SIGNIFICANT EVENTS IN WARD-BASED REFLECTIVE PRACTICE GROUPS

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others

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ABSTRACT

Reflective Practice (RP) is viewed as central to developing a mental health workforce equipped to deal with the challenges of modern service delivery. There is no single definition of what constitutes RP and the term is used to describe thinking about behaviour or the application of skills, processing emotional consequences of practice and attempting to make meaning about the nature of experience. There is scant evaluative literature on Reflective Practice Groups (RPG) and collecting the evidence available is hampered by the fact that a variety of terms are used to label RP activities undertaken by staff in a group setting.

This research project examined how staff make use of ongoing, regular, facilitated RPG by considering significant events occurring within them. Staff were recruited immediately after an RPG and asked to write a summary of what they found to be most significant about the session they had just attended. These written statements were collected and used as a focus for a follow up interview with 9 participants. These interviews were recorded and analysed using grounded theory methodology.

A process model of RPG was constructed from the data. This comprised of three related processes – a group process, an intrapersonal process and a moderating process which related to how psychological safety in the group is maintained. The creation and maintenance of a safe environment is a key task for the facilitator. This study also highlights that participants are active in sharing with the group in a way which manages the degree to which they feel exposed. The findings are discussed in terms of how participants utilise RPG and the consequent implications for policy and practice.

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ABBREVIATIONS

CTM:	Clinical Team Manager
ECT:	Electro-Convulsive Therapy
GM:	Group Members
GT:	Grounded Theory
I:	Interviewer
IPA:	Interpretative Phenomenological Analysis
IPR:	Interpersonal Process Recall
NICE:	National Institute for Clinical Excellence
NIMHE:	National Institute for Mental Health in England
P:	Participant
p:	Page
PPD:	Personal and Professional Development
RP:	Reflective Practice
RPG:	Reflective Practice Group(s)
SU:	Service User

INTRODUCTION

Reflective practice (RP) is very much in vogue. The developments in health care towards more user-centred care have prompted reviews of what is needed from the workforce. Lindley, O'Halloran and Juriansz (2001) have placed reflective practice-on-action as a defining component of what it means to be a capable practitioner in a modernised mental health service. This idea has been further embodied in the Ten Essential Shared Capabilities framework (Hope, 2004) which identified an ongoing commitment to personal and professional development through supervision and reflective practice as a necessary part of workforce development. These documents view RP as a tool for enhancing the psychological mindedness of staff, with hopes that this will have positive benefits for patient care. Others identify a further potential of RPG to promote and maintain staff wellbeing (Oynett, 2007). There are a variety of ways of encouraging reflective practice. On acute inpatient wards there has been a particular emphasis on reflecting in groups since the policy implementation guidance for Adult Acute Inpatient Care Provision states:

> *"It is essential that staff have the opportunity to jointly reflect on the impact of the day to day work with users and their families in order to feel informed and empowered to make the most effective interventions."(Department of Health, 2002, p.33)*

Such policies and guidance provided the context for the current study which aimed to investigate how staff make use of opportunities to reflect in groups by examining processes and outcomes.

Reflective Practice Groups

Reflective Practice
The idea of reflection is not new, often being traced back to Dewey (1933). Dewey viewed reflection as active and purposeful thinking which considered the basis for a

given piece of knowledge or its implications. The notion of "reflective practice" is more recent and is often attributed to Schön after his influential text on how professionals think in action (Schön, 1983). Schön offers reflective practice as a counterpoint to "*technical rationality.*" He posits that professional practice is frequently not characterised by the application of scientific maxims or techniques in a pre-determined sequence. Rather the professional is more likely to "*reflect in action*" to construct a unique solution based on the idiosyncrasies of the problem encountered. He further states that the knowledge implicit in the action is sometimes beyond easy description, having been developed intuitively or having once been known but now internalised to the extent that it is difficult to articulate.   He sees reflection in action as coming about when a routine response produces a surprise outcome. This causes the practitioner to question the assumptions they have made about the nature of the situation up to that point and allows for on the spot experimentation with alternative approaches.(Schön, 1987)

Schön's position has been criticised for being over simplistic and restrictive both in terms of the tacit content of the reflection and the time frame in which it occurs (Moon, 1999). Johns (2009) extends Schön's work into a typology of reflective practices moving from "*doing reflection*" to "*reflection as a way of being*" (p. 9 -11). The implicit assumption within this model is that it is desirable for practitioners to develop an attitude of mindfulness either within or after the experience. Johns defines being mindful as "*seeing things for what they really are without distortion whilst holding the intention of realising desirable practice.... I know what I am doing and why I am doing it, and that what I am doing right now fits with my intention*" (2009, p.11). With a background in nursing and complementary therapies, Johns sees this as particularly important if practitioners are to provide care which best serves the clients' needs and avoids the application of techniques in a mechanistic way.

Such work has been very influential within health professionals' education and has contributed to the view of RP as an essential characteristic of professional competence (e.g. Watson, 2005). However, as Moon (1999) points out, while this work has been influential it has been treated as "fact" rather than a speculative model and it has no more empirical base or claim than other models. She concludes that "*there is no one behaviour or consistent set of behaviours that is reflective practice*" (p. 65) and that there is no clear statement of the objective of promoting reflective practice.

Ghaye & Lillyman (1997) reviewed the strengths and limitations of a range of models of reflection. They concluded that the commonalities between models are that they share one or more of the following categories of objectives.

Competency Based – concerned with enhancing skills and improving practice by increasing technical knowledge

Personalistic – concerned with the emotional impact of the work and with promoting personal growth, increasing self-worth and self-awareness

Experiential – concerned with the active exploration of one's personal experience and that of others

Transformatory – concerned with challenging the current practices with a view to altering the context of work with clients / within organisations

Defining RPGs

Given the difficulties in defining RP it is perhaps to be expected that there is little consensus of what constitutes an RPG. Thorndycraft and McCabe (2008) offered some guidance on the boundaries and purposes of a "*Team Development and Reflective Practice Group*". The authors are informed by group analytic theory and conceptualise these groups as providing staff with a space for containing anxieties and projections and so facilitating improvements in team relationships, working practices and patient care. Working from a Cognitive Behavioural Therapy (CBT)

orientation Cowdrill & Dannahy (2009) describe an alternative approach to running RPGs on an inpatient unit. Their emphasis is on creating an atmosphere of collaborative enquiry in order to "*assist in planning, predicting and implementing informed courses of action, with the aim of enhancing individual skill development and improving practice.*" They also state that given the variety of material brought to sessions it is helpful for facilitators to draw from a range of theoretical approaches including consideration of countertranference, application of principles from Acceptance and Commitment Therapy (ACT) and systemic ideas. The Consulting to Institutions workshop of the Tavistock Clinic have similarly drawn on a range of theoretical ideas to explore the difficulties encountered by management and staff teams (Obholzer & Zagier-Roberts, 1994, Chapters 1-4). Typically the processes described have been to provide staff with space to reflect and discuss their work with an independent facilitator informed by ideas from psychoanalysis, open systems theory, Bion's (e.g. 1961) ideas about groups and group relations theory. They purport that this type of work helps develop an understanding and a relief of stress at the individual and organisational level.

Hartley and Kennard (2009) list twelve different labels for groups which are intended to help staff with their work. They pay specific reference to RPGs in an attempt to distinguish these from staff groups. However, this is problematic for two reasons. Firstly, as they discuss, the title for a group may be influenced by the environment or by the vagaries of fashion and secondly the title in itself gives little indication of what actually takes place within a group.

As well as drawing distinctions with RPGs, Hartley and Kennard (2009) attempt to distinguish staff support groups from supervision. They acknowledge there is an overlap between supervision groups and those which serve a supportive function. Furthermore, RP should be (and often is) an important component of clinical supervision (e.g. Carroll, 2001).   Within UK health professions clinical supervision

has been seen as a vehicle to promote RP (Clouder & Sellars, 2004). It is worth considering what then might distinguish RPG from clinical supervision groups.

Table 1 gives a summary of the functions of supervision as outlined by Hawkins and Shohet (2006). They draw similarities in functional models of supervision – those of Kadushin (1976) from social work, Proctor (1988) from counselling and their own generic model – and argue that the differences in terminology reflect the perspective emphasised by the theorist.

Kadushin	Proctor	Hawkins & Shohet	Description
Educational	Formative	Developmental	Increasing the supervisees' skills and capacities to deal with client or work situations
Supportive	Restorative	Resourcing	Responding to the personal and emotional consequences of the work for the supervisee
Managerial	Normative	Qualitative	Ensuring that the work is of sufficient quality and upholds ethical or service-based standards
Supervisor perspective	Supervisee perspective	Process perspective	

Table 1: Functions of supervision by model (Adapted from Hawkins & Shohet, 2006)

RPG are conceptualised as both a personal and professional development activity. The personal development activities are seen as those which focus on restoring the attendee by offering them support and helping maintain their personal resources by providing a means to protect against stress and burn-out i.e. the supportive / restorative / resourcing functions from Table 1. The professional development aspect is seen helping the RPG attendee develop and hone their competence in dealing with clients by increasing their awareness of theory-practice links, reflecting upon their interventions and the consequences of these and exploring alternatives. This is equivalent to the Educational / Formative / Developmental functions of supervision.

There has been considerable debate about the inclusion of managerial checking or quality control function in supervision and the impact upon reflective practice (Burrow, 1995; Clouder & Sellars, 2004; Gilbert, 2001; Johns, 2001). Some of this concern stems from an inherent role conflict when the supervisor is also the line manager and the impact on whether this changes the content of supervision or limits the ability to reflect. An empirical study into supervision within mental health nursing found that the managerial issues were frequently a focus in supervision and that the supervisory relationship was affected by the supervisor being in a position of greater authority (Sloan, 1999, 2006). Furthermore research done by Edwards and colleagues found that psychiatric nurses who had chosen their supervisor were likely to rate supervision as better quality than those who had not (Edwards, Cooper, Burnard, Hanningan, Adams, Fothergill, & Coyle, 2005).

A distinguishing feature between RPGs and Clinical Supervision then, is the absence of a quality or performance management agenda. In terms of the type of activity, RPGs are akin to what Hawkins and Shohet refer to as "*Consultancy Supervision*" whereby "*the supervisees keep the responsibility for the work... but consult with their supervisor who is neither their trainer nor manage*r" (2006, p. 60). An important difference however is that RPG participants are not necessarily experienced practitioners but are usually members of a multi-disciplinary team who have range in experiences and have different types and levels of contact with the clients within their care.

Summary and Implications for the Current Study
The literature on RP is largely theoretically based and there is no single definition of what constitutes RP. There is broad consensus that RP can involve thinking about behaviour or the application of skills, emotional consequences of practice and attempts to make meaning about the nature of experience and context. It has therefore the potential to be both a professional and personal development activity.

There is some evidence to support theoretical ideas of different levels or depth of RP (Mann, Gordon, & MacLeod, 2009). RP in groups takes many different forms and is informed by a range of different theoretical models. In health settings, clinical supervision has been heralded as a vehicle for increasing RP. While there is overlap, the capacity for RP to take place within supervision appears limited when there are intrinsic quality or performance management agendas and by organisational factors.

This study was particularly interested in groups which take place within in-patient settings. A working definition for RPG adopted by this study was "*RPGs are facilitated groups which meet regularly with some predictability to discuss work-related issues. The facilitator of the group is not a member of the staff team and has no operational or clinical responsibility for their work.*" It was anticipated that the content of the groups and the structure evinced within it would vary in accordance with the facilitators' theoretical orientation and preferred ways of working.

Evidence Base

Review of the Evaluative Literature on Reflective Practice Groups

Despite the popularity of RP, surprisingly little empirical research has been carried out into it (Mann, et al., 2009; Platzer, Blake, & Snelling, 1997). In order to establish the evidence base for RPG the psychological and allied health databases EMBASE, MEDLINE and PsycINFO were searched using the terms "reflective practice group*", "staff group*", "staff consultation", "staff consultancy" and "sensitivity group." The abstracts obtained were screened and those which did not contain a direct reference to staff meeting for group discussion excluded. As a result 77 articles were retained. Of these, 14 were qualitative or quantitative evaluation studies published in English in peer reviewed journals. Two further unpublished qualitative studies were found using a Google Scholar search.

Two of the quantitative studies focus on the experiences of psychologists in clinical training (Knight, Sperlinger, & Maltby, 2010; Powell & Howard, 2006). Powell and Howard (2006) report an initial evaluation of an RPG with participants currently in training. No details were given of the questionnaire used which was developed by the researcher for the purpose of the project. Group participants frequently cited the groups as being helpful in managing the emotional impact of work with clients but behaviour change as result of such insight was less in evidence. Knight and colleagues (2010) considered the perceived value of Personal and Professional Development groups as part of training for clinical psychologists using a validated questionnaire. A factor analysis on the results received from 124 individuals who had experienced an RPG as part of training revealed two factors of "*value*" and "*distress*". Almost half the group experienced distress as a result of attending groups although of these the majority could see benefits in having had this experience. Value and Distress were predicted by group size and type of facilitation (Knight, et al., 2010). Those participants who had experienced group sizes of 10 -13 were more likely to rate the groups as valuable and less likely to report distress. Two significant features of facilitation were found to be important. Participants were more likely to rate the groups as valuable when they knew which theoretical model the facilitator was using. It was unclear from the results whether this impact was due to the specific theoretic models employed (group-analytic or psychodynamic) or the participants' knowledge that a specified model was in use or whether these models promoted specific behaviours on the part of the facilitator which were found helpful. Furthermore, participants experienced more distress and rated the groups as having less value when they rated the facilitator as being remote.

A staff survey on attitudes about a staff group revealed significant splits within the staff team regarding the usefulness of the group or otherwise (Hartman & Kitson, 1995). Participants who found the group unhelpful were more likely to have concerns about the safety of the space and the level of contribution by other group

members. Amaral, Nehemkis and Fox (1981) looked at the impact of a staff group in an oncology setting on staff mental health, ward atmosphere and attitudes to cancer using standardised measures. The group met over 8 months, was mostly unstructured but had occasional didactic elements and the number of participants was small (n=10). Whilst staff expressed high value for the group the psychometrics failed to evidence any significant difference in ward atmosphere or staff stress levels before and after (although it is important to note the lack of power in the study). A larger scale study (n=163) looking at personal change as a result of engagement in a person–centred human relations training group found that change was mediated by the way in which participants allowed themselves to be influenced by others outside of the group setting (P. B. Smith, 1983). A mixed-methods study (Dickey, Truten, Gross, & Deitrick, 2011) found that RPG were generally well received by staff regardless of grade or experience. Qualitatively participants reported increased personal resilience, increased team cohesion and increased ability to deliver high quality care as a result of attending.

There have also been several interesting qualitative studies. One of these was a follow-up to the study by Knight et al (2010) which highlighted several processes associated with participants' perception of RPG value (Fairhurst, 2011). These were negotiating the unknown, managing emotions, negotiating self-awareness, negotiating reciprocal impact of others and reflecting on reflection. Platzer and colleagues (Platzer, Blake, & Ashford, 2000a, 2000b) studied 2 cohorts of post-graduate nursing students attending reflective practice groups as part of their training. They found that certain group processes facilitated changes in behaviour or attitude (Platzer, et al., 2000b). Examples of helpful group processes included receiving validation, encouragement and reassurance from the group, having the opportunities to learn from others' experience and perspectives, being constructively challenged or criticised and feeling less isolated. The outcomes included feeling more confident, more able to empathise with others and more assertive about offering challenge to

poor practice. The participants also reported being more able to think critically about their practice, to apply theory to practice and having a greater awareness of their professionalism and value base. Similar improvements in critical thinking were found after a series of RPGs in follow-up to a structured knowledge giving course (Vachon, Durand, & LeBlanc, 2010a). In a further paper the same researchers introduced a model of how Occupational Therapists used RPG to utilise research evidence in their practice. They highlighted a range of mediating factors such as ease in sharing experience, flexibility in normative beliefs, ability to cope with negative emotions, perceived self efficacy, availability of social support and willingness to take risks which impacted upon participants' ability to translate reflective thinking into perspective changes (Vachon, Durand, & LeBlanc, 2010b). In terms of barriers to learning from these groups the main difficulties reported related to previous experiences of education and practice which had socialised participants in such a way that they found it difficult to think critically and depended upon direction from authority. Others feared being made vulnerable or exposing themselves to criticism and this was believed to be associated with the culture of their usual work environment. A further barrier identified related to the structure of the group as although this was facilitated, the facilitators took an unauthoritarian stance which some group participants found unhelpful (Platzer, et al., 2000a).

The issues raised in a series of structured RPGs for primary care mental health workers were thematically analysed by Rizq and colleagues (Rizq, Hewey, Salvo, Spencer, Varnaseri, & Whitfield, 2010). In this case participation in an RPG allowed participants to think more about their training and career structures, their professional role and the ways in which they managed complexity within their clinical caseload. Although giving an overview into the issues faced by these workers the study offers no insight into whether the experience was perceived as useful by the participants. Thematic analysis was also used by Boucher (2007) along with action research methodology to assess the impact of RPGs as a management development tool. She

found that those participating in the groups considered themselves more likely to think before they acted and to have improved their ability to communicate with staff. Participants valued the groups as a means of support for themselves and appreciated the opportunity to learn through the experience of others. The positive outcomes improved with greater continuity of attendance.

Collins (2011) conducted an exploratory study into the processes within RPG on acute inpatient wards. He conceptualised that the development of psychological understanding occurs through a three stage process – Containment, Exploration and Growth and identified key roles for the experience of receiving positive feedback from others and increasing ability to empathise with others, in moving successfully through these stages. This analysis of the data is based on an assumption that attendees make use of psychological formulations offered in this group.

Review of the Evaluative Literature on Supervision

Given the substantial overlap between RPG and clinical supervision the evaluative literature on supervision may help clarify relationships between processes and outcomes. In a review of the literature from nursing and health visiting Gilmore (1999) found the main outcomes for professionals were that supervision resulted in increased assertiveness skills, feelings of value and confidence. Practitioners also reported that supervision was an opportunity for support and to explore and change their practice. The outcomes for clients were described by giving examples of how clinical impasses were overcome and how practitioners overcame "blindspots". The evidence on whether their supervision impacted upon wellbeing was hampered by methodological difficulties within these studies. In the same year Williamson & Dodds carried out a systematic and critical review of the literature (1999) and concluded that there were few studies from which to base conclusions. Four controlled studies were found to have beneficial effects however three of these reported a change to working practices at the same time as introducing supervision

which confounded the results. The remaining study by Butterworth, Jeacock, Clements, Carson & White (1997) indicated staff were more liable to emotional exhaustion when they were not given supervision and that this improved once supervision was introduced.

Similar difficulties were reported in the supervision literature in a review of practices across clinical psychology, occupational therapy, speech pathology and social work (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). They concluded there was considerable consistency in practice across professions and in the definition of "good" and "bad" supervisory experiences but little empirical evidence to demonstrate long term improvements in professional practice or better outcomes for clients.

In an update of Gilmore's work Butterworth, Bell, Jackson & Pajnkinhar (2008) reported that the literature from 2001-2007 showed that nurses perceived supervision to be restorative when asked in an open-ended question however these findings were not supported by more quantitative studies. Formative impacts were also reported in that nurses receiving or who had received supervision were more likely to report integrating theory into practice and being able to verbalise their knowledge. There was some evidence to support the idea that supervision allows nurses to be more "*ethically sensitive*" and improves awareness of professional responsibilities. Evidence of impact on client outcomes remained out of reach.

More recently in a quasi-experimental controlled study Bradshaw, Butterworth & Mairs (2007) found that service users cared for by those receiving clinical supervision showed greater reduction in symptoms including positive psychotic symptoms than those being cared for by the control group. In the literature much is made of a recent randomised control trial (RCT) of the impact of supervision (White & Winstanley, 2010). This has reported selected results which lead to two theoretical propositions i) the impact of supervision in the formative domain (i.e. putting skills into practice)

will only be realised once there is sustained development in restorative and normative domains and ii) that only demonstrably efficacious supervision will impact upon the supervisee's wellbeing. However, there are considerable methodological flaws in this study and no rationale has been given as to why the particular findings presented were selected. Although RCTs are considered the "gold standard" for the establishment of scientific evidence, particularly within healthcare, the review of the literature would suggest that as yet the range of variables operating within the process between clinical supervision being implemented and patient outcomes have not been well enough discriminated to make for a feasible study of this type.

Summary

Overall there is some evidence to suggest that group based reflective activity can change the way participants feel. Participants report increased confidence, feeling more valued and less isolated, less emotional exhaustion and greater empathy for those they work with. Some participants report that their experience of RPGs causes distress. There is some suggestion that participants need to feel positively supported for other gains to be realised. In terms of impact upon practice there are indications that these relate to increased ability to think critically and integrate theory and practice, that with feelings of confidence comes increased ability to be assertive and that there may be better decision making as a result of greater awareness of the ethical aspects of work. However, such gains are not guaranteed and the quality of the reflective experience seems important. Quality seems mediated by feelings of being safe within the setting and appropriate group size. The approach of the facilitator seems to also have an impact, certainly in terms of their behaviour and possibly in relation to their theoretical orientation. Processes within the group that make for better experience include receiving encouragement, feeling validated, being constructively challenged and having the opportunity to learn from others. Factors outside the group such as previous experience and the culture of the work

environment may also have implications for the extent to which RPGs can have impact.

Process within Reflective Practice Groups

As outlined above RPGs are seen as most likely to have an impact on the formative / developmental domain which is concerned with developing skills and competencies and on the restorative / resourcing domain concerned with personal or emotional consequences of the work with service users (SU's). This section considers the theoretical basis for psychological mechanisms which might have relevance to how RPGs have impact. Currently it is not known to what extent RPGs impact as a result of individual or group processes and so both are considered from cognitive and psychoanalytic perspectives. It is possible that the impact may be other factors related to the groups such as the skills and orientation of the facilitator, the nature of the alliance between the facilitator and the group members, the developmental stage of the group or the culture within which the group takes place.

Learning Theories at the Individual Level

The concept of reflection is embedded within several theories of experiential learning. Building on the work of Lewin, Dewey and Piaget, Kolb (1984) devised a model of experiential learning (Figure 1). In this model reflective observation is seen as one of the abilities necessary to transform experience into knowledge. Kolb states that these abilities form two dimensions and thus the process of learning occurs as "*one moves by varying degrees from actor to observer and from specific involvement to general analytic detachment*" (1984, p. 31). In this model RPGs present opportunities to assimilate information about actions taken, compare these with existing knowledge and develop one's concept of the task or situational demands.

