Exploring clinical psychologists' understandings and experiences of how they use reflective practice in their clinical work: an interpretative phenomenological analysis.

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Thesis Portfolio Abstract

Background: Reflective practice is regarded as a key competency in managing the complexity and uniqueness of clinical work (Schön, 1983). However, the dearth of research combined with the methodological limitations of how this concept has been explored has limited our understanding of how reflective practice is being used in clinical practice, particularly outside of a training context.

Design: This project is presented as a thesis portfolio, which includes a systematic review of qualitative literature on the uses of reflective practice among qualified therapists', an empirical study exploring clinical psychologists' experiences of how they use reflective practice in their clinical work, an extended methodology chapter, and a discussion and critical evaluation chapter.

Results: The systematic review produced eight studies, and within these seven interrelated themes emerged, which were encapsulated by two overarching themes: the value of reflective practice and conceptualising reflective practice. Despite difficulties with understanding and integrating reflective practice, therapists reported many benefits to reflection including: increasing self-awareness, enhancing connection with clients, enhancing clinical practice and facilitating self-care. The empirical study used an interpretative phenomenological analysis (IPA), which produced three superordinate themes to capture participants' experiences of reflective practice: 1) discovery through exploratory questioning, 2) containment in practice through making sense of their thoughts and feelings and 3) human survival.

Conclusion: The findings from the systematic review suggest the criticisms of the literature have yet to be addressed, with the majority of studies reporting therapists' retrospective opinions of reflective practice. The findings from the empirical study suggest reflective practice may enhance perspective-taking abilities, interpersonal skills, and personal resilience. The study has begun to address criticisms of the literature by combining reflective diaries and interviews to capture lived experience, therefore linking the benefits of reflective practice to real world examples.

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Summary of Thesis Portfolio

This thesis was undertaken as part of the researcher's Doctorate in Clinical Psychology at the University of East Anglia. The thesis portfolio consists of two main papers: a systematic review and an empirical study.

Chapter One: This chapter is a systematic review of qualitative research using a narrative synthesis method. The main aim of the review was to explore qualified therapists' use of reflective practice, identify gaps in the research and explore any implications for practice and research.

Chapter Two: A brief bridging chapter is provided to summarise the connection between the systematic review and empirical study.

Chapter Three: This chapter presents the empirical study. This followed an interpretative phenomenological analysis (IPA) approach to explore clinical psychologists' understandings and experiences of how they use reflective practice in their clinical work. The results report on three super-ordinate themes and six subthemes along with a number of verbatim extracts to represent the participants' individual experiences.

Chapter Four: This chapter outlines the qualitative methodology and design in greater depth to show the rationale behind the researcher's choice of approach. This includes a summary of the theoretical underpinnings of IPA.

Chapter Five: The final chapter summarises the main findings and discusses these in the context of the wider literature on reflective practice and concludes with a critical evaluation of the systematic review and the empirical study.

Chapter One

Systematic Review

Qualified Therapists' Understandings and Uses of Reflective Practice: a narrative synthesis of qualitative research

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Qualified Therapists' Understandings and Uses of Reflective Practice: a narrative synthesis

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Abstract

Aims: This review aims to explore the existing qualitative research on qualified therapists' use of reflective practice, identify gaps in the research and explore any implications for practice and research.

Design: A systematic review was carried out in July 2017, which involved undertaking a comprehensive and systematic search of the literature; critically appraising the studies; and synthesising the data using a narrative approach. The narrative synthesis consisted of three stages: (1) developing a preliminary synthesis; (2) exploring relationships in the data; and (3) assessing the robustness of the synthesis.

Findings: Eight studies met the full inclusion criteria. The synthesis identified seven interrelated themes, which are encapsulated by two overarching themes: the value of reflective practice and conceptualising reflective practice. Therapists reported many benefits to reflection, including: increasing self-awareness, enhancing connection with clients, enhancing clinical practice and facilitating self-care. Reflection was experienced as distressing but this was viewed as necessary to derive value from the experience. Despite difficulties with understanding and integrating reflective practice, reflection was experienced as part of therapists' personal and professional identity.

Conclusions: The review highlighted a lack of qualitative research on qualified therapists' experiences of reflection as well as significant heterogeneity across the literature. The methods used to examine reflection tended to report more general perspectives on reflection, as opposed to reflections specifically linked to therapists' clinical practice. Future research capturing therapists' specific experiences of using reflection in their clinical work would help to build a better understanding of how it is being used to inform practice.

Keywords: Reflective practice; reflection; psychological therapist; counsellor; psychotherapist; personal and professional development

Introduction

Historically, much of the literature on reflection has been in the area of adult education, where it has been linked to the learning process (Dewey, 1938; Kolb, 1984). Kolb's (1984) learning cycle model emphasises the essential role of reflecting on experience in order to enhance learning. Although there are multiple definitions for reflective practice with no consensus, there do appear to be some commonalities in the literature on what reflective practice is. In general, reflective practice is defined as a way of evaluating our experiences and it is viewed as an essential skill for the improvement of professional practice (Schön, 1983; Bolton, 2001).

Schön (1983), who developed the concept of 'reflective practice', described two types of reflection: 'reflecting-on-action', which involves thinking and reviewing an experience in retrospect, and 'reflecting-in-action' which is thinking while in the moment. Lavender (2003) developed this model further by including reflection about 'impact on others' and reflection 'about self', which appear more related to the content of our reflections rather than the process. Imel (1992) defined reflective practice as "…a mode that integrates or links thought and action with reflection. It involves thinking about and critically analysing one's actions with the goal of improving one's professional practice" (p. 2). The various definitions and models of reflection highlight the complexity of this concept. Reflective practice remains a poorly understood concept, particularly in the area of professional therapist training (Cushway & Gatherer, 2003).

Reflective practice is thought to be an essential component of therapy. It has been identified as a core clinical competency in the training and best practice for many professions (e.g. Health and Care Professions Council, 2015).

Self-Practice/Self-Reflection (SP/SR), a form of reflective practice, is the most widely researched model of reflection in Cognitive Behavioural Therapy (CBT) and has been adopted by the CBT training programmes to enhance clinical practice (Bennett-Levy, Lee, Travers, Pohlman & Hamernik, 2003). In 2003, the British Psychological Society (BPS) published a special issue on reflective practice, which strongly argued for a better integration of the reflective-practitioner model within clinical psychology (Lavender, 2003). The value of reflective practice in the training of psychological therapists is clear yet there is limited understanding of the impact of the reflective-practitioner model on clinical practice.

Training programmes vary in the level of emphasis they place on reflective practice and they appear to take different approaches to the training of reflective practice (Bolton, 2003; Wigg, Cushway & Neal, 2011). For example, reflective practice groups (RPG) appear to be the most favoured method for personal and professional development (PPD) in clinical psychology training programmes (Gillmer & Marckus, 2003). One of the concerns arising from the variation in training programmes' approaches to reflective practice is the lack of research on how reflection is being used in practice and how it is linked to PPD (Gilmer & Marckus, 2003).

Reflective practice is regarded as a valuable skill in managing the complexity and uniqueness of clinical work where the limitations of technical knowledge, which is scientifically derived, can often be experienced (Schön, 1983; Stedmon & Dallos, 2009). This is supported by clinicians' reports that reflection is most often used in novel and challenging situations (Mann, Gordon & MacLeod, 2009). Reflective practice involves a more fluid approach to practice and when compared to the technical-rational approach, which Schön

(1983) describes, it has more practical significance for the complexity of professional practice (Thompson & Pascal, 2012). Reflection is thought to facilitate new insights and to enhance therapists' understanding (Fisher, Chew & Leow 2015; Haarhoff, Gibson & Flett, 2011), which support its role in developing psychological formulations (BPS, 2011).

Research suggests that therapists find reflective practice beneficial for managing their emotions, facilitating genuineness (Germain, 2003), enhancing their understanding of themselves, managing uncertainty (Woodward, Keville & Conlan, 2015), improving their understanding of the therapeutic alliance (Fried, 2015) and increasing understanding of change processes in therapy (Bennett-Levy et al., 2001). Research on RPGs suggests that therapists view reflection as important to their personal and professional development and despite the distress that RPGs triggered, the majority viewed this as a valuable experience (Knight, Sperlinger & Maltby, 2010).

Therapists use a range of strategies to reflect on their practice (e.g. writing case notes, supervision, personal therapy, journal writing) and have distinct preferences for the way they engage in reflection (Gordon, 2004), with one study reporting that supervisors facilitated over half of the reflective practices (Fried, 2015). Bennett-Levy and Lee (2014) concluded that engagement in reflection was central to the experience of benefit in CBT trainees' use of SP/SR.

