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**Can voicing conflict within experiential learning groups facilitate connection? Building and developing effective multi-disciplinary team working skills**

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## Can Voicing Conflict within Experiential Learning Groups Facilitate Connection? Building and Developing Effective Multi-Disciplinary Team Working Skills

### ABSTRACT

In the UK Clinical Psychologists (CPs) work in a variety of settings within the National Health Service (NHS), often within Multi-Disciplinary Teams (MDTs). Problem-Based Learning (PBL) within CP training at the University of Hertfordshire (UH) offers unique opportunities to combine scientist-practitioner and reflective-practitioner models to learn about group dynamics from the personal experience of working within an experiential learning group.

Further, given Trainees work three days per week on placement within MDTs in the NHS the learning gained within a 'safer' PBL context can be utilised within these clinical settings. For two years Trainees at UH have to work in small PBL groups with five or six members learning to work together to achieve a goal (four assessed presentations) negotiating their own personal and professional journey, as well as a group journey. Consequently, PBL offers trainees opportunities to learn a) how individuals work within a group; b) how personal experiences influence this process; c) how others influence them and are influenced by them; and d) how a group of diverse individuals conceptualise, understand and convey case vignettes to an audience. Within these groups many Trainees learn to speak out, reflect, listen attentively, empathise, validate and accept diverse experiences. Further, when differences dominate they often learn to negotiate these, finding a way to maintain effective team working in order to complete the presentation. Focusing on the conflict that can occur within (any) group this paper explores themes from the reflective narratives of 6 trainees: parallels and differences between MDTs and PBL groups, striving for and achieving authenticity; and conflict as a 'swear' word. We conclude that exploring the role PBL can play in training individuals to work effectively in teams may be of benefit within the training of other professional groups.

**Key words: Clinical Psychology; Problem-Based Learning; Multi-Disciplinary Teams; Reflective Practice; Personal and Professional Development, Conflict, Connection**

### INTRODUCTION

In the 1980s and 1990s Multi Disciplinary Teams (MDT) expanded to increase collaboration between professionals working in the NHS. Nowadays, Clinical Psychologists (CPs) in the UK often work within MDTs. Given that MDT working is about working together at, the heart of this work is a relational element with interactions between

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3 interpersonal (for example, members of the team, the systems they are working in and the people that they help)  
4 and intrapersonal processes (for example, personal experiences and personal histories of relating to others). Whilst  
5 those using services experience greater approachability in those caring for them (Williams *et al.*, 1999 cited in Brown  
6 *et al.*, 2000), staff seem to experience greater internal (and possibly external) conflict. Indeed, role confusion,  
7 difficulty liaising with other groups such as GPs, and a lack of structure and leadership has been identified within  
8 MDTs (Brown *et al.*, 2000). When an MDT works well it can enhance job satisfaction (Young 1994); although, when it  
9 does not, confusion and strain may ensue. Nevertheless, MDTs result in many benefits, including increased  
10 effectiveness, efficiency, and client-focussed services (Lowe & O'Hara, 2000). Today, most Trainees work within  
11 MDTs whilst on their NHS placement days.

### 17 **The philosophical position of CP and implications for MDT working**

19 Since the development in the 1940's of CP as a profession the scientist-practitioner model of CP has been the  
20 dominant discourse wherein CPs use science and clinically realistic research to support the clinical work they  
21 undertake (Shapiro, 2002). However, Schön (1983) suggested that, whilst this may inform clinical practice, it was  
22 insufficient. Consequently, a reflective practitioner model was proposed where practitioners reflect on personal and  
23 professional experiences as a means of enhancing clinical work (Schön, 1983). In recent years this model has also  
24 been centralised in CP training (BPS, 2014).

29 Reflective practice is an experiential process; here, personal life and moment by moment experiences are utilised  
30 within therapeutic work to inform and enhance understanding (Stedmon, Mitchell, Johnstone, & Staite, 2003).  
31 Within CP reflection and reflexion (re-considering earlier reflections) are required for learning (Stedmon & Dallos,  
32 2009). Therefore, reflective practice requires consideration of what to do within the therapeutic process, and how  
33 this may impact on the self and others within therapeutic encounters (Lavender, 2003).

