has a week off, and we've not been together as a team for three week, we're like "oh*

		what's going on? *RP P6: In a situation where you have gaps, in anything, whether it's an office job, construction or anything like that, it's hard for people to come in to fill the void that somebody, so that's the issue at hand for us* *RP P13: I think as a team we're still developing that, I mean don't get me wrong, there's going to be pressure in the future, not only for these two, for myself, and as a team, but we've got to be honest with each other, and that's the key, it's not that we're criticising, we're just reminding each other of what we should be doing...what do you call it, positive criticism?*
	Mentalizing the experience of YPs: participants' attempts to formulate their experiences of YP within the service	*RP6 F: when we have breaks that disrupts the attachment, so you're having to work extra hard when you get back* *P1: well everyday it's a winding road, cause as soon as your back on after a weekend off, they might have had a good weekend, they might not, but then they will just test us* *F: any young people will, let alone those with trauma histories, and sometimes they'll feel safe for a while and then they have to retest, "am I sure they'll do the same thing, I'll just do a little push, a little nudge and see where it takes me" and that's their way of trying to feel safe, that boundary push, and they might also be wanting to feel some power and control, that's*

		normal, but they also want to feel safe again.
		RP P2: Well for me sometimes I think its patience, and he's [YP] niggling niggling, niggling, and he wants you to bite
	Observing through the other: participants' attempts to evaluate their own practice using team-to-team comparisons or peer-to-peer comparisons	*[FG] P11: But yeah, to be able to be so critical and think, "yeah, I am rubbish at that, and that person is better" so ask them to, you know, I think it can pull your ego down cant it, it sort of puts you in a place where you know what you're good at or* *[FG] P7: I like the idea of the boundary seesaw model, it seems really interesting, it gives you an idea of where you think you are, where others think you are, it raises more conversation don't it, it's good to do it as an activity, to structure the conversation* *[FG] P22: I think the boundary seesaw, that's quite useful to use, because I think to see where you're placed on it, and also to see where others place you on it.*
	Moulding or resisting the cogs: participants described pressures to develop in line with the wider team, and fit the mould laid out by the service.	*RP F: It makes perfect sense, absolutely and there's something about that clear "this is who I am, this is my role, and this is what I do" and that filters through to others doesn't it?* *RP F: Yeah, and that's probably, the different way is easier for [staff member], that's probably the way, the part of them that finds that the, the, the part you're showing them is probably harder for them, so*

they'll do it when they have to, but if they see an alternate, that's like an easier way out for them, so "I've seen it happen, therefore I can do it in a different way, and someone else is doing it that way so that's okay", so I think it goes back to what [P20] was saying around that

RP P2: A lot, lot better. I think it's just cause I was new on the team, just finding my feet, just finding where I fit. I said to [P1], whenever I've worked on [P1's] team, I've always found [P1's] team a really difficult one to work on, erm, because everyone knew what they were doing, and I don't want this to sound negative, but it were very regimental, and it worked, whereas the team I was on was very…
F: Fluid?
P2: Yeah. We just sorta did whatever we wanted, to a certain degree
P1: It was a shock

RP P7: Just needs to be that kind of stepping up of like, since we're the team now then, [P8] has to become [staff member], [P22] has to become [P17] kinda thing

RP: F: Yeah, so there's not been resistance there, when the bars been raised and the expectations been shifted, is that what you mean?
P7: Yeah, I guess so, yeah, erm…I don't know really, it feels difficult at the minute, it feels difficult
F: Yeah…it sounds like it, you're, its sink or swim stuff isn't it?

| Changing relational dynamics and enhancing exits | **Building trust and feeling supported:** trust and support between members of the team as an integral process for establishing team cohesion and a shared identity. | *FG P7: I think for me, the people that are in this room now, I know that whatever I've got to say, I know they wouldn't ever go and say it to other people within the building.*

FG P17: I think it's just good to know it's a safe environment, we're not here to slate each other, or make each other feel like shit, we're wanting to talk so that we can be better and better at what we do

FG P13: You know, I know everybody's here for good intentions, to try and teach the kids positive things, to be better adults when they go out, that's the whole point, there's no denial of that, it's just having that trust is so important, having the trust is so important
P3: Cause you're potentially, not trusting them with your life, but, but people can get seriously hurt