Despite the value that is placed on reflective practice, the theory base is still relatively underdeveloped (Thompson & Pascal, 2012). Although there is growing recognition within the psychological therapy professions, there is still a lack of clarity around the concept (Bennett-Levy, 2003) and the use of reflective practice, particularly among qualified therapists, and the outcomes associated

with it, remain inadequately understood (Stedmon, Mitchell, Johnstone & Staite, 2003). A further problem with understanding how therapists use reflective practice is the lack of published studies on qualified therapists' use of reflection. The majority of the research has either been carried out on trainees who are still developing this skill (Knight et al., 2010) or in nursing and medicine (Mann et al., 2009). A systematic review identifying 29 papers on reflection in health professions education suggested there was no evidence that reflection enhances competence (Mann et al., 2009). However, the majority of these studies had either relied on more quantitative methods such as questionnaires or had used non-authentic settings (i.e. written responses to a vignette) where reflection had not been stimulated by naturally occurring events. It is also important to consider that this review was focussed on outcomes of reflective practice, and the authors assume that reflection can be quantified, which will have influenced the results and conclusions they have drawn from the studies, as well as which studies have been included. Furthermore, within the review, there was no detail provided on the quality appraisal of the included studies.

Given the growing emphasis on professional practice, the gaps in the research and the complexity of this concept, it is important that we improve our understanding of reflection and its application to practice. The aim of this systematic review is to examine the existing qualitative literature on qualified therapists' use of reflective practice. The review aims to answer the question "what are qualified therapists' experiences of reflective practice?"

Method

Developing the Review Question

To guide the structuring of the review question, the PICo tool (Joanna Briggs Institute, 2014) was used. This helped to identify the key aspects of the question. These were:

Population: qualified psychological therapists

Phenomena of **I**nterest: reflective practice.

Context: uses and experiences of reflective practice.

The review uses the term 'psychological therapist' to represent clinical psychologists, counsellors and psychotherapists, as these are commonly regarded as belonging to the talking therapy professions. The inclusion of different but related clinical professions was necessitated by the lack of sufficient studies in any single therapy profession.

Inclusion/Exclusion Criteria

The eligibility criteria for inclusion were:

- Research papers that explored the use or experience of reflective practice or reflection
- Qualified clinical psychologists, counsellors or psychological therapists
- Research papers that had used a qualitative methodology

Given the lack of clarity around defining reflection (Atkins & Murphy, 1993), and this being a common problem in the research literature, the terms 'reflective practice' and 'reflection' were used as strict inclusion criteria to include all studies that have explicitly used these terms to describe their research topic. This was to help create some consistency with the use of one term.

Studies were excluded if:

- They were not written in English

- The focus of the topic was not reflection or reflective practice
- The study only used reflection as a method for analysing or exploring another topic
- The sample population were not qualified psychological therapists

Search Strategy

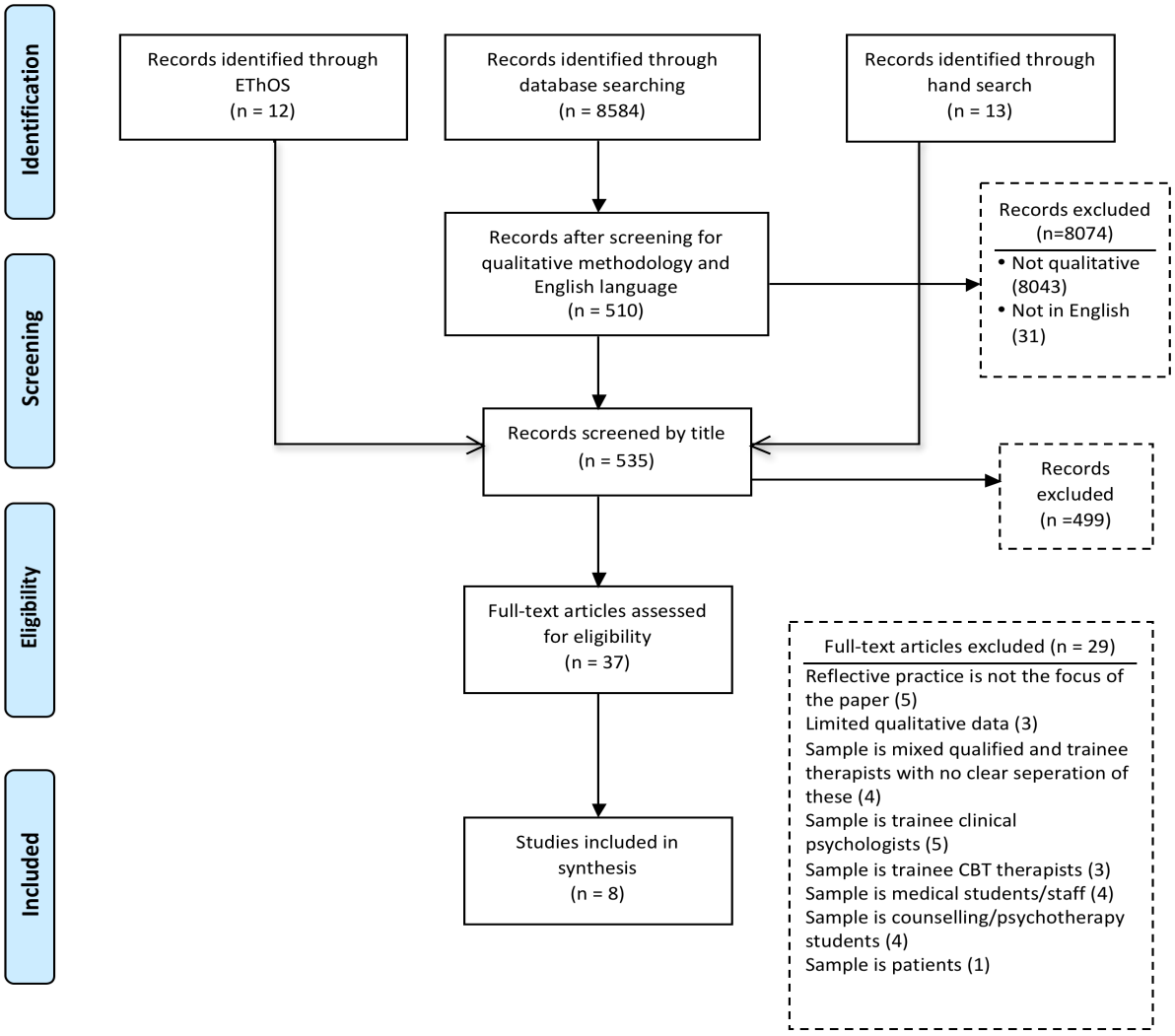
This review is based on studies that have specifically used the term ‘reflection’ or ‘reflective practice’. Although it is recognised that a range of terms have been used in the literature to describe reflective practice (e.g. self-awareness, personal and professional development, personal therapy), this review aims to answer questions related to what professionals understand as ‘reflective practice’.

A systematic search to identify relevant studies was carried out in July 2017 using three search strategies. The first strategy was an electronic search of peer-reviewed journals using online databases, which included: PsyINFO, Medline, CINAHL and E-journals. A further online search of grey literature was carried out using EThOS. The search terms used were: ‘reflective practice’ OR ‘reflection’, AND ‘psychologist’, ‘therapist or ‘counsellor’. The third search strategy was a hand search, which involved reviewing the reference lists of relevant studies.

The first stage of the electronic search involved only including studies that were defined as qualitative research and excluding studies that were not written in English. Using the inclusion/exclusion criteria, the titles and abstracts of the papers retrieved were scanned for relevance, then the full text of the studies was assessed for eligibility for inclusion. A total of eight papers were

identified as relevant and matching the inclusion criteria for the review (Figure 1).

Figure 1. PRISMA flow diagram



Assessment of Quality

There is no consensus on the best method for carrying out a quality appraisal or on the role of quality appraisal in qualitative research. Some researchers argue that using checklist tools to decide if a paper should be included is inappropriate (Dixon-Woods, 2004) whereas others believe the

appraisal can be used as part of the exploration and interpretation process (Popay et al., 1998; Spencer, Ritchie, Lewis, & Dillon, 2003). Studies were not excluded on the basis of quality, as the main aim of the review was to understand therapists' uses of reflective practice and it was felt that the lack of research and understanding in this area provided a rationale for including all relevant studies. The Critical Appraisal Skills Programme (CASP) tool was used to assess the quality of the review papers (Table 2). A further criterion was added – whether research papers had defined reflective practice – due to the reported difficulties with defining this concept (Fook, White & Gardner, 2006) and the number of different, but overlapping, terms that are commonly used to describe reflective practice. Where a study was part of a wider study this was accessed for the quality appraisal when there was insufficient detail on the methodology in the review paper.