Boud, Keogh and Walker (1985) present a model which places analysis of emotions centrally within reflective processes (Figure 2). Similarly to Kolb, they see reflective
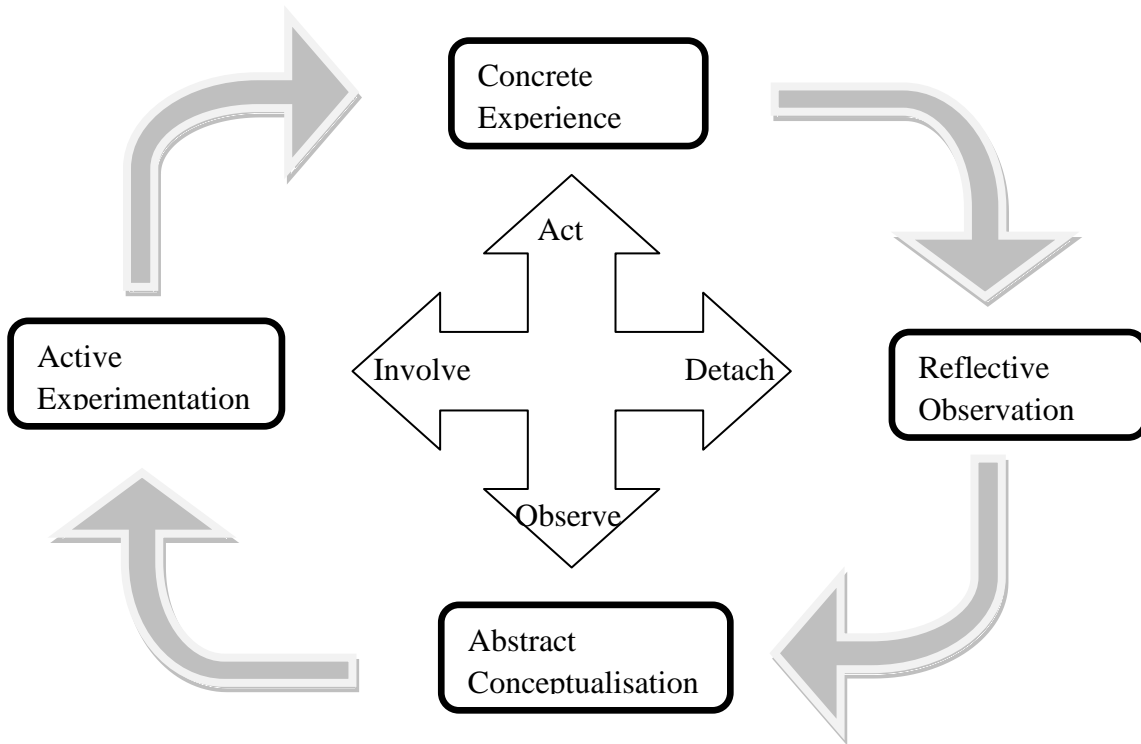
Figure 1: Experiential Learning Cycle (adapted from Kolb, 1984)

processes as being transformatory between the learning experience and the learning outcomes, although unlike Kolb their model is restricted to deliberate learning rather than that which may be gained incidentally through continuous interaction between the individual and the environment. They suggest that providing a defined opportunity for reflection increases the likelihood of outcomes such as gaining new perspectives, changing behaviour, promoting readiness to apply new learning and increasing commitment to action. The reflective process should involve revisiting the experience giving particular attention to the feelings generated. They posit that this facilitates a process of affirming positive feelings necessary to maintain motivation to engage in the task and a process of freeing emotional blocks to thinking creatively or flexibly about the situation. In this way the experience can be re-evaluated with greater sense of meaning. From the perspective of this model RPGs are particularly likely to promote restorative / resourcing processes.

-Returning to experience

-Utilising positive feelings

-Removing obstructing feelings

-Re-evaluating experience

-Behaviour

-Ideas

-Feelings

-New perspectives on experience

-Change in behaviour

-Readiness for application
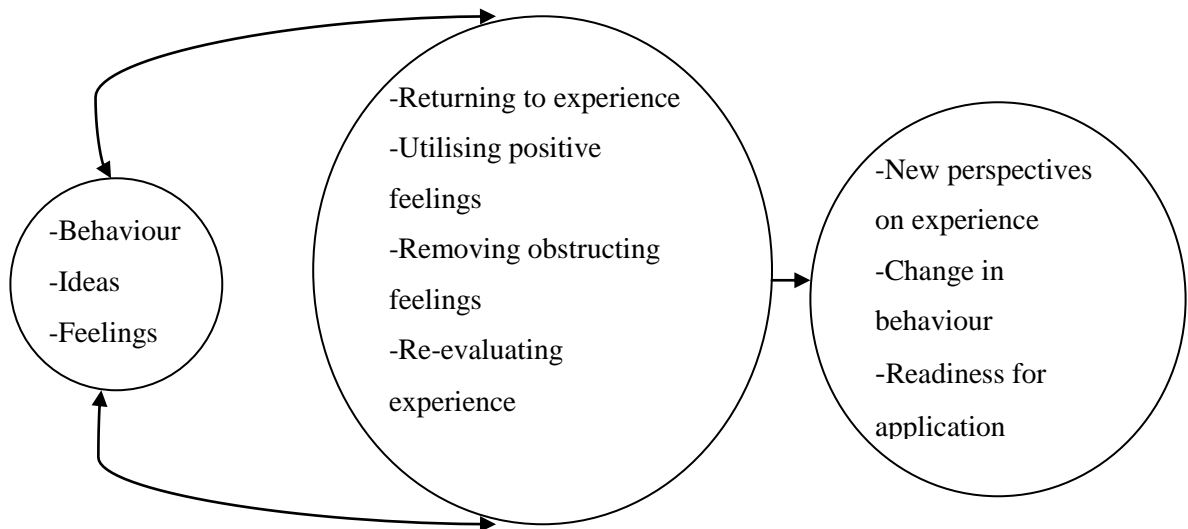
Figure 2: The Reflection Process in Context (Boud, Keogh & Walker, 1985, p.36)

Building on the work of Boud and colleagues and others Stockhausen (1994) developed a model to explicitly emphasise the importance of reflection in nurse training and development. This is also a cyclic process with four phases: the preparative phase, the constructive phase, the reflective phase and the re-constructive phase. This model specifically includes the opportunity for reflection in a group to enhance learning through reflection on an individual basis. The emphasis in groups is to share the experiences and receive direct feedback with the hope of gaining a deeper understanding of the subtleties and complexities of nursing.

In her study on the relationship of reflection to learning Moon (1999) developed a cognitive model which she refers to as a "*map of learning*" in order to locate reflection within the learning process. She uses a definition of reflection which conceptualises it as "*a mental process with purpose and/or outcome that is applied to relatively complicated or unstructured ideas for which there is not an obvious solution*" (1999, p.152) She conceptualises learning as occurring in five stages – Noticing, Making Sense, Making Meaning, Working with Meaning and Transformative Learning with the best possible representation of learning on a continuum from a simple representation without any evidence of understanding to a

well informed, integrated and well structured idea. She concludes that reflection is important in moving the learning beyond basic assimilation such as noticing or making sense to deepen the learning through the remaining phases. The theory suggests that RPGs would assist participants in making meaning from their experience with a view to integrating this meaning with existing knowledge of theory or practice in order to transform it.

Social Learning or Social Cognitive Theory

One possible mechanism for explaining how groups facilitate development is that outlined in Social Cognitive Theory (Bandura, 1986). A central tenet of this theory is that human functioning is explained by the concept of "*triadic reciprocality*" whereby behaviour, personal factors including cognitions and environmental influences all interact as determinants of each other (Figure 3). The relative influence of any given factor or type of factor will vary for different individuals, different circumstances or different activities and is thus probabilistic rather than pre-ordained. Operating within this framework people are viewed as having several basic capabilities – symbolizing capability, forethought, vicarious capability, self-regulation, self-reflection and plasticity within biological limits.

Vicarious capability distinguishes this model from other learning models which rely on the individual to have performed an action and experienced its consequences. In this model individuals can learn from observing the actions of others and their consequences. For this to happen the individual needs to process the information in a variety of ways which involves them directing their attention to possible information to be learnt, retaining this information and comparing this information with what is already known. There is also a significant motivational component to the use of vicariously derived information which involves thinking about the desirability of the model and the social consequences.

Internal

Physiological

Behaviour   Cognitive

Behavioural
Patterns

Environmental

Constructed

Selected   Imposed
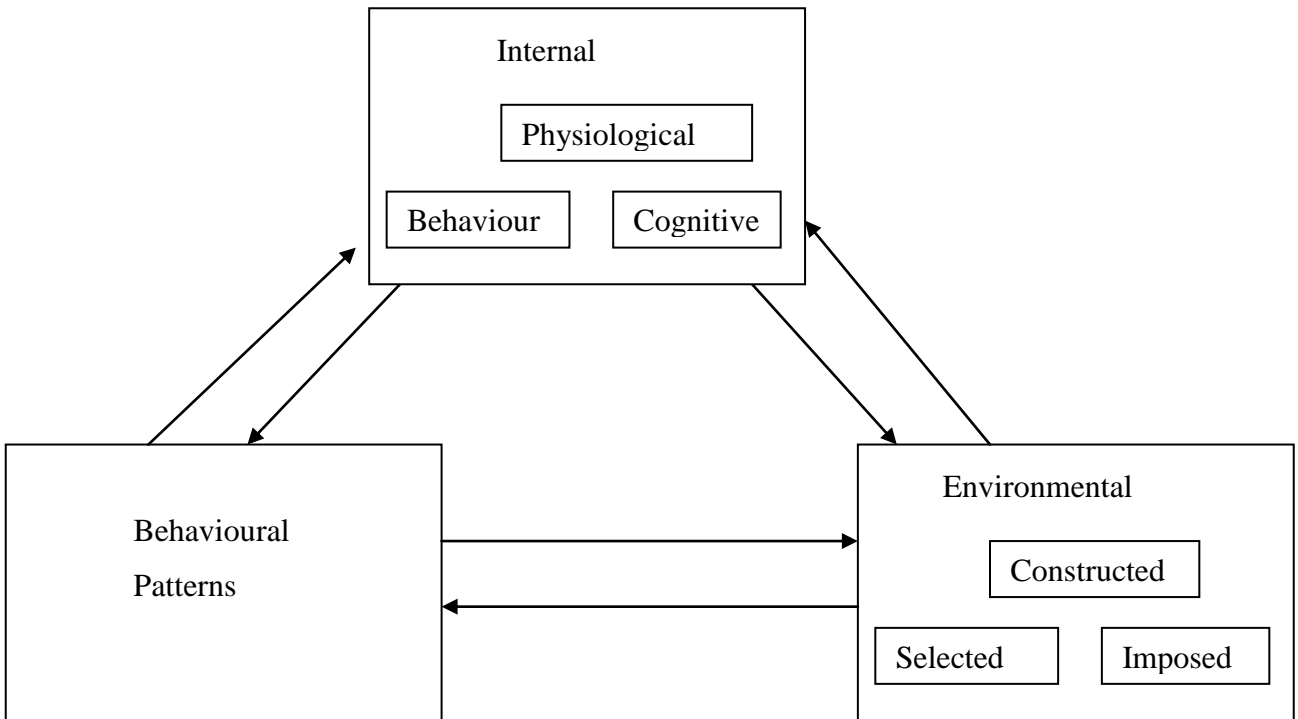
Figure 3: Relationship between determinants in triadic reciprocal causality (Adapted from Bandura , 1986)

This has direct relevance to RPGs in a number of ways. Firstly in RPGs individuals have the opportunity to witness not only behaviour, through description, but also the thought and emotional processes that were associated with the behaviour. This makes for a rich data set which increases the possibilities for triggering attention, symbolic coding or assimilation with existing knowledge. Additionally the access to other people in the group provides the opportunity for modelling behaviour not just of fellow participants but the facilitator also. The social relationships and power structures within the group may influence the likelihood of learning from a particular individual as judgements about the usefulness of a model are inferred not just from the tangible outcomes of the presented behaviour but also from signifiers of competence or past success (Bandura, 1986). RPGs can also provide the opportunity to receive feedback on the nuances of one's behaviour, as Bandura put it "*making the unobservable observable*" (1986 p. 66).

The opportunity for observational learning is also impacted upon by the self-regulatory and self-reflective capabilities. Whilst an individual can be influenced by the behaviour of others they have the capabilities to consider how likely the same outcomes would be should they attempt to replicate the observed behaviour. Even if the individual considers they have sufficient resource to replicate the behaviour and assesses the likelihood of the outcome as equivalent they still have agency to decide whether or not to engage in this behaviour.

RPGs may also have an impact on self-reflective and self-regulatory capabilities. An element of self-reflective capability which significantly affects behaviour is one's judgement of one's capability – self-efficacy. Bandura considers this to be based on four main sources of information – one's own experience, observation of the experiences of others, verbal persuasion and physiological status (Bandura, 1986 p. 399). As well as the opportunity to make self-efficacy judgements in relation to the observation of others, RPGs have the potential to impact through verbal persuasion. For example, group members can offer encouragement or discouragement about the individual's likelihood of success in applying a particular intervention strategy with a client.

In terms of self-regulatory capabilities, RPGs can function here in the development and assessment of standards. Individuals develop their internal standards based on a variety of factors including how important others have responded to their behaviour and how important others evaluate their own behaviour. Once a set of standards is internalised these are subject to continual comparison with current action, with the action of others and with agreed normative standards such as a code of conduct or ethics. Although RPGs do not have an evaluative function or responsibility for policing standards, there is still scope for discussion about the practice or ethical dilemmas within them.

Projective Identification and Countertransference

The term projective identification was first introduced by Melanie Klein in 1946 (Klein, 1996). Kleinian theory holds that the unconscious psychic environment for any individual consists of a series of "objects" which represent different parts of the self and external world. Objects may differentiated in terms of "good" or "bad" – a process known as "splitting."   Splitting is sometimes accompanied by projection whereby the (troubling) feelings are attributed to another. The analogy that is often used is that the other becomes the screen that the feelings are projected *on to* and thus become visible to the individual. Projective identification takes this process further where by the intolerable feelings are unconsciously projected *in to* the other who then experiences these feelings as their own. This process can be helpfully viewed as a means of unconscious communication between the individual and the other if the receiver can be helped to understand it (Barnes, Ernst, & Hyde, 1999; Behr & Hearst, 2005; Moylan, 1994).

The feelings experienced by a therapist (or helper) in relation to those whom he or she wishes to help are referred to as countertransference. It is therefore, in the countertransference that the feelings inserted into the helper by a process of projective identification are experienced (Halton, 1994). However the countertransference is not limited to these feelings and it also consists of feelings aroused by the helper's own conscious or unconscious processes. For example, Johnston (2010) outlines processes by which the helper may experience anxiety in relation to their own sanity or hatred of those for whom they are caring which are disturbing to the helper. If these processes remain outside awareness, there is a risk that professionals treat patients in a way which best serves their own unconscious anxieties, disturbance or omnipotent desire to "cure" rather than serving the SU's needs.

From this perspective RPGs provide an opportunity for difficult feelings to be contained or thought about at an individual level with a view to achieving more appropriate care for the SU. One of the earliest papers on the subject gives a detailed account of how regular staff meetings were used to create an understanding of a consistent pattern of variations in staff behaviour in a number of "*major nursing failures*" (Main, 1957). Johnston describes the purpose of reflective practice groups as being "*to foster empathy and shared humanity but also to try to allow a more discomforting identification to allow more difficult feelings to emerge*" (2010, p. 246). Moylan describes reflecting in teams as an opportunity to help managers and staff to use their experiences and feelings as source information - "*By knowing about ways in which the institution can become "infected" by the difficulties and defences of their particular client group, staff are more likely to be aware of when this is happening and to use their feelings to tackle their problems in a direct and appropriate way*" (1994, p. 59).

Social Defence Mechanisms

As well as unconscious processes having influence on practice at an individual level there is also potential for such processes to work at a group level. Menzies Lyth (1988) described how a study of the organisation of training for student nurses elucidated unconscious processes in the way work within the hospital was structured. These processes served to decrease the anxiety inherent in the nursing role by distancing the nurse from real relationship with the patient, by minimising the need for active decision making and by creating tiers within a hierarchical structure which allowed diffusion of responsibility and provided opportunities for projecting blame. Similarly Bion (1961) describes ways in which groups can be diverted from their primary tasks by unconsciously driven efforts to manage anxiety and reduce conflicts as "*basic assumptions*" (p.106). There are three types of basic assumptions each with an associated pattern of behaviour and attitude towards the group leader. Such patterns are most likely to impact upon group behaviour at times when services feel

under threat but are ultimately self-defeating (Mosse & Zagier-Roberts, 1994). From this perspective RPGs could help groups become more aware of these processes and to give space to contain and think about such anxieties so the work can be organised more effectively.

Group Work Theories

In order to understand processes within RPGs it may be helpful to consider how other kinds of groups are purported to have impact. At a basic level the task of groupwork can be conceptualised as understanding the need for a group, forming, identifying the real and potential resources to bring to the task inherent within the group, identifying and minimising obstacles to utilising those resources (Douglas, 1993). Through his experience and research with therapy and encounter groups Yalom identified a series of "therapeutic factors" as shown in Table 2 (Yalom & Leszcz, 2005). Although these can be distinguished conceptually "*they are interdependent, and neither occur or function separately*" (p. 2).

Instillation of hope	Development of socialising techniques
Universality	Imitative behaviour
Imparting information	Interpersonal learning
Altruism	Group Cohesiveness
The corrective recapitulation of the primary	Catharsis
family group	Existential factors

Table 2: Yalom's Therapeutic Factors

RPGs are not therapy groups and so there are limits to what can be taken from these factors. Nevertheless, it is clear that some could equally apply to RPGs as to therapy. For example, one can envisage that the factor of universality, coming to an understanding that "*we're all in the same boat*"*,* might be restorative for staff by reducing professional isolation. Similarly gathering to discuss cases in a group with an experienced facilitator might instil hope that more effective ways of being with or managing a client can be found. The factor "altruism" can be linked to the positive

psychology framework whereby doing good for others increases personal wellbeing (Peterson & Seligman, 2004).

Group Culture

Within the context of a therapeutic group, culture is considered to include elements such as the relationships between group members and between group members and the facilitator, the content of the group, the way people interact within the group and the agreed limits on emotional expression (Whitaker & Lieberman, 1964). Depending on how the group have agreed to negotiate these issues then the culture can be restrictive or enabling (Barnes, et al., 1999). These elements can equally apply to an RPG. It is possible that the extent to which an individual feels content within the culture of an RPG will impact upon their ability to use the space productively. Platzer et al. (2000a) give a vivid example of how the culture within the group restricted opportunities for learning.

Stage of Group Development

Yalom (Yalom & Leszcz, 2005) considers group cohesiveness as not so much a therapeutic factor but as a setting condition for therapy to take place. It can take time however for cohesion to be achieved. Tuckman's empirical study into small group development identified 5 distinct stages - forming, storming, norming, performing and adjourning (Tuckman & Jensen, 1977). Although generally thought to be a useful rubric, group therapists caution that such stages should not be seen as rigid and perhaps might be better explained in terms of how the group is functioning at a given time (Barnes, et al., 1999; Yalom & Leszcz, 2005) . The initial stages require group members to consider the purpose of the group and overcome their anxieties about participating. There may then be some conflict as the group determines how they will operate and thereby establish norms. These norms form the basis for group cohesiveness and allow the group to get on with the work at hand. RPGs especially on wards, often run as open groups where the membership is not fixed. Open groups

often rely on the therapist or other staff to maintain a sense of cohesiveness (Behr & Hearst, 2005) and thus the style of the facilitator and the length of time that the group has been established may be of particular relevance.

Power Structures

On an alternate note, it is possible that some features of the group may prevent individuals from taking part. Johns (2009) for example indicates that acting out power imbalances between disciplines in multi-disciplinary reflective group can limit its effectiveness. Consultants to organisations are advised to familiarise themselves with the power structure in an organisation to facilitate the process of understanding tensions in relation to power (Behr & Hearst, 2005). Lack of safety in a group is also likely to be a barrier to reflection (Fleming, Glass, Fujisaki, & Toner, 2010).

Organisational Culture

The attitude of the organisation has the capacity to impact on how RPGs are received. While the group is becoming established there may be attempts to (unconsciously) sabotage the work (e.g. Behr & Hearst, 2005; Johnston, 2010). Not all the staff on the ward will be able to attend and this in itself creates a split between those who can/do attend and those who cannot or will not. The culture of the organisation has been linked to levels of engagement with supervision (Butterworth, et al., 2008; Sloan, 2006).

Factors Related to the Facilitator

The studies by Knight et al. (2010) and Platzer et al. (2000a) suggest that participants' experience in RPGs is also affected by facilitator variables. In studies in psychotherapy factors related to the therapist have been found to account for the largest proportion of the variance in treatment outcome (e.g. Wampold, 2001). Hawkins and Shohet (2006) describe how the style adopted by a supervisor is likely to reflect their theoretical orientation (i.e. the model they most often adopt in direct work with clients) as well as being affected by personal characteristics such as age,

gender, cultural values and personality. They highlight personal qualities such as commitment to the role, appropriate authority, ability to encourage, ethical maturity, sensitivity, flexibility and sense of humour. Furthermore they suggest that those supervising groups should have additional capabilities in managing group dynamics, using group process to further supervision and the ability to manage group conflict. As identified by Sloan (1999) the professional relationship between supervisor and supervisee is important to the way supervision is received and it may also be the case that the professional background and training of the group facilitator may impact upon RPGs. As well as the personal characteristics of the facilitator it may also be important to consider the nature of the relationship between the facilitator and the group as this is an important element in creating safety, trust and group cohesiveness.

Current Study

RPGs are thought to have benefits for the staff attending them and ultimately for the outcomes for SU's in their care. There is little research evidence however to support this idea or to inform practice in order to maximise the benefits obtained from them. Writing about psychotherapy Kazdin (2009) makes the case for paying greater attention to the mechanisms at work within interventions and how these are moderated. This study aimed to explore the change processes within RPG and the factors associated with them. In a recent review of change process research Elliott (2010) recommends a "significant events" approach as a way of combining the advantages of other process methodologies. He defines the three principle tasks of this approach as i) identifying important moments (helpful or unhelpful) ii) developing a qualitative sequential multi-faceted description of what happened and iii) attempting to tie the in session processes to post session outcomes.

Initial proposals for the project suggested the use of Interpersonal Process Recall (IPR) methodology (Kagan, Schauble, Resnikoff, Danish, & Krathwohl, 1969). In this method sessions are video-taped and played back to the participant(s) within a

short time scale. The participants are asked to stop the tape when they think an event is in some way significant. This allows for the participant to be cued into recent "then and there" processes in a way which feels safe and is at a controlled pace (Elliott, 1986) in the hope of capturing details of the processes experienced by the participant at the time. However, after consultation with RPG facilitators and ward staff, it was felt that there were significant logistical and ethical difficulties inherent in video-taping whole groups and following up participants in short time frames. The compromise was to collect immediate reflections on a group which had just taken place. The hope was that by approaching participants whilst they were still in the same physical space that this would maximise their ability to access the "thinking space" they had been in during the group.

Having identified the significant events immediately after the RPG, participants were then invited to take part in an interview which examined these events in detail. These interviews were recorded and transcribed and analysed using Grounded Theory methodology.

Research Question and Aims

The overarching question this study intended to answer was:

> *How do participants make use of RPG?*

In order to answer this question the study aimed to complete several tasks:

- Identify significant events in RPG, as defined by participants, and obtain sequential descriptions of these
- Describe the psychological and experiential qualities of outcomes of RPG identified from participant accounts
- Identify significant processes within RPG and where possible relate to these to outcomes

METHOD

The research project considered how staff make use of RPG by considering significant events occurring within them. Staff were approached immediately after a group had finished and asked to write a summary of what they found to be most significant about the session they had just attended. These written statements were collected and used as a focus for a follow up interview with 9 participants. These interviews were recorded and analysed using grounded theory methodology.

Ethical Issues

Ethical Considerations

The main ethical considerations related to the recruitment of participants, the confidential and secure storage of participant information and handling service user information shared by participants. Although information about the project was shared with potential participants by group facilitators and ward managers, I managed all the recruitment directly so that individuals could be assured of the voluntary nature of participation. All transcripts were anonymised and stored separately from consent forms which contained identifiable information. In the course of the interviews, all the participants described situations and interactions with service users. No service users were named although some of the events described were unusual and extreme. For example three participants, each from separate wards described deaths which had occurred in very particular circumstances. It is possible that those in close contact with the services could have identified individuals on the basis of these descriptions. To maintain anonymity and confidentiality the details of such incidents are not stated here but referred to in generic ways which describe the impact upon the staff member(s) involved.

Ethical Approval

The project was peer reviewed by a panel at The University of Leeds in March 2011.

