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**Staff Views on Reflective Practice Groups in an Inpatient Assessment and Treatment  
Unit for People with Intellectual Disabilities**

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**Abstract**

*Purpose:* Although it is recommended that reflective practice groups (RPGs) are used to support staff in inpatient intellectual disability (ID) services, there is to date no research on their effectiveness or how staff perceive RPGs in these settings. This paper aims to evaluate staff perceptions of the RPGs in an assessment and treatment unit for people with ID, and to ascertain the nature of any barriers for staff in attending the group.

*Design:* 13 staff completed questionnaires ascertaining their views on the purpose, process and impact of the RPG run within the service. Questionnaires included a version of the clinical supervision evaluation questionnaire (CSEQ; Horton et al., 2008) adapted for this context and a questionnaire designed by the authors examining barriers to attending the group.

*Findings:* Staff responses indicated that they valued the group and perceived it as improving their clinical practice and their self-awareness. Staff did not always perceive group sessions as having clear aims and did not perceive the group as enhancing their wellbeing or their awareness of gaps in their skills. RPGs may be most effective if they form part of a service-wide approach to staff support and development.

*Originality:* This is the first evaluation of RPGs in inpatient ID services. The adapted CSEQ was found to be an easily implemented method of evaluating RPGs in an inpatient ID setting.

## **Introduction**

Healthcare regulatory bodies such as the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) stipulate registrants must show evidence of reflection on practice as a requirement of registration and revalidation (NMC, 2019; HCPC, 2021). One way in which registrants can practice such reflection is through attendance at reflective practice groups (RPGs), which aim to foster professionals' ability to reflect on their work in order to improve patient care (Association of Clinical Psychologists, 2022).

Kurtz (2019) suggests that RPGs may have the impact of fostering better relationships within teams and instilling a more reflective workplace culture. Patrick, Russell, and Polnay (2021) review the literature on outcomes from RPGs in a range of settings, highlighting findings from children's service that RPGs give staff time to "stop and think" and process their emotional responses to emotionally demanding work (Lees, 2017) and findings from work with postgraduate nurses that indicated RPG attendance increased participants' confidence in questioning the 'status quo' and improved their ability to think creatively (Platzer, Blake, and Ashford, 2000).

With regards to the process of RPGs, findings from a range of settings highlight the importance of participants feeling that the RPG is an emotionally safe space (Patrick et al., 2021). Such groups should be facilitated by a professional with appropriate training and experience in group process and managing group dynamics (Kennard and Hartley, 2009). Kurtz (2019) also suggests that groups should last for at least 45 minutes if they are able to meet weekly (an hour if they cannot meet as often), and should be structured around a model of reflective learning such as her own intersubjective model, or that of Gibbs (1988) or Kolb (2015).

## *RPGs in Inpatient ID and Related Settings*

There is little written about the provision of RPGs for healthcare professionals in intellectual disability (ID) services. However the Quality Network in Learning Disability (QNLD) Standards for Inpatient Learning Disability Services (Colwill and Golparvar, 2021) recommend that staff in inpatient ID settings should have opportunity to attend RPGs at least every six weeks so they are able to develop their clinical practice. Walker, Olabi, and Rayner-Smith (2022) suggest that RPGs in inpatient ID services may be helpful in supporting staff to manage the difficult feelings that can arise when supporting people who present with challenging behaviour, and in managing interpersonal processes that occur in institutional settings. Improving clinical practice and managing harmful institutional dynamics in inpatient ID settings continue to be matters of paramount importance given the continued reports of abuse perpetrated in such settings (Mencap, 2021), and in inpatient mental health settings more generally as revealed in the recent BBC Panorama investigation (BBC, 2022).