### 38 **Personal and Professional Development (PPD) within Clinical Psychology**

40 With the advent of the reflective practitioner comes greater awareness of the person within the profession. It is  
41 fundamental to the profession of CP (Hughes & Youngson, 2009); and central to discussions about PPD are the ideas  
42 of increased reflection and reflexivity. Indeed, to be accredited by the British Psychological Society (BPS) and Health  
43 Care Professionals Council (HCPC), CP doctoral programmes must demonstrate promotion of PPD (BPS, 2014). This  
44 may be achieved via reflective groups, University teaching, support for personal therapy and assignments (Sheikh,  
45 Milne, & MacGregor, 2007). There are a number of CP programmes within the UK with differing positions on how to  
46 incorporate PPD in their training. At the University of Hertfordshire (UH) Problem-Based Learning (PBL) forms part of  
47 PPD (Nel *et al.*, 2008). PBL offers a unique opportunity for learning in a number of ways and has at its core an  
48 opportunity to develop reflective and reflexive skills (Nel *et al.*, 2008; Keville *et al.*, 2009, 2010). Indeed, the learning  
49 accrued via PBL may go beyond learning through content (the material within the vignette) extending to learning via  
50 the very process of team working.

### 57 **Experiential learning of team working via PBL**

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3 As we have noted, working in a MDT can be fruitful yet stressful. Therefore, it is important for training courses to  
4 equip Trainees with knowledge of team working, and an experiential awareness of how one personally functions in a  
5 team, how diverse individuals interact with each other within that team, and how individuals or the group manages  
6 those interactions (especially if these experiences are perceived to be negative and/or stressful). Given the task  
7 focussed nature of PBL it is ideally suited to explore and learn the necessary skills required to work adaptively within  
8 team settings. Further, it can also provide the courage for individuals to facilitate effective group working. Ultimately  
9 this should ensure people who use services and their carers get the best possible care and attention at times of  
10 greatest need  
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#### 16 **METHOD AND RESULTS: TRAINEE REFLECTIVE NARRATIVES**

17 An initial discussion on MDT working, initiated by LMC with trainees representing each PBL group within one cohort  
18 and SK, elicited an illuminating conversation. To further understand the dynamic between PBL and MDT team  
19 working, this group of Trainees were approached to write independent reflections about their experiences. All  
20 trainees had completed PBL and were in their final year of training. They were explicitly asked to consider parallels  
21 with working in an MDT and working in a PBL group and what may have helped or hindered their ability to work  
22 effectively in the MDTs they had worked in.  
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28 To ensure each voice remained autonomous, each trainee author independently agreed to participate and  
29 narratives for each group were written independently with options for each group dyad to write this as individuals  
30 or co-constructed pieces. We followed this procedure to ensure that the Trainees retained control over what was  
31 voiced and to celebrate each unique and diverse position. We are aware that the reflections presented here were  
32 influenced by the audience they were written for and can only ever be a small portion of the many thoughts and  
33 feelings that were experienced during or after their experience of PBL; as such these narratives remain partial,  
34 incomplete and open to further elaboration and/or reinterpretation by any reader and the authors themselves. Prior  
35 to presenting our discussion we will review the trainee narratives.  
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#### 41 **Louise and Becky**