A submission for ethical approval was made to Leeds Central Research Ethics Committee in June 2011. The project was approved on the proviso that minor amendments were made to the participant information sheet and consent forms. Site approval for the project was given by the Research and Development Department of Leeds Partnerships Foundation Trust in August 2011.

Sampling and Recruitment

Sampling

Before individuals were approached to participate, I negotiated access to groups with the group facilitator and the clinical team manager (CTM) on the ward. I had already established relationships with several facilitators through previous work. In total there were five facilitators working across six wards. All of the facilitators and the wards expressed a willingness to take part. The CTMs were briefed about the study as a group and this was followed up by e-mail. I agreed provisional dates to approach groups initially with the group facilitator. The CTM was then informed. Each CTM had an electronic copy of the participant information sheet (Appendix 1) which they could use to brief staff in advance of the group.

The six wards were located on two hospital sites. They had broadly similar functions in that they admitted and held patients who were acutely unwell with a view to resolving an immediate crisis and promoting return to the community as soon as appropriate. One of the wards managed patients in need of intensive care as their behaviour was such that it posed a very high risk of harm to themselves or others. Two of the wards held women only, 3 held men only and 1 ward held service users (SU) of both genders. As stated in the introduction, there is no clear definition of the activities which constitute an RPG. The structure and content of the group may vary with the style and psychotherapeutic orientation of the facilitator and the environment in which the group takes place. I was interested in investigating processes common to different types of group and so groups were selected to ensure a diversity of

facilitators and ward environments was represented in the data. Due to scheduling clashes no participants were recruited from one of the male wards. All five facilitators were represented. A description of the groups is given below.

Recruiting Individual Participants

Participants were approached immediately after a group ended, usually without moving from the seat they had been in throughout the session. To address the ethical concern that participants could feel coerced into taking part the facilitator left the room as I arrived. Participants were reassured that their decision to participate or not was confidential. I explained the project and circulated the Information Sheet (Appendix 1). Participants who were willing to take part were asked to sign to confirm their consent and to give further contact details if they were willing to take part in an interview (Appendix 2). Consenting participants then completed a written exercise. Since groups on the same ward were approached a number of times some participants completed this task on more than one occasion. In total, 30 written exercises were completed by 28 participants.

Sixteen participants stated that they were interested in taking part in a follow up interview. Participants were selected for the interview stage using a purposeful sampling strategy. In order to increase the richness of the data participant characteristics such as the content of the written exercise, gender, role on the ward and experience in groups were taken into account in decisions about who to select for interview. Fourteen participants were sent an e-mail offering times to meet before the participant was next due to attend an RPG. Of these, four did not reply and it was not possible to arrange a suitable time with a further participant. Meetings were arranged with 9 participants. At the start of these meetings I reiterated the main points from the information sheet and further consent was gained for this part of the research (Appendix 4)

Participants

Description of the Participating Ward RPGs

Ward A had access to 2 RPG. The first of these had run for over 5 years and was facilitated throughout this period by the same facilitator who worked from psychoanalytic principles. This group had an emphasis on the emotional impact of the work for staff. The second group had been running for about 3 years and also had had the same facilitator for its duration. This facilitator worked in a psychodynamically informed way. This group had a greater emphasis on developing a consensus within the team about how patients could best be managed. One of the facilitators was a Medical Psychotherapist, the other a Nurse Psychotherapist.

The RPG on Ward B had been running on a weekly basis for 1 year with the exception of pre-planned breaks. The facilitator worked from psychoanalytic principles. Prior to this, the team had access to RPG with a facilitator who worked from a cognitive behavioural perspective. This CBT orientated group initially ran twice per month and eventually moved to being on an ad-hoc basis when requested by the team. Both these facilitators were Clinical Psychologists.

Ward C had recently begun to have RPG. This happened weekly with pre-planned breaks. The facilitator's main orientation was Cognitive Analytic Therapy. Prior to this there had been some input from a previous facilitator although this was short lived and had not been firmly established.   The staff group on this Ward were very close knit and many of them had worked together since the unit had been set up. The facilitator was a Clinical Psychologist.

Ward D had access to 2 RPG happening on a weekly basis with pre-planned breaks. These groups had been running for a period of about 18 months. One group was focused on patient management while the purpose of the other was to provide staff with an opportunity to reflect on any aspect of their work. Both groups were

facilitated by the same person who was a Nurse Psychotherapist and worked in a psychodynamically informed way.

The RPG on Ward E ran on a fortnightly basis. The facilitator's main orientation was Cognitive Behavioural Therapy. The group had been established for several years and had been delivered by the same facilitator throughout. The facilitator was a Clinical Psychologist.

Individual Participants

Ward	No of groups approached	No of forms completed	No of staff interviewed
A	3	11	3
B	3	10	2
C	1	3	2
D	2	3	1
E	1	3	1
TOTAL	10	30	9

Table 3: Overview of the Participants by Ward

 Table 3 gives an overview of the participants by ward. The number of staff who took part in the written exercise after any single RPG varied between 1 and 6. There was a written form from at least one other participant attending the same RPG as a participant who was interviewed. For the most part interviewees were drawn from separate groups. There was one exception when two interviewees attended the same group on Ward C. On one occasion 4 staff completed a written exercise but none of these were subsequently interviewed. In order to preserve confidentiality the participants are not individually described. Table 4 gives a breakdown of the gender, professional role and experience on the ward of each of the participants interviewed.

Gender	Professional Role	Time on the Ward	Managerial responsibility
5 Women 4 Men	3 Health Support Workers 4 Nurses 2 Psychiatrists	2 < 1 year 2 from 1 – 5years 5 > 5 years	5 Yes 4 No

Table 4: Characteristics of the Participants Interviewed

Data Collection

Participants were asked to complete a form (see Appendix 3) immediately after the group had finished. This form asked participants to think about the part of the session they had just attended which had most impact upon them and to describe both the event and the impact it had. Participants had been given a definition of a significant event as something that they or someone else said or did within the group or something that they thought or felt whilst the group was taking place. They were also told that the impact could be positive or negative or mixed. The post session form asked for some information about the group and the participants' professional experience and experience of RPG. It also contained 3 visual-analogue scales to help contextualise the data. They were asked to describe their enthusiasm for attending groups, whether the group they had just attended was typical or unusual in their experience and whether they had found the group helpful or unhelpful.

Developing the Interview

The interview had a number of aims. The first of these was to attempt to gain a multi-faceted, sequential description of the significant event described on the form. The development of questions to achieve this aim was informed by Critical Incident Technique (CIT, Flanagan, 1954). Flanagan defines an incident as "*any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing it*" and critical as " *the purpose or intent seems clear to the observer and the consequences are sufficiently definite to*

leave little doubt concerning its effect" (1954 p.327).

While originally used as a task analysis, CIT has subsequently been used in a variety of settings and in a variety of ways (Butterfield, Borgen, Amundson, & Maglio, 2005) including as a means of discovering processes through investigation of helping or hindering factors (Amundson & Borgen, 1987; Amundson & Borgen, 1988). The technique as outlined by Flanagan was positivist in nature as it was concerned with ensuring the functional descriptions and data collections were as objective as possible. More recent researchers argue that CIT also lends itself to being used in a more constructivist way (Chell, 2004). Using CIT in this way allows the researcher to gain insight into the meaning ascribed to the significant events in RPGs by the participants. This meaning however will also be influenced by the researcher's interpretations of the participants' material. The questions related to the content of the written form came early in the interview to minimise interference from events from other groups.

A further aim of the interview was to consider how this group compared with other groups the participant had experienced. Particular attention was paid to the amount of experience the participant had in groups and whether the event identified and the group it belonged to was typical or unusual in some way. All of the participants had experienced a group delivered either by a different facilitator, with a different emphasis or in a different context. This provided an opportunity for similarities and differences in their experience to be explored. As the project advanced, data emerged which linked the experience of the group to the cultural factors on the ward and more time was spent examining these in later interviews.

The style of the interview was conversational in an attempt to lessen anxiety for the participant and to encourage them to share their view of the groups as they experienced them (Kvale & Brinkmann, 2008). The interviews were loosely structured so some initial background information was gathered first, then the

significant event was discussed and finally other experiences were explored. However the wording and order of questions varied in line with the participants' statements. Therefore a topic guide rather than an interview schedule was used (Appendix 5).

Conducting the Interview

The venue for the interview was agreed with the participant in advance. All participants wanted to be seen in their place of work, mostly on the ward. Therefore, I was not able to ensure the privacy of the space. Several interviews were interrupted by people inadvertently walking into the room or purposefully seeking out the participant. I checked out the participant's ability and willingness to continue after each interruption.

The interviews were conducted between 1 day and 28 days after the form had been completed. One participant had attended a further RPG between completing the form and meeting for interview. Consequently, the significant event discussed in the interview was one which occurred in the intervening group and there was no form corresponding to this event.

Managing Transcripts

The interviews were tape recorded and transcribed. I transcribed two of the interviews to increase my familiarity with the data. Due to time constraints, the other 7 were transcribed by University of Leeds approved transcribers. I took responsibility for ensuring accuracy of the transcripts by listening through the recording of the interview while reading through the transcript. I also ensured anonymity was preserved by removing any names of wards or people. Where it was necessary to retain meaning the named person's job role was inserted e.g. *Facilitator, Manager*. The transcribers had all signed a code of conduct outlining their responsibilities to delete any copies of the transcript once I had acknowledged receipt.

The transcripts were stored on a part of the University M: drive to which only I had access. Only anonymised transcripts were printed and these were stored securely when not in use.

For ease of reading, some speech disfluency (e.g. um, err, repeated words, part sentences) has been removed from quotes used in this document. Ellipses are used to indicate an unfinished thought of the participant rather than omissions from the quote. I have used square brackets to indicate changes to direct quotes. Such changes have been made to protect identities or when helpful to convey meaning without swamping the reader in details. For the most part, participant numbers have been used to reference which interview quotes are taken from. However, on occasion a characteristic of the participant is obvious from the content of the quote. In these cases the quotes are attributed to the identifiable participant characteristic (e.g. job title) to protect anonymity.

Data Analysis

Grounded Theory (GT)

GT is a method for the development of theory from the rigorous analysis of qualitative data. It was originally developed by Glaser and Strauss (1967) as an alternative to logico-deductive methods of reasoning predominant within sociology at that time. They argued that quality theories could be developed by using inductive methods which allowed for the "discovery" of theory from data rather than using data to verify existing theory (Glaser & Strauss, 1967). The methodology uses an iterative process of moving between the observed data and emerging meaning attributed to it so that the data become more focused and the analysis progressively more theoretical (Bryant & Charmaz, 2007).

Rationale for using GT

To date little process research has been carried out into RPGs. Therefore, it would

have been difficult to adopt a quantitative methodology as little is known about the variables which would have relevance for study. A variety of methods can be used for qualitative analysis (e.g. Denzin & Lincoln, 2000; J. A. Smith, 2008; Willig, 2008). The selection of methodology is dependent upon the research question and the study aims (Willig, 2008). This study focused on the behavioural, affective, cognitive and contextual elements of RPGs as experienced or perceived by the participant with the aim of gaining an understanding of how participants make use of RPGs. I am persuaded by the ideas of social constructionism and do not believe in a single reality. Rather it is my view that individuals are active in constructing their realities within constraints such as their previous experiences, resources or access to language. I acknowledge however that my past experience and knowledge of theoretical literature influence my thinking and that I have a desire to use insight gained from the study to extend or illuminate existing thinking rather than offering a radical alternative. This is in keeping with a "weak" constructionist approach (Schwandt, 2000). GT has been used as both an objectivist and constructivist methodology (Charmaz, 2000) and thus provided a flexible framework from which to conduct the analysis.

There are many similarities between GT and the more recently developed approach of Interpretative Phenomenological Analysis (IPA) (J. A. Smith & Osborn, 2008). IPA uses similar techniques of staying close to the original data and using this to develop categories and higher order themes. The emphasis in IPA is however, understanding the nuances of the participants' experience. Therefore, GT was used in this study as the focus was not the individual experiences of what it is like to be a participant within an RPG. Rather it is concerned with how individuals make use of these groups by identifying events defined as significant, considering participants' accounts of outcomes and attending to how participants describe processes with the groups.

Over time a number of alternative versions of GT have developed (Willig, 2008).

The current study uses a constructivist approach in keeping with Charmaz (2000, 2006). This approach views emergent theory as an interpretation of the data dependent upon the researcher's viewpoint. It is important therefore that the researchers acknowledge their own position and experience and consider how they might best work with the data to ensure they remain open to different perspectives.

Initial Coding

The processes of interviewing participants and managing the transcripts meant I had developed a good working knowledge of the content of the interviews. To ensure that the analysis was grounded in the data, all the transcripts were initially coded on a line by line basis. In order to make this an analytic process rather than a purely descriptive one I tried to focus on the processes the participant was describing. During this process I summarised what I thought to be the essence of sentences or phrases as if they stood alone (Strauss & Corbin, 1998). An example of initial coding is shown in Table 5. This generated approximately 2,500 codes.

Transcript Extract	Initial Codes
I really struggled with people with a personality disorder. They drove me mad. And so I used to use the group a lot to do that, to talk about them and my feelings and why. And I just found it helpful to then come out and be like, it's not because they hate me or you know or put it into perspective, I guess. Cos, it could feel like it was all personal. Um, so, it would be good to come out and realise actually it isn't. This is about them, it's not about me. I just happen to be here. And just feel more able to go back to work rather than dreading seeing them. *(P.1)*	Recognising a struggle in the work; Using the group to talk about personal feelings; Gaining a different perspective on service user behaviour; Understanding service user behaviour differently; Relocating responsibility; Making it less personal; Feeling more equipped to work

Table 5: Examples of Initial Coding

| | Codes | |
Transcript Extract	Initial	Focused
So, we were just like sort of fact-finding, almost, together, putting it all together. And through that we kind of got a clearer picture of [SU's] life and maybe try to get an understanding of why she's like that, and it'd kind of strengthen our position maybe towards her, working with her. And [Facilitator] did say a few things like from different perspectives and suggested things of maybe, you know, why she was like that or you know, how it made us feel. So, [Facilitator] did put his input in the group [and] it gave a slightly different slant on things I wouldn't have thought myself, and I maybe didn't agree with or identify with or think it was really relevant personally. It did kind of give me like a broader perspective on her. And I think it might well have been that other people did agree with it, and then it brought in their input and it kind of expanded the conversation. It was good. (P.2)	Group members (GM) holding different info; Sharing info in the group; Collating info to get a clearer picture; History helping explain behaviour; Explanations helping staff establish a position; Facilitator offering ideas; Facilitator's input opening new perspective; Other GM accepting facilitator's perspective; Agreement providing a stepping stone for new elements	Pooling info as a team Developing a team position Facilitator's input broadening perspective Adding complexity

Table 6: Examples of Focused Coding

Focused Coding

 To make the data more manageable, the next phase of coding focused on three main elements determined by the research questions. First, I focused on the content of significant events described by the participants via the written forms and in interview. When interviewed, participants had the opportunity to expand upon their forms and thus to give details of other significant events. Second, I focused on any learning or outcomes the interviewed participants described. Finally, I identified concrete descriptions of processes which took place within the group where the participants

had described their own thoughts and feelings and behaviour of themselves or someone else within the group. Each of the three elements (significant events, outcomes and processes) was handled separately. Relevant parts of the transcripts were extracted, placed together and used to generate more focused codes. An example of focused coding is shown in Table 6.

Constant Comparison

One of the distinguishing features of GT is the use of constant comparison within the data at the various levels of abstraction. Initially, I worked on a single transcript at a time and thought about the consistencies and inconsistencies within an individual participant's account. As I worked through transcripts I was able to compare the participants' accounts with each other. As I developed focused codes and categories I used these to re-look at data and to ensure relevance and fit (Charmaz, 2006). Thus I felt as though I frequently 'zoomed in' to look at detail and 'zoomed out' to look at the big picture that was emerging.

Memo Writing

I used memos to track my thinking as the analysis progressed. These ranged from short comments on the field of an excel spreadsheet I used to store the codes, to more full accounts of my observations about the data both within and between transcripts. Later I used memos to help gather my thoughts about category formation and record the rationale for inclusion or exclusion of certain codes within a category. An example of an early memo is shown in Figure 4.

Theoretical Sampling

Another distinguishing feature of GT is the use of theoretical sampling. This refers to a type of purposeful sampling strategy which specifically recruits participants in order to test theory emergent from the analysis (Charmaz, 2006). In this project the data collection and the analysis periods overlapped in time and thus the selection of participants and the focus on questions asked was influenced by information gained

> 6th March 2012 Note on kinds of emotions expressed in a group
>
> Participants easily describe negative emotions about SU (e.g. they really annoyed me P. 1) but will not easily disclose emotions about themselves "I feel inadequate" (P.2 & 3). Although negative emotions are sometimes owned "I felt irritated..." there is an implicit notion of blame or an ability to attribute this emotion to the behaviour of the SU. However, questions about adequacy and competence sit closer to personal vulnerability. What evidence is there in the remaining transcripts that it is easier to have a strength of bad feeling than anxieties about not being good enough?

Figure 4: Example of a Memo

in previous interviews. However, the data analysis was not sufficiently advanced to allow for strategic testing of emerging theory and as such I cannot claim to have used theoretical sampling.

Theoretical Integration

The theoretical model presented here was drawn together through a process of looking at the focused codes and the memos written. The initial transcript extracts were sorted on the basis of whether they described a significant event, a piece of learning or outcome or a process which had taken place within the group. Process descriptions were given more theoretical weight than statements which reflected opinion. The focused codes and memos were also sorted together by considering where the process the code related to was located – with the participant, the group or the facilitator. Several codes did not fit neatly into these groupings and were further examined using the initial sections of transcripts from which they were drawn. This allowed further relational codes to be drawn up. The model itself was devised through diagramming relationships emerging from the data, refining these through constant comparison and by writing and reviewing the conceptual boundaries of the major themes.

The adequacy of data collected in GT is determined by whether or not saturation has been achieved. Saturation is frequently referred to in reports but in order to maintain quality the researcher should be transparent about the way in which saturation was evidenced and achieved (Bowen, 2008). Strauss & Corbin (1998) however make the case that saturation "*is a matter of degree… if one looked long and hard enough, one would always find new properties and dimensions. There is always that potential for the new to emerge*" (p.136).   In grounded theory saturation is often claimed when theoretical sampling delivers disproportionately few new insights into theory compared with the time spent upon it. As stated, theoretical sampling was not used here due to the time constraints on the study. The data collected which was rich and diverse in terms of the participants' background, level of experience both of work and of RPG, their experience of outcomes and descriptions of group content and structures. I consider that the model presented here has theoretical sufficiency to explain the diversity within the accounts obtained as all the significant categories identified within the data are accounted for.

Quality Assurance

My thinking on how to ensure this research is of good quality has been greatly influenced by the guidance proposed by Elliot, Fischer and Rennie (1999), much of which is generic good research practice. Throughout the results section I have used numerous examples for two reasons. First, I think in many of the cases the participants' descriptions of events and process provide a much more immediate and meaningful illustration of the category properties and dimensions than I could hope to do by description alone. Second, I have clearly been selective when extracting from the transcripts in order to construct a description of the findings. I hope that the use of quotes allows the reader the opportunity to assess the validity of the interpretations I have made as well as giving them a reasonable sense of the material I was working with. The risk in presenting so much of the material is that the participants could be identified. I have attempted to manage this by referencing the quotes in a number of

ways as outlined above.

To maximise the credibility of the coding and the model presented I have made regular use of supervision especially in the latter stages as I worked towards theoretical integration. An extract was distributed to all the supervisory team and was discussed at the point of initial coding. Similarly I met with a group of peers who were also undertaking grounded theory project to ensure that the coding methodology was valid. Drafts of the results chapters were circulated to all three of my supervisors for comment and they considered that the model was largely succinct and coherent. A non-psychologist graduate has also read the results chapter and made helpful comments to promote its coherence.

Reflexivity

Importance of Reflexivity in Qualitative Analysis

As stated above, this study uses a constructivist approach to GT in keeping with Charmaz (2000, 2006). This approach views emergent theory as an interpretation of the data dependent upon the researcher's viewpoint. It is important therefore that the researchers acknowledge their own position and experience for several reasons. First, this increases the researcher's awareness of how they influence the interpretation of the data and helps them keep open to new perspectives. Second, being transparent about one's own position allows the reader to make inferences about the possible influences on the data and to think of alternatives (Elliott et al. 1999).

Personal Statement

I first encountered RPG during my first clinical placement of a Doctorate training programme in Clinical Psychology. This placement was with adults of working age and was psychodynamically orientated. I observed a weekly RPG on the same ward over a three month period. The group was well established and had been facilitated for a number of years by a male Medical Psychotherapist. I had only a very basic

understanding of psychodynamic theory when I started this placement. I had the benefit of travelling to and from the group with the facilitator and we would often discuss issues raised in or by the groups. This meant I was able to gain a more detailed insight into the theory-practice links which he was making. As much as I was keen to learn, I struggled to really make sense of some of the concepts presented.

As I observed I noticed several things. First, I noticed that some staff attended the groups very regularly and similarly I noticed some of the same staff on the ward but not attending the group. Second, I noticed that some of the people who came regularly rarely, if ever, said anything within the group. This sparked my interest and I wondered what was going on for them. I also noticed that the same people tended to speak first and offer a case to be discussed. These tended to be more senior staff and this made me wonder about issues of power and authority in multi-disciplinary groups. I thought it likely that ward hierarchies still had influence despite the egalitarian setting of an RPG. Before entering training I had been a manager of a service and so I thought about the resourcing of these groups in terms of staff time and expertise. I wondered about the efficacy of these groups and how the investment of resource and time in RPG would be justified from a commissioning point of view.

In addition to this research project, I carried out a study into the relationship between attendance at RPG and staff wellbeing during the second year of my training. As part of this, staff briefly described how they felt they benefitted from RPG. As a result I was aware that while staff are generally positive about these groups there was considerable variation in how they describe the benefits they obtain from them. I had significant contact with both the wards and RPG facilitators as a result of this study and the previous project and had discussions with various parties about the research. My perspective on the data therefore was open to influence from my knowledge of the context in which the groups were taking place, including ideas about the strengths and difficulties experienced within certain wards.

During my training I have been part of a Personal and Professional Development (PPD) Group where all the trainees from my cohort meet with a facilitator for an hour, approximately eight times per academic year. Although this group would not meet the criteria for inclusion in this study, I think there are some similarities in the process of meeting as a group where the agenda is flexible and largely self-determined. My experience in this group has influenced my thinking and at times I have used this PPD group to think through some of issues raised by this research. I have also attended a course on the "*Systems and Psychodynamics of Work and Organisations*" which has involved being part of a group reflecting on the dynamics of colleagues' work organisations. I am very interested in psychodynamic ideas and my clinical practice is greatly influenced by them. I think it is important however to try to communicate in language which is accessible beyond the boundaries of one modality. All three of my supervisors work in a psychodynamically informed way to a greater or lesser extent and one is an RPG facilitator.

RESULTS

The Sample

Information from the Post-Session Form - Interview Participants

Participants are given pseudonyms in this section and are not presented in the order of interviewing.

Andy had much experience of RPG. He described himself as enthusiastic about attending although he described the group he had just attended as fairly typical and was neutral about whether it was helpful or unhelpful. He did not describe an event from the group in detail on the form. He described listening to others' thoughts about the topics discussed, offering support and suggesting new ways of working. In interview he described quite a frustrating situation with a service user whom staff found challenging and this did not seem to alter with any of the available treatment strategies.   He was quite frustrated by the group and expressed a preference for it to be more directed.