Data Analysis

The analysis followed Popay et al.'s (2006) guidance on conducting a narrative synthesis in systematic reviews, which is a broad framework rather than a set of prescriptive rules. A narrative synthesis was chosen due to its ability to synthesise qualitative research findings from a diverse range of study designs and contexts (Lucas, Baird, Arai, Law & Roberts, 2007; Popay et al., 2006). Due to the problems already described with defining reflective practice and the heterogeneity across studies, the researcher felt that a narrative approach would be able to manage and represent the complexity of the data (Popay et al., 2006). The three stages of the narrative synthesis involved: (1) developing a preliminary synthesis, (2) exploring relationships in the data, and (3) assessing the robustness of the synthesis. For the preliminary synthesis, an

initial description of each study was developed, including key details of the study, and these were organised in the form of a table. The second stage involved extracting both first- and second-order data from the results section of each study and repeatedly reading this to identify common themes and concepts across the studies. These themes were then checked against each other by comparing and contrasting the key relationships between the studies to create new third-order constructs (Appendix L). Where relevant, subthemes were also included as these were seen as smaller themes (i.e. less common and powerful across the studies) that were important and relevant to the larger and more dominant theme. Themes were regarded as dominant themes if they were represented in over half of the review studies.

Results

Study characteristics

An initial description of the results is provided by the preliminary synthesis (Table 1). The review included two papers combined as one study, as they were deemed to not provide enough new and relevant data to be included as separate studies. The eight studies included a total of 88 participants, consisting of 46 clinical psychologists, 16 CBT therapists and 26 family therapists/ psychotherapists. Five studies (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Henegan et al., 2014; Kiemle, 2008) interviewed clinical psychologists about their general experiences of reflection. One study examined written responses from a SP/SR workbook (Haarhoff et al., 2011), one study examined family therapists' reflections from tape-assisted recall notes (Rober et al., 2008) and one study examined psychotherapists' reflections on a video-recorded supervision session (Hill et al., 2016). Five studies explored

therapists' individual experiences of reflective practice (Fisher et al., 2015; Haarhoff et al., 2011; Hill et al., 2016; Kiemle, 2008; Rober et al., 2008) and three studies explored reflective practice in the context of attending or facilitating a RPG (Binks et al., 2013; Fairhurst, 2011; Henegan et al., 2014). The majority of the studies explored reflective practice from the perspective of the therapist. Two studies explored reflective practice from the perspective of the facilitators of a RPG who were qualified clinical psychologists (Binks et al., 2013; Henegan et al., 2014) and one study explored reflective practice from the perspective of a supervisor and supervisee (Hill et al., 2016).

Table 1. Preliminary Synthesis

First author, year & country	Aims of the study	Sample (size)	Context	Data collection method (analysis)	Summary of key findings	Definition of reflection
Fisher, (2015) - Singapore	To understand how clinical psychologists experience reflection and reflective practice in their day-to-day clinical role	Clinical psychologists (6)	Individual therapists reflecting on their experience of reflection.	Semi-structured interviews (IPA)	Reflection helped participants understand themselves better and how they impacted on their work. Reflection helped in under-standing and engaging with clients. Reflection was used when cases felt 'stuck'. Reflection helped participants understand their professional role as clinicians, and maintain professional and ethical standards.	Refers to both Lavender (2003) and Schön's (1983) models of reflection.
Haarhoff, (2011) - New Zealand	How SP/SR intervention was experienced by the participants?	CBT therapists (16)	Individual therapists reflection on experience of SP/SR.	Handwritten responses on a workbook (thematic)	Participants SP/SR showed enhanced theoretical understanding of the CBT model; an increase in self-awareness and empathy; insight into the therapeutic relationship, and adaptation of clinical practice.	Self-practice/self-reflection - reflecting on the process of self-practice. No further definition of self-reflection.
Henegan, (2014) - UK	To describe clinical psychologists' practice in reflective groups for staff in inpatient	Clinical psychologists (6)	Experience of facilitators of a RPG	Online questionnaire and semi-structured interviews (thematic)	Reflection was incongruent with the dominant culture of 'doing' and 'immediacy'. Reflective groups	No definition

	psychiatric services and to explore how such groups are conceptualized and implemented.				needed to create an atmosphere of safety in order to function well. Reflective groups offered an alternative perspective and required facilitators to 'sit with uncertainty'.	
Rober, (2008a) Rober, (2008b) - Belgium	Exploration of the therapist's self as an inner dialogue.	Family Therapists (12)	Individual therapists experience of a role-played therapeutic session.	Tape assisted recall notes (grounded theory)	Participants' inner conversations were focussed on: attending to the client, processing the client's story, their own experience and managing the therapeutic process.	Therapists maintain an inner dialogue with themselves, which is the starting point of their questions. This dialogue has been called therapists' inner conversation (Rober, 2002, 2005).
Hill, (2016) - Australia	To pilot an intervention involving reflective dialogue based on video recordings of clinical supervision.	Psychotherapists (14)	Experience of clinical supervision	Responses to the protocol and feedback questionnaires (thematic)	Reflective dialogue promoted helpful disclosure of supervisee anxiety and led to a more active negotiation of roles and expectations in supervision. Reflective dialogue drew attention to parallels between supervision and therapy in terms of interpersonal patterns. Participants reported an increased depth of reflection, improvements in the supervisory relationship and confidence in supervision.	"Purposeful critical analysis of knowledge and experience, in order to achieve deeper meaning and understanding," and constructing meaning. The reflective practice protocol used for this study focused on metacognitive reflection in the domains of participants' own values, intentions, cognitions, actions, reactions, omissions, and plans for future practice.

Binks, 2013 - UK	Exploring group facilitators' perspectives, with a focus on how they made sense of (1) trainees' distress, (2) the relationship between distress and outcome, and (3) their facilitation role.	Clinical Psychologists (7)	Facilitators experience of trainees in RPGs	Semi-structured interviews (phenomenological)	Three master themes emerged: conceptualising the meaning and value of trainee distress/difficulty; complexity and challenge of the group boundaries; and experience of the facilitator's role. RPG facilitators experienced the complex and challenging boundary issues relating to trainees experience of the RPG. RPG facilitators viewed trainees' commitment to engaging with distress caused by the RPGs as significant to their emotional learning. Facilitators viewed managing group dynamics and fostering trust and relative safety within the group as important parts of their role.	Refers to both Lavender (2003) and Schön's (1983) models of reflection. RPGs are facilitated groups in which trainee clinical psychologists have an opportunity to explore and discuss their experiences of training, their clinical work and themselves.
Kiemle,(2008) - UK	To explore clinical psychologists' experiences of reflective practice and CPD.	Clinical Psychologists (16)	Individual therapists	Semi-structured interviews (IPA)	Participants linked the function of CPD and reflection to improved outcomes for clients, performance monitoring, and helping to maintain	'A mode that integrates or links thought and action with reflection. It involves thinking about and critically analyzing one's actions with the

					the separation between personal and professional boundaries. Participants experienced reflection as a form of CPD. Participants' actions were seen as being informed and changed by the process of reflection. Participants reported the main obstacles to reflection were time and performance pressures. Participants reported the main enablers of reflection as time, the need for others and value and support for reflection.	goal of improving one's professional practice' (Imel, 1992)
Fairhurst, (2011) - UK	The aim was to develop a preliminary, yet substantive understanding of the mechanisms through which experiences are valuable or distressing for participants who previously attended RPGs during a clinical psychology training programme in the UK	Clinical Psychologists (11)	Experience of a RPG	Semi-structured interviews (grounded theory)	Participants' descriptions of the RPGs revealed a search for, and negotiation of, the group aims. Participants described the need for a certain way of engaging with the process in order for it to be meaningful. Participants described needing to be able to tolerate difficult feelings as part of the group experience. Participants described the development of self-awareness through the group process.	'A successive process of analysing and re-analysing important episodes of activity, drawing out multiple levels of representation' (Dallos & Stedmon, 2009, p. 4)

Although six of the papers included a definition of reflective practice, only three (Haaroff et al., 2011; Hill et al., 2016; Rober et al., 2008) described what reflection looked like in their study. Two studies (Haaroff et al., 2011; Hill et al. 2016) appeared to use a more structured form of reflection where they asked therapists a specific set of questions – for example, a set of self-reflection questions in relation to a self-practice CBT workbook (Haaroff et al., 2011) and a set of questions relating to a 10-minute video-recorded supervision session (Hill et al., 2016). In contrast, Rober et al. (2008) were less prescriptive with their facilitation of reflection and they allowed flexibility by asking therapists what they were experiencing at particular moments during a therapy session.

Two studies (Hill et al., 2016; Rober at al., 2008) attempted to capture therapists' reflections in the moment, which Schön (1983) refers to as 'reflecting-in-action', whereas the remaining six studies appeared to focus on what Schön refers to as 'reflecting-on-action'. The study by Hill et al. (2016) was the only study that collected reflections on the process of reflecting through a subsequent interview and online questionnaire.