42 Getting to grips with PBL was like learning to dance; fun, challenging, and ultimately rewarding. But just like taking  
43 those first steps onto the dance floor, there were times when we found ourselves cowering in the corner, wishing  
44 for a little 'Dutch courage' to help us through! And as we attempt to take our PBL experiences into the real world of  
45 the multi-disciplinary team (MDT), we face the challenge of re-learning our steps as we begin dancing to a different  
46 beat. What can we expect to encounter and how can we carry forward the lessons that we have learned from PBL?  
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51 Rather like the Hokey Cokey, our initial dalliance with PBL was tentative; unsure whether to jump in with both feet,  
52 or just dip our toes in...out...in...out... We knew this had the potential to be an experience to learn a great deal from,  
53 but we found ourselves cautious about what we might learn and unsure of what approaches to take. From our  
54 experience, these feelings are common in others who are offered the opportunity of a reflective space. We have had  
55 the opportunity to present to MDTs about the value of reflection through the lens of our PBL experiences and in  
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3 both cases, these ideas were not well received! 'Reflection' was construed by some as a luxury, and in services that  
4 were already feeling under-resourced, *how could*, and indeed *why should*, time be made for reflection? We  
5 wondered whether these teams shared our initial concerns about what reflection might bring; how does one reflect  
6 and what might they see in the mirror?  
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10 Indeed, thinking back to our early experiences with PBL, we found ourselves craving for someone to tell us *how* to  
11 reflect. We wanted to know the steps, to have some structure and knowledge to hold onto as we stepped out onto  
12 the dance floor but we were thrust onto the dance floor and pretty much told to work out the steps for ourselves! At  
13 the time this was a hugely daunting task, but in hindsight we believe that it was through this shared experience of  
14 having to sit with uncertainty and find our own way that we were able to begin to forge connections as a group. We  
15 began to see that we couldn't just wait for some external force to tell us what to do; we had to find our own rhythm.  
16 And so we stopped focussing on how to do the steps and went with the flow. We allowed our uncertainty and  
17 vulnerabilities to connect, rather than divide, us. At a time when we felt somewhat overwhelmed, we found the  
18 courage to put trust in the group to find our feet, together.  
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25 Whilst coming together initially gave us courage, we soon learned that sharing the dance floor was not always easy.  
26 Although we seemed compatible on the surface, thrown together in this way we soon found that trying to balance  
27 our different styles, values, and beliefs, could lead to people wanting to storm off the dance floor, creating tensions  
28 within the group. However, like learning to dance a Tango we had first to accept and share our emotional  
29 experiences in order to connect with each other and our audience. Without the rupture, we would never have  
30 learned that it was safe to own our differences and difficulties, and work together towards repair. Ultimately, we  
31 came to see that through our willingness to sit with uncertainty, we were able to find safety.  
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37 After our hesitant and somewhat stormy beginning, we were reluctant to leave the safe space we had co-created.  
38 We were keen to stay in the relative security of something akin to a Line-Dance, rather than stepping back into the  
39 fire of the Tango. We ignored our differences in order to create the illusion of syncope. To feel safe we needed to  
40 belong and work together within a shared identity of a 'cohesive' group. Reflecting on this in relation to our  
41 experiences of working in MDTs, we are both aware of how the drive to 'keep up appearances' can lead teams to  
42 ignore potential sources of tension. However, through our experiences we have come to see that while you may  
43 aspire to belong to the group identity, it is not possible to achieve this unless the group identity is authentic in that  
44 context. Within our PBL group, this meant that someone had to be willing to step out of line and give voice to the  
45 underlying processes at work that we each did not wish to acknowledge. Though this was difficult for all concerned,  
46 it again showed us how taking the time to reflect on process issues could bring cohesion to the group and foster a  
47 greater understanding of one another.  
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54 We hope it is evident how much we have gained from this and how eager we are to carry it forward. However, as we  
55 now take our first steps onto the MDT dance floor we are left wondering *how* we get others hooked on the beat of  
56 reflection and share some of the moves that we have picked up? We have come to see that being able to take risks  
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3 and step out onto the dance floor would not have been possible without feeling contained; knowing that we had the  
4 support of those around us and that we could move back to our seats, without judgement, if it all became too much.  
5 In this way, having a protected, regular time with co-constructed boundaries was essential to our experience. In  
6 addition, having someone there to pick us up when we tripped over each other provided a sense of security.  
7 Ultimately however, the thing that we found most important was the opportunity to share with others our journey  
8 through the group process. This served to consolidate our group identity whether we received a standing ovation or  
9 were booed off the dance floor, it was sharing this experience with those we had worked alongside that validated  
10 our experience.  
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### 15 **Rob and Kelly**