Hani had some experience of attending RPG and described herself as very enthusiastic. She had described the group that she had just attended as very helpful and reasonably typical of groups in her experience. She described the impact of the group upon her in considerable detail. She was particularly struck by the silence in the group especially given that her work environment was very busy. She recognised that she had dealt with a significant incident earlier in the day but that she did not feel it was unusual enough for her to mention in the group. This led her to reflect upon her how her personal boundaries and sense of "normality" had been affected by the nature of her work, which often brought her into contact with extremes of behaviour.

Harry had some experience of RPG. He was slightly more enthusiastic than unenthusiastic about attending. He found the group he had just attended to be

moderately helpful and described it as unusual as there were more staff in attendance than normal. The most significant aspect of the group for him was the opportunity to see that other staff had similar feelings in response to situations on the ward and it was useful for him to hear how they coped with these. He also appreciated the time to discuss issues although he felt that on occasion the groups could have been shorter.

Hilary was very experienced in RPG and described herself as very enthusiastic. She stated that the group was helpful and that it had been typical in terms of the style although some of the content was different to what would normally be discussed. In describing a significant event she spoke about a situation with a service user who was extremely unwell. The staff team had very little information about this SU and the participant wondered about how much the SU disclosure of information was influenced by willingness and ability. She was also interested in how the team could come together to think about their experiences with this service user and whether the staff could use this information to develop how they could work with this person.

Laura had considerable experience of RPG and was enthusiastic about attending them. However, she had found the group prior to completing the form unhelpful and indicated that it was not significantly different to other groups she had been to. On her form she did not describe a significant event from the group per se, rather she stated that she found the groups most interesting when staff discussed their personal feelings and the impact of their work. She was frustrated by colleagues whom she viewed as unwilling to be honest in the groups and indicated that she had become bored in the group as a consequence.

Roshan had considerable experience of RPG and was quite enthusiastic about attending. He described the group as reasonably helpful and reasonably typical although he noted that there were fewer people in attendance than usual and that the SU discussed was not typical of those usually discussed. In the group he had reflected upon information a SU disclosed a number of times when ill that they could

not or would not discuss when well. He described how he tried to maintain an open mind about whether this information was symptomatic of the SU's condition or whether it was an account of a real traumatic event.

Tom was very enthusiastic about attending RPG and had done so for several years. He described the group that he had attended as typical and he had found it very helpful. He did not describe a specific incident from the group as he did not feel the group had had a specific impact upon him. However he described a general feeling of being unburdened after attending RPG.

Tracey described herself as quite reluctant about attending RPG although she stated that she almost always went to them. She found the group that she had just attended more unhelpful than helpful and described it as slightly unusual due to the mix of the staff group who had attended. Her form itself said little about the content of the session and was more a representation of her opinion that the experience of the group was very variable depending on events on the ward. In interview she described how for part of the time this group had discussed a very unusual and potentially distressing incident. She felt she gained benefit from being able to talk about her feelings about service users but suggested that she would have other avenues for doing this if the group were not available.

Yvonne described herself as very enthusiastic about attending groups and found them helpful. She was relatively new and so her experience was limited. On her written form she described how her encounter with a particular service user had raised uncomfortable feelings of self-doubt and frustration. She described an alternative strategy for responding to this service user. She stated that RPG were a useful way to examine one's thoughts and feelings and she described feeling less confused and frustrated with herself as a result.

What Kind of Events do Participants Describe as Significant?

In total interviewed participants described 25 events which stood out for them as significant. These included events from groups recently attended and descriptions of events from groups they had attended in the past. When these events were isolated and considered together a number of themes could be identified. These themes are summarized in Table 7.

Theme of Significant Event	Focus	No. of Events	Participants Describing such Events
Service Users not progressing in the expected way	Content	5	4, 5, 6, 7, 8
Distressing Incidents	Content	4	1, 4, 7, 9
Exploring differences of opinion with colleagues	Process	5	3, 6, 8, 9, 9
Becoming aware of degree of belonging	Process	3	2, 2, 3
Seeking information	Process	3	2, 3, 4
Developing new thinking	Process	2	4, 9
RPG not meeting expectations	Outcome	3	1, 4, 5

Table 7: Types of Significant Event Described

The accounts of significant events varied in their focus. Some focused on the content of what was discussed in the groups. These included situations where staff felt "stuck" with individuals who were not responding to treatment in an expected way. This most often related to service users who were not getting better but there was also an account of a service user who responded positively to a physical health episode which most people would find distressing. Participants also described discussing distressing incidents as something which stood out for them. Often these incidents

were extreme, e.g. a death occurring on the ward or where there had been significant conflict between staff and service users.

The majority of significant events involved a description of a process which took place within an RPG. Some participants described attending the RPG with an aim of seeking information, i.e. they were in effect primed to register new information from the group. In other cases what stood out for people was the realization that there were different opinions within the group and that the RPG provided an opportunity to explore these. In further instances participants described how they had become aware of changes in their own thinking as a result of being presented with new ideas or challenges in the RPG. These processes could be considered primarily cognitive as they involved the exposure to or development of ideas and beliefs. The remaining process focused significant event was more experiential and related to individuals describing a process of assessing the extent to which one belonged to the group and had a shared experience.

"I really see how my other colleagues are really struggling with very similar things" (P. 3)

"[I] was kind of frustrated but really it was at myself because I didn't have the confidence to speak out yet. But I was there. I chose to be there 'cause I liked… I thought 'Even if I do feel uncomfortable in the room…' Then I'd feel sort of like I'm sitting [and] I should talk, but I can't." (P.2)

The final type of significant event related to what the outcome of the group had been for the participant. Several participants said that what stood out for the most was their sense of frustration with the RPG which was not fulfilling their expectations of what should happen. There was variation in the reasons given for this from a lack of focus on outcome, attempts being made to fill the time with tasks other than reflection and a frustration at a perceived lack of appropriate contribution from other group members.

What Do Participants Say Changes as a Result Of Attending RPG?

Participants described a number of ways the group impacted upon them. These clustered into three domains, each with a number of sub-categories as shown in Figure 5.

Domain	Changing Experience of the Work Load	Shifting Perspectives of the Work	Feeling Part of a Team
Sub-categories	• Getting Away from Demands • Changing the Emotional Burden	• Gaining Greater Insight into SU • Feeling more Competent • Rebalancing Relationship between Personal and Professional • Having a Rationale for Intervention Decisions	• Recognising One's Experience in Another • Having Ideas Validated • Developing Team Cohesion

Figure 5: Domains and Sub-categories of RPG Outcomes

Changes in the Experience of Work Load

This domain related to the ways in which RPG help people experience their work differently. This change in experience could relate to the environment of the group itself or to the feelings afterwards. There were 2 sub-categories which overlapped to a degree – Getting Away From Demands and Changing the Emotional Burden.

Getting Away From Demands. Several participants described RPG as an opportunity to get away from the immediate demands of ward work to allow other work to take place. This could allow feelings to be processed or the work to be thought about in a different way because of the different environment. It also provided a protected time for this kind of work to take place as there was the sense that this "thinking work" might otherwise be lost in the high demand for other action.

> *"I think that [acute wards are] a very pressurised environment. We're dealing with very disturbed people who, by and large, have had some kind of abusive experience and this environment enables some sort of re-enacting of those kind of primary relationships and I just don't know how people can function and try and view people holistically without taking account of those things. And I really think that [RPG] enables you that breathing space to think about those sort of things in what can be at sometimes a very chaotic ward." (P.3)*

Getting away from the demands also resulted in people feeling more refreshed afterwards.

> *"Sometimes if you are busy-busy that hour with [Facilitator] gets you away from it all so when you go back on ward you're a bit more refreshed, to sort of deal with things again. I think 'cause you're having that break away, off. Not off the ward completely but off where all the, you know, whatever's happening is happening." (P.7)*

Changing the Emotional Burden. As well as the shift in demand allowing for greater capacity, some participants described RPG as an opportunity to off-load emotion in a way which allowed them to feel differently afterwards.

> *"It can make you feel better in yourself I think. I think sometimes when you're a bit stressed out (laughs) 'cause you've had a bad day or whatever. It can be really beneficial. As I say even if it's just the time out and it's just letting rip. (P.7)*

> *"I just found that reflection helped get all this kind of tension off me. It felt brilliant."(P.8)*

There was however the potential for the RPG to add to the emotional load of the work.

> *"Sometimes the groups feel heavy as well" (P.1)*

Sometimes people were aware that the group had made them feel differently but they had little recollection of the content of the group or the process by which this came about.

> *"I can think of times walking out thinking 'Oh, that was good.' I can't think of why. [The] material, as such has gone." (P.1)*

Some such comments attributed the loss of material to the impact of other demands outside the RPG or to the passage of time. On other occasions this seemed more strategic, as though the RPG was regarded as a place to leave material so as not to have to engage with it anymore.

> *"I won't sit and sort of pore over the things we've discussed [afterwards]. I just instantly feel good to have got it all out." (Participant 8)*

Shifting Perspective of the Work

This domain related to the ways by which RPG enabled people to think differently about their work. The changes in perspective varied in emphasis as reflected in the 4 sub-categories – Gaining Greater Insight into SU; Feeling More Competent; Rebalancing Relationship between Personal and Professional; Having a Rationale for Intervention Decisions.

Gaining Greater Insight into Service Users. Several participants described how following discussion they had more understanding of a SU's presentation. Sometimes this could be as the result of sharing factual information.

> *"[RPG are] a good place to communicate. So say for example some people aren't the world's best [at writing down] information so sometimes in groups*

somebody'll say 'this person did this' or 'this person did that.' And you'll be like "Oh, I didn't know that." So that does elicit... That happens quite often and that might even change the way you think about somebody you know." (P.8)

At times it also related to a more intuitive understanding of the SU's presentation. The following quote gives an example and further explains how this increased staff's confidence in the care they provided.

"We looked at a patient who we were having trouble on the ward with in terms of her behaviour, distress and how she treated staff and how she made staff feel. And I really felt we got to an understanding of where this [SU] was coming from. [Omitted]. When we had to work with her I think I was more patient. I think I was more understanding, which hopefully came across in the way we cared for her." (P.4)

Feeling More Competent. Participants also asserted that RPG gave them ideas for how to work with patients.

I like to go into the groups just to feed ideas or see how other people deal with problems. [I sometimes think] I've not tried what the other person's said, I might try and working in this sort of way. (Participant 5)

Some participants felt that their experience of discussing cases in RPG had longer lasting impact in that it influenced the way the staff team viewed situations and responded to them; that learning from one case could be transferred to others.

"Differences in how patients behave to certain members of staff are seen more in a collaborative way rather than in a personal way, as a consequence of the reflective forums we've been having. So you could have a scenario like [one previously described] happening today, on the ward, and the [staff team] will talk about that between themselves. And probably we don't need the reflective forum to address that particular issue." (P.6)

Having a Rationale for Intervention Decisions. A further aspect of thinking about the work involved participants having the opportunity to debate the rationale for treatment decisions.

> *"Having those kinds of discussions means that we don't just, you know, it's not just a simple decision that's arrived at. It's kind of like going through the process of looking at all the pros and cons, trying to understand the [SU] where have they come from, [details omitted]. So, as a team I think we really try and tease things out in order to try to come to a decision that seems to make a lot of sense because we've spent time on it." (P.3)*

It was not expected that consensus would always be reached but there was thought to be an inherent value in the exploration of difference.

> *"Staff members who are of a certain view and other staff members who aren't of that view [can have] discussions and generally reflect on, on each others' point of view and also the patients' point of view. So, as a team member if you can appreciate what and where and how the other staff member or patient is coming from, I think you're on a winner. I think the difficulty is when people don't appreciate." (P.6)*

There was some suggestion that staff saw RPG as an opportunity to process their reactions to and understanding of the decisions made by the clinical lead. RPG varied as to whether or not clinical leads attended. For some, the consultant and members of the medical team consistently attended the group whereas for others they had never attended or attended sporadically.   One participant described regularly using the group to off-load frustration about a consultant's decisions. The consultant never attended this group.

> *"[In meetings the Consultant will take decisions which] go against what you have said or what's been agreed. And that kind of thing drives me absolutely nuts! 'Cause I've worked with this consultant for so long and know that there's no such thing as a promise. So that sort of thing will be talked about and indeed I will always talk about in [RPG]." (P.8)*

Another participant described how the team had been able to think through treatment strategies in some depth with the consultant present. The account implied that there had been some scrutiny of the consultant's thinking. The same consultant was also interviewed as a participant and when asked whether they had ever experienced being scrutinized by the group said:

"I never had that actually in a reflective forum, where I was actually, you know made sort of responsible for a certain decision and what … it never went like that before. I don't know why. Maybe staff feel that they can challenge me outside of the forum and they do that all of the time actually!" (Consultant)

As well as allowing discussion about different viewpoints in order to make decisions, exposure to information about different perspectives in the team had the potential to inform decision making for future interventions.

"You're working with these [colleagues] all the time so if you know how they feel and what they think it's easier for you to understand why they're doing certain things and it's easier to understand how to work with them as well. [Detail omitted.] Especially if you're co-ordinating, it's good for you know what people are thinking. 'Cause it's easier for you to co-ordinate and delegate different tasks to different people when you know what they feel safe with. (Participant with managerial responsibility)

Rebalancing Relationships between the Personal and the Professional. There was a theme in the transcripts that participants often felt under attack due to the nature of the work. Participants described that attending RPG caused a shift in how they saw the balance between what was personal and what was professional.

"I just found it helpful to then come out [of the RPG] and be like, it's not because [SU] hate me or you know or put it into perspective, I guess. Cos, it could feel like it was all personal. So, it would be good to come out and realise actually it isn't. This is about them, it's not about me. I just happen to be here. And just feel more able to go back to work rather than dreading seeing them." (P.1)

It might have been expected that RPG's could provide the opportunity for participants to think about their own past experiences, attitudes, beliefs and reactions and the relation between these and their work. There was little evidence that participants actively considered the groups to be a vehicle for personal change, although this was not asked about directly. One participant repeatedly described his experience of the RPG as "*like therapy*." When this was brought to his attention he stated;

> "*I mean I don't feel it, I don't. I relate it to therapy in terms of the process of therapy rather than me finding out stuff about myself which is useful... I've never found it like that kind of therapy for me.*" (Participant 5)

One participant gave a very moving example of how she identified with SU material brought to the group and how she worked hard to distinguish between the SU's experience and her own. She had a clear sense that it would not be appropriate to discuss personal material in the group and wished to stay focused on the SU.

> "*I actually have to stop my thought process 'cause I can get a little bit too like... My thoughts go to my childhood and I start thinking about it. And I'm not so much [there], and then again it blurs. I'm thinking about my childhood and then I'm thinking about [the SU's] as I listen to the conversation. [Detail omitted]. When I start to think about it, you know, I just think, 'This isn't the place.'*"

She also described how these experiences have made her wonder about her own support needs in order to maintain personal and professional boundaries.

> "*I was thinking that I need to maybe seek staff support so I can talk about my story to separate it from theirs. 'Cause it's great to have empathy, I think [but] it's a bit dangerous, really 'cause you can make assumptions or you could divulge a bit too much of personal [information].*" (P.2)

These examples emphasise the cognitive nature of a shift in perspective between the personal and professional. It is, however, worth noting that such a process is also

likely to correspond with a shift in the emotional burden inherent in the work and to an extent therefore it overlaps somewhat with outcomes in the experiential domain.

Feeling Part of a Team

The final outcome domain related to group members' sense of belonging to the team. There were 3 sub categories - Recognizing one's Experience in Another; Having Ideas Validated; Developing Team Cohesion.

Recognizing One's Own Experience in Another. Participants frequently described the experience of hearing other group members describe similar struggles to their own as very reassuring. This was especially the case when difficult feelings were involved or for members of staff who were new

"It just gives you a reassurance that you're not the only one that's feeling this is really difficult. This patient is really challenging and very difficult to engage with and have any empathy for. You're not the only one at times feeling your blood's boiling a bit." (P.5)

"[The same SU's behaviour had] kind of compromised [an experienced and respected member of staff] and made him feel a bit emotionally upset, whatever. He didn't mention it [but] I could tell. And I think seeing people reassure him and his reaction to that reassurance, I could identify with him and that was comforting." (Participant with less than 1 year experience)

Having Ideas Validated. When participants raised an issue and the group responded to it, there was confirmation that the group are interested in what the participant has to say. There is also often a confirmation that their struggle with the situation is legitimate.

"So it was really helpful for me at that time to present that case and the facilitator saying, 'Wow, what a case you presented!'" (P.6)

Participants also felt supported when their ideas were validated by the group. These ideas were sometimes explicitly thought out by the participant before the group.

"[I had] reflected on it myself before the group. I got to the point where it wasn't getting to me so much [by thinking that it was to do with SU behaviour rather than own behaviour]. The support was good to find out that it had been happening to other people but I had reasoned with myself already it wasn't fair what [the SU] was doing." (P.2)

Validation can also be received without making an obvious contribution to the group.

"Sometimes it can be useful to see how, even if you don't want to discuss an issue, how somebody discusses how they work with somebody. [It] gives you a reassurance that, that what's I've been doing and it seems to have worked for them." (P.5)

Developing Team Cohesion. As stated above RPG can provide an opportunity for people to share their views about appropriate treatment interventions. For some participants an important adjunct to this was that it allowed the team to present in a united way outside of the group.

"There was a real cohesiveness [that a particular treatment option] would be best, you know, we've looked at all these different options. We've been down this road and we've been down that road. This is the next step and this is why we want to do it. And the team was cohesive so the patient wasn't aware of the [difference of opinion]." (P.3)

For some participants RPG were valued as a team activity and this was prioritized over personal benefit.

"[A good outcome is] just to know that you've discussed stuff as a team. Everybody's had opportunity to have their speak. And, you can just tell when people are getting some benefit from it. [That's] when it's good. It might not always be me that gets it." (P.5)

For other participants the belief that other staff could benefit helped them draw positives from RPG they felt they gained little from themselves.

> *"I felt I didn't get a huge amount out of the last reflective forum but I am aware that it's, it's good for either newly qualified or any staff to discuss things that affect them. Perhaps I'm just less affected or less in need of, of that type of reflective forum." (P.4)*

What Makes an Outcome Helpful or Unhelpful?

All the participants who took part in the interviews were able to give examples of times when they had found RPG to be helpful. Their descriptions of what made groups helpful involved the experience of a shift in one or more of the domains outlined in the section above and examples are given in the quotations cited. Shifts in all domains were not considered necessary and participants' experience of whether the group was helpful or not appeared to be related to their own beliefs about how a group should operate. For example the following participant described the groups as "*always helpful*" and saw them primarily as a means of off-loading negative emotion.

> *"I know what it's designed to do. To help with your thinking and guide you along the right path or give you other ways to think about things. Generally I would say it does not do it for me. It's a far more emotional than an intellectual device where you can rationalise things." (P.8)*

As stated earlier several participants described being left with feelings of frustration as the most significant event in the group. These participants were not having their expectations of the group met, albeit for quite different reasons. They were from different wards although the group facilitators worked from a similar theoretical modality. In one case, the participant felt that the group was reluctant to move away from details about the SU and discuss the personal impact of the behaviour. In the other case the participant felt there the facilitator did not offer insights into the SU's presentation and allowed the group to direct the conversation too much. In both cases

the participants had a clear sense of what would make a good outcome but did not feel this was being achieved. Interestingly, both had said they had felt like this for some time and had continued to attend.

Two participants, who came from the same ward, appeared quite neutral about whether the groups were helpful or not. They described their ward team as particularly cohesive. These participants did not seem to have a clear sense of what the group was intended to add and both described how they felt they would have the opportunity to discuss difficult incidents elsewhere. Both these participants described how the RPG could be useful at times but also that the groups could sometimes be shorter.

> *"[Sometimes] it's nice to just talk about something that unusual, you know, something that doesn't normally happen and how we all felt about that. So I suppose you think then when you come off that was really good today. We've got through quite a bit and it's been a good experience. Where sometimes when [you have] nothing to say [you think] 'waste of time!'" (P.7)*

While some participants described frustrations and unpleasant events which took place within RPG, only one participant actively labelled an event "unhelpful." This related to a situation where there had been considerable disagreement in the group how a particular SU's difficulties could be classified and treated. As part of the process of the group, it seemed that discussion added credibility to a viewpoint the participant did not share and thus there was not the support for the treatment strategy the participant felt was most appropriate.

Processes Within RPG

Process of the Group

From the participants' descriptions of events within the groups it was possible to identify 5 tasks that a single RPG is faced with as shown Figure 6 below.
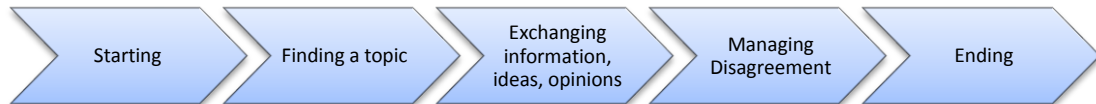
Starting → Finding a topic → Exchanging information, ideas, opinions → Managing Disagreement → Ending

Figure 6: Five stage process of an RPG

Starting. Participants described a number of different ways groups started. The key feature to the start of the group seemed to be the structure the facilitator placed upon it or the way they engaged with the group.

> *"With one of our old [facilitators] we used to have this sort of really formal [start] where he would say right this is the supervision group, everything that is said here is confidential, blah, blah. Go through the whole rigmarole. And in here we know it's started because the last person who we know is due to come wanders in." (P.8)*

> *"The kind of atmosphere [Facilitator] creates at the beginning… He does come onto the ward before the sessions start and he'll just kind of observe what's going on in the office and when he gets [to the RPG room] he usually makes a comment before he says this is the session [and] what we're going to do. [For example] yesterday it was, "Well, you've just got the one bed, it must be quite busy." And sometimes you think, he's said that because it will give you things to think about. And you do feel comfortable and he has noticed it as well so you feel "Well, he has noticed something." (P.9)*

Finding a Topic. All but one of the participants described a process of sitting in silence between the group starting and a conversation taking place. Most of the participants found the silence uncomfortable, at least some of the time. There was

considerable worry about what the facilitator would think about the silence or how it would make them feel.

> *"I think [silence] just feels quite uncomfortable, I think I'm pretty much alright with it now but even I'm not that comfortable in the [RPG]. I've noticed a lot of catches each other's eyes, people start giggling and it does get a bit child like. [Detail omitted] ...the whole room would sometimes be full and everyone would just be looking at each other and people would start giggling and that's what [the facilitator] thinks, we're all like that. Like being a room full of kids." (P.1)*

> *"[Facilitator] might start the conversation with something but then you've sort of nothing to say. So you're all just sat there in a circle just sort of looking at each other and then you laugh because of the silence don't you? You just feel daft because you are sat there with nothing to say. And as I say you're just literally sat there. So it must be awkward for [the facilitator] as well when its, it's awkward for us like that." (P.7)*

For the most part people wanted someone else to start the conversation and this could generate considerable tension where people felt like they were being tested or testing others.

> *"I think [facilitator] is quite happy to sit in silence sometimes, as well. So I think people wait for him to say something whereas he's waiting for us to say something. So I often wonder if it's a battle of wills, really. You know, who's going to break it first." (P.1)*

> *"You know I've, I've sat there and on purpose not said anything just to see if anybody else would and see how long or uncomfortable people can sit there for." (P.4)*

Internally, people described being worried about the validity or acceptability of a topic they might raise and the limits this might put on the choices of others.