Despite the QNLD recommending that RPGs may play an important role in improving practice and managing institutional processes in inpatient ID settings, there is a lack of evidence examining the provision of RPGs in these services. Research into RPGs in general mental health inpatient services to date has focussed on staff experiences of these groups. A sample of clinical psychologists facilitating RPGs reported observing positive outcomes from the groups such as staff feeling more listened to and supported, improvements in staff wellbeing, and staff becoming more able to reflect on their practice (Heneghan *et al.*, 2014). Staff have reported that attending RPGs has a positive impact on their clinical practice and their wellbeing (Burrows *et al.*, 2019), and that RPGs bring new perspectives and may improve staffs' relationships with service users and with each other (Fenton and Kidd, 2019). However improvements in relationships with service users after attending RPGs are not universally reported by all participants, staff may not always feel comfortable speaking up in

RPGs when they attend, and attendance at RPGs can be difficult for staff in these settings to balance with other work duties (Fenton and Kidd, 2019).

### *The Current Study*

This study evaluates RPGs held in a seven-bedded inpatient assessment and treatment unit (ATU) for people with ID in South Wales, UK. The unit predominantly serves people with ID who display challenging behaviour, many of whom have additional diagnoses such as autism, psychosis or personality disorder and are detained under the Mental Health Act (2007) due to risks posed to themselves or others. The unit has a multi-disciplinary team (MDT) including registered learning disability nurses, healthcare support workers, a clinical psychologist, an occupational therapist, a speech and language therapist, assistant psychologist and a behaviour clinical specialist. Psychiatric input is provided by consultant psychiatrists from the local community learning disability teams.

## **Method**

### *Study Design and Background*

The study employed a quantitative cross-sectional design to investigate whether the unit's staff perceive the service's RPG as having a clear purpose, as having a positive impact on their clinical practice, and whether staff hold positive views of the RPG process. Due to a number of sessions not being attended by staff, the authors also wished to ascertain the nature of any barriers for staff in attending the RPG.

The background to the study was that RPGs had been provided in the service by the previous unit psychologist, and when a new psychologist (the second author) started in post

the unit management and some nursing staff members requested that RPGs be offered again, as they were seen as beneficial to the team's ability to understand and work with patients with complex needs. This was seen as particularly important at that time as the service was going through a period of high bed occupancy and admissions of patients presenting with high levels of distress and intense, frequent challenging behaviour.

### *Group Procedure*

RPGs are held during the staff changeover period between the unit's morning and afternoon shifts, facilitated by the unit's clinical psychologist (the second author), a trainee clinical psychologist (including the first author- all trainees involved worked under supervision of the unit's clinical psychologist), or arts therapist. Sessions usually have just one facilitator. Facilitators endeavour to offer the session weekly although this has not always been possible due to difficulties with facilitator availability. All of the unit's MDT are invited to attend, although long-term vacancies in the occupational therapist and speech and language therapist posts have meant that these disciplines were not present in RPG sessions during the evaluation period. Psychiatrists were unable to attend due to the unit's psychiatry input coming from external psychiatrists in neighbouring community learning disability teams. Team members attend the RPG on a voluntary basis on days when they are at work.

RPGs in the service are offered for 40 minutes. This duration was chosen for pragmatic reasons- in the hour-long staff change-over period there is a 20 minute verbal handover given by a staff member from the morning shift to the staff coming in for the afternoon shift, leaving 40 minutes for the RPG. However the RPG sessions are often shorter if extra time is needed for the verbal handover. RPGs take place away from the unit in a separate building, whilst handovers occur in the unit office. Session durations were not

routinely recorded- the authors' subjective impressions from their experiences of facilitating sessions is that by the time staff arrive at the session after handover, groups typically last closer to 30 minutes.

Discussions in the RPG are confidential unless concerns about service user or staff safety are raised, though attendees are also made aware that recurring themes from the RPGs are fed back to the unit's management team on a regular basis so they are aware of any issues or concerns in the staff team. The decision to evaluate the RPG using the current methodology was taken just prior to the evaluation beginning, hence staff attending the RPGs were not aware that this evaluation would be taking place until they were asked to participate.