16 In writing this account, it has been interesting to reflect upon how PBL has consciously and unconsciously influenced  
17 our experiences as Trainees within MDTs. PBL encapsulates so many different themes and experiences, to the  
18 extent that we identified over 16 key themes when beginning to write our account! We became aware that linking  
19 different experiences across the training programme was something we thought we were better at than we actually  
20 were.  
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26 After much thought and discussion, we decided upon the following themes as intrinsic parts of our PBL experiences  
27 in relation to MDT working: honesty and risk; initial sympathies with clients; attachment to the group facilitator and  
28 each other; multiple roles; and external conflict.  
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32 As our PBL journey began, we soon learnt the need to balance content with process. Initially there seemed to be a  
33 clear division between group members who wanted to focus on the destination and others upon the journey. From  
34 these early conflicts, we began to experiment with ways of being and taking risks, both as individuals and as a group.  
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38 A key risk for some was being true to ourselves because we felt being this way may have compromised  
39 cohesiveness. Within our personal backgrounds and previous experiences of groups, difficult emotions such as  
40 anger and anxiety were avoided and feared. Some Trainees experienced that emotional vulnerability and honesty as  
41 unwelcome within MDTs often seen as a weakness and even unprofessional. Instead, Trainees often feel a pressure  
42 as a member of an MDT to project a self that is competent, emotionally resilient and that fits with the current  
43 culture. Challenging the thinking and practices of MDTs would be seen as anxiety-provoking for them, particularly  
44 given that such challenging could potentially impact upon friendships and positive working relationships between  
45 members of an MDT. Nevertheless PBL provided us with a forum in which we could practice breaking the mould and  
46 challenge the processes we saw before us and 'saying the unsaid'.  
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53 Transferring these skills into clinical practice was and continues to be a bumpy road, which we need to navigate  
54 carefully. For example, we learnt that all members being emotionally 'available' within a group promoted  
55 cohesiveness, but may be restricted within an MDT when less value and time is given to the therapist's emotional  
56 experience within clinical practice.  
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4 For some group members, the biggest risk was in addressing difficult feelings towards the group facilitator. As with  
5 members of an MDT all members of our PBL group had differences in their attachment meaning that their  
6 relationship with, and expectations of, the facilitator also varied. The need for the facilitator to be a secure base was  
7 experienced by certain members of the group to a greater extent than others, wherein her support and reflections  
8 were highly sought and valued. Therefore, when the facilitator was unable to attend some sessions and  
9 presentations, this raised feelings of anxiety and abandonment for some. They were able to raise these feelings with  
10 the facilitator, which then led to a stronger bond between the facilitator and the group. This highlights the potential  
11 need to have a strong attachment figure within MDTs, who helps regulate emotions and provides safety to  
12 encourage emotional availability.  
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19 Another key aspect of our experience was external conflict, in which two PBL groups viewed each other as overly  
20 competitive and confrontational. One potential function of this was to increase group cohesiveness, particularly if  
21 difficult feelings were not being named or explored within individual groups at that time. It was perhaps safer to  
22 look outwards towards other groups rather than inwards and explore our own processes. This dynamic was  
23 apparent for some Trainees on placements, in which the current emphasis upon business ideals within the NHS led  
24 to local services within the same trust viewing each other as competition. In addition, the competition between  
25 different professional groups (e.g. psychology and psychiatry) could be viewed in a similar way. Through PBL, we  
26 were able to stop and take account of the individual differences between group members that may be contributing  
27 towards this dynamic, whilst also exploring the impact of these aspects upon our 'initial sympathies' with clients and  
28 clinical material. Some members of our group identified that this experience helped them to notice their own  
29 emotional reactions, from both their personal background and as a member of a team, and consider why those  
30 reactions may have occurred. Further to this, those members also learnt the importance of being mindful of the  
31 emotional reactions and experiences others, both within teams.  
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40 Overall our PBL experience enhanced our awareness of ourselves and others within groups and gave us skills in  
41 reflection, risk taking and being true to ourselves. We have all recognised an element of personal and professional  
42 growth, which has been utilised within academic, clinical, MDT and personal contexts.  
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#### 47 **Lisa and Leon**