Three studies (Hill et al., 2016; Kiemle, 2008; Fairhurst, 2011) met all eleven quality criteria, while two (Fisher at al., 2015; Henegan, et al., 2014) met ten, two (Binks et al., 2013; Rober et al., 2008) met nine and one (Haarhoff et al., 2011) met seven. One paper (Rober et al., 2008) reported insufficient original data to judge the credibility of the findings. Although the first author was unable to judge the credibility, the paper did clearly report the use of two procedures (informant validity check and three external auditors) for checking the validity of their findings.

Key Themes

The synthesis revealed seven key interrelated themes in relation to qualified therapists' uses and understandings of reflection (Table 2). These themes are organised under two overarching themes: valuing reflective practice and conceptualising reflective practice, which capture the central concept encapsulated in a number of the themes.

Table 2. Frequency of themes and overall CASP rating

Key Themes	Increasing self-awareness	Enhance connection with clients	Form of self-care	Short-term pain for long-term gain	Enhance clinical practice	Integration of reflective practice	Understanding reflective practice	Overall number of themes	CASP rating
Frequency	7 of 8	5 of 8	5 of 8	7 of 8	8 of 8	6 of 8	5 of 8	/7	/11
Review studies:									
Fisher, 2015, Singapore	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6	10
Haaroff, 2011, New Zealand	Yes	Yes	Yes	Yes	Yes	No	Yes	6	7
Henegan, 2014, UK	No	No	Yes	Yes	Yes	Yes	Yes	4	10
Rober, 2008, Belgium	Yes	Yes	No	No	Yes	No	No	2	9
Hill, 2016, Australia	Yes	No	No	Yes	Yes	Yes	No	4	11
Binks, 2013, UK	Yes	Yes	Yes	Yes	Yes	Yes	No	6	9
Kiemle, 2008, UK	Yes	No	Yes	Yes	Yes	Yes	Yes	6	11
Fairhurst, 2011, UK	Yes	Yes	No	Yes	Yes	Yes	Yes	6	11

Valuing reflective practice

Reflection as a tool for increasing self-awareness.

In seven studies, reflection appeared to be used as a way of enhancing therapists' self-awareness (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Haarhoff et al., 2011; Hill et al., 2016; Kiemle, 2008; Rober et al. 2008). Therapists' reflections appeared to focus on their own experience and being aware of their own personal views and values. Reflection enabled them to learn more about themselves and their personal patterns such as their thoughts, feelings and behaviour:

> I realise the extent of my anxiety that inhibits my ability to fully enjoy myself, blunts my humour and creativity at times. I seek approval, approval is important to me, what others think is vitally important. (Mary, Haaroff et al., 2011, p. 329)

Reflection also appeared to facilitate an increase in therapists' awareness of the impact they have on others (Fisher et al., 2015; Hill et al., 2016). For some, the increase in their awareness of the impact they had on others was reported to result in better decision making by bringing more choice into therapists' awareness (Fisher et al., 2015):

> The awareness would be in terms of the impact that we have, or better still the layers of impact that we have on the people around us ... after reflecting and having reached a certain amount of reflection, we will be able to make wiser decisions, choices about how we respond. (Participant 4, Fisher et al., 2015, p. 736)

However, despite the majority of studies highlighting an increase in self-awareness, some therapists acknowledged there were limitations to how much individual reflection can lead to an increase in self-awareness:

> I think…other obstacles would be kind of blind spots really. You can only reflect on things that you are conscious of…so there may well be blind spots in my clinical work that don't get addressed. (participant 15, Kiemle, 2008, p. 117)

Therapists appeared to use reflection on their thoughts, feelings and behaviours to consider how these might impact on the therapeutic relationship (Haarhoff et al., 2011). Reflection was experienced as a "mirror to the self", which was an acknowledgement that the personal self can impact on the professional self (Kiemle, 2008). Retrospective accounts from clinical psychologists, who attended RPGs during their training, described experiencing realisations about the self through the group process (Fairhurst, 2011):

> At first I was quite vocal, that did change over time…it probably did relate to my role in the family as the youngest and a bit of a peace maker. I wanted to keep things running smoothly…in the group I felt less compelled to take up those group roles.' (Beth, Fairhurst, 2011, p. 23)

Self-awareness was not a key theme in one study (Henegan et al., 2014), which explored clinical psychologists' experiences of facilitating a RPG of nursing staff in an inpatient forensic setting. Clinical psychologists felt that nursing staff viewed reflective practice as 'self-indulgent', which impacted on

how much they engaged in reflection and consequently how much they gained from the experience.

> There's been sort of an idea that 'no we ought not to be sitting down here, it's self-indulgent'. . .sort of or it's a luxury. (Interviewee 1, Henegan et al., 2014, p. 331)

Reflection to enhance connection with clients and their experience.

This theme was present across five studies (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Haarhoff et al., 2011; Rober et al. 2008) and represented an increase in empathy with the client and their experience. Therapists appeared to value reflection as a way of putting themselves in a similar position to that of the client, which helped them feel genuine empathy for clients.

> I can relate to the difficulty and pain of people who have depression and anxiety disorders, low self-esteem etc., from believing that their negative schemas say all there is to say about them (through a struggle with my own schema). (Veronica, Haaroff et al., 2011, p. 330)

Some therapists believed that in order to truly connect with a clients' experience, a degree of discomfort, as a result of examining themselves, was required (Binks et al., 2013).

> I feel very passionately…that unless you've experienced a degree of discomfort in a forum which is about yourself as a person that you have no call to be sitting giving therapy to someone else. (Heidi, Binks et al., 2013, p. 310)

Reflection as a tool for connecting with clients did not feature in clinical psychologists' reflections on facilitating RPGs for nursing staff (Henegan et al., 2014) nor did it feature in clinical psychologists' experiences of reflection in the context of continued professional development (CPD) (Kiemle, 2008).

Related to this theme of connection was also an improvement in the supervisory relationship (Hill at al., 2016). Therapists reported that their experiences of reflecting on supervision had led to an improvement in rapport in the supervisory relationship. This study focussed on reflection in the context of supervision, which may explain why the theme of connecting with the client was absent.

Reflection as a form of self-care.

Reflection appeared to function as a form of self-care across five of the studies (Binks et al., 2013; Fisher et al., 2015; Haarhoff et al., 2011; Henegan et al., 2014; Kiemle, 2008). Reflection was used as a personal strategy to slow down and manage stress (Fisher et al., 2015), to help staff feel valued and empowered (Henegan et al., 2014) and to help therapists leave their stress at work (Kiemle, 2008).

> It supports me tremendously. It helps me leave some of what needs leaving behind and not take it home… (participant 14, Kiemle, 2008, p. 122)

> …if I didn't have the opportunity to actually reflect in my work, I would go nuts. (participant 13, Kiemle, 2008, p, 122).

Reflection appeared to be viewed as a necessary part of a therapist's role, for managing their own difficult feelings in their role (Kiemle, 2008; Fisher et al., 2015; Haaroff et al., 2011).

> It has helped me move away from ideas of inadequacy, which I had held on to and believed to be real for many years. (participant, Haaroff et al., 2011, p.327)

Although reflection was viewed as therapeutic (Binks et al., 2013; Kiemle, 2008), therapists also highlighted a distinction between reflection, both as an individual activity and in the context of a RPG, and therapy, and the importance of having these boundaries.

> For some [there was] a significant reworking of quite kind of core anxieties about themselves in relation to others ... we're talking broad therapeutic aims here, but I think that can happen. They're, they're not therapy groups [but] they can be therapeutic for some people. (Luke, Binks et al., 2013, p. 312)

Short-term pain for long-term gain.

Reflection on self was experienced as distressing and uncomfortable across seven studies (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Haarhoff et al., 2011; Henegan et al., 2014; Hill et al., 2016; Kiemle, 2008). Some therapists highlighted this distress as a necessary condition to derive value from the reflective experience, such as a deeper level of self-understanding (Binks et al. 2013; Fairhurst, 2011). Distress appeared as a more prominent theme in the studies on clinical psychologists' experiences of RPGs (Binks et al., 2013; Fairhurst, 2011). This theme also captured therapists' beliefs

that not participating in reflection was due to avoidance of the difficult and upsetting processes that self-reflection can trigger (Henegan et al. 2014; Kiemle, 2008).

(1) Willingness to engage in reflection. Closely related to the experience of reflection as distressing was therapists' acknowledgement that reflection requires a willingness and openness to engage meaningfully in the process (Binks et al., 2013; Fairhurst, 2011; Henegan et al., 2014). This was only present in the studies that examined reflection in the context of RPGs. The level of commitment to reflection depended on therapists' beliefs about the value of reflecting on their personal self (Binks et al., 2013).