RPGs in the service are structured according to Gibbs' (1988) reflective cycle (see figure 1). This model of reflection was chosen as, during initial conversations about how the RPG should run, staff in the service expressed the Gibbs model was one they were already familiar and comfortable with from previous experiences of participating in RPGs. Facilitators guide participants through the model, using psychological theory and evidence to offer hypotheses at the "analysis" stage. As recommended by Kurtz (2019), the facilitator's interventions to guide group members through the model are also informed by hypotheses about the group's functioning and dynamics.

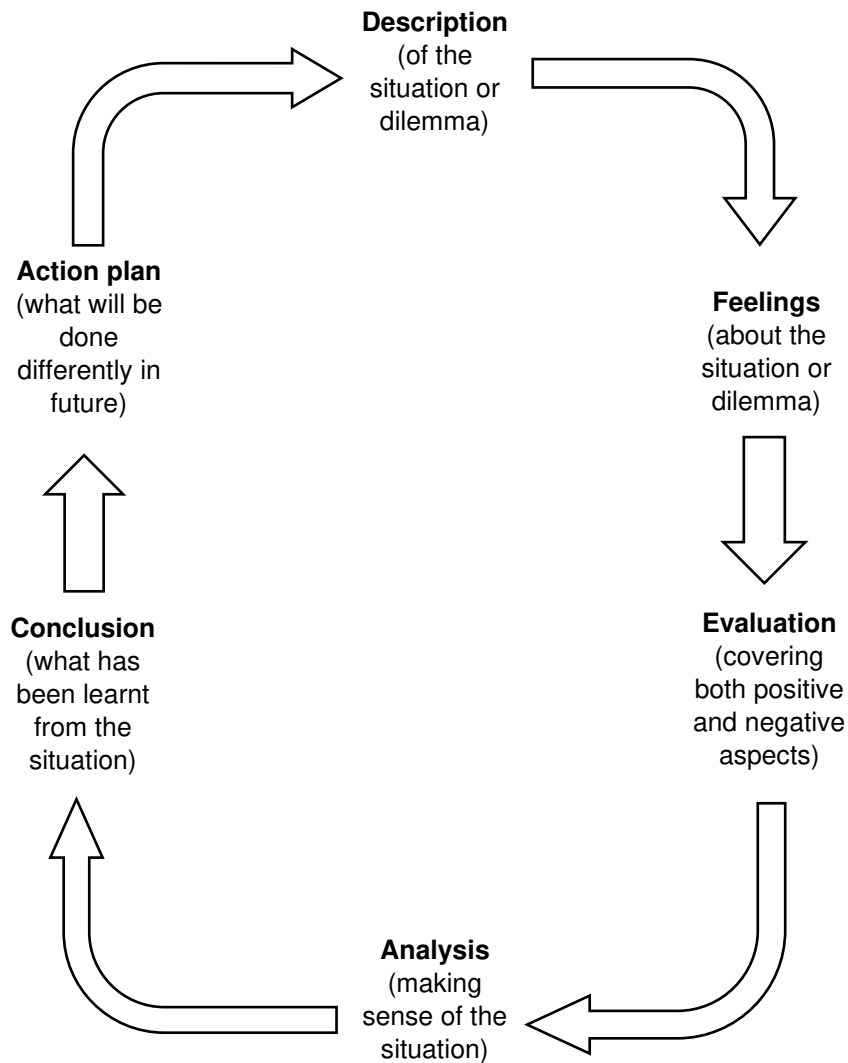


Figure 1. Gibbs' (1988) Reflective Cycle (figure by authors)

*Group Attendance.* In designing the evaluation, the authors reviewed attendance records between 1 January and 12 September 2022 (just before the evaluation took place). 27 sessions were offered during this period (out of a possible 33, taking into account occasions when the RPG could not be offered due to falling on public holidays or staff training days), of which 18 were attended by staff, representing a 67% uptake rate. Of the 18 sessions attended, the number of staff present ranged from 1 to 10, with a mean of 5.6 staff per session (though this mean falls to 3.7 if one accounts for the sessions that were not attended at all). Sessions tended to be attended predominantly by healthcare support workers, with learning disability



nurses usually present but in smaller numbers. Facilitators noted there were fluctuations in attendance over time, with there being cyclical episodes of poor attendance at the group followed by episodes of higher attendance. In the one RPG session where only a single member of staff attended, the session still proceeded in the hope that other people would join the session, and the facilitator used the Gibbs model to guide the conversation with the staff member present.