48 Our PBL experience centred around making sense of, coping with and resolving a series of unstructured, ambiguous  
49 and multifaceted tasks. A particular dilemma emerged around managing, balancing and understanding the apparent  
50 dichotomy of 'task' and 'process'. 'Task' referring to preparing a presentation collectively and an individual reflective  
51 essay; and 'process' pertaining to relationship dynamics within the group.  
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56 Essentially PBL creates a microcosm of team processes, amplified and accentuated by various factors, such as the  
57 sense of 'unsafeness' and lack of boundaries in ambiguous and undefined tasks, random allocation of group  
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3 members and the paucity of defined roles. All this allows for a focus on developing insight, awareness and  
4 understanding of the multiple levels of inter-personal and intra-personal group dynamics. Our experience of MDT's  
5 illustrates that the focus is (often neglectfully and wholly) on the task, and that process surreptitiously but ardently  
6 may impact on achieving this without explicit acknowledgement.  
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10 What follows is a short account of our individual learning experiences then a continued joint reflection.  
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13 (i) My PBL experience enabled me to explore a plethora of group themes, including cohesion, leadership, power,  
14 separation, conflict and avoidance. I learnt that I connect personally with an ethos of equality, unity and  
15 cohesiveness and reflected on my penchant towards roles such as 'the quieter one', 'peace-maker' or 'the non-  
16 confrontational one'. With experience came the realisation that underlying these roles was a system of safety  
17 assurance; evading expressing confrontational ideas and challenging people's opinions for fear of rejection and  
18 offending others. This tentative approach paralysed me within the group, preventing me from expressing the true  
19 magnitude my thoughts and leaving me disempowered and unheard. I recall reflecting on a 'progressive feeling of  
20 detachment and disconnection from the group', an experience that symbolised and indeed emulated broader  
21 personal fears of alienation and isolation, in relation to others, society and myself. Reflecting on the chronic  
22 resilience within the theme of 'disconnection', and understanding its parental, social and cultural origins facilitated  
23 my acceptance and confrontation of hidden and repressed anxieties. Furthermore, I developed an awareness of how  
24 such fears may be projected into the group space, such as my 'silent' and 'never-taking sides' position intensifying a  
25 sense of confusion, hesitancy and unsafeness within decision-making processes.  
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29 I was inspired and liberated by experiences of other members resolving conflicts, notably the individual who  
30 withstood a repeated barrage of accusations regarding 'withdrawing' and 'not being part of the group' yet stood  
31 confident and became an invaluable group member. These PBL experiences facilitated my own journey to unpack  
32 the mechanisms behind underlying fears, and increase my awareness of their appearance, in whatever form within  
33 groups. I have now applied these reflections and understandings to my MDT working; namely that 'healthy'  
34 confrontation, baring vulnerabilities, and addressing diversity are pivotal and necessary parts of group maturity.  
35 These 'destructive processes' may be an unavoidable part of group developmental processes and, in my MDT roles, I  
36 have noticed myself becoming more comfortable witnessing, sitting with, and initiating such necessary conflict.  
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40 (ii) Throughout PBL, I developed an understanding of my skills and challenges when working in teams. Initially I felt  
41 somewhat disconnected from the group, and harboured insecurities which I struggled to express around wanting to  
42 be needed, liked and included. These dissipated when I gravitated towards developing somewhat of a 'peacemaker'  
43 role, mediating between others in the group and attempting to smooth out disputes, which I became aware of when  
44 our facilitator commented on my 'rescuing' capacity. This is a role that I recognised I have adopted throughout my  
45 life. I gradually developed and deepened my awareness and understanding of the origins of this behaviour, and  
46 reflected on my decision and commitment to the career path of psychology. I wondered if I internalised self-  
47 compassion vicariously through caring for others; although I may struggle to voice my own difficulties, it may be  
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3 contained by responding to others. Indeed, this position as 'peacemaker' enabled me to feel connected and included  
4 within the group, resolving my original insecurities. Receiving positive feedback for this role served as further  
5 validation, both for my role as a team member and for my clinical capacity to contain the distress of others.  
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9 The group created a space for us to reflect on, and consider, our skills and weaknesses which developed as we got to  
10 know each-other on a personal level, although the relationships were continually evolving and emerging. In my  
11 experience, the same is true of professional teams. Having a personal relationship with individuals within a team  
12 engenders a more positive, open and ultimately productive professional environment. Generating an understanding  
13 of the interpersonal relationships within a team enables individuals to work towards their strengths and this is  
14 equally valuable in a professional working environment where individuals have structured and assigned roles and  
15 positions. Sharing written reflections with other group members facilitated me to recognise different aspects of  
16 myself in relation to others and to find a way of expressing issues that may be difficult to say. Even though at times I  
17 struggled to find my voice and share my thoughts, I felt contained within the group, which is an experience that I will  
18 carry with me into MDT working.  
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25 In conclusion, we feel that our PBL experiences facilitated reflecting on, and understanding, complex dichotomies  
26 and disparities within group work, namely balancing the demands of productivity, content and 'task' with creating a  
27 nourishing, supportive and containing group milieu. PBL allows individuals to confront their own contribution to  
28 resolving or intensifying problems, by moving away from domain-specific knowledge to discovery learning, and  
29 promoting an understanding of individual strengths, weaknesses and vulnerabilities, invaluable for team working,  
30 whether in PBL or an MDT. We feel the absence of structure, definition and precedence promotes creativity,  
31 innovation and curiosity; important skills within MDT functioning. It is this personal sense of authenticity and  
32 emotionality which ultimately endorses meaningful connections between theory and practice, which we feel  
33 benefits our work within MDTs.  
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#### 40 **UNDERSTANDING THE TRAINEES' NARRATIVES**