(2) Feeling safe enough to engage in reflection. This subtheme represented the importance and influence of safety on the level of engagement in reflection (Binks et al., 2013; Henegan, et al., 2014; Fairhurst, 2011; Kiemle, 2008). Therapists reported a desire to feel safe when engaging in reflection and that a lack of safety resulted in an increased avoidance of reflection (Fairhurst, 2011) and prevented RPGs from functioning well (Henegan et al., 2014). Therapists facilitating RPGs felt that their role was to mediate safety by managing destructive group dynamics (Binks et al., 2013).

Reflection to enhance clinical practice.

This theme was found across all eight studies and represented therapists' views on the improvement to their clinical practice that came from engaging in reflection. Therapists reported a range of improvements, some of which included: recognising areas for development (Haarhoff et al., 2011; Henegan et al., 2014), maintaining ethical standards (Fisher et al., 2015; Kiemle, 2008) and adherence to good practice (Haarhoff et al., 2011; Hill et al.,

2016; Kiemle, 2008). Therapists spoke about what it would be like to not be reflective and the potential harm to clinical practice that this could cause, such as being unaware of important issues (Fisher et al., 2015).

> I think we would be very unaware of issues and if we're unaware of issues in the therapy or in the therapeutic relationship, we may not be doing the work that is meant to be helpful for the client…I'd end up being more harmful than helpful. (Participant 3, Fisher at al., 2015, p. 737)

(1) Reflection to manage difficulties. In three studies, reflection appeared to be triggered by some difficulty or dilemma in therapists' clinical work (Fisher at al., 2015; Kiemle, 2008; Rober et al., 2008). Reflection was used more frequently when therapists felt clients were not making progress (Fisher at al., 2015) and this triggered therapists to make some changes to the therapy (Kiemle, 2008). Therapists also used reflection as a tool for resolving conflicts, dealing with uncertainty and enabling them to continue working with these difficulties (Kiemle, 2008).

> I suppose sometimes I use my thinking to resolve conflicts, something I feel uncomfortable with and so I can maybe keep working with somebody or so I can keep doing something that maybe feels difficult or is a struggle (participant 6, Kiemle, 2008, p. 98)

Conceptualising Reflective Practice

Integration of reflective practice.

Six studies referred to the integration of reflective practice with personal and professional identity (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Henegan et al., 2014; Hill et al., 2016; Kiemle, 2008). This theme represents therapists' views on reflective practice as part of their personal or professional identity but also their views on the culture of the wider organisation (i.e. the service or training programme).

Therapists spoke about the challenges of protecting the space for reflection and highlighted how other pressures and priorities can create a barrier for engaging in reflection. The support of the organisation was essential for reflective practice to function well (Henegan et al., 2014; Kiemle, 2008).

> It has to be kind of integrated with the culture, and it has to be kind of really signed up to by management. (Interviewee 2, Henegan et al., 2014, p. 331)

Reflective practice was viewed as part of one's personal identity. Some therapists described being 'a naturally reflective person' (Kiemle, 2008) and felt that reflection had become an automatic and unconscious process (Fisher et al., 2015). However, others spoke about reflection as more of a skill they had learnt and would continue to develop (Fisher et al., 2015). Three studies reported the link between reflective practice and therapists' professional identity (Binks et al., 2013; Fisher et al., 2015; Kiemle, 2008). For example, some therapists regarded reflection as part of their professional identity (Kiemle, 2008), yet some therapists questioned whether the training programme conveyed that reflecting on personal experiences was part of a clinical psychology's identity (Binks et al., 2013).

Understanding reflective practice.

This theme represented the difficulties in trying to make sense of reflection, which was found across five of the studies (Fairhurst, 2011; Fisher et al., 2015; Haarhoff et al., 2011; Henegan et al., 2014; Kiemle, 2008). Clinical psychologists, particularly, described needing some clarity about the boundaries of reflection (Fairhurst, 2011; Kiemle, 2008). For example, they reported feeling frustrated that the aim and purpose of the RPGs were unclear; however, some eventually accepted this as part of the reflective process (Fairhurst, 2011).

> They could have had a clearer boundary around it and a list of aims…they hadn't been clear…in the beginning we were left wondering how much it was therapy…we don't know what the purpose of the group is…(Laura, Fairhurst, 2011, p. 19)

Some therapists found it challenging to define and describe reflective practice (Fisher at al., 2015) and experienced it as an ambiguous process, which caused them to question its relevance (Haarhoff, et al., 2011). Clinical psychologists reflecting on their experiences of facilitating RPGs with nursing staff felt that in order to make RPGs more accessible there was a need to carefully consider the language used for describing these groups (Henegan et al., 2014).

Discussion

Overview of Findings

The synthesis of the eight qualitative studies revealed a wide range of experiences of reflective practice in the context of qualified psychological therapists. The review confirms the complexity of this multifaceted concept and the challenges presented by the literature being dispersed across many professions and methods (Cooper & Wieckowski, 2017). The review indicated seven interrelated themes on the use and experience of reflective practice amongst qualified psychological therapists. These themes appear consistent with the research on trainee therapists in that reflective practice is highly valued and is viewed as beneficial to personal and professional development (Germain, 2003; Woodward et al., 2015; Fried, 2015; Bennett-Levy et al. 2001). The findings on the benefits of reflection were also consistent with previous systematic reviews in the area of CBT (Gale & Schröder, 2014) and health professional education (Mann et al., 2009).

Understanding Reflective Practice

The review shows that the concept of reflective practice amongst qualified therapists still lacks clarity. Findings suggest that therapists have difficulties describing and defining reflective practice as well as problems with understanding the purpose of it. The lack of clarity around this concept has been a common problem in the literature (Bennett-Levy, 2003; Stedmon, Mitchell, Johnstone & Staite, 2003). Reflective practice has been described as 'atheoretical' and intangible (Gilmer & Marckus, 2003, p. 23; Cushway & Gatherer, 2003) which presents challenges when trying to explore and understand this concept. This conceptual confusion around reflection, as well as the reported distress and anxiety that reflection can trigger in therapists, has potentially hindered the integration of reflection.

Valuing Reflective Practice

Despite the heterogeneity of the studies, this review highlighted several key benefits of engaging in reflection, both for the therapist and for the client, across the studies. The themes around increasing awareness and understanding of self and others support Lavender (2003), who described 'reflection about self' and 'reflection about impact on others' as the main processes of reflective practice. However, there is limited research to support the use of self-awareness in terms of direct benefits for clients (Wigg et al., 2011). This review highlights reflective practice as an important competency that we need to understand better. Although the research supports the value of reflection, there is a lack of research on how this competency is being used in clinical practice.

Methodological Differences between Studies

The review revealed that semi-structured interviews were the most common approach to examining therapists' reflections (Binks et al., 2013; Fairhurst, 2011; Fisher et al., 2015; Henegan et al., 2014; Kiemle, 2008). The reliance on interviews alone in the literature may present challenges in accessing therapists' experiences of reflection, especially in trying to capture therapists' moment-to-moment reflections (Atkins & Murphy, 1993; Burgess, Rhodes & Wilson, 2013). Schön (1983) describes 'reflection-in-action' as one of the main processes of reflective practice that allows us to learn from experience. Furthermore, the methods used to examine reflection have tended to lead to more general perspectives on reflection, as opposed to reflections specifically linked to therapists' clinical practice. Deeper levels of reflection are

difficult to capture, and the depth and quality of reflective practice is what appears to be lacking in the qualitative literature.

The review highlighted a lack of qualitative research on qualified therapists' experiences of reflective practice. The search terms were broad, as were the eligibility criteria, yet the review was only able to identify eight studies. Two (Binks et al., 2013; Fairhurst, 2011) of these studies were in the context of clinical psychology training despite the participants being qualified clinical psychologists. For example, Fairhurst (2011) focussed on qualified clinical psychologists' retrospective accounts of RPGs during their training. Furthermore, two (Fairhurst, 2011; Kiemle, 2008) of the studies were unpublished theses.

Limitations of the Review

There were some methodological limitations that may have impacted on the findings of the review. Firstly, the use of the CASP as a quality appraisal tool highlighted some difficulties in applying standard criteria to qualitative research of this nature. Although the CASP criteria offered a useful framework, it only measures what was reported and not what was actually done. For example, unpublished theses scored higher on quality compared to the peer-reviewed studies, and this appeared to be due to the in-depth reporting, as they were not restricted by journal word limits. Secondly, index terms for describing qualitative research in the electronic databases vary and therefore some studies may not have been picked up by the search terms used. However, the hand search helped to address this problem. It is also important to note that the relevance of the research is not always clear in study titles and with the literature highlighting a range of terms used for reflection, it is possible some relevant studies may

have been excluded because of this. Furthermore, the terms used to define the type of therapist may have missed research that has described psychological therapists in another way.