### *Evaluation Methods*

The unit's RPG was evaluated using the following staff questionnaires:

- An adapted version of the clinical supervision evaluation questionnaire (CSEQ; Horton *et al.*, 2008). Although as its name suggests the CSEQ was developed with reference to clinical supervision, it has also been found to be a valid and reliable measure in the evaluation of reflective practice groups (Gabrielsson *et al.*, 2019). The CSEQ was used as within a small number of questions it gathers information about participants' views of the group's process and also its impact on them and their practice. In contrast, other brief measures such as the Balint Group Session Questionnaire (Tschuschke and Flatten, 2018) and the Group Self-awareness Questionnaire (Fritzsche *et al.*, 2020) focus solely on process and impact respectively. Use of the CSEQ was therefore considered to be the best way to gather data on staff views of both group purpose, process, and impact whilst maintaining a high response rate due to combining both in one questionnaire. The only adaptation made to the CSEQ for this study was that the wording of questionnaire items was amended to reflect the focus of the study being on reflective practice rather than clinical supervision. The adapted CSEQ comprises 14 statements exploring staff's views of

the RPG's purpose (e.g. "I am clear about what I want to get out of reflective practice"), process (e.g. "there are well established ground rules in my group"), and impact (e.g. "being part of a reflective practice group is helping to improve my self awareness"). Respondents are asked to rate their level of agreement with the statement on a four point likert scale ranging from "strongly agree" to "strongly disagree", with an additional response option of "no opinion";

- An additional questionnaire developed by the authors to explore any barriers staff may face to attending reflective practice sessions. This questionnaire included one closed-ended question asking respondents to pick from a list of barriers to attendance they had experienced (based on barriers identified in previous literature by Heneghan *et al.* 2014, and Fenton and Kidd, 2019, e.g. time of the sessions, staffing issues, not wanting to think about difficult issues), and two open-ended questions enquiring as to any organisational changes that would make it more possible for staff to attend, and any other positive changes that could be made to the RPGs.

Any staff member who had attended an RPG was eligible to participate, even if they had only attended one. The unit's assistant psychologist attended handover meetings to inform staff of the evaluation and provide them with a copy of the information and consent form (the assistant psychologist had attended the RPG but did not complete a questionnaire due to their role in carrying out the study). If staff stated they wished to participate they were asked to sign the consent form and then provided with the questionnaires.

### *Ethics*

The evaluation has been approved by the local research ethics department in the health board that runs the unit. Before being presented with the questionnaires participants

were provided with a consent form that outlined the purpose of the evaluation and made it clear that completing the questionnaires was optional and would not impact them being invited to future RPG sessions.

## **Results**

Out of the 19 available members of the staff team who had attended RPGs, 13 consented to take part and filled in questionnaires. Not all members of the staff team were eligible to participate due to their shift pattern (i.e. working night shifts) precluding them from attending RPGs, and some staff members who had attended RPGs could not be given opportunity to participate due to being on sick leave or having left the service.

### *Adapted CSEQ Results*

Results of the adapted CSEQ are displayed in table 1. In summary:

- Group purpose: 11 respondents (85%) reported that they agreed or strongly agreed with the purpose of reflective practice being to improve patient care. While 10 respondents (77%) believed that the purpose of reflective practice is to enable clinicians to feel confident in their own practice, only 7 respondents (54%) felt clear about what they wanted to get out of the sessions.
- Group process: 11 respondents (85%) reported that they felt safe sharing clinical issues and felt confident about bringing issues to reflective practice. 11 respondents (85%) reported feeling that there was mutual trust between members of the group. 10 respondents (77%) felt that any confidence they shared would be respected, and 9 respondents (69%) felt that there were well-established ground rules in the group.