> *"You're almost fearful of making... of being the person that initiates the conversation. [Detail omitted]. I don't think it's a fear of getting something wrong, as such but it's the fear of talking about something that other people might*

not want to talk about or they might feel there's something that they want to talk about that might be much more appropriate, that is much more disturbing, [detail omitted]. So I think it's a fear of that, that not kind of taking over [You worry that the] first person to say something or do something almost, kind of says, "Right ok. This is where we are, this is what we're talking about ... nothing above, nothing below and that's where we are" and you feel as though, if you say something, it's going to be that red line and that people feel as though they have to stick to it. (P.9)

Sometimes the tension could be eased by the facilitator commenting upon and validating the process of what was happening.

"If it's been ten minutes of silence [the facilitator has] said, "Well, this is also good, being away from the ward, just collecting your own thoughts together. If at any point you feel like you want to share those thoughts, you're welcome to..." and then just keeps quiet again. So it's giving you that invitation that if you want to share thoughts you can do, but we can stay here silently if you want as well. So, he'll do that at intervals if it gets to that stage if he needs to, but he won't say, shall we talk about this or shall we talk about that? And usually after the first time he's said that, give it a couple of minutes, somebody will say something." (P.9)

The silence was also described as a helpful opportunity to adjust and settle into the group before the discussion can start.

"When you go in [to the RPG] you're normally taken from some weird juxtaposition from chaos on the shift to tranquillity. And then you always need a few minutes to get your head together. To let your thoughts sort of flow and then somebody'll say something and then normally it just snowballs.' (P.8)

As described in an earlier quote, there was a sense that the topic raised for discussion had to be sufficiently worthy of the groups' time. The most commonly raised topics were SU's not progressing along an expected treatment trajectory, a distressing incident such as a death or an assault or situations where staff felt threatened or under attack.

Exchanging Information, Ideas & Opinions. The exchange of information, ideas and opinions between group members, or group members and the facilitator, forms the basis of the work of the group. Some of the process is illustrated in the quote above and in Table 6. Not surprisingly exchanges with facilitators were described in a number of ways. Facilitators were generally respected as an individual with particular knowledge or expertise and participants varied in their perception of the degree to which they had an equal status to the group. Sometimes they were seen as considerably more expert than the group.

> *"[The RPG is like] young adults perhaps having a reasonable conversation with this really wise person who tries to introduce another way of thinking about things." (P.3)*

This could sometimes be a source of difficulty. In the following quote the participant felt somewhat aggrieved that the facilitator had more insight than was readily shared.

> *"I've never got a sense you know that [the facilitator will] give a 5 or 10 minute monologue about what this [presentation] says to him, that's not what we get from him. I think he tries to get us to that stage. I think that's an OK way of working in a 1-to-1 individual therapy session, I don't know. [Detail omitted]. Perhaps it's just the way that he is but he's very much like a therapist. Doesn't say a great deal. Has that sort of therapist look, you know, (places hand on chin) the nodding of the head." (P.4)*

Sometimes the facilitator's contribution to the group was given more equal status.

> *"[The facilitator's comment] was almost… rather than it being "This is what's happening" it was almost an observation that he's made and somebody's telling you what they've observed. So nothing was being questioned it was just an observation that somebody had made." (P.9)*

Managing Disagreement. Participants depicted the initial topics for conversation as often involving description, either of SU characteristics or of an incident that has taken place and initial reactions to it. These can sometimes form the foundation for

more inquiring discussions; however for this to happen there needs to be some difference of opinion or experience shared within the group. Sometimes such differences present the group with challenges especially if the opinions are extreme in terms of what is acceptable, professionally or within the group. The group then needs to find a way to a more acceptable position.

"[A flippant comment about hostile response to a SU] tends to be the very quick off the cuff comment. [Detail omitted] but then when you obviously, you draw back on it and once everybody's sort of in agreement and it's sort of ... comments like that get discussion topics going actually. It's when people come out with maybe inappropriate suggestions that leads to people discussing appropriate suggestions." (P.5)

This process can also be helped by the intervention of the facilitator both when the content is extreme and/or the difference of opinions is marked.

"[A colleague] got carried away with himself the other week [detail omitted]. I can't think of the exact statement but everyone was like was, "Oh bloody hell, did he actually just say that?" [The facilitator intervened and] I think it gave [colleague] a chance to explain and for everyone to... [it] kind of brought the group back together. Able to carry on." (P.1)

"Both of us were giving our opinions as to why we feel that way. Both of us were saying that we understand what the other person's saying but this is how it is. So, [the Facilitator] the only thing he said was 'Do you think it's important to have a bit of both?' [pause] and left it at that again. And the discussions went on and we said, 'Yeah, it is important to have a bit of both but ... which over rides which?' [The facilitator] goes, 'Is it necessary for it to do that, or do you just need a bit of both?' And you're like, 'Yeah actually, you just need a bit of both.' Whatever you personally feel is more important, that's just your personal opinion and at the end of the day realistically, you do need a bit of both." (P.9)

Ending. The groups are time-bound and usually scheduled for an hour. The process of ending was not directly asked about and when people mentioned it they described that discussions were sometimes terminated before it felt as though they had naturally

ended. Some participants questioned the need for the group to be kept to an hour all the time and reflected that it was hard to predict how a group was going to go.

"If you're in for an hour and after 15 minutes there's nothing really flowing then you're just filling time really. There is far more productive stuff we could be doing on the ward. But then you get other times where it takes 10 or 15 minutes for it to get going and then when they're saying the hour's up, you're in full flow by that stage." (P.5)

The ending of the group seemed most noticeable when placed in contrast to the next tasks undertaken.

"It's quite hectic on the ward and you go in. You have your five minutes quiet then you have the big sort of burr-rurr, everybody splurges out all the stuff. And then it's so weird and it just ends and it's almost like you're sort of... snap out of your [RPG] trance and your reflection. And then you're just straight back to work." (P.8)

Intrapersonal Processes with the Group

As well as the tasks of the group, individuals within the group also went through a series of processes as shown in Figure 7.

Figure 7: Intrapersonal Processes within RPG

Attending. All of the participants in this study described themselves as regular attendees at RPG and this was the case even when people also described themselves as unenthusiastic or neutral about attending. By their nature wards always require some level of staff to be available and thus some individuals will be required to stay out of the group. Several participants described a situation on the ward where it was

well known that some staff would avoid attending groups where possible. None of the participants described attending the groups under duress; some did, however, describe avoiding the group on occasion.

"I think sometimes you think "Oh God, it's that day again. I can't I really can't be bothered [with the group] today." [Detail omitted] And there's always got to be enough to cover the wards anyway just in case something does happen. So then you volunteer for that instead." (P.7)

Engaging. Once in the group, participants had to feel sufficiently interested in what was going on in the group to be involved. The first quote in the Ending section from participant 5 gave one illustration of how the group as a whole found it difficult to engage and get going. Descriptions of disengagement on an individual level were rare and seemed to occur in response to personal feelings about something an expectation not being met.

"Somebody said they wanted to talk about this lady. And initially, I just thought, I don't really know why 'cause she doesn't seem to have an impact on anybody. She's not a management problem or aggressive or anything. But then I thought, 'Well...' I was listening to why and then, [Detail omitted.] It just then developed into what people know about her life really and at that point I remember just staring at the wall or something, just thinking I'm bored. [Later in the interview] I was just utterly bored. Barely listening. Frustrated. Just thinking, "I can't believe I'm just sat here." (P.1)

Describing/Reacting. Once the group had found a topic and participants were engaged they then were either involved in inputting information or reacting to the information they were hearing. Participants described initiating conversations about topics which had some personal relevance.

"We spoke about a gentleman who's actually my patient who has a personality disorder. And I sort of mentioned how it drives me round the bend really because you think you're getting somewhere with him and then you're not. [Detail omitted] I was just sort of mentioning how frustrating that was and also I believe

I was talking about some of our consultant's sort of bizarre decisions in terms of what goes on here." (P.8)

When someone else initiated or contributed to a discussion, participants then reacted to this internally. As described in the section on Recognizing One's Experience in Another this reaction could take the form of identification with the material. In the following example the participant described hearing another group member talk about a SU whom she had found difficult. The group member described how this SU had belittled him in front of other SU's. The participant's reaction extended beyond initial identification as she describes making interpretations about what was said and unsaid and how she was vicariously comforted by the group as a result.

"[Male colleague] didn't say too much about how he felt about it but I could tell right away when other people came to the conversation [and] said, "Yeah. That's really damaging." He was like, "Yeah, yeah." I think I could see from that [that it] had upset him to a certain degree. Whether he was annoyed, upset, or irritated [whatever] the degree, it did affect him. I think I could also see that these people sort of validating how bad it was to say things like that to him, reassured him. I think from that sort of ... It wasn't words that he was saying. That's what I took from it, and I could identify with that. So, from that, the unspoken words as well and body language and how he reacted to everyone else validating him, I think it comforted me. Not just knowing that [the SU] had treated him like that but from what was unsaid, I could see that he was finding comfort in it, and so I could identify with him." (P.2)

In other instances the reaction was becoming aware of one's own opinion on a topic or realizing that one had a contribution that might be important to the discussion.

"A couple of [female staff] said that we find that when it's all females on shift the boundaries are pushed a lot more and the male inpatients kind of feel as though they can get away with A, B and C and they will do it a lot more. My take on that was they'll only do it if you let them do it." (Female participant)

"[A group member] said, "[A story] could be part of [the SU's] delusional beliefs" and that's when I stepped in and [I] had to mention to him because it

seems like it was before [the SU] was ill that she [told] this story. [Detail omitted]. I felt like I had to mention it 'cause it was important." (P.2)

Questioning & Evaluating. Contributing to the conversation means putting something out there without knowing what is going to happen next. Participants rarely described their experiences of having their contributions in RPG discussed in detail. When topics are aired and commented upon participants are likely to be confronted with a perspective on the situation which is at least slightly different to their own. This introduces the possibility of uncertainty.

"I certainly can remember a particular case where half of the ward had a certain view that a particular patient was ill and psychotic and the other half thought that she wasn't. And it was really interesting to go through that. And I was one of the people who thought that she had psychosis but some or most of [the other people in my team] thought that she didn't. Even I myself was not 100% confident that she was psychotic. So there are differences of opinion within you as well, so it's always encouraging to have those discussions so we are able to reflect." (P.6)

This quote highlights an interesting point. While ideas may be debated and evaluated in the group (see for example quotes in the sections on Gaining a Greater Insight into the SU and Having a Rationale for Intervention Decisions above), there is also an internal process of debate. Entering into an internal process of questioning and evaluating means adding complexity to existing ideas and requires a tolerance of uncertainty since what is known is challenged by something new.

"It's almost like throwing a spanner in the works. It's all there going absolutely fine and suddenly somebody throws this thing in and you're like 'Woooah, you've confused me! What have you done here?!' And that's what [the facilitator] tends to do. [Detail omitted] I certainly enjoy that in the sense that it just it exposes me to even more and lets me question things even more and lets me think about things much broader. [Detail omitted.] When you are constantly here and you reflect all the time but you usually you do it as things are happening, it's just "This is happening now, let me do this" and then afterwards sometimes, you're just like, "Oh that was the situation, I dealt with it that way and that's it." You won't

question anything else because that's all you can see. And sometimes your vision can become very narrow. And that's because of so many things happening you just want to cut everything off and you just want to think about this one thing and getting that sorted and that's the problem and getting that sorted. And you don't realise that within the problem there's all these things as well that you need to question. (P.9)

In this case the participant clearly was prepared to tolerate uncertainty and be challenged as she valued the opportunity to expand her perspective on situations. This was not always the case and in some situations new ideas were quickly discounted with seemingly little thought being given to them.

"When you're with [a SU] 24/7 it's totally different from seeing somebody in a group or somebody face to face for an hour or two. So what [the facilitator] might see as [the SU] doing this [as] a means to an end, and sort of excusing her behaviour, you might see as something totally different. Perhaps [the SU] is just playing games again." (P.7)

This participant worked on a ward where the team had worked together for a long time and seemed heavily invested in its image of itself as highly functioning and cohesive. Later in the interview she gave some insight into what might make accepting the view of the facilitator difficult in this case.

"It's hard to let other people in. [Detail omitted]. I suppose it's gonna be with anybody that just comes in, not just [the facilitator], from outside sort of thing. Outside the actual group of people that work here. I think you're gonna get that whoever comes here. Whether it's a psychologist or whoever until you get used to somebody properly you're still gonna be wary of that person anyway aren't you? **Interviewer:** *And I guess when you have your tried and trusted ways of working…* **Participant interjects:** *That's it.* **Interviewer:** *it's kind of hard…* **Participant interjects:** *To open up to somebody else isn't it?"*

One participant described a very positive experience of presenting a case to a different type of reflecting group. In this group an individual presented a case and was then asked to step back from the conversation and observe as the other group

members discussed the case. The individual was then able to comment as they were brought back into the conversation near the end.

> *"[The group] were very interested in what I had to say. They were very supportive. They made some very astute observations and comments and they felt that my observations and comments about this [SU] were valued and insightful. And I suppose, looking at it in a counselling type way they were giving me lots of positive strokes and they were encouraging me to share the information and it was nice. [Detail omitted.] Listening to other people's thoughts and feelings about what I said you know, give yourself time to just process that and to think you know, 'Why did I think that?' [Detail omitted] I suppose it allowed me to obviously hear it from other people. They may have thought things that I would never have thought of." (P.4)*

This is presented here as a means of highlighting a contrast in the process. In the formal structure of this group the participant had a clear idea of the type of material to present and how the conversation would be structured. In this case after the initial presentation the participant was not expected to contribute to the discussion until a period of time had elapsed and they were also secure in the knowledge that they would be given a 'right to reply.' This allowed them to be free to listen and think about what was being said and to question and evaluate their own ideas. In an RPG however, the structure is usually much less formal and thus there is greater anxiety about what might happen next.

Concluding. As the group ends, participants too have to find a way to reach a conclusion from the group. When participants found it hard to state what they brought away from the group they tended to feel frustrated and dissatisfied.

> *"I would almost describe the [RPG] here as a discussion with a little bit of reflection at times. [Detail omitted.] I don't know, the [RPG] at the moment just feel a bit wishy-washy. Undirected. I don't seem to get too much out of them. Occasionally but not too much." (P.4)*

Other information from completed forms and an interview suggested that people could derive benefit from this group.

The following section gives more detail on outcomes derived from RPG.

Outcomes Derived From Process Accounts

Participant opinions of what they gained from RPG fell into three domains – Changing the Experience of the Work Load, Shifting Perspectives of the Work and Having a Sense of Shared Experience, as outlined in Figure 5. Grounding outcomes in participants' sequential descriptions of events extends these ideas into the following categories of outcomes:

- Managing New Information
- Reinforcing One's Self Evaluation
- Shifting the Load
- Having One's Actions Legitimized
- Building Solidarity

Managing New Information

When presented with new ideas and perspectives, participants have a number of options. If participants discounted ideas and remained certain, as in the case of Participant 7 described in the previous section, then they leave the group with similar thoughts to those they came with. Where participants used the new information, they did so in a variety of ways. Examples include attending to the parts of the information which are consistent with their own ideas, as described in the section Having Ideas Validated above (p.66). The example outlined in Managing Disagreement (p.73) demonstrates how participants may continue to hold a position but reduce its precedence over other information for the sake of compromise. Participants also described using the group to develop their thinking by adding new

information which changed their understanding of a situation, generating possible solutions to problems or by broadening their perspective on an issue. In this example, the group were not speaking about a recent violent incident where the SU required restraint. The facilitator was aware of this incident and commented on the silence in the group, wondering whether such an incident had become the norm.

> *"I was trying to question, well what's the difference between people that are in here and... [if] some of [their presentation]is just behaviour [as opposed to illness], why are [we] accepting such behaviours when you wouldn't accept out in the community? So I thought, we've actually normalised it and this is a reason why it's happening because, you know, it's ok. That's fine. The incidents can take place and you accept it. And so as soon as we went back and talked about a few service users and I thought, it happens so much but, yet nobody bats an eyelid about it." (P.9)*

The importance of new perspectives was highlighted in the case of Participant 4 who did not have a sense of gaining new thinking as a result of his attendance at RPG and hence became frustrated.

Reinforcing Self-Evaluation

As well as incorporating ideas presented in RPG, participants' accounts also suggested that they used their involvement in the processes in RPG in ways which supported their constructs of themselves as professionals. Several participants mentioned how reflection was part and parcel of what their concept of what it meant to do their job well. Taking part in RPG was a tangible, outward sign that they were engaging in RP and thus making an effort to carry out their work in a way which was congruent with their personal beliefs about how their job should be done. An example of this came from one of the consultant psychiatrists who viewed RPG as an important opportunity for the team to think together about how patients should be managed.

"I don't think I'm a very conventional consultant in the sense that I'm the leader and you know, "This is how it is" because I think that that is quite old school. And I think that you miss out on people's strengths if you, if you only do it your way." (Psychiatrist)

Participants could also have their views of themselves as reflective practitioners reinforced even if there was little evidence to suggest they were using RPG as an opportunity to reflect. Two participants, both with longstanding experience of RPG, described being frustrated with their groups currently as they felt there was insufficient reflection taking place within them. However, both these participants continued to describe themselves as enthusiastic about attending RPG and reinforced the idea that reflection is an important part of practice. They attributed the lack of reflection taking place in the group to either the facilitator or other colleagues. One of these participants aligned themselves with the facilitator, the other with SUs, in terms of who they most thought about in the group. Both participants were able to give examples of when they had used groups to reflect in the past but were unable to give recent examples of this. The more recent examples included times when they were unwilling to share personally troubling material with the group.

One's sense of good practice could be reinforced by confirmation of one's beliefs about the unacceptability of other practices. Participant 8 describes how he frequently uses the RPG to talk about decisions made by the consultant on the ward who does not attend the group. In his account, he clearly states that he does not feel the group provides him with an opportunity to change his thinking and he does not believe this is necessary. However, the following quote gives an indication that, for him, being able to voice objection is an important element of counteracting a sense of powerlessness.

"It's not that I feel powerless because you know I've had stand up arguments [detail omitted] with the consultant regarding this, that and the next. I've sat in tribunals and just come out and said the total opposite to [the consultant]. Much

to [their] chagrin and indeed, the tribunal's. [Detail omitted]. I wouldn't always talk about it [on the ward] but when you're in [RPG] I just feel like I can say it all and then everybody can agree and say whatever else. And it feels really good to me. I mean not necessarily that everybody agrees but it's nice to know that other people have the same feelings. We don't necessarily think "How can we make this better?" because it's just the way the consultant is." (P.8)

His experience in RPG allows him to voice his discontent and feel confirmed that others on the ward had similar experiences of the consultant. This is sufficient for him to reach a sense of resolution without having to consider other ways to tackle the situation. This was particularly interesting in the light of another written form collected from this group where a participant had described a significant event as becoming frustrated that the group seemed to repeat the same topics without giving any thought to possible solutions.

Being in a group allowed the opportunity to witness different ways of thinking about situations and could highlight the development that had taken place in one's professional practice over time.

"[Listening to less experienced members of staff] I know that was exactly how I was thinking and feeling a couple of years back. And I could see that coming through. We had a student in there as well, and she spoke about how she felt [Detail omitted] It made you question. You go back to when you were a student 'Was that how I was thinking? Was that how I was feeling when incidents were taking place?' [In yesterday's group] I almost saw myself from when I was student to when I was nearly qualified, a health support worker, everything you know through those phases." (P.9)

Shifting the Load

One set of outcomes described by participants were categorised as "Changing the Emotional Burden" as described above. Participants described how the group could be used as an opportunity to off-load their feelings about a situation. Similarly participants spoke about the group as a place where disagreements could be shared

without jeopardising work with SU. In this sense the group could be viewed as a container for these feelings, somewhere where they could be left or held.   Emotional burdens were also redistributed when participants gained different insight into the source of feelings. They gave examples of when they were able to see SUs' behaviour as less personally directed or in psychodynamically informed groups when difficult feelings were understood as communication from the SU (countertransference).

Other shifts in perspectives occurred when people realised that they were not alone in experiencing a difficulty and this could cause a shift from a problem being experienced as an individual struggle to something the team were struggling with. Similarly when making decisions about treatment, participants gave examples of how the group created a sense of collective responsibility rather than personal responsibility.

Having One's Actions Legitimized

Linked to a sense of collective decision making, the RPG could be used to clarify the amount of authorisation the group would give an individual to act in a certain way. For example, new members of the team found groups particularly helpful to learn about how the team operated. They explicitly described how they noticed what responses the team made to SU behaviour and how helpful it was to hear other more experienced members of staff recount their struggles with difficult situations. More implicitly, their accounts indicated that they were exposed to debates about how SU behaviours or work situations should be understood and explained. This information allowed people to determine the types of behaviour and responses which were acceptable within their particular group.

It is interesting that both Psychiatrists described discussing the possibility of treating an SU using Electro-Convulsive Therapy (ECT) as a significant event which had taken place within the group. ECT is a recognized and evidence based intervention

for the treatment of severe mental health conditions in a narrow range of circumstances (National Collaborating Centre for Mental Health, 2010; NICE, 2003). It is not a pleasant procedure and it is generally accepted that it has been abused in the past. As a result it is coupled with considerable controversy, not least in acute inpatient units, where there is the potential to consider its use even in cases where the SU does not consent.

The psychiatrists both described being in a minority position, advocating the use of this treatment in RPG when the rest of the group was not clear whether it was inevitable. In one case the psychiatrist felt they had the support of the facilitator who was felt to remain open to the possibility of people requiring a physical treatment for a mental health issue. In the other case the facilitator commented on the potential fear of the SU and tried to understand the reason for her resistance. The psychiatrist in this group felt this comment was unhelpful and it further marginalized their position in the group.

Both the psychiatrists' accounts indicated that they were concerned about the controversy surrounding this treatment and implicitly this presented them with a dilemma about whether the treatment was truly justifiable in this situation. In other words, they had to assess the extent to which they had moral authority as well as role authority. In the first case there was a sense that while the differences were not reconciled there was sufficient resolution that the RPG could tolerate the difference. In the second case there was no group resolution and the psychiatrist was left to hold the position alone. The SU in the case of the first group was given ECT and the psychiatrist spoke with great empathy about how unpleasant this situation was for the staff, expressing gratitude for their faith in the decision despite their reservations. The SU improved remarkably after treatment. In the case of the second group the SU was not given ECT and was discharged a few weeks later having improved with medication.

In a similar example there was considerable disagreement in an RPG about a SU's diagnosis. Exposition of this conflict inhibited the way power was exercised and the decision on a patient's treatment was deferred to an external authority, a tribunal, before conclusions were drawn about what should be done next.

Building Solidarity

The outcome domain "*Feeling Part of a Team*" identified from participants' accounts of what changes as a result of RPG is inherently social in nature. It was bolstering for participants to have the sense that they were not alone in having difficult feelings or experiences and confirming for them to have their ideas validated by others. In keeping with the idea of having one's actions legitimized, RPG also provided a means of assessing how things were done within the team and the culture of the ward and how this fitted with an individual's own perspective. This was most evident from the account of a member of staff who was relatively new to their current team.

> *"From a personal point of view, probably the [RPG] made me see how practice is done on here. How good quality it is [Detail Omitted] I managed to get out [of previous workplace which the participant perceived had a negative culture] in time. But for me, coming here was good to see when they are discussing their practice that I've made a great decision really." (Participant with less than 1 year experience)*

There is an important social element to reaching a satisfactory personal conclusion. For example, where there is difference between team members it is important to feel that this discussion has helped rather than hindered a team's position.

> *"Some people [were] saying well actually this probably is to do with her personality and should [we] consider discharging her, actually going through with the discharge and then other people saying well she must be ill to behave like this [Detail Omitted]. Now I think that [the RPG] provided us a real opportunity to work through those things and still remain cohesive as a team." (P.3)*

On occasion maintaining solidarity was more important than using the group to reflect. This is demonstrated in the examples from Participant 7 in the "Questioning and Evaluating" section above (p. 79).   These examples illustrate how ideas put forward by the facilitator were quickly discounted as they presented an alternative view to the accepted wisdom within the team. This participant also describes her view of the facilitator as an outsider and how difficult it is for her to accept any ideas coming from outside of a team which she sees as being very cohesive and strong. She also described how she did not voice her disagreement with ideas presented. As well as protecting oneself from criticism this also prevents any significant challenge being mounted to the *status quo*.