FG P3: And I think the trust comes into it as well, it's nice to get to the point with people where you look at somebody and they know, they know what you're thinking, or you can sense them, you walk into a room and you can just sense it

RP P5: I think there's that really important bit of, if you come in side by side and I see [staff name] doing something, unless it's really dangerous, then I'm not gonna, I'm not stepping on her toes in front of kids, I might not agree with it, but there's a forum for me and [staff name] to have that conversation and it's never the forum in front of the kids unless there's |

		going to be anything dangerous, so sometimes you just have to put your trust in the colleague, in that, "alright I'm addressing something and you probably think I'm being a little bit hard, but you need to back me with it and then come away later and debrief or fag outside, and say "I think you were really harsh there, probably a bit too much"", that can be done, it's just really important that people don't let the kids see that happening
	(re)Formulating shared identity: the process of exploring identity, fostering togetherness and establishing shared goals	*FG P13: this isn't about your position, it's about team practice, and team development, team improvement* *P11: And working together* *P13: I've been here for a long time, you know, how are we going to gel* *FG P17: I see how, like, because it is military, how well we work, you can see why it works for the kids when you set up your shift, the kids know exactly what's going off when you as a staff member know what's going off, and it just flows, it easy.* *FG P18: It's about identity, these sessions here are about identity, so me as a professional working with my colleagues, this session here is about working out who we are as individual people* *RP p10: Erm, no like, alright, it's just new kids, just getting them boundaries and stuff, erm, I think it's really important that everyone's working towards the*

		same page, especially like for us as a team as well, cause I mean we're never going to be able to work as everybody else across the house, but for us as a team I think it's really important that we're all working towards the same page, erm, yeah
		RP P10: I feel like we all need to be on the same sort of energy level and we all need to be bringing enrichments to the table and deliver them to the kids, it can't just be one of us, it has to be the whole team
		FG P1: I think this time here now is better for me to understand where we're all coming from, it's time to regroup and think about what direction we're going in
		FG P13: This whole point of these type of meetings is to be a collective, as a team, working together, as a team what can you bring to the table and be better at, do you know what I mean, and what, can we trust ourselves
		FG P18: I see more positive than I do any negative, because I see the togetherness in reflective practice, we're all together, you get more positive when you're all pulling the same weight, the same values the same ethos, and I think if we can all look at each other individually and think, "right, identifying what you're about, what you're about, what you're about", these sessions are so vital, but it's about our professional development, how we can crack on to

		next stage
Reciprocal unfolding of the relational experience:		*RP P2: The young person can see you're not owning it, so they smell fear, they don't even see it, they can smell it, that you're not about that so, you're not owning it, kids look for that* *f: Yeah they do, absolutely* *P2: They're not silly, they really do, and if you're not going to own it, at your peril it be, do you know what I mean* *F: I think that's a really good point isn't it, our kids are so hypervigilant, they're so on it for fear, the slightest bit of them perceiving us to be soft, that really, really wobbles them doesn't it, and they'll push and push and push, erm, when they feel that, because it makes them feel uncomfortable and anxious, we don't see the anxiety, we see the pushing and pushing of the boundaries don't we, erm, yeah so that does have a massive impact by the sounds of it, of that, so there's that feeling from you guys about owning it, being able to be an authority in your own right…* *RP p8: More than any another shift, if that makes sense* *f: So the predictability, what's happening next is clear* *p8: I think so yeah* *f: And that has a real knock on effect to the kids doesn't it because they feel safe and know that's a huge thing for our kids, the predictability of knowing,*

		what's going to happen next, with this team that's what I can get, that's what it's going to look like, that is huge *p8: Yeah*
	Establishing exits and overcoming barriers: the process of establishing solutions as 'exits' to the issues discussed within the session.	*RP P1: We should sit down and have a look at it shouldn't we, like, "I need days off here" and try and work around it* *RP P5: How are we gonna move forward? What's the solution for the shift set up thing, what do we need to do? 'Cause I've got a couple of ways that I can work with you, but people probably aren't going to be happy with 75% of my suggestions, so let's work together*

Appendix P

Schematic version of GT model of CARP