- 12 respondents (92%) felt that reflective practice had helped to develop their self-awareness. 9 respondents (69%) reported that they had gained new clinical insights through reflective practice, and 8 respondents (62%) felt it helped them to cope with stresses at work, while 6 respondents (47%) felt it had made them more aware of areas they could improve their skills. 11 respondents (92%) felt that the sessions had made them feel more confident in their job, while 10 respondents (77%) reported that they agreed or strongly agreed that the RPGs had met their aim of improving patient care.

### *Barriers to Attendance at Reflective Practice Sessions*

All staff responses to closed-ended questions are displayed in figure 2. The most common barrier identified to attending reflective practice sessions was staffing issues. Some staff felt that the time of the day the sessions are offered made it challenging to attend. 2 respondents (15%) reported there were no barriers to attending.

Staff were also asked if there were any changes that might make it more possible to attend reflective practice sessions. The following 3 responses were given: “more time slots to choose from”; “more staff”; and “available on different times/days”. Staff were also asked if there was anything they felt would improve reflective practice. Only 1 response was given: “more time and better clearer structure of the aims of reflection”.

Adapted CSEQ Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion
1. The purpose of reflective practice is to improve client care	2 (15%)	9 (69%)	2 (15%)	0	0
2. Reflective practice has definitely had a positive impact on the quality of care I provide	2 (15%)	8 (62%)	2 (15%)	0	1 (8%)
3. I feel safe sharing clinical issues in reflective practice sessions	3 (23%)	8 (62%)	0	0	2 (15%)
4. I believe that any confidence I share is respected	2 (15%)	8 (62%)	1 (8%)	0	2 (15%)
5. There is mutual trust between the members in my group	3 (23%)	8 (61%)	1 (8%)	0	1 (8%)
6. I feel confident about bringing issues to reflective practice	4 (31%)	7 (54%)	0	1 (8%)	1 (8%)
7. I have gained new clinical insights through reflective practice	2 (15%)	7 (54%)	3 (23%)	0	1 (8%)
8. Reflective practice has made me more aware of skill areas I need to improve	1 (8%)	5 (38%)	3 (23%)	2 (15%)	2 (15%)
9. Reflective practice has helped me cope with any stresses at work I have	1 (8%)	7 (54%)	2 (15%)	1 (8%)	2 (15%)
10. Being part of a reflective practice group is helping improve my self-awareness	4 (31%)	8 (61%)	1 (8%)	0	0
11. I am clear about what I want to get out of reflective practice	1 (8%)	6 (46%)	2 (15%)	0	4 (31%)
12. There are well established group rules in my group	2 (15%)	7 (54%)	1 (8%)	1 (8%)	2 (15%)
13. The purpose of reflective practice is to enable clinicians to feel confident in their own practice	6 (46%)	4 (31%)	1 (8%)	1 (8%)	1 (8%)
14. Reflective practice has helped me feel more confident about dealing with my job	1 (8%)	11 (84%)	1 (8%)	0	0

Table 1. Result of adapted CSEQ. Numbers indicate the total number of participants who gave each response (expressed as a percentage of the sample in brackets, rounded to the nearest whole decimal) (figure by authors)