Another limitation of the review that hindered the synthesis of the data was the variety of the papers in terms of what therapists were describing. Some therapists were describing reflections on their clinical work or on their supervision; some were describing an experience in a group whilst in training and some were discussing the experience of others in a group they facilitated. Although the variety perhaps shows the wide application of reflection, it limits our understanding of reflection in the context of direct clinical work where reflection is regarded as a core competency.

Finally, the range of psychological therapists included in the review also presented challenges in the synthesis of the data. The experiences of reflection in the review drew on the views of CBT therapists, who tend to use a more structured approach to reflection (Bennett-Levy et al., 2003), psychotherapists who place a strong emphasis on increasing self-awareness through personal therapy (Ritz & Target, 2008a, 2008b) and clinical psychologists who are trained to be reflective practitioners using a variety methods, most of which tend to be extra-curricular (Gilmer & Marckus, 2003).

Clinical Implications and Future Research

Reflective practice is regarded as a valuable tool for therapists' personal and professional development. Although it is believed to have a range of benefits for therapists' clinical practice, there are still significant challenges associated with integrating reflective practice into everyday practice. The review highlighted the importance of time and space, as well as feeling safe with

others, to be able to reflect in a meaningful way. The review also showed that there were difficulties with understanding reflective practice amongst qualified therapists, which has been reported across a range of professions (Mann et al., 2009). For clinical psychologists specifically, there was some uncertainty around the relevance of reflection about self as well as uncertainty around how to define and describe reflective practice to other professionals who are likely to benefit from it.

Reflective practice is a broad term that appears to cover a range of processes and levels. Future research to explore in more depth the experience of these different uses would help improve understanding of its application to practice, and potentially lead to more effective ways of integrating reflective practice into clinical work. It would be important for future research to use different methods to help capture therapists' specific experiences of using reflective practice in their clinical work. This may help assist therapists in articulating what is a complex concept, which would help to build a better understanding of how it is being used to inform practice.

Future qualitative research would benefit from addressing the methodological limitations of the current research by using creative ways of capturing deeper, and more authentic levels of reflection, such as the combined use of audio recordings / reflective diaries and semi-structured interviews, to reflect on real clinical events. This is likely to make a more valuable contribution to the existing knowledge and understanding of reflective practice.

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Chapter Two

Bridging Chapter

Word count: 396

Chapter Two – Bridging Chapter

The systematic review examined the existing qualitative literature on the use of reflective practice by qualified psychological therapists. The review addressed the aim of exploring qualified therapists' experiences of reflective practice.

The findings from the review revealed a lack of qualitative research on qualified therapists' experiences of reflective practice and highlighted significant heterogeneity between studies in terms of what they described as reflection. Despite the sample being qualified therapists, many of the studies were still in the context of training and/or a group setting (i.e. reflective practice groups). Retrospective interviews were the most common data collection approach, which has been criticised in this area of research due to its limitations with regard to accessing clinicians' moment-to-moment reflections (Atkins & Murphy, 1993; Burgess, Rhodes & Wilson, 2013).

The findings showed that reflective practice was highly valued for the impact therapists felt it had on both their personal and professional development, which is consistent with the research on trainee therapists *(*Germain, 2003; Woodward, Keville & Conlan, 2015; Fried, 2015; Bennett-Levy et al., 2001). The findings suggested support for Lavender's (2003) model of reflection, which describes 'reflection about self' and 'reflection about impact on others' as the main processes of reflective practice.

Although the review highlighted benefits to clinical practice, these tended to be based on more general views of reflection as opposed to being closely linked to therapists' day-to-day clinical practice. The review showed that the longstanding problems with describing and defining reflective practice were still

present among qualified therapists. The findings demonstrated therefore that the methodological limitations and related definitional issues reported in the literature have not yet been addressed in this area of research.

Given the above, the aim of the empirical paper was to explore the lived experiences of qualified clinical psychologists' use of reflective practice in their everyday clinical practice. The study focussed on addressing the methodological limitations revealed in the systematic review by combining reflective diaries and semi-structured interviews to facilitate in-depth reflection grounded in clinical work. The diaries aimed to capture clinical psychologists' reflections on clinical events as they occurred, to help move the literature forward in understanding how reflection is being used in clinical practice. Seeking real-world grounded examples may also help overcome the definitional issues. The study aimed to address the following question: "What are clinical psychologists' experiences of using reflective practice in their clinical work?"

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Chapter Three

Empirical study

Exploring clinical psychologists' understandings and experiences of how they use reflective practice in their clinical work: an interpretative phenomenological analysis.

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Exploring clinical psychologists' understandings and experiences of how they use reflective practice in their clinical work: an interpretative phenomenological analysis.

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Abstract

Objectives. Reflective practice is regarded as an essential clinical competency in clinical psychology training (BPS, 2015) and practice (BPS, 2017). However, there is currently limited support for the value that is placed on reflective practice, contributed to by definitional issues and methodological limitations. The purpose of this study was to examine the lived experiences of clinical psychologists' use of reflective practice in the context of their clinical work.

Methods. Seven clinical psychologists completed a reflective diary and a semi-structured interview in order to facilitate in-depth reflections on specific clinical events. The interview transcripts were then analysed using interpretative phenomenological analysis.

Results. Three superordinate themes and six subthemes were developed from the data: Exploratory Questioning (gaining a different perspective, new insight and opening new possibilities), Containment of own Thoughts and Feelings in Practice and Human Survival (managing the emotional impact, self-sustaining and leaving work at work).

Conclusions. The findings suggest that reflective practice can play a key role in clinical psychologists' perspective-taking abilities by helping them take an open and curious stance to their experiences. The use of reflective practice as a form of containment has implications for how we build and maintain therapeutic relationships. Furthermore, the experience of reflective practice as relieving discomfort and promoting personal resilience has not yet been addressed in the literature. The study has implications for how reflective practice is understood in the training of clinical psychologists and suggests further understanding is needed into how clinical psychologists are using this in

practice, to help inform assessment methods and the development of this competency.

Practitioner points

- Interpretative phenomenological analysis methodology and the data collection methods have begun to address a key criticism in this area of research.
- The combined use of diaries and interviews facilitated in-depth reflection on specific clinical events and helped overcome some of the difficulties reported in the literature with defining and describing reflective practice.
- Reflective practice is an important clinical competency in building and managing therapeutic relationships, but it is also important in managing the long-term emotional impact of clinical work on clinical psychologists.

Introduction

Reflective practice has been defined as "…a mode that integrates or links thought and action with reflection. It involves thinking about and critically analysing one's actions with the goal of improving one's professional practice" (Imel, 1992, p. 2). Within clinical psychology, self-awareness and learning from experience have been referred to as two broader meanings of reflective practice (Stedmon, Mitchell, Johnstone and Staite, 2003). Schön's (1983) influential work on reflective practice describes two types of reflection: reflection-on-action and reflection-in-action; these were further developed by Lavender (2003) to include reflection about impact on others and reflection about self.

The literature on reflective practice has emphasised the important role it plays in managing the complexity and uniqueness of clinical work, where the limitations of relying solely on technical knowledge have been highlighted (Schön, 1983; Stedmon & Dallos, 2009). It is highly valued across many health professions (Gale & Schröder, 2014; Mann, Gordon & MacLeod, 2009; Knight, Sperlinger & Maltby, 2010). For example in clinical psychology, both the Health and Care Professions Council (HCPC) and the British Psychological Society (BPS) recognise reflection as a core clinical competency (BPS, 2017; HCPC, 2015) and have integrated the reflective-practitioner model into clinical psychology training programmes alongside the scientist-practitioner model.

Further, there is some research to support the benefits of reflective practice on clinical psychologists' personal and professional development (PPD), including improving self-awareness (Fisher, Chew & Leow, 2015) and enhancing the connection with the client (Binks, Jones & Knight, 2013). The

wider literature suggests reflection enables learning from experience, and is most often used in novel or challenging situations (Mann et al., 2009).

Although there are claims about the usefulness of reflective practice, these claims are based on very few studies that have been criticised for their methodological limitations (Atkins & Murphy, 1993; Burgess, Rhodes & Wilson, 2013). A key assumption underlying the literature is that clinical practice would benefit from integrating reflective practice alongside the scientist-practitioner model. However, there is still a limited evidence and theory base for reflective practice in the area of clinical practice to support this assumption. Most of the research has focussed on the benefits of reflective practice on PPD and has been carried out on trainees who are still developing this skill (e.g. Bennett-Levy et al., 2001; Wigg, Cushway & Neal, 2011) and who have likely been influenced by the group setting (i.e. reflective practice groups), which many training programmes use to develop reflective competences (Gillmer & Marckus, 2003). Research that has attempted to address this gap has tended to explore the role of reflective practice more generally as opposed to reflective practice specially linked to clinical practice (e.g. Fisher et al., 2015).