There were 3 examples in the data where individuals felt marginalized in the group, that is, their own position on the content and those of others seemed extremely different. Two of these related to possible treatment with ECT as described earlier. In the remaining example, a participant felt unjustly criticized by another member of the group, who held a more senior position. This experience of feeling singled out, proved so intolerable that the participant ceased to be involved, although sought the manager's support before withdrawing.

Summary

So far I have constructed the data in such a way to evidence a 5 stage group process and a 5 stage intrapersonal process. I have also highlighted a number of potential outcomes from RPG. There are parallels between the process stages; entering – attending, finding a topic – engaging etc. However the degree to which the processes are entered into is moderated by further processes which relate to keeping safe.

Moderating Processes

As described above, the content brought to sessions is potentially anxiety provoking. Frequently, the theme of what is discussed involves conflict, distress or threats to

competence in terms of how a patient is progressing. In order for this to be discussed the environment must feel safe.

Maintaining a Safe Environment.

One of the key tasks of the facilitator is to create an atmosphere of safety within the group. The way the group is structured is important to how individuals feel within it. This is probably most succinctly demonstrated by an example where structure was unsatisfactory for a participant. Participant 4 had previous experiences of RPG where the facilitators had offered a significant amount of structure to the group and the parameters were made clear. In contrast he found the current facilitator to be somewhat withholding and the group felt unstructured with more of an emphasis on the disclosure of emotion, which he was not comfortable sharing in the group. This impasse resulted in him being frustrated with the group and feeling he was not gaining much from it.

Several of the quotes illustrate examples of ways the facilitators can promote feelings of safety when the groups are in progress. These include

- taking an interest in the group's environment
- being an equal partner in the conversation
- giving ideas equal status
- acknowledging individual contributions
- offering a means of resolving conflict
- using observations and commenting on the group process

The quote below provides an example of how a feeling of safety in the group enables participants to enter into a discussion.

"I think it was really easy [to put forward a different view] 'cause I think the atmosphere in the group is putting forward suggestions. It's very much like how

we feel so it's not so much like objective. It is quite a subjective group, and as much as anyone wants to like disclose about how they feel. Although [the facilitator is] sort of the chairman of the group [Detail omitted] it's confidential. And you don't feel like you're overriding him because he's also not worked with this person. You might want to put forward all your different opinions and then from there he can open up possibilities for other people to look at." (P.2)

Avoiding Criticism. Another important aspect of promoting an atmosphere of safety involved avoiding criticism. One participant described ways in which the facilitator did this.

"I never notice [the facilitator] saying no to anything and blocking any options or opinions or anything else. I haven't seen him give like a negative reaction to anything in terms of even correcting people. I don't think he's corrected anyone or anything like that. He's maybe taking it on board with "Alright. Okay" and brought this conversation somewhere else but he hasn't corrected anyone or clashed with anyone. He's not given his own opinions so strongly that it's clear that they don't match someone that's mentioned something before." (P.2)

 On occasion it seemed there was an unspoken agreement that the group avoided criticism also.

"A lot of people prefer to question themselves rather than people pointing the finger and going 'Oh you're doing this and you're doing that.' [Detail Omitted] In a group like that it's difficult to give constructive feedback or criticism, it's more sort of getting you to question yourself and so nobody else is having to do it, you do it for yourself." (P.9)

Limiting Exposure

The content for a group is not decided in advance. Participants have little idea what a group may present them with before the group begins. Contributing to the group requires something about oneself to be revealed. This can feel exposing for the participant as putting something forward to the group may elicit a negative response from them. Also, once something is made public it is difficult to take back – it is

there to be witnessed and talked about by others. As well as the facilitator's role in creating a safe environment, participants described a variety of different strategies for maintaining their safety and limiting the degree to which they felt exposed.

Avoiding Talking About Difficult Topics. A number of participants described very distressing incidents which they had significant involvement in and how they wished not to talk about these incidents in the group.

> *"Now that was an incident that bothered me. [Detail omitted]. And I think I missed the first reflective forum [after the incident]. That issue was discussed then.[Detail omitted]. I mean it would have been good to maybe have listened. I may not have contributed much 'cause I have my own ways of managing that sort of, that rubbish."   (P.4)*

> *"[My manager asked] 'Do you want to speak about it in the reflective forum?' I said, 'No, I think it's a bit too soon to be honest. I think that as a team, we'll need to have a discussion because it's upset quite a few people. But, I don't think today's a good day.'" (P.1)*

Not Initiating Discussion. As described above there was considerable tension at the point of finding a topic. Participants find it easier to join in with a topic someone else has raised or can be grateful that someone else has initiated a conversation about someone they would like to discuss.

> *"I don't really bring much to the groups to be honest in terms of getting things up and running. But I feel I can add to them when they're going ahead." (P.5)*

> *"It wasn't me that decided [to speak about SU]. When they brought her up, my initial feeling was, 'Oh no! You know, I'm gonna have to talk 'cause I know a lot about this [SU]' (Laughs.) But then the second thought was 'This is a good one' because before I even came into the group, I was reflecting myself on how [the SU had] made me feel, what it had brought up, what I'd learned about myself through it." (P.2)*

Finding an Ally. Waiting for someone else to initiate a discussion is one way of increasing the chances that someone else will be interested in what you have to say. Another participant described an active process of finding for an ally before initiating a conversation.

> *"Myself and [a colleague] looked at each other at the same time and mentioned the patient's name. It was like, "Well today, this is what happened with this patient." It was kind of more than saying the patient's name, we both said. It was like ok (exhales), and then [the discussion] started from there." (P.9)*

The belief that there were allies within the group could be enough to prompt someone to act.

> *"[In RPG] I have said, 'I don't think I get much out of this.' And I think there were a few people there that wanted to say what I said but didn't. And there are people who don't particularly want to go in the group for whatever reasons they have." (P.4)*

Being On Sure Ground. Some of the personal risk can be taken out of a contribution by keeping to the facts of a situation. For example, describing the details of a SU's history or the facts of what happened in an incident. This can be a good introduction to a topic as there is limited personal investment and it provides a test of whether there is a willingness to engage with it at another level.

> *"[The discussion] just started off from a typical incident on a mental health ward when somebody's very psychotic, not well, but it kind of led to major issues in regards to [personal characteristics] and how that feels" (P.9)*

> *"[The discussion was] very detailed about the patient and her life. I think [Facilitator] kept trying to say, "So, I'm wondering why you wanted to bring her up." You know, what impact does it have? And I knew [the facilitator] kept trying. And it was just like nothing. And they just kept on talking about the patient." (P.1)*

At times, not being on sure ground can limit the willingness to contribute to a group discussion. For example, the following participant described the group discussing the behaviour of a SU whom she key-worked shortly after she returned from leave.

"I was like, 'No! [SU] doesn't do that!' This is what I'm thinking, I didn't say anything initially, I've been off for quite some time and I've not really had much of a catch up yet, so I don't know what's been going on. So the only thing I asked was well how many times [has the SU engaged in a behaviour]. [Detail omitted]. [I thought] 'OK, there's something not quite right here.' But then I just left it for them to talk about because I'd not been here, I just felt that it wouldn't be right for me to just jump in when I've not been around and I've been off this whole time." (P.9)

Censoring Content. Some participants described how they were measured in the amount of personal disclosure they included in their contributions and they sometimes found other ways to express a concern. This could be impacted upon by their circumstances.

"I did say she was she was aggressive in manner and difficult to deal with and it did make me feel slightly irritated. But I didn't specifically say like, 'It made me feel incompetent and sort of a bit unsure of my abilities.' That's maybe how it did make me feel, immediately, unsure of my abilities, and I was reluctant to say that because being new, I felt like people would be judging me." (Participant with less than 1 year experience)

"I mean sometimes I will say to people 'Oh well I'm not really quite sure what's going on with this [SU], we'll wait and see.' Whereas maybe [in a group of peers] it might be you know, 'I just feel so inadequate with this patient' or 'This patient makes me feel like I'm tearing my hair out and I don't know what I'm doing.' (Psychiatrist)

Not Sharing a Different Position. People described a number of occasions when they were aware they held a different position to the one being aired in the group but did not want to share this. They struggled to articulate the reasons for this beyond a sense that it did not feel right.

> *"I could have taken responsibility, said, 'Hang on a minute, this isn't what, we're not here, you know, we're not using the group correct.' And I think I walked out and said that to somebody afterwards, but, you know obviously, at that time, I didn't feel comfortable in saying, challenging the whole room." (P.1)*

> *"**Interviewer:** And would that difference of opinion be aired? **Participant:** Sometimes it does and sometimes it doesn't. 'Cause you think 'Will it sound silly if I do?' So then nothing gets said and you kind of agree with, with whatever." (P.7)*

Avoiding Confrontation. Participants were especially likely to limit their contribution in anticipation of a difference of opinion with powerful others.

> *"Sometimes I don't feel as free to be able to say things if [a Consultant] in the room and I get on really well with [them]. Say a lot of things. But I think, I don't know what it is. A bit of a power thing, for me anyway, I think, a bit of fear, saying the wrong thing or I don't know really. I think sometimes, [the Consultant] can be very opinionated as well, which is fine. But then it really shuts people up." (P.1)*

> *You might think, 'God [the facilitator is] talking a load a rubbish here.' But you don't say anything 'cause you don't. You don't, you know, I don't want to say 'Well I think this' and sort of, put their nose out of joint, sort of thing. (P.7)*

Active Exposure

Most of the strategies described so far are efforts to minimise exposure and these account for most of participants' descriptions of contributing to the group. In the example above where the Participant 4 voiced his dissatisfaction with the group (p.93), he was active in exposing his own feelings. It may be in doing so he felt he

was acting as a spokesperson for a larger group including people who were not present and thus he had a potentially indisputable position. He did not actually describe the response of the group or facilitator.

Another participant described a discussion within the RPG where she was voicing an opinion that certain behaviour by staff had unhelpful negative consequences. She was active in her disclosure of her own involvement in this behaviour and stated her reasons for it.

  "I did say that I do it. And I do it. When I don't feel safe, I'll do it." (P.9)

In this case, there was risk that other group members would be aware that this participant had engaged in the behaviour. Sharing her own position voluntarily is much less exposing than being accused of engaging in behaviour which countered her own argument. There are a number of contextual factors which may also have bearing. This participant described feeling very comfortable within her group. She had high regard for the group facilitator. She also enjoyed being challenged and was prepared to tolerate uncertainty. Furthermore she was one of the most experienced members within this particular RPG and so had potentially additional status on the basis of this.

Inadvertent Exposure
Not all exposure can be managed in the group situation. One participant described her contribution being quoted by another participant later in the discussion as part of a new argument. Contributions also do not have to be verbal. At times participants were aware of their body language and how this might communicate something to the group that they would not have chosen.

  "In one of my earlier sessions when I was really quite new [detail omitted] there were times when I could feel a little bit overwhelmed and I could feel my face

going a bit red. But it's a steep learning curve and you've just got to get on with it and do it. And it does get better." (P.3)

Testing Out

Participants were often acutely aware of the others in the group. They described their interest in the non verbal communication of group members and how they made interpretations about an individual's thoughts or feelings on the basis of this. They also described inferences and assumptions made as a result of the comments of others. In particular they were extremely aware of the facilitator, what he or she said and did not say and the behaviours they demonstrated. The level to which participants involved themselves in the processes of exchanging information and ideas and managing disagreement within the group and questioning and evaluating ideas within themselves depended largely on how safe they felt. The strategies for maintaining safety had an inherent hierarchy of the amount of risk which was taken. This suggested the possibility of participants engaging in a continuum of behaviours relative to how safe they felt and how any risks taken were handled – a to and fro of testing out how far they could go and still feel safe.

Summary

The subject matter raised in RPG often relates to incidents which are distressing, where there has been conflict or where practitioners experience threat to their competence. This is processed by the group by moving through 5 stages – starting, finding a topic, exchanging information, ideas and opinions, managing disagreement and ending. Individuals enter into these processes to varying degrees depending on how safe they feel, both within the group, the wider context and within themselves. The creation of a safe environment is largely the task of the group facilitator. Within this environment group members have a variety of strategies they can use to help keep safe and these form a continuum of how much exposure is risked and how much anxiety is tolerated. When the participant feels safe enough they can fully enter into a

process of questioning and developing their own thinking. Regardless of whether such thinking takes place in most instances participants will attempt to reach a conclusion at the end of the group which allows them to feel more confident in the integrity of their practice and/or their place in the team. A diagrammatic formulation of these processes is shown in Figure 8.

Group Processes

| Starting | Finding a topic | Exchanging info & ideas | Managing Disagreement | Ending |

Maintaining a safe environment

BROUGHT TO RPG

Conflicts
Distress
Threats to
   competence

Managing

Exposure

TAKEN FROM RPG

New information
Different feeling and/or
   perspective (+/-)
Solidarity
Legitimization (+/-)
Reinforced self-
   evaluation

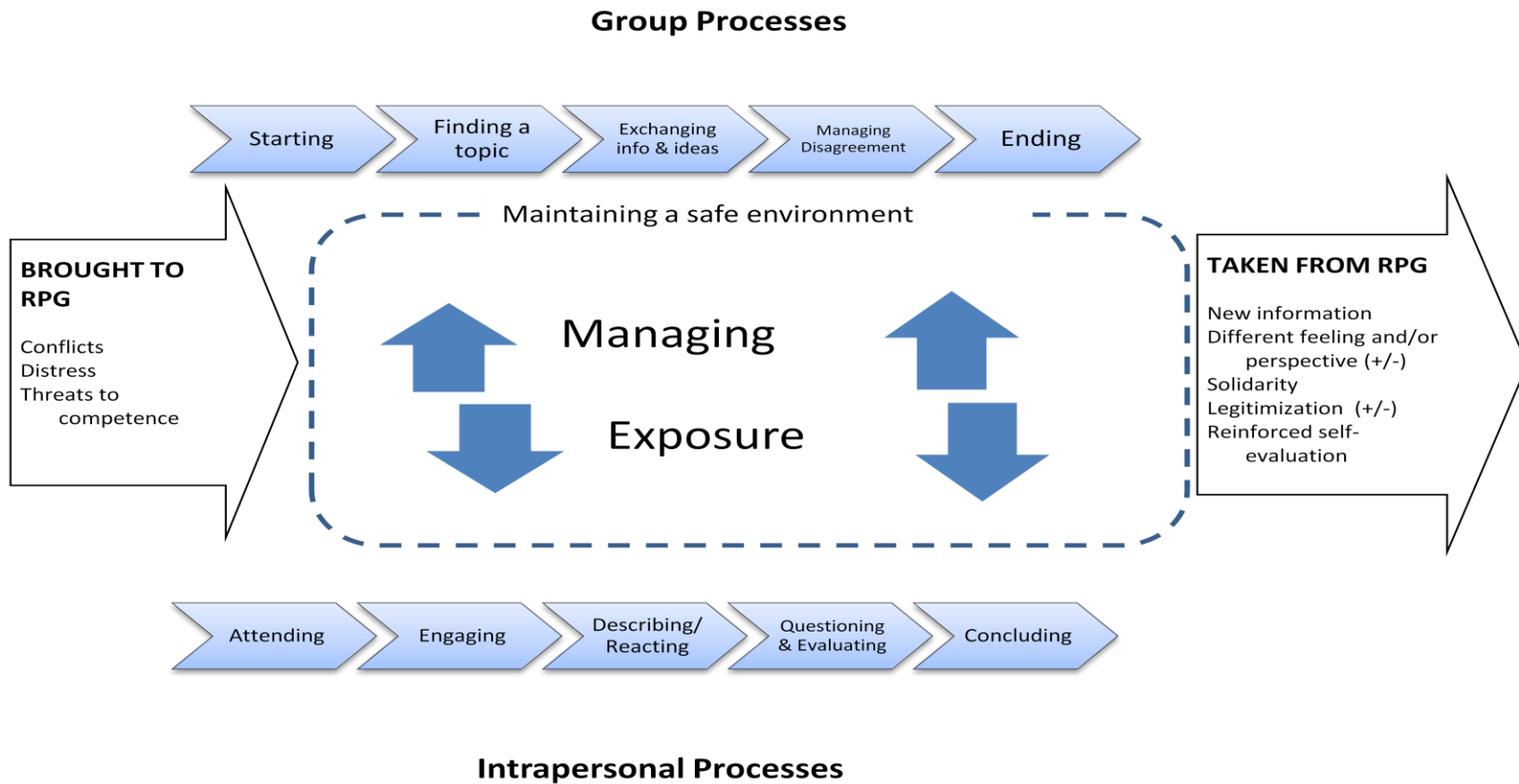| Attending | Engaging | Describing/ Reacting | Questioning & Evaluating | Concluding |

Intrapersonal Processes

Figure 8: Theoretical Model of Processes within RPG

DISCUSSION

Introduction

This project was a piece of Change-Process research which aimed to answer the question "How do people make use of RPG?"   In order to answer this question the study had several tasks

- Identify significant events in RPG, as defined by participants, and obtain sequential descriptions of these
- Describe the psychological and experiential qualities of outcomes of RPG identified from participant accounts
- Identify significant processes within RPG and where possible relate to these to outcomes

 The following discussion will give a brief review of the main findings of the study and then discuss what these suggest in terms of the uses of RPG. I will then outline the implications for policy and practice, consider the strengths and limitations of the study and offer some thoughts about possible next steps in building up the research base. I will offer some of my own reflections about the research process to conclude the chapter.

Review of the Main Findings

Participants varied considerably in the way they described significant events occurring in RPG. Some gave descriptions of RPG content which usually involved talking about incidents which were distressing, conflictual or where their competence was challenged in some way. More often people described aspects of the process which occurred within the RPG such as seeking new information, exploring differences of opinion, gaining a sense of similarity or difference to colleagues. Some participants gave most significance to the feelings of frustration or dissatisfaction they were left with after the RPG.

This study has identified three related processes which are inherent within RPG. The first of these processes outlines a series of tasks that a single RPG is faced with; Starting, Finding a Topic, Exchanging information, ideas and opinions, Managing Disagreement and Ending. Parallel to this process is an intrapersonal process which involves Attending, Engaging, Describing/ Reacting, Questioning & Evaluating and Concluding. Each stage in this process represents a decision point for a participant – to attend or not, to engage or withdraw and so on. The extent to which an individual can take part in these elements in moderated by the extent to which they feel safe. The creation and maintenance of a safe environment is a key task for the facilitator. This study also highlights that participants are active in sharing with the group in a way which manages the degree to which they feel exposed.

Participants directly or indirectly described a number of outcomes. Participants described how they felt attending RPG could provide new information or cause a change in their emotional experience or perspective of the work. They also described gaining a sense of solidarity with others. Indirectly, their descriptions evidenced how participants gained a sense of whether or not their previous or planned behaviour would be sanctioned by the group. They also described RPG as allowing opportunities for comparisons with others or with previous selves in order to reinforce their self –evaluation.

Discussion of the Main Findings

The theoretical model (Figure 8, p.98) gives an overview of issues people bring to RPG, the main processes involved in RPG and the types of outcomes people describe. Participants varied in the degree to which they engaged in these processes and in the types of outcomes they experienced. Regardless of their level of involvement with the processes, all participants described making some use of the groups. This was consistent despite the varying degrees of enthusiasm for attending, the fact that some participants were frustrated by their groups at this point in time

and that some considered RPG something of an irrelevance.

As outlined in the introduction, there is little consensus about the aims of RPG in the literature. Facilitators often have a clear idea in their own mind about the mechanism of action within a group. Studies in psychotherapy however suggest that there are discrepancies between therapists' conceptions of what is being delivered and client experience (e.g. Stobie, Taylor, Quigley, Ewing, & Salkovskis, 2007; Waller, 2009) and so this study attempts to outline the utility of RPG from a participant's perspective. Participant accounts were complex with evidence of several uses for RPG at any one time and a variety of uses over time. The following sections outline the main uses identified.

Using RPG to Learn

RPG potentially offer an opportunity to learn either through the presentation of new information or by offering a different way to use existing knowledge. As described, participants dealt with new information arising from the group in a number of ways. Firstly they may decide to reject the information. This resolves the challenge new information poses in a way which maintains current knowledge. The individual therefore remains certain, the process of questioning and evaluating is not entered into and no learning occurs, at least not at the level of cognition.

Accepting new information challenges participants to add to or adapt their existing ideas or constructs about the subject matter in question. For some the response to new material was to use this to support their existing understanding of the situation. In other words to use it as evidence that they were right. De Bono (1971) describes the urge to be right as based, at least in part, on a need to understand the unknown in order to feel secure. It is therefore, in his view, an emotional reaction and "*in practice being right has nothing to do with reality*" (p.100). Instead it provides a sense of understanding which allows for decisions to be taken about appropriate action. In learning terms, this process of fitting new information into pre-existing

constructs is assimilation, which is seen as a precursor to meaningful learning (Moon, 2004). When participants described processes of assimilation they also described these as occurring in a context where they were experiencing considerable anxiety, either because they had limited experience of presenting material or they were relatively new to the team.

There were examples of participants accommodating information, i.e. using information to develop and extend thinking. This was most obviously the case for Participant 9 who described several examples of being presented with a new perspective and using this to develop her own thinking. In the example below she develops an inquiry from the (male) facilitator about the feelings of the male SU's when there are no male staff available and uses this to think previous dialogues she has had and how these would be viewed in the light of this new perspective. She also applies this to several scenarios – urine testing and one-to-one time. The example also contains themes about power dynamics between genders and between staff and SU's although these are not explicitly thought about by the participant.

"As soon as [the facilitator] said about the males [SU's] being scared of an all female shift, I thought, 'Well yes actually, that must be quite scary.' One of the females comes and says, 'Do you mind providing a urine sample, it needs to be supervised by the way.' 'Well can I have a male supervisor ...' 'No you haven't got a male, it's all females on, that's what's going to happen.' Just simple things like if they were to say 'can I have one-to-one time but I'd prefer a male because there's certain things I want to talk about...' 'We're all females on shift so take you pick, which one do you want?' And usually you laugh about it and go, "Well which one of us is most manly, go and pick one." And you'll laugh about it and you think it's ok to do that but when it was mentioned yesterday, 'Do you not think they think they feel threatened at all?' And you think 'Oh my goodness me… yeah, I didn't think of that.' And it does make you question things. (P.9)

This participant described feeling very comfortable within the group and enjoyed the experience of having her thinking challenged. A similar example of using new

information to develop one's own thinking is illustrated in Participant 4's description of a different type of reflective group, as outlined in the section on Questioning and Evaluating. This group took place in a different context, away from the ward and the participant had been selected to attend. The different structure of the group made the "rules of engagement" explicit and placed the participant in a listening role whilst the group discussed the material he presented. In both these examples the structure of the group provided an environment which felt safe enough for the participant to tolerate the anxiety and enter into the learning process. This is consistent with other studies where psychological safety has been linked to the quality of learning outcomes in group supervision for counselling students (Fleming, et al., 2010), to the likelihood of medical staff to suggest improvements in procedures (Tucker, 2007) and to the likelihood of employees to share knowledge with each other (Siemsen, Roth, Balasubramanian, & Anand, 2009).