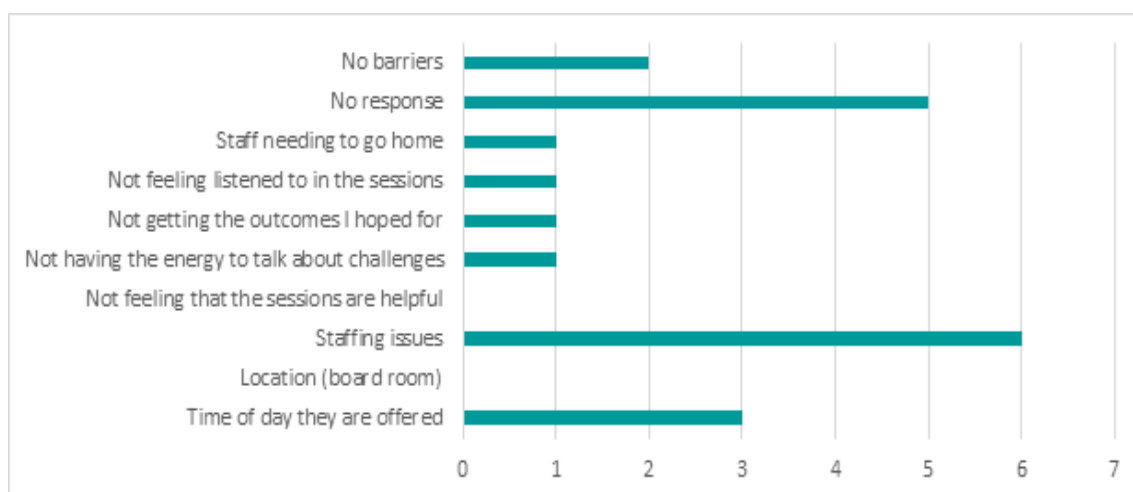


Figure 2. Number of respondents who indicated each of these potential barriers to attending the RPG had an impact on their attendance (figure by authors)

## **Discussion**

These results indicate that most participants see this inpatient ID service's RPG as improving service user care, and as helping them to feel confident in their jobs and to develop their self-awareness. Most respondents also indicated that the RPG establishes mutual trust between group members and provide a safe space to share clinical issues. Most staff questioned felt that the RPGs improves the care they provide. The results therefore indicate that the RPGs in this service are perceived as having a positive impact by staff. This evaluation's results are consistent with findings from inpatient mental health settings that staff are broadly positive about participating in RPGs (Burrows et al., 2019; Fenton and Kidd, 2019; Heneghan et al., 2014). The finding that most respondents felt that attending the RPG had improved their self-awareness lends some support to Walker, Olabi, and Rayner-Smith's (2022) suggestion that RPGs may help staff manage difficult feelings provoked by their work, though this requires more detailed exploration.

The results also highlighted some limitations of the service's RPG. Respondents were ambivalent about whether the aims of the RPG are clear and whether there are clear ground rules for the sessions, indicating that these are areas which could be reiterated more frequently in RPG sessions. Based on participant's responses it does not seem that these shortcomings in the RPG's perceived purpose negatively impacted respondents' perceptions of key RPG process factors such as whether they felt safe sharing clinical issues or felt that there was mutual trust between group members. However the lack of clarity about the aims of reflective practice may be one reason for the relatively lower number of respondents who stated that the RPG helped them gain new clinical insights or become aware of areas for skill development. It therefore seems that, despite the limited time available in sessions, this inpatient ID service's RPG would benefit from facilitators more frequently reiterating the

RPG's purpose and its ground rules, and exploring with participants what they would like to get out of attending.

Within the RPGs staff would often voice that they felt they did not have the resources to do their job due to staffing difficulties. This may account for why less than 50% of respondents felt that the sessions made them more aware of skills they needed to develop, as the content of the sessions focused more on the personal and professional impact of resource limitations rather than identifying skill gaps. This context may also explain why only 62% of staff felt that the sessions helped them to cope with the stresses of their job. Baker and Gore (2019) highlight that staff wellbeing needs to be thought of in terms of a whole-system approach where staff have access to the thing they need to do for their job, such as adequate supervision and role clarity. When staff feel over-worked and under pressure from the reality of their day-to-day job it may not be realistic to expect that RPGs will support staff to identify areas for skill development or improve their wellbeing without the wider systemic difficulties also being addressed. Against a backdrop of intense service pressures it may not be realistic to expect that providing an RPG will lead to significant improvements in skill development or team wellbeing.

An additional factor that may have influenced these results is that the RPG sessions lasted for around 30 minutes, whereas Kurtz (2019) in her recent guide to running RPGs recommends that sessions should be at least 45 minutes, preferably an hour. It may be that the time allotted is not sufficient for the RPG to deliver on all the areas evaluated in the adapted CSEQ.