One of the main difficulties encountered in this area is with defining and describing reflective practice (Fisher et al., 2015; Paula, 2003). Research methods that have been used to explore reflective practice have tended to rely on observational methods (Mann et al., 2009) or retrospective interviews alone, which have limitations in terms of being able to access clinicians' knowledge of their reflections, especially in capturing more moment-to-moment reflections (Burgess et al., 2013).

Given that reflection is an internal process with multiple layers and forms (Bennett-Levy, 2003), and there is little understanding within clinical psychology of the use of reflective practice, the present study will use Interpretative Phenomenological Analysis (IPA: Smith & Osborn, 2003) to understand the lived experience of clinical psychologists' use of reflective practice. IPA's idiographic focus allows for a detailed and in-depth understanding of the experience of reflection, which it is hoped will move the research on from general perspectives of reflective practice that have not been grounded in clinical work. Such research could lead to more effective ways of integrating reflective practice into clinical work and contribute to guidance on how reflective practice is represented in the training of clinical psychologists. The study aims to address the following question: "What are clinical psychologists' experiences of using reflective practice in their clinical work?"

Method

Design

The study used the qualitative approach of IPA to produce an account of the participants' own personal lived experience of reflective practice. The study was committed to a phenomenological epistemology (Smith, Jarman & Osborn, 1999), which is concerned with exploring individuals' subjective experience rather than defining an objective reality (Reid, Flowers & Larkin, 2005). The method is idiographic due to its emphasis on a detailed and in-depth examination of each individual (Smith, Flowers & Larkin, 2009). The researcher's interpretation of the participants' interpretations was acknowledged through IPA's 'double hermeneutic' (Smith et al., 2009).

Participants

Inclusion criteria were used to recruit qualified clinical psychologists who self-identified as reflective and valued the use of reflection, as this group was considered more likely to provide meaningful data regarding potential uses of reflective practice in clinical practice. The inclusion criteria were:

- Qualified clinical psychologist
- Fluent in written and spoken English
- Interested in and value reflective practice
- Use reflective practice in clinical work
- Currently working in a clinical setting

The study was committed to carrying out a detailed analysis of each individual experience in order to address some of the key criticisms of previous research. The aim of exploring individual experiences was to produce rich and meaningful data. Therefore a small sample was recruited in order to allow for this richness.

A purposive sample of seven participants (four females) were recruited from different clinical services within the National Health Service (NHS). The majority of participants fell into the 25 to 34 years age group. Most of the participants were newly qualified, with four having two or more years' post qualification experience and three having qualified in the last two years (Table 1). Pseudonyms were chosen by the participants and these have been used to preserve anonymity.

Table 1. Participant characteristics

Pseudo-nyms	Age group	Years since qualified	Client group	Type of service	% of Time spent on direct clinical work
Bryan	35 - 44	5 - 10 years	Adults / older adults	Adult Mental Health	50 - 65%
Sally	25 - 34	Last 2 years	Children and families	Paediatric Psychology	Above 85%
John	25 - 34	2 - 5 years	Adults	Forensic inpatient	50 - 65%
Lucy	25 - 34	2 - 5 years	Children	Child and Adolescent Mental Health Service	30 - 45%
Joe	25 - 34	Last 2 years	Looked after and adopted children	Specialist service for young people	70 - 85%
Vicky	25 - 34	Last 2 years	Adults / older adults	Neuropsychology outpatient	70 - 85%
Monica	25 - 34	5 - 10 years	Adults	Adult Community Mental Health Team	70 - 85%

Procedure

The study involved two stages; the first stage involved participants completing a demographic questionnaire (Appendix G) and recording diary reflections on specific clinical events over a three-week period; the second involved participants attending a one-hour semi-structured interview. The diary was brought in to the interview to help participants reflect further on their reflections. An interview schedule (Appendix I), developed through a pilot interview, was used to prompt discussion around relevant topics such as: the participants' understanding of reflective practice; participants' use of reflective practice in their clinical work and more specifically how they used their diary reflections. The main focus of the interview was to explore participants' use of their diary reflections. Interviews were then transcribed in strict verbatim for the analysis. The diaries were not coded in the IPA analysis as this data had already been referred to in the interview from participants reflecting on specific reflections from their diary.

Data Collection

Demographic questionnaire. This enquired about participants' clinical role and level of reflection, and was designed to provide some context to the participants' clinical reflections as well as to help ensure participants were self-identifying as reflective practitioners. This was kept brief in order to maintain anonymity.

Reflective diary. The diary was a tool to help participants record their reflections as they occurred, with the aim being to capture participants' reflections-in-action (Schön, 1983) and to help facilitate a focus in the interview

on specific events in clinical practice. Participants were encouraged to use their preferred method for recording their reflections, in order to help them reflect in a way that felt natural and useful for them. The diary was brought into the interview to help facilitate further in-depth reflection on clinical events. Participants were prompted by the researcher to choose two reflections from their diary to further reflect on.

Semi-structured interview. The aim of the interview was to explore participants' reflections on their experience of reflective practice in the context of their clinical work by facilitating further reflection on specific reflections from their diaries. The interviews were prepared in accordance with the recommendations of Smith et al. (2009) and were conducted by the first author (KC). This involved establishing rapport, providing guidance on what was expected and emphasising that the research was not concerned with producing an objective account. The interview guide was shared with the participants and was explained metaphorically as a road map in which there was flexibility to respond to and probe into interesting and important areas that arose, which would determine the direction of the interview (Smith & Osborn, 2003).

Ethical issues

Ethical approval was obtained from the University of East Anglia Ethics Committee and the Health Research Authority (HRA) granted approval to carry out the research in NHS organisations in England (Appendix D). All of the participants provided signed consent to taking part in the study.

Analysis

IPA was used to carry out a line-by-line analysis of the verbatim transcripts from the semi-structured interviews, using six stages of analysis as a guide (Smith et al., 2009). Following an iterative and inductive process (Smith, 2007), each individual transcript was coded with initial thoughts, which were used to develop a list of emergent themes. These themes were then condensed by placing them into clusters to produce higher-order themes, which conveyed the conceptual nature of the themes. A metaphor used by Smith at al. (2009), of imagining some themes as magnets pulling other themes towards them, was useful for this part of the analysis. Once this process was completed for each participant, a cross-case analysis was performed to identify commonalities across the participants' accounts, in which superordinate themes were developed. The quotes used in the results reflect responses to questions about reflective practice, specific reflections from the diaries, and the use of reflective practice as described in the diaries.

Quality and Validity

Yardley's (2000) four principles were applied to ensure quality and validity appropriate to IPA. These were: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. IPA is an interpretative activity, therefore a reflexive position was taken throughout to help acknowledge and to some degree manage the influence of the researcher's pre-understandings (Smith et al., 2009).

Results

The analysis produced three superordinate themes: *Exploratory Questioning*, *Containment of own Thoughts and Feelings in Practice* and *Human*

Survival. Table 1 provides a summary of the superordinate themes and subthemes.

Table 1. Table of superordinate themes and subthemes

Exploratory Questioning	Containment of own Thoughts and Feelings in Practice	Human Survival
Gaining a different perspective		Managing the emotional impact of work
New Insight		Self-sustaining
Opening new possibilities		Leaving work at work

Quotations from participants have been used to illustrate the themes and help ground them within participants' lived experience. The themes represent the shared experiences amongst the participants whilst also capturing their unique experiences. Table 2 shows the representation of the themes across the participants.

Table 2. Representation of superordinate themes

Superordin-ate themes	Bryan	Monica	Lucy	Joe	Vicky	John	Sally	Present in over half the sample
Exploratory Questioning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Containment of own Thoughts and Feelings in Practice	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Human Survival	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Exploratory questioning

The first superordinate theme contained three themes: *gaining a different perspective*, *new insight* and *opening new possibilities*. This theme, which was present across all the participants, captures the process of how clinical psychologists were using reflection, the outcome of their reflecting and how they generally experienced reflection. All seven participants described a process of questioning that helped them to access or discover a new meaning, and for some participants this led to an opportunity to make some progress in their clinical work.

Gaining a different perspective.

Reflection was experienced as a way of accessing a different perspective. For some participants this represented either their curiosity about how others perceive things or their own uncertainty. One participant reflected with his colleagues by eliciting their views, which helped him make sense of an experience:

> It could be talking with somebody, sort of saying, "Well, this happened and I wondered how you saw it? Or was I-- what do you think about how I saw it?" Or just, ‘‘what do you think of that?" (Joe)

This facilitation of reflection with others was also shown by reflecting on reflections in the interview, which guided the participants in taking a new perspective that they had not considered before:

> …it's interesting talking about this, because I've never really thought about it like that. But it is always when I feel something strongly, I feel the need to try and understand it, I suppose, to get that balance. It's like a – it is a need. (Monica)

In contrast to these attempts at analysing one's thoughts and feelings, Sally's experience of reflection focussed on being able to distance herself from her thoughts and feelings, as this helped her see things in a different way.