Explicit accounts of a learning process were relatively rare in the data. Given that RPG are frequently presented as a professional development activity, where learning would be an expected outcome, this is somewhat surprising. This may be an indication that groups are more often used for some purpose other than learning. It may also be the case that participants are not always able to describe the process of their learning. For example, one participant who did not describe any processes of being challenged by information said the following:

> "I think that every group I've gone to I've learned something or come away and thought 'I didn't think of that' or I've been reminded of something that maybe I'd forgotten." (P.3)

Other participants described being presented with different opinions and said that they valued these discussions but did not describe changes to their own thinking as a result. Although the participants are all engaging in RPG, this is not in itself an

indication that they will be skilled in reflecting upon the metacognitive aspects of the process. Some support for this idea is found in Moon's discussion of written reflection (2004). She reports that initially reflection is typically restricted to a descriptive level, rather than deeper levels of reflection which can be achieved with appropriate scaffolding. It may be that descriptions of learning from RPG were more likely when the participant was particularly skilled in deep reflection. Participant 9's interview for example, was exceptional in the level of detail and in the way she described her thinking as a mental dialogue as illustrated above. It may also be that accounts of learning were limited by the amount of attention participants gave to their own thinking processes when faced with the additional demands in the group. The situation described by Participant 4 allowed him to give more attention to his inner processes as he was freed from engaging in the external process while others were speaking. A further possible explanation for the paucity of accounts of learning relates to the timing of the data collection. The interviews were carried out in retrospect and thus after any process of accommodation of new information had taken place. It is possible therefore that learning might not necessarily be described as new information as it had already become part of what is known or understood about the situation.

Using RPG to Deal with Feelings

So far I have described learning as it relates to processing thoughts and information, i.e. learning at a cognitive level. Moon (2004) gives an overview of the relationships between emotions and learning. She considers several aspects to such relationships. Firstly she describes how learning can be impacted by the learner's ability to manage emotions and how it sometimes necessary to defer acting on emotion in order to pursue a learning goal. She also states that emotions form part of knowledge and feelings are thus both a way of knowing and part of the internal experience against which new information is evaluated. New emotions can be generated in the process of learning and these can also enhance or hinder the

learning process. Finally Moon uses the term "emotional insight" (2004, p.51) to describe changes in an individual's orientation to a situation. In later work, she describes the characteristics of emotional insight as a noticeable and relatively sudden shift in outlook where the process is not evident or conscious (Moon, 2008).

There was evidence that participants managed their emotions in order to be able to engage in RPG. Sometimes this was explicitly described. For example, Participant 2 described talking herself through her lack of confidence about being in the group in order to take part in the experience (see page 58). Participant 2 also describes how RPG sometimes reminded her of difficult personal experiences in the past and how consequently it can be a challenge to stay focused on what is being discussed in the group. More often however, participants described actions they took in order to manage their emotions during the process of an RPG. I have drawn these together as a mediating process called managing exposure. This process suggests that participants need to feel safe in order to engage with RPG in a meaningful way. This could be viewed as a form of attachment behaviour. Bowlby (1982) described the goal of attachment behaviour as being to increase the feeling of being secure. When this goal is met, an individual feels able to rely on caregivers (or mental representations of care givers) for protection and nurturance and thus has a "*secure base*" from which to explore the world. In the example above, Participant 2's lack of confidence was in herself. Her concept of the RPG was that it was "*a great service*" for staff and hence her expectation was that the group would be nurturant.

Heard and Lake (1997) have extended Bowlby's attachment model to include two related dynamics – those of a care-seeking/care-giving system and those of an interest-sharing system. They argue that interest-sharing promotes exploration and development of competencies but that this system is disrupted by fear and anxiety which activates the care seeking system. The work of Elliot and Reis (2003) provides some empirical evidence in support of this theory. The evidence of

different strategies for managing exposure at different stages within an RPG is also in keeping with this. Participants first need to feel secure enough to enter into a process of exploration. If the content or implication of a piece of information generates excessive anxiety the care-seeking system will be activated and may divert from exploring topics. Where there is greater confidence in support being available there is consequently greater ability to take calculated risks and accept challenges which contribute to expanding perspectives and skills (Shaver & Mikulincer, 2012).

The previous paragraphs relate to the individual's self-regulation within the group and their ability to manage emotions generated by the group process. Emotions can also form part of the material brought to the group and they can alert one to the presence of something which needs to be thought about. In their accounts of how RPG changed the emotional burden of the work, participants describe using groups as a space to ventilate and off-load emotion. As illustrated, sometimes participants left the group feeling better but had little recall of the content of the group or the processes which had took place within it. Bion (1962) introduced an idea that growth occurs through relationship between "container" and "contained." The earliest model for this learning is the relationship between mother and infant. The infant, without language, experiences sensations which are beyond his or her understanding and which feel boundless and unmanageable. There is then an attempt to transmit this feeling to the mother. If the mother is capable, she takes in, or contains, the infant's distress and responds in way which soothes or transforms the situation (e.g. feeding a hungry baby). Britton (1998 p.21) describes two functions of containment; the first to provide a sense of "*being in a safely bounded space*" and the second to provide meaning. He describes how language can thus serve a containing function, by giving an experience a semantic boundary in words and providing a context as those words already have a place in language. RPG provide opportunities to describe one's experience and/or to hear others' reactions or descriptions of a similar experience. In this sense they act as a container where

nebulous experiences and sensations can be crystallised and made more able to be thought about and participants then experience some sense of relief.

It was not always the case however that the emotional aspects of the work were processed or transformed by RPG. On occasion, it seemed that aspects of the work are experienced as too anxiety provoking to be thought about and remained unchanged. This will be discussed in a later section.

Using RPG as a Source of Support

The idea of getting support from the group implies that something is being shared. Hardin and Higgins (1996) suggest that individuals are motivated to create a sense of shared reality through social verification of information. The examples given in the Having Ideas Validated section involved gaining a sense that others in the RPG viewed or reacted to a situation in a similar way and thus validated the participants' current knowledge of the world. Gaining this kind of support required individuals to enter into the process of describing/reacting as the group was in the process of exchanging information, ideas and opinion. Sharing information about a situation and considering its meaning in RPG allowed for the co-creation of knowledge about how the situation could be understood and dealt with, although this required more critical evaluation of the material being discussed by entering into the process of questioning and evaluating.

In some instances, gaining shared knowledge was also important in reinforcing participants' views of themselves. In the previous section on learning, Participant 9 was identified as an individual who used the group to have her thinking challenged and developed. In another part of her interview she described how she interpreted some of the comments made by others in the group as supportive of her view of herself as someone whose thinking was appropriately developing through reflection on her experience (see page 84). Similarly, a consultant psychiatrist, whose self-concept included an ideal of being an inclusive leader, gave an account of RPG

which characterised them as an opportunity for a team to think together. In these cases it was not the outcome of the RPG that made a difference but the fact that the process had been engaged in i.e. the process of using the group to reflect fostered the sense of self as a professional who was developing; the process of taking part in team based reflection fostered the sense of oneself as a collaborative leader.

Developing a sense of shared reality depends upon a successful connection to another's inner state (Echterhoff, 2012). This connection is subjective and is thus not dependent on objective accuracy.   On occasion participants could use the feelings generated by the group to infer a view of reality which was not well founded. Participant 8 repeatedly used RPG as an opportunity to air disagreement with the ward consultant, who did not attend (see page 83). He cited his willingness to disagree with the consultant's decisions as evidence that he was not powerless. His later comment, that there was no means by which the consultant could change and thus would continue to overrule the opinions of other team members, seems to suggest that in fact his power is considerably limited in this situation. He felt supported by team members in his view of the consultant which bolstered him and made him feel better. His self-evaluation of having power in the situation is reinforced by his repeated complaints, but this is dependent upon the group continuing to agree that nothing else needs to change.

 As well as gaining support through shared knowledge, participants described feeling reassured, comforted and supported by hearing others' accounts of similar experience. Participants also described gaining the sense that they were helping others by attending RPG and that the ward team was more cohesive as result of RPG. These descriptions map on to Yalom's therapeutic factors of universality, altruism and group cohesiveness (2005).

Using RPG to Test the Limits of Authority
One specific type of support sought from groups was support for one's actions.

Power can be thought of as a disposition, *"... a capacity ... a potentiality which might never be actualised."* (Lukes, 2005, p.69) . This extends the view of power beyond the resources or abilities needed to exercise it and the sequence of actions which signifies its use. Authority is distinct from power and refers to the right to make a final decision, including decisions which are binding on others (Obholzer, 1994). Obholzer (1994) describes three types of authority. *Authority from above* is in effect the decision making capacity afforded by one's role as delegated by those who appoint into the role or hold the individual in the role to account. *Authority from within* refers to one's capacity to use authority delegated from above and sanctioned below without overly inflating one's ability or undermining it. A third type of authority refers to the degree to which those within the organisation are willing to maintain the system by working within the confines of the decision making structures. Obholzer refers to this as *Authority from below* and describes how this will have unconscious components as well as explicit conscious components e.g. a team member's opinion on the quality of the decision made by the individual enacting their authority.

Although described by Obholzer in hierarchical terms, this latter type of authority has also considerable relevance in multi-disciplinary and peer groups where there are key working roles assigned and where individuals from different specialisms are tasked with working together. RPG provided an opportunity to learn about the types of behaviour which was acceptable within the culture of the ward. This was especially the case when participants were new to the team. Most participants were asked how RPG impacted on SU care. Discussions were very rarely formalised into decisions which were written into the SU's care plan, despite the fact that the conversation had often centred on the relative merits of a particular course of action. This could be interpreted as a process whereby decisions were being tested rather than made. The conversation in RPG sometimes involved the discussion of inappropriate strategies as in the example given by Participant 5 on page 74. The

process he described seemed to be one where the RPG floated an idea which could never be authorised (although it verbalised hostile feelings of staff towards SU) and then worked their way back to a more reasonable position.

There are several types of authority evident in the ECT cases described earlier. As consultants, both these participants had a clinical leadership role on the ward and hence had authority from above. However, they did not view this status as applicable within the RPG itself, deferring leadership of the RPG (rightly) to the facilitator. In one case, the facilitator's speculation about what was in the mind of the SU was perceived as unhelpful by the consultant. In other words the consultant did not sanction the actions of the facilitator. In this case, although consultation had taken place which suggested that ECT might be a helpful treatment, the patient recovered without its use. The consultant had role authority to implement ECT despite the view of the staff team (as was the case in the other example). It is not clear whether the lack of support for ECT experienced in the RPG, impacted upon the consultant's authority from within or whether the lack of authority from below meant a different course of action was pursued.

Using RPG to Maintain the Status Quo
Although all participants described making some use of RPG, several said that they felt RPG had little impact upon their practice. The sections above describe ways in which individuals can use RPG to confirm existing ideas, feel better about existing situations, find support for their opinions, including those which they hold about themselves, and have their current behaviours sanctioned by others. A personal constructionist view of the development of knowledge suggests that an individual's interpretation of events is largely influenced by their pre-existing beliefs or constructs (e.g. Kelly, 1955). This suggests that individuals are primed to interpret others' reactions or comments as similar to their own unless they are particularly divergent and cannot thus be assimilated into existing structures. Participants

described how it is sometimes difficult to express a divergent opinion as this caused discomfort or potential risked the disapproval of a powerful other. The implication of this is that RPG are likely to reinforce participants' existing view of a situation, unless the group has been specifically developed to the point where it can tolerate divergence in opinion and people feel safe enough to express it.

As stated in the introduction, the work of Menzies-Lyth (1988) identified ways in which work was structured to contain anxiety at an organisational level. It is possible that RPG on acute inpatient wards might be used as part of a social defence system to protect individuals from anxiety about their work. Several mechanisms identified by Menzies Lyth involved allocating responsibility. There was some evidence that groups could be used to redistribute responsibility, for example by focusing the discussion on the behaviour of staff who were not present. As outlined in the previous section, there seemed to be little attempt to turn RPG discussions into formal decisions about patient care. This could be viewed as allowing the groups to operate in a way which increases a sense of shared responsibility which protects against the anxiety of being individually responsible. This conclusion however should be treated with caution given the variability in participants' understanding of the purpose of RPG. Some participants clearly understood RPG to have a focus on their general working practices rather than individual SU's however, and from this viewpoint RPG could not be expected to impact directly on care plans.

There was some evidence to suggest RPG were being used at a ward level to hold on to thinking that could not be tolerated outside of the group. A vivid example of this came from an RPG on a ward where a SU had recently died. I collected 3 forms after this group and interviewed 2 participants, one the following day and one 13 days later. None of the forms made any mention of this death and neither did the first interviewee. When the second interviewee mentioned a death had been discussed in this group, I thought at first that it must have been a different group to

the one I collected data from. However I checked this out with both the participant and the facilitator later who confirmed that the death had been discussed in the group I recruited from. The participant who did speak about the death at first found it difficult to remember the content of the group but then said she had spoken about her sadness, how the situation had raised conflicts for her about how she enforced boundaries and how difficult she found it to be thanked by the SU's family. Throughout her interview she consistently described RPG as being useful to have a "*good moan*" but did not think they changed her thinking or working practices in any way. Towards the end of the interview she said:

> "*So that's good thing about [this ward], it's like one big family. So I suppose it is for [Facilitator] coming it a bit "Oh my God, what have I come in to?" (Laughs) And we all laugh and joke a lot. Which I think helps a lot, you know? We don't do crying very much on here (Laughs).*"

The omission of the death from the written accounts and the first interview can be explained using psychoanalytic ideas. It seemed as though this death had raised a number of difficult issues for members of this ward team but they found it very hard to think about these issues and keep them in mind. Rather, it seemed that any difficult feelings were left within the group and split off from memory even when it came to the writing on a form immediately afterwards. The process of splitting, where elements of an experience are separated out and unwanted parts put from the mind, is associated with the Paranoid-Schizoid position in Kleinian thought (Bronstein, 2001). In the course of development these elements become re-integrated as one moves into the Depressive position, so called as there is an associated sense of regret and loss that the good elements which were retained are now experienced as realistically flawed.   Britton (1998) following from work of Bion, describes how new information can trigger post-depressive paranoid- schizoid position (Ps(n+1)). This generates anxiety as it means letting go of an existing ideal or value. If this can be tolerated it will lead to the development of new thinking

however if it is too anxiety provoking then it may result in more extreme forms of unhelpful thinking which deny parts of reality. In the above example, the death potentially threatened the team's image of themselves as cohesive, competent and immune to difficult feelings. While the RPG could provide an opportunity to discharge the difficult feelings, the associated thoughts seemed too troubling for the team to think at this point in time. Thus these thoughts were left in the group and the participants were not confronted with challenges to their view of themselves.

Implications for Policy and Practice

As stated in the introduction, the policy drivers for the incorporation of RP into clinical practice are its potential to increase the skill base of the work force, and thereby improve patient care, and in the hope that it enhances staff wellbeing. One of the main findings of this study is that in order for people to use RPG in a way which progresses their learning or development they need to feel safe and have a sense of the RPG as a secure base. Clearly facilitators then need to pay attention to creating a safe environment in the group. In particular, they need to think about and discuss with the group the relevance of different opinions; especially in cases where someone expresses a minority position. This has implications too for those implementing RPG, in that thought will need to be given as to how these can be set up in a sustainable way. Groups will need to be scheduled consistently and given that the membership changes weekly it could be anticipated groups will require a significant settling in period before the work becomes established.

The study highlights that staff can experience considerable anxiety at the prospect of speaking about aspects of their work which cause them distress, involve conflict or where they feel stuck. They take an active role in regulating this anxiety and will select and manage their contributions to discussions to this end. The participants in this study found it helpful when the facilitator commented on process. This may have implications for case discussions other than those which take place in RPG.

Team leaders, persons chairing group meetings or case reviews and supervisors should also bear in mind that feeling safe in an environment greatly enhances the ability to learn from experience. Sensitively recognising anxiety and explicitly discussing how a safe environment can be fostered is likely to be helpful.

Finally the findings have implications for facilitators as they suggest there is a balance to be struck between making participants feel safe and creating an environment where development can occur. It is likely to be helpful for facilitators to have a good knowledge of the context of the RPG e.g. the challenges facing the ward team and the ward culture. Within RPG, facilitators are more likely to be viewed as containing if they are consistent, maintaining the time boundaries of the group and the scope of activities which can take place within it. It may be helpful to structure participants' expectations that differences of opinion within the group are helpful and discuss how differences can be managed. Facilitators need to be able to manage their own anxieties about conflicts in the group so they are better able to think about when a conflict in opinion is productive and when the group may need assistance to find a way to resolve this. The study also suggests that RPG participants have may have concerns about their levels of competence and their power or authority which they are unlikely to voice openly. It may be helpful for facilitators to find ways of commenting upon such concerns so that they are named and contained without participants feeling exposed.

Critique of the Study and Suggestions for Future Research

Strengths of the Study
This study has developed a model of processes which take place with RPG from a participant perspective. The methodology used engaged participants in discussion about specific incidents which had taken place in RPG within a recent time frame, which resulted in rich descriptions of significant events. The model developed is well grounded in participant narratives and accounts for a broad range of the

experiences participants describe. These narratives were drawn from a group of participants who were diverse in terms of professional training, work experience, RPG experience, gender, and management and leadership roles. They also described groups facilitated in a range of styles and settings which varied in how long they had been established. The model presented distils commonalities of experience and thus provides a generic framework for understanding process within RPG.

Limitations of the Study

The fact that the model is generic is also a limitation of the study. It may be the case that certain processes are more linked to certain participant or RPG characteristics e.g. the modality of the facilitator. The study is therefore unable to comment on the relative methods of RPG delivery or whether they are more effective for some participants rather than others. The diversity of the sample means that there relatively small numbers of participants sharing the same characteristics. The sample was also, to an extent, self-selecting. Several potential participants who were offered interviews chose not to engage with this and their reasons for this are not known. It may be that the participants who took part had a particular motivation and as such are not representative of those attending RPG as a whole. Since the study focuses on the participants' perspective, it is perhaps not surprising that the model emphasises the importance of internal processes such as managing exposure. It is possible that different processes would be evident had a different vantage point been adopted e.g. one which emphasised the facilitators' view of process or assessed process from an observer perspective.

With regard to the application of grounded theory, theoretical sampling was not used in this study. The decision making points in the model have not therefore been tested beyond the limited data set obtained. The model may have been enriched by such testing or by the inclusion of negative cases such as individuals who had attended RPG in the past but had taken decisions to stop attending. A further

methodological point relates to the quality checks used. As stated these were a review of the coding process by peers, independent coding and discussion of transcript extracts by the supervision team and a review of drafts of the results chapter. The coding and transcript extracts discussed were clearly selective. I tended to choose these on the basis that I thought there were suggestions of deeper processes within them rather purely description. This is likely to have influenced the way the data was viewed by the supervision team. Due to the volume of open codes generated, a full coding matrix, outlining the develop of each code into focused codes and categories, was not produced.

Further Research

Since process within RPG is a relatively new area of study, clearly there are many avenues for further research. As alluded to above, it would be helpful if the model presented here could be refined by further qualitative study of participant accounts focusing on the decision points in the process. For example, what are the factors which promote questioning and evaluating information rather than rejecting new information and remaining certain? It would be interesting to test this particular model from the different vantage points described to see what factors facilitators notice with regard to process decision points e.g. How do facilitators identify and understand participant disengagement? Finally understanding how people make use of RPG would be greatly enhanced by qualitative study of the accounts of individuals who have attended RPG and found they could not make use of them. In keeping with the recommendations of Elliot (2010) future progress in understanding mechanisms within RPG is likely to benefit from methodological pluralism.

Reflections

I started out on this project having had the experience of observing some RPG. Although I wondered about what was going on I think I had also made some assumptions. When I noticed people repeatedly attending but not speaking I

wondered how they valued the group. The most obvious hypotheses to me then were that they somehow felt obliged to attend, that perhaps coming was preferable to some other tasks they might be faced if they did not and that their silence was an indication of minimal engagement. I think it was difficult for me to see at that time, what people could get out of RPG without seeming to join in. The data do indeed contain evidence for all my initial hypotheses some of the time but this is by no means all that goes on in the silence. I had not appreciated that the external silence might be much more related to the presence of internal dialogues where people are making sense of relationships between the past and the present, the personal and professional, the self and a host of others, an individual RPG and the staff group as a whole and so on. I had not appreciated how limited the evidence available to an observer in these groups is and it was enlightening to be allowed access to a participant viewpoint and see just how busy these periods of seeming inactivity are. It is interesting too that despite my own experiences in similar groups, I don't think I would have gained this insight solely from a participant's point of view. I am quite sure there have been times when I have not noticed my own silence in groups because of the level of engagement I have had with my own thoughts.

I think my involvement in this research has also challenged some of my assumptions about power and authority. My inclination was to interpret my observation that those with more senior positions in the hierarchy tended to speak first as an indication that less senior members did not feel empowered to start a discussion. Again, there was some evidence in the data that positions in the hierarchical structure of the ward team could be a source of tension with RPG. I now wonder more about the purpose of a hierarchy. This sense of roles and boundaries in itself has the potential to be containing for the staff team and the expectation that someone more senior will speak eases the anxiety around finding a topic for some group members. I also had not envisaged quite how empowering it could be for individuals to see others, including those whom they respect or admire, struggle with

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similar difficulties or how much affirmation could be gained from having someone else endorse strategies one has, or intends, to use. I had not thought about how potentially vulnerable those in positions of authority might feel in RPG, given that they are a forum where authority from below can be publicly withdrawn and one might be made painfully aware of conflicts in one's sense of authority from within. It has made me more conscious of my own power and authority within my role in a team and broadened my scope of thinking about how to enact this to ensure it is *power with* as opposed to *power over* (Starhawk, 1987).

Finally, I think my ideal at the start of this project was to produce some nice, clear mechanism of action for RPG; to lift the lid off the black box and get to the inner workings. I anticipated being able to provide technical guidance to those expecting to deliver RPG, offering some direction for those wondering what to do. I thought it would also be helpful in making commissioning decisions about groups, where and when they could best be deployed. In the end the project has had much more to say about *how* to do than *what* or *when*. RPG do have the potential to improve staff skills and abilities and to make them feel differently about their work. It cannot be assumed however, that such outcomes will occur just because a group is provided or because of the technical skill of the facilitator. Through my involvement in the study I have come to see RPG participants as autonomous agents who use the opportunities provided to them in a way which best fits with their needs at the time. Basic needs such as the need to feel safe and the need to belong are likely to form a significant part of their concerns. Rather than diminishing the work of RPG facilitators or commissioners I see this as a challenge to model thoughtfulness about what is needed to promote this sense of safety at a group or organisational level.

REFERENCES

Amaral, P., Nehemkis, A. M., & Fox, L. (1981). Staff support group on a cancer ward: A pilot project. *Death Education, 5*(3), 267-274.

Amundson, N. E., & Borgen, W. A. (1987). Coping with Unemployment: What Helps and What Hinders? *Journal of Employment Counseling, 24*(3), 97-106.

Amundson, N. E., & Borgen, W. A. (1988). Factors that Help and Hinder in Group Employment Counseling. *Journal of Employment Counseling, 25*(3), 104 - 114.

Bandura, A. (1986). *Social foundations of thought and action*.

Barnes, B., Ernst, S., & Hyde, K. (1999). *An introduction to groupwork: a group-analytic perspective*: Macmillan.

Behr, H., & Hearst, L. (2005). *Group-analytic psychotherapy: a meeting of minds*. London: Whurr.

Bion, W. (1961). *Experiences in Groups and Other Papers*. London: Tavistock Publications Ltd.

Bion, W. (1962). *Learning from Experience*. Kings Lynn: Karnac.

Boucher, C. (2007). Using reflective practice as a management development tool in a Victorian Health Service. *Reflective Practice, 8*(2), 227-240.