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43 Within these narratives each trainee was given an overview of the focus of the paper with the scope to  
44 independently develop their own narrative. Although it is respected that some description of what has happened  
45 will be important, the focus of the analysis was on the process of *how* people made sense of their. In order to ensure  
46 each voice remained independent, themes were elicited by the trainer (SK) within each co-constructed narrative.  
47 These themes were then individually shared with each author to ensure they resonated with their experience. These  
48 were confirmed and some authors highlighted additional themes which were then incorporated into the discussion.  
49 The trainer then shared the paper with the trainee authors and a process of ratification ensued. It should be noted  
50 that we are aware that the perspective of the trainer may have influenced the elicitation and interpretation of  
51 themes; other themes and a differing focus could have been identified and elicited.  
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## DISCUSSION

These narrative accounts highlight several recurrent and significant themes in explaining Trainees' experience of working in MDTs following the completion of their PBL programme. These themes are: parallels and differences between MDTs and PBL groups; the experience of internal and external conflict; and the enhancement of group functioning by achieving personal authenticity within the group experience.

### Parallels and differences between MDTs and PBL groups

Whilst there is a unifying ideal within the construction of MDTs, within MDT structures and meetings more senior members or certain professions tend to take a leadership role. This role may focus on directing and managing tasks (the content) – after all MDTs are there to manage and solve issues and dilemmas of those referred. However, whilst not often directly considered, internal and external interpersonal dynamics (the process) can be necessary for effective team functioning and can enable the team to effectively meet the needs of staff and its' duties. The weighting of focus on content / process is where MDT and PBL group work and dynamics diverge. Within PBL the content is not necessarily the focus. Rather it can facilitate the group to consider how personal and group processes interact and impact on effective team working. As evidenced in the current paper, and previously noted (Keville *et al*, 2010), early conflict stemming from tensions between content versus process can provide important learning for individuals as the PBL experience unfolds. Further, particularly highlighted in Kelly/Rob's narrative, the use of a facilitator to help groups to consider the space within and between their current focus differs from a 'leadership' role within an MDT. A PBL facilitator is facilitative rather than directive (Nel *et al*, 2008). Indeed, Kelly and Rob's narrative in particular highlights a nurturing role of the facilitator. Perhaps facilitators can take advantage of this positioning and help group members to navigate within and around personal and professional boundaries via reflection and reflexivity. These narratives also demonstrate the value of learning about MDT working via the relative safety of PBL. Further, whilst conflict resolution may not be possible in every context, this learning can help build the confidence to work with difficulties and the knowledge that these experiences and/or dynamics may be faced, confronted, worked through and resolved.

### Conflict as a 'swear' word

When exploring the meaning of 'swear' there are two distinctly opposite meanings; it can mean giving your word or pledge (an authentic act) or it can be a curse. Similarly conflict can have this double meaning or experience. The tendency for many Trainees encountering dynamic issues is to view emotional experiences (such as anxiety derived from interpersonal conflicts) as unhelpful, unnecessary or unwelcome. Sometimes relational and personal experiences may be too close for comfort and experiential avoidance may ensue (Hayes *et al*, 2003; Nel *et al*, 2008). Given the heightened arousal that may occur, this is understandable in situations involving conflict. Within all these narratives, some group members seem to experience an internal conflict regarding the appropriateness of openly acknowledging, expressing, validating and resolving personal needs *and* the expressed or perceived needs of the group to maintain effective group working. At times this internal conflict seems to manifest itself via external conflicts.

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Allowing groups or group members to explore issues from a relative distance and, thus, seemingly outside of their own contexts (both personally and/or as a group) can help group members to reflect more deeply and honestly about their own positions or possible roles in a conflict. This reflection and reflexivity is central to reflective practice. Perhaps emotive case material presented in PBL can help provide this distance by giving an alternative focus to personal issues or group dynamics.