> Reflection helps you to distance yourself from – Get some psychological distance so you can observe it and be – and try and be a bit more objective about things a bit. Um, so I-I found that useful. (Sally)

New insight.

This theme was closely related to gaining a different perspective but captured a deeper level of understanding, either of the participants themselves, others or an experience. Participants were thinking back over an experience using their diaries to record this and then further reflecting on this experience in the interview. This revealed how participants used reflection to question and make sense of their own thoughts and feelings, which helped them to develop insight:

> I was there with no goodbye, erm, I was like, "Oh God, yeah, poor boy," like, "This is not about you, Lucy, or him not wanting to say goodbye to you or him being rude or him not appreciating what, the work that you

guys have just done or him not having enjoyed that or you being a bad practitioner because you haven't. (Lucy)

For Lucy, reflecting on her initial feelings ('annoyed' and 'rejected') after a final session with a client helped her to make sense of these quickly, enabling her to access a more empathic understanding of the client's behaviour. This was a similar experience to that of Sally in terms of being able to access the underlying meaning behind the client's behaviour. Both Lucy and Sally appeared to gain a more empathic understanding of their client, which helped them to stand back from the difficult feelings the client had evoked in them. Lucy's experience of reflecting led to a powerful change from feeling 'angry', due to interpreting an external event as though it was directly related to her, to feeling 'sad' after understanding the function of the client's behaviour.

> And through my reflection, I'm able to stand back, um, kind of. An-and try and- try and understand the motivations. And what- and what's- what's not working. What isn't working. And it's- and it's helping me to empathise more. (Sally)

Opening new possibilities.

Participants experienced reflection as leading to more opportunities and possibilities by being comfortable with uncertainty, slowing the work down and being more aware of themselves and their client. Participants experienced 'doubt' (Vicky) and 'being unsure' (John) as valuable opportunities to pay attention to things they may not have noticed if they had rushed ahead with a more certain view.

> I suppose reflection is about again that slowing, pausing, questioning, doubting, wondering, and in that process, you're opening yourself up to new and different ideas and, and attending to things that maybe would have been missed. (Vicky)

For John, he experienced reflection as ‘sitting with a lot of unknowns’, which seemed related to his belief that you can ‘never fully know yourself’ or be certain about your understanding of others. This was used in a way that helped him notice meaningful changes in his clients.

> I didn't really know what to make of it. But by observing, by sort of sitting with those unknowns, observing those things, first my behaviour and then, kind of, getting a best guess about how I was feeling and maybe what was going on we, we, sort of, did manage to get to somewhere in the session that was more meaningful and that he was engaging with…(John)

Bryan, on the other hand, experienced reflection as a way of giving him more choice by being more aware of his thoughts and feelings. This awareness enabled him to decide on his response to his feelings, as opposed to reacting to these without realising.

> I guess it helped me kind of name what I was feeling…and why I was like, you know…But then it also made me think…could I have said it in a different way, it might have been a bit less threatening…and I suppose that kind of thing. So it’s helpful to kind of take that step back to think. (Bryan)

Containment of own Thoughts and Feelings in Practice

The second superordinate theme encapsulated reflection as a way of containing the participants' own thoughts and feelings in their practice. In contrast to the other two themes, this superordinate theme did not contain any subthemes. Reflection appeared to be used in this way to help participants feel more able to focus on their clients' needs by increasing their capacity to understand the clients' feelings. Lucy provides an example of this experience:

> It was consensual, "What, what does consent mean?" And me having gone away and thought about that, and, (…), I think then helped him to be able to reflect, because I was, kind of, prepared and ready for it myself. I suppose, I had contained my thoughts and feelings around it. (Lucy)

Lucy reflected on a previous session with a client when in the moment she was unsure about how to respond to a client's concern. Identifying and making sense of her own thoughts and feelings about the client's concern helped her feel more contained and ready to help the client make sense of this for himself.

In contrast to this experience of containment through exploring and making sense of one's own thoughts, Sally's experience of feeling 'grounded', was facilitated more through distancing herself from her thoughts:

> Trying to literally kinda ground myself in-in a kind of like, "Right, okay." You know, sort of trying to not get caught up in my, maybe, thinkings. Or, um, if I'm feeling maybe a bit on edge or defensive…trying to kind of

> bring that down...Or just…trying to be aware of my surroundings and just kind of just be in the moment. (Sally)

Sally's experience of reflection appeared to be influenced by her recent interest in Acceptance and Commitment Therapy (ACT). Sally's reference to the 'observer self' may explain her use of reflection in helping her stand back from her thoughts rather than analysing them.

Human Survival

The third superordinate theme contained three themes: *managing the emotional impact of work*, *self-sustaining* and *leaving work at work*. Human survival was constructed from the participants' descriptions of using reflection as a form of self-care and resilience. In contrast to *Containment of own Thoughts and Feelings in Practice,* this theme developed from the participants taking care of themselves as opposed to focusing directly on the clients' needs.

Managing the emotional impact.

This theme developed from the participants expressing difficult and painful emotions triggered by their work, which reflection helped them to manage. Joe provides an example of how participants described using reflection for their own self-care needs and not just for their clients' therapeutic needs:

> I think our work produces a lot of discomfort, -- a lot of difficult feelings. And so, the better you can feel, um, the better you're gonna work. But yeah, I guess a lot of reflection is – is for me, as well, to feel more comfortable with what I'm doing. (Joe)

This was also powerfully demonstrated by Bryan's reference to his own experience of personal therapy, which he described as a form of reflection:

> so yeah….thinking where you are in that coz as I say I…go to have therapy…which is just being able to talk about those things and reflect about that kind of stuff, which I really value. (Bryan)

Lucy demonstrates this theme of survival by emphasising the negative impact of not reflecting. She described how being able to understand empathetically the function of a client's behaviour through reflection was a containing process for her.

> So, if you're not able to reflect upon that and to know that there's a reason why you're doing it, there's a reason behind their behaviour…How does that link to the formulation? What is that like for me? God, I think, I think you'd be on the ground. I think you, there's only so much you can take. (Lucy)

In contrast to the other participants who emphasised the value of reflecting in this theme, Sally highlighted the potential consequence of over-reflecting:

> Hmm. Yeah, if I were to kind of keep going over what, gosh, what it must be like and for people in really terrible situations, you know. Um. Then that can be -- That can be really hard. I think there's a balance, I think, um, that might then make my work too emotionally involved… (Sally)

Self-sustaining.

Some participants' experiences of reflective practice appeared to be used as a way of enabling them to continue working in a way that was satisfying. This was a powerful theme within John's account where his repeated use of 'sustainable' suggested the importance he placed on his reflective practice in helping him feel competent.

> I think being able to reflect on when things are going positively and recognising that… and appreciating that makes it more sustainable…I think whether it's positive or negative. So, like, when – in this case, when it was positive, it's good for self-care for (.) my ability to carry on doing the work, erm, (.) have confidence in myself (John)

Within Monica's account, reflecting on her reflections helped her recognise that she had done the best she could, given 'the human being' that she is. She responded to what it would be like to have not reflected on a difficult case:

> …well I wouldn't have left my job but certainly my immediate reaction was, "I can't do this anymore" …mm, if I hadn't reflected, it's a good question…what would have been different? I think I would feel a lot less keen to try and work with clients with interpersonal difficulties. Um, and I think that the tendency to go actually I'm just -- this isn't for me. (Monica)

Joe contributed to this theme with the language he used in his reflections to describe how he manages feelings of hopelessness and also how these help him to feel less stuck and more positive:

> I guess I-- I feel like that was helpful for me, at the time, to write something down and then…it's out there - I guess…it was some kind of

externalising of it rather than carrying it around, and you've kind of put it somewhere. Um, so you just process something in sort of a different way. Um, and then…some solutions or resolutions will follow, naturally, from doing that. (Joe)

Leaving work at work.

Four of the participants' accounts contributed to this theme on the influence of reflection on their home life. Lucy's example powerfully captured this theme:

So, if I can contain it for myself then I am then able to go into the world and be a normal person, that doesn't come home and (.), you know, project onto my family, erm, or, (.) er, am particularly anxious about providing all of the right opportunities for my child or (.), erm, removing all ligature points from the house. (Lucy)

Lucy's experience of reflection was often about trying to make sense of her own thoughts and feelings in order to make sense of the client, which then enabled her to access an empathic understanding of the client. Using reflection in this way helped her feel contained so she could function 'normally' outside of work.

Joe's use of reflection served a similar function to Lucy's, which he described as 'not wanting to take too many difficult emotions home'. Joe displayed how he tries to make sense of his negative feelings by asking himself questions (i.e. 'Why is that?' 'Is that helpful', 'What can I do