Boud, D., Keogh, R., & Walker, D. (1985). Promoting reflection in learning: A model. In D. Boud, R. Keogh & D. Walker (Eds.), *Reflection: Turning experience into learning* (pp. 18-40). London: RoutledgeFalmer.

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. *Qualitative Research, 8*(1), 137-152.

Bowlby, J. (1982). *Attachment and loss* (2nd ed. Vol. 1: Attachment). New York: Basic Books.

Bradshaw, T., Butterworth, A., & Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of Psychiatric and Mental Health Nursing, 14*(1), 4-12.

Britton, R. (1998). *Belief and imagination: Explorations in psychoanalysis* (Vol. 31): Psychology Press.

Bronstein, C. (2001). *Kleinian theory: a contemporary perspective*.

Bryant, A., & Charmaz, K. (2007). *The Sage handbook of grounded theory*: Sage Publications Ltd.

Burrow, S. (1995). Supervision: clinical development or management control? *British Journal of Nursing, 4*(15), 879 - 882.

Butterfield, L. D., Borgen, W. A., Amundson, N. E., & Maglio, A. T. (2005). Fifty years of the critical incident technique: 1954-2004 and beyond. *Qualitative Research, 5*, 475 - 497.

Butterworth, A., Bell, L., Jackson, C., & Pajnkihar, T. (2008). Wicked spell or magic bullet? A review of the clinical supervision literature 2001-2007. *Nurse Education Today, 28*(3), 264-272.

Butterworth, A., Jeacock, J., Clements, A., Carson, J., & White, E. (1997). Clinical supervision: a hornet's nest? ... or honey pot? *Nurs Times, 93*(44), 27-29.

Carroll, M. (2001). The Spirituality of Supervision. In C. M & M. Tholstrup (Eds.), *Integrative Approaches to Supervision* (pp. 76 - 89). London: Jessica Kingsley.

Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks: Sage.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage.

Chell, E. (2004). Critical Incident Technique *Essential guide to qualitative methods in organizational research*.

Clouder, L., & Sellars, J. (2004). Reflective practice and clinical supervision: an interprofessional perspective. *Journal of Advanced Nursing, 46*(3), 262-269.

Collins, A. (2011). *Exploring psychological processes in reflective practice groups in acute inpatient wards*. Unpublished D.Clin Thesis: Retrieved from http://create.canterbury.ac.uk/10342/ on 18.6.12.

Cowdrill, V., & Dannahy, L. (2009). Running Reflective Practice Groups on an Inpatient Unit. In I. Clarke & H. Wilson (Eds.), *Cognitive Behaviour Therapy for Acute Inpatient Mental Health Units: Working with Clients, Staff and the Milieu.* (pp. 115 -128). London: Routledge.

De Bono, E. (1971). *Practical thinking: four ways to be right, five ways to be wrong, five ways to understand.* London: Penguin.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2000). *Handbook of Qualitative Research* (2 ed.). Thousand Oaks: Sage.

Department of Health. (2002). *Mental Health Policy Implementation Guide: Adult Acute Inpatient Care Provision.*

Dewey, J. (1933). *How We Think*. Boston: D C Heath & Co.

Dickey, L. A., Truten, J., Gross, L. D. M., & Deitrick, L. M. (2011). Promotion of staff resiliency and interdisciplinary team cohesion through two small-group narrative exchange models designed to facilitate patient-and family-centered care. *Journal of Communication In Healthcare, 4*(2), 126-138.

Douglas, T. (1993). *A Theory of Groupwork Practice*. Houndsmills: Macmillan Press.

Echterhoff, G. (2012). Shared-Reality Theory. In P. A. M. Van Lange, A. W. Kruglanski & E. T. Higgins (Eds.), *Handbook of Theories of Social Psychology* (Vol. 2, pp. 180 -199). Los Angeles: Sage.

Edwards, D., Cooper, L., Burnard, P., Hanningan, B., Adams, J., Fothergill, A., et al. (2005). Factors influencing the effectiveness of clinical supervision. *Journal of Psychiatric and Mental Health Nursing, 12*(4), 405-414.

Elliot, A. J., & Reis, H. T. (2003). Attachment and exploration in adulthood. *Journal of Personality and Social Psychology, 85*(2), 317.

Elliott, R. (1986). Interpersonal Process Recall (IPR) as a Psychotherapy Process Research Method. . In L. S. Greenberg & W. M. Pinsof (Eds.), *The Psychotherapeutic Process: A Research Handbook.* (pp. 503-527). New York Guildford.

Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research, 20*(2), 123-135.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215-229.

Fairhurst, A. (2011). *Exploring the process of attending a reflective practice group during training: A preliminary grounded theory study of qualified clinical psychologists' experiences*. Unpublished D.Clin Thesis: Retrieved from http://create.canterbury.ac.uk/10326 on 18.6.12.

Flanagan, J. C. (1954). The Critical Incident Technique. *Psychological Bulletin, 51*(4), 327 - 358.

Fleming, L. M., Glass, J. A., Fujisaki, S., & Toner, S. L. (2010). Group Process and Learning: A Grounded Theory Model of Group Supervision. *Training and Education in Professional Psychology, 4*(3), 194-203.

Ghaye, T., & Lillyman, S. (1997). *Learning Journals & Critical Incidents: Reflective Practice for Healthcare Professionals*. London: Mark Allen Publishing.

Gilbert, T. (2001). Reflective practice and clinical supervision: meticulous rituals of the confessional. *Journal of Advanced Nursing, 36*(2), 199-205.

Gilmore, A. (1999). *Review of the United Kingdom Evaluative Literature on Clinical Supervision in Nursing and Health Visiting.* London UKCC.

Glaser, B., & Strauss, A. (1967). *Discovery of Grounded Theory* Chicago: Aldine.

Halton, W. (1994). Some Unconscious Aspects of Organisational Life: Contributions from Psychoanalysis. In A. Obholzer & V. Zagier-Roberts (Eds.), *The Unconscious at Work: Individual & Organisational Stress in the Human Services.* (pp. 11-27). London: Routledge.

Hardin, C. D., & Higgins, E. T. (1996). Shared reality: How social verification makes the subjective objective.

Hartley, P., & Kennard, D. (2009). *Staff Support Groups In The Helping Professions: Principles, Practice & Pitfalls.* London: Routledge.

Hartman, D., & Kitson, N. (1995). An examination of a staff group at a supra-regional deaf unit. *Psychiatric Bulletin, 19*(2), 82-83.

Hawkins, P., & Shohet, R. (2006). *Supervision for the Helping Professions* (3 ed.). Maidenhead: Open University Press.

Heard, D., & Lake, B. (1997). *The challenge of attachment for caregiving*: Psychology Press.

Hope, R. (2004). *The ten essential shared capabilities: A framework for the whole of the mental health workforce*: Department of Health.

Johns, C. (2001). Depending on the intent and emphasis of the supervisor, clinical supervision can be a different experience. *Journal of Nursing Management, 9*(3), 139-145.

Johns, C. (2009). *Becoming a reflective practitioner (3rd ed.)*. Chichester: Wiley-Blackwell.

Johnston, J. (2010). Being disturbed: Integration and disintegration in the patient and professional relationship. *Psychoanalytic Psychotherapy, 24*(3), 231-251.

Kadushin, A. (1976). *Supervision in Social Work. *. New York: Colombia University Press.

Kagan, N., Schauble, P., Resnikoff, A., Danish, S. J., & Krathwohl, D. R. (1969). Interpersonal process recall. *The Journal of Nervous and Mental Disease, 148*(4), 365.

Kazdin, A. E. (2009). Understanding how and why psychotherapy leads to change. *Psychotherapy Research, 19*(4), 418 - 428.

Kelly, G. A. (1955). *The Psychology of Personal Constructs*. New York: Norton.

Klein, M. (1996). Notes on some schizoid mechanisms. *Journal of Psychotherapy Practice and Research, 5*(2), 160.

Knight, K., Sperlinger, D., & Maltby, M. (2010). Exploring the personal and professional impact of reflective practice groups: A survey of 18 cohorts from a UK clinical psychology training course. *Clinical Psychology & Psychotherapy, 17*(5), 427-437.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*: Prentice-Hall Englewood Cliffs, NJ.

Kvale, S., & Brinkmann, S. (2008). *InterViews: Learning the Craft of Qualitative Research Interviewing*: Sage Publications.

Lindley, P., O'Halloran, P., & Juriansz, D. (2001). The capable practitioner. *London: The Sainsbury Mental Health Centre. Retrieved May, 15*, 2005.

Lukes, S. (2005). *Power: A Radical View.* (2nd ed.). Basingstoke: Palgrave MacMillan.

Main, T. (1957). The ailment. *British Journal of Medical Psychology, 30*, 129-145.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education, 14 (4)*, 595-621.

Menzies Lyth, I. (1988). The functioning of social systems as a defence against anxiety. *Containing anxiety in institutions, 1*.

Moon, J. A. (1999). *Reflection in Learning & Professional Development*. London: RoutledgeFalmer.

Moon, J. A. (2004). *A handbook of reflective and experiential learning: Theory and practice*: Routledge.

Moon, J. A. (2008). *Critical Thinking. An exploration of Theory and Practice*. London: Routledge.

Mosse, J., & Zagier-Roberts, V. (1994). Finding a Voice: Differentiation, Representation and Empowerment in Organisations Under Threat. In A. Obholzer & V. Zagier-Roberts (Eds.), *The Unconscious at Work: Individual & Organisational Stress in the Human Services.* (pp. 11-27). London: Routledge.

Moylan, D. (1994). The Dangers of Contagion: Projective Identification Processes in Institutions. In A. Obholzer & V. Zagier-Roberts (Eds.), *The Unconscious at Work: Individual & Organisational Stress in the Human Services.* (pp. 11-27). London: Routledge.

National Collaborating Centre for Mental Health. (2010). Depression. The NICE Guideline on the Treatment and Management of Depression in Adults (Updated ed.). Leicester, London: British Psychological Society & Royal College of Psychiatrists.

NICE. (2003). *Technology Appraisal Guidance 59: Guidance on the use of electroconvulsive therapy*. London: National Institute of Clinical Excellence.

Obholzer, A. (1994). Authority, Power and Leadership: Contributions from Group Relations Training In A. Obholzer & V. Zagier-Roberts (Eds.), *The Unconscious at Work: Individual & Organisational Stress in the Human Services.* (pp. 39 - 47). London: Routledge.

Obholzer, A., & Zagier-Roberts, V. (Eds.). (1994). *The Unconscious at Work: Individual & Organisational Stress in the Human Services.* London Routledge.

Oynett, S. (2007). *New Ways of Working For Applied Psychologists In Health & Social Care: Working Psychologically In Teams.* Leicester: British Psychological Society.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*: Oxford University Press, USA.

Platzer, H., Blake, D., & Ashford, D. (2000a). Barriers to learning from reflection: a study of the use of groupwork with post-registration nurses. *Journal of Advanced Nursing, 31*(5), 1001-1008.

Platzer, H., Blake, D., & Ashford, D. (2000b). An evaluation of process and outcomes from learning through reflective practice groups on a post-registration nursing course. [Research Support, Non-U.S. Gov't]. *Journal of Advanced Nursing, 31*(3), 689-695.

Platzer, H., Blake, D., & Snelling, J. (1997). A review of research into the use of groups and discussion to promote reflective practice in nursing. *Research in Post-Compulsory Education, 2*(2), 193-204.

Powell, T., & Howard, R. (2006). Reflective practice comes of age in Birmingham. *Clinical Psychology Forum, (167)*, 34-37.

Proctor, B. (1988). Supervision: A Co-Operative Exercise in Accountability. In M. Marken & P. M (Eds.), *Enabling & Ensuring.* Leicester: Leicester National Youth Bureau and Council for Education and Training in Youth & Community Work.

Rizq, R., Hewey, M., Salvo, L., Spencer, M., Varnaseri, H., & Whitfield, J. (2010). Reflective voices: Primary care mental health workers' experiences in

training and practice. *Primary Health Care Research and Development, 11*(1), 72-86.

Schön, D. A. (1983). *The Reflective Practitioner: How Professionals Think in Action*. Aldershot: Arena.

Schön, D. A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco, CA: Jossey-Bass; US.

Schwandt, T. A. (2000). Three Epistemological Stances for Quality Inquiry: Interpretivism, Hermeneutics and Social Constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks: Sage.

Shaver, P. R., & Mikulincer, M. (2012). Attachment Theory. In P. A. M. Van Lange, A. W. Kruglanski & E. T. Higgins (Eds.), *Handbook of Theories of Social Psychology* (Vol. 2, pp. 160 - 179). Los Angeles: Sage.

Siemsen, E., Roth, A. V., Balasubramanian, S., & Anand, G. (2009). The influence of psychological safety and confidence in knowledge on employee knowledge sharing. *Manufacturing & Service Operations Management, 11*(3), 429-447.

Sloan, G. (1999). Good characteristics of a clinical supervisor: a community mental health nurse perspective. *Journal of Advanced Nursing, 30*(3), 713-722.

Sloan, G. (2006). *Clinical Supervision in Mental Health Nursing.* Chichester: Wiley.

Smith, J. A. (Ed.). (2008). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

Smith, P. B. (1983). Back-home environment and within-group relationships as determinants of personal change. *Human Relations, 36*(1), 53-67.

Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical Supervision in Four Mental Health Professions: A Review of the Evidence. . *Behaviour Change, 18*(3), 135 - 155.

Starhawk. (1987). *Truth or Dare: Encounters with Power, Authority and Mystery.* . San Francisco: Harper & Row.

Stobie, B., Taylor, T., Quigley, A., Ewing, S., & Salkovskis, P. M. (2007). "Contents may vary'': a pilot study of treatment histories of OCD patients. . *Behavioural and Cognitive Psychotherapy, 35* 273-282.

Stockhausen, L. (1994). The clinical learning spiral: a model to develop reflective practitioners. *Nurse Education Today, 14*(5), 363-371.

Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks: Sage.

Thorndycraft, B., & McCabe, J. (2008). The challenge of working with staff groups in the caring professions: The importance of the 'Team Development and Reflective Practice Group'. *British Journal of Psychotherapy, 24*(2), 167-183.

Tucker, A. L. (2007). An empirical study of system improvement by frontline employees in hospital units. *Manufacturing & Service Operations Management, 9*(4), 492-505.

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small group development revisited. *Group and organizational studies, 2*(4), 419-427.

Vachon, B., Durand, M. J., & LeBlanc, J. (2010a). Empowering occupational therapists to become evidence-based work rehabilitation practitioners. *Work: Journal of Prevention, Assessment & Rehabilitation, 37*(2), 119-134.

Vachon, B., Durand, M. J., & LeBlanc, J. (2010b). Using reflective learning to improve the impact of continuing education in the context of work rehabilitation. *Advances in Health Sciences Education, 15*(3), 329-348.

Waller, G. (2009). Evidence-based treatment and therapist drift. *Behaviour Research and Therapy, 47*(2), 119-127.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*: Lawrence Erlbaum.

Watson, J. (2005). A Meta-reflection on Reflective Practice and Where it Leads. In C. Johns & D. Freshwater (Eds.), *Transforming Nursing Through Reflective Practice* (pp. vii-ix). Oxford: Blackwell.

Whitaker, D. S., & Lieberman, M. A. (1964). *Psychotherapy through the group process*. New York: Atherton Press

White, E., & Winstanley, J. (2010). Clinical supervision: outsider reports of a research-driven implementation programme in Queensland, Australia. *Journal of Nursing Management, 18*(6), 689-696.

Williamson, G. R., & Dodds, S. (1999). The effectiveness of a group approach to clinical supervision in reducing stress: a review of the literature. *Journal of Clinical Nursing, 8*(4), 338-344.

Willig, C. (2008). *Introducing Qualitative Research In Psychology* (2 ed.). Maindenhead: Open University Press.

Yalom, I. D., & Leszcz, M. (2005). *The Theory and Practice of Group Psychotherapy* (5 ed.). New York: Basic Books.

APPENDICES

UNIVERSITY OF LEEDS
Doctor of Clinical Psychology Programme

Participant Information Sheet

Significant Events in Ward Based Reflective Practice Groups Research

You are invited to take part in a research project looking at the impact of ward based reflective practice groups. This sheet provides information about the purpose of the study and what is involved. You may find it helpful in making your decision about whether or not you wish to take part.

What is the purpose of the study?

Reflective Practice Groups are thought to have benefits for staff attending them and ultimately for the outcomes of service users in their care. However, there is little research evidence to support this idea or to inform practice so as to maximise the benefits obtained from them. This study aims to explore the effect of reflective practice groups upon participants by examining significant events which take place within them.

What is a Significant Event?

For the purposes of this study a "Significant Event" is defined as anything which happens within the context of the group that a participant feels has impacted upon them. This impact could be positive or negative (or maybe a bit of both). It could be something that you or someone else said or did within the group or something that you thought or felt whilst the group was taking place.

Why have I been invited?

You have been invited to take part as you are involved in in-patient work on the ward where the group is held and you have attended at least one multi-disciplinary reflective practice group. The research is interested in the views of participants across a range of professional backgrounds, at different stages of qualification and with different levels of experience of reflective practice groups.

What does the research involve?

There are two parts to the research.

Stage One: The first part involves describing some of your experience in writing by filling in a form. This will also ask for some information about yourself such as your professional background, whether you are currently in training and how much experience you have in attending reflective practice groups. It also asks whether you would be willing to take part in an interview about your experience.   If you choose to take part in the second stage you will be asked to fill in your name. Completing the form would take approximately 10 minutes.

Stage Two: The second part involves an in depth interview about the experience you have written about on the form. It may also involve talking about your experience in reflective practice groups more generally. The interview will be recorded on a digital Dictaphone and transcribed for use in the analysis.   It will take place within a week of the group and will be carried out by the researcher. This stage will normally take about an hour but may last up to 90 minutes if you wish to continue.

Please Turn Over

Do I have to take part?

Participation in the study is entirely voluntary. You can choose not to take part in either stage of research or to take part in the first stage only. You can also change your mind about taking part and withdraw from the study at any stage without giving a reason. Your decisions will not affect your ability to take part in reflective practice groups in any way.

Will my responses be kept confidential?

The forms and interviews will be confidential. None of the group facilitators will know who has attended the interviews or will have access to the transcripts. The transcribed interviews will have any identifiable information altered to make them anonymous whilst still retaining the meaning.

The researcher is aware that it is common practice for some groups to discuss service users. The researcher is interested solely in the impact of groups upon the participant and so there will be no need to refer to any service user material directly.

The researcher is obliged to disclose information pertaining to a safeguarding issue, malpractice or criminal activity. Should this arise in your interview the researcher would discuss this with you.

The final report will include quotes from participants from either the written form or the transcribed interview. You can choose not to have your written material used in quotes. The researcher will inform you which quotes she would like to use from the interview and check these out with you in advance.   Care will be taken to ensure quotes do not identify the participant or any other person.

The forms and the transcribed interviews will be stored securely.   In line with university policy transcripts will be stored securely for three years from the end of the study.   From time to time other researchers request access to existing data for future research project. You will be asked if by the researcher if you would like the transcripts of your interview to be made available to others engaged in research project which have been approved by an NHS Research Ethics Committee or by the ethics committee at the University of Leeds. Your decision whether or not to allow this has no impact upon participation in this piece of research.

What will happen to the results?

The results will form the basis for a Thesis to be submitted towards a Doctorate in Clinical Psychology. Copies will be available in the University Library. It is also hoped that they will be published in a suitable journal and presented at conferences. A summary of the results will be made available to participants and group facilitators.

How can I get more information?

If you have questions about the research project or you would like more information then please contact Pauline McAvoy, Psychologist in Clinical Training by e-mailing umpm@leeds.ac.uk .   If you would like to speak to someone independent of the project please contact your line manager.

Appendix 2: Consent Form Stage 1

UNIVERSITY OF LEEDS
Doctor of Clinical Psychology Programme

Consent Form (Stage 1)

Title of Project: Significant Events in Ward Based Reflective Practice Groups Research

Name of Researcher: Pauline McAvoy, Psychologist in Clinical Training

Participant Identifier ....

Please initial the boxes to indicate your agreement

1.   I confirm I have read and understood the information sheet (Version 5, 25.8.11) for the above research project. I have had the chance to consider this information, ask questions and have these questions answered satisfactorily.

□

2.   I confirm that I understand that my participation in this research is voluntary.

□

3.   I confirm that I understand that the information I give in writing may be quoted to illustrate the findings when the research is disseminated; however such quotes would be managed to ensure they do not contain information which would identify me or any other person.

□

Name (Print) _____

Signature _____
Date _____

If you would be happy to take part in a recorded interview about your written comments and your experience in reflective groups please give a contact telephone number and e-mail address.
Contact Number _____
Email Address _____

Appendix 3: Post Session Form

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Post Session Form

Project Title: Significant Events in Ward-Based Reflective Practice Groups Research

Date _____   Ward _____

Facilitator _____

About You

Please state your professional background e.g. nurse, psychiatrist _____

What stage are you at in your professional training?

Initial training   Further Training   Qualified   Not applicable

How many Reflective Practice Groups have you attended (approximately)?

1   2-5   6- 10   10 - 30   30 +

 About the group

Please make a mark on the line to indicate how you feel about attending Reflective Practice Groups

   Very Reluctant _____ Very Enthusiastic

Please indicate if today's group was

   Unhelpful _____ Helpful

If you have attended groups before, please indicate if today's group was

   Unusual _____ Typical

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

Think about the part of the session you have just attended that had most impact upon you. Please describe what happened and the impact this had upon you.

Thank you for taking part in this research.

Appendix 4: Interview Consent Form

UNIVERSITY OF LEEDS
Doctor of Clinical Psychology Programme

Interview Consent Form

Title of Project: Significant Events in Ward Based Reflective Practice Groups Research

Name of Researcher: Pauline McAvoy, Psychologist in Clinical Training

Participant Identifier ....

Please initial the boxes to indicate your agreement

1.   I confirm I have read and understood the information sheet (Version 5, 25.8.11) for the above research project. I have had the chance to consider this information, ask questions and have these questions answered satisfactorily.

2.   I agree to this interview being audio-recorded and transcribed for the purposes of analysis.

3.   I confirm that I understand that my participation in this interview is voluntary and that I have the right to withdraw at any time, without giving a reason.

4.   I confirm that I understand that quotes from the interview may be used to illustrate the findings when the research is disseminated; however such quotes would be managed to ensure they do not contain information which would identify me or any other person.

Name (Print) _____

Signature _____

Date _____

Appendix 5: Interview Topic Guide

INTERVIEW TOPIC GUIDE
Introductions & Consents
Outline the project – go through information sheet and explain the possibility of secondary analysis; obtain relevant consents.
Confirm the information on the post session sheet – Participant's role in the ward and experience in their role; previous experience of reflective practice groups - length of involvement, regularity of attendance, views about the group / attendance.
Critical Incident Analysis
 Review the incident on the form.
What was the person feeling/ thinking /doing at the time?
What were other people saying / doing?
What did the facilitator do / say?
What made this incident stand out in particular?
How did you feel / think immediately afterwards?
How long did this last? What caused any change?
Was the incident helpful? Hindering? In what ways?
Other significant events in the session? Anything else that stands out as helpful or hindering?
General Comments on this session?
Overall how did this session compare to others you've been to? – Typical / atypical? In what ways?
What motivates you to attend the group? What do you feel you get out of it? Have there been times when you have felt different?
Have you been to any other similar groups? How do they compare? What about the facilitator's style - how does this compare?   What does the facilitator do that is helpful / unhelpful?
Changes in the group over time? Membership? Benefits? How it is used?
Impact of the groups upon patient work – How (e.g.s)?
Closing Comments
Anything else you like to tell me about the groups or you think I should have asked about?
Reminded of the use of quotations in the report – anything you would prefer me not to use? Thanks. Give contact information