Further, as these narratives suggest, agreement and 'cohesiveness' may be sought and viewed as reflecting effective group working. However, perhaps the opposite is true; wherein conflict (in the form of disagreement or the demonstration of variance or divergence) can be healthy and necessary. It is natural to experience these experiences. If they are present, disconnecting from them or avoiding them, may take individuals' further away from their values (Hayes et al, 2003) – a consequence of this could be frustration, invalidation, and resentment within the group or team (as can be seen in the accounts of Lisa/Leon and Louise/Becky). Perhaps if we embrace these experiences, we and others may hear us. Whilst this may not always be possible, if we do, we may realise that others feel the same and that we all have vulnerabilities. As highlighted in all these accounts, the connection, validation and acceptance of this can enable empowerment as opposed to disempowerment. Indeed, by freeing up internal conflicts and meeting personal needs, external conflicts seem to be freed up too. If present, the expression of conflict seems a necessary part to facilitate effective group working (Keville et al, 2010); however, for this to be done effectively a milieu of trust, respect, acceptance and safety is required.

As noted in the introduction, dissonance in MDT working can result in role confusion and stress, ultimately impacting on MDT functioning (Brown et al, 2000). In order to maintain the benefit of MDTs on client care, facilitating and enhancing team functioning seems crucial. Indeed, the relational context can be fundamental in ensuring value based care that MDTs in mental health strive to provide (Nutt and Keville, 2015).

### **Striving for and achieving authenticity**

The journey towards effective group working via the acknowledgement and acceptance of personal needs and values is an implicit and explicit theme resonating within all of these accounts. Indeed, when connecting with vulnerability and emotional experience in a respectful, authentic and sensitive manner, group and individual functioning seems to be strengthened rather than divided.

It takes courage to take those risky first few steps and remain authentic. By embracing our uniqueness, by embracing the diversity of others experiences, we may become united in this common human dilemma. Is this phenomenon particular to CPs? Or is it prevalent within other professional groups, and or the wider social and cultural context? Whilst it is beyond the scope of this paper to answer this, perhaps one possibility is an increased focus on working with the person within professional training contexts, facilitating individuals to take personal risks within professional settings (Keville *et al*, 2013) and considering how this can contribute to more effective MDT working. A common theme in each of these narratives is that PBL facilitates group working within professional

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3 settings and MDTs. Perhaps there is scope to explore this phenomenon within other professional contexts and wider  
4 social and cultural groups.  
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### 7 **Conclusions: The utility of PBL to understand Group process and develop team working skills**

8 Within these narratives we can see the group go through many processes. For example, the early stage is one of  
9 surface cohesion: people want to please each other, often at the expense of their own needs. However, continuing  
10 to do so can result in intrapersonal tensions; if expressed this may become explosive and adversarial. Safran and  
11 Muran (2000) describe a similar process underlying withdrawal in therapeutic contexts resulting in a difficulty  
12 asserting ones needs. As a number of these narratives suggest, enabling an open exploration of this at this point can  
13 be crucial. By enabling the unspoken to be voiced, in a safe and contained manner the group may connect just  
14 enough to function through these moments and achieve their goals and purpose (within PBL this would be the group  
15 presentation)(Keville *et al*, 2013). Further along the process, this may enhance effective group working. A number of  
16 these narratives highlight the value of acceptance and validation. These can be usual and hoped for experiences;  
17 provision of safe and contained spaces to express the unspoken can be an invaluable experience. Indeed, by  
18 allowing this to occur individuals within the group and the group as a whole may reform; often re-emerging in a  
19 more authentic and congruent form wherein differences and diversity within and between individuals can be  
20 embraced and accepted (Keville *et al*, 2013). Facilitation may be a pivotal ingredient to allow this process to emerge,  
21 particularly with facilitators who are willing to take on a nurturing role and/or within settings that do not centralise  
22 reflective practice or within the early stages of group formation. Indeed, PBL enhances reflective abilities, and can be  
23 especially useful to learn this skill within a training setting rather than in the more challenging MDT settings where  
24 there may be a lack of space, time, understanding, or a reluctance to reflect or consider the value of learning about  
25 professional issues via personal experience (Nutt and Keville, 2016).  
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