For each of the items on the adapted CSEQ, only 1 or 2 respondents answered negatively or with 'no opinion'. Review of individual questionnaires revealed one respondent had rated every item negatively. It may have been insufficiently clear to this individual that

attendance at RPGs is optional, indicating that this should also be more frequently reiterated in this service's RPG. Furthermore, it raises the possibility that some individuals may experience RPGs negatively, and therefore whether in some instances attendance could be detrimental or cause harm. This is an area that so far appears to have received little attention in the literature.

### *Limitations*

Although the study provides an illustrative example of how staff might view RPGs in one specific context, this might differ across other inpatient ID services and across different staff teams, therefore its generalisability is limited. A further limitation is that respondents were not asked to indicate how many RPGs they had attended as it was felt they would be unlikely to remember this with accuracy due to RPG attendance being one small part of their busy roles. It was decided not to take the names of participants in order to cross-reference them with attendance registers as this lack of participant anonymity may have impacted their responses. This means it is not possible from the results to ascertain whether there are any associations between patterns of responses on the CSEQ and the number of RPGs attended by participants.

There are also limitations to questionnaire data of the sort presented here, which involve staff subjectively rating the impact of RPG attendance on their practice. It may be that objective measures of the RPG's impact would yield different results. The Reflective Practice Questionnaire (RPQ; Priddis and Rogers, 2018) is one promising measure that could be used to ascertain whether attendance at RPGs impacts professionals' reflective capacity, one aspect of RPG impact. A future study could examine changes in staffs' reflective capacity following attendance at RPGs by administering the RPQ at different time points,



although collecting follow-up data from staff in this acute ATU context would have been challenging due to the range of competing demands on staff and high rates of staff turnover. The adapted CSEQ also does not reveal the processes by which RPG attendance may impact staff skills or practice for individual attendees. Such detailed process-focused questions may be answered more readily from in-depth qualitative interviews, though such a study design may be difficult to implement in setting such as ours where staff reported struggling to find time to even attend the RPGs, let alone participate in detailed research interviews. The advantage of the questionnaire measures used in this study was that they were quick and easy for staff to fill in alongside their other duties and responsibilities. It is, however, acknowledged that a significant proportion of eligible staff did not participate, and that the findings presented may therefore be impacted by response bias.

Furthermore, it is also possible that more participants had negative views of the RPG but did not express these on the questionnaire due to a wish to give positive feedback to the RPG facilitators, with whom they had working relationships outside of the RPG. The authors attempted to reduce this source of bias by making the questionnaires anonymous. Ensuring groups were facilitated by individuals who do not provide any clinical input into the unit would have been preferable to reduce this possible bias, but was not possible in the present study due to resource limitations impacting the availability of external facilitators, a state of affairs which may be typical of many ID settings at present.

### *Recommendations*

The findings of this evaluation highlight that RPGs can be valued and welcomed by staff in inpatient ID services. As suggested by Kurtz (2019), facilitators should develop a clear contract with service managers as to what can be expected from the RPGs, and ensure it

is understood that they are just one element of a broader systemic approach to staff development and support (as advocated by Baker and Gore, 2019). Experience from this study suggests that such conversations should involve setting out expectations about the time needed for the group, agreement as to how staff will be supported to attend, how frequently sessions can realistically be released to attend, exploration of the systemic pressures currently faced by the unit, and what outcomes can reasonably be expected given these pressures. Within RPG sessions, facilitators should devote sufficient time for aims and ground rules to be regularly reiterated so that this is clear to attendees.

In this study the adapted CSEQ was a useful tool for evaluating different aspects of how staff view the RPGs in this inpatient ID service, and it appears it may be a useful tool for other services wishing to evaluate their RPGs. However it would be beneficial for more detailed qualitative research examining staff experiences to be completed, along the lines of that done in general mental health inpatient settings. Those leading on the development of RPGs in inpatient ID services should be aware of the developing literature and evidence base for RPGs in healthcare settings more broadly, so that innovations in providing and evaluating RPGs can be applied to the inpatient ID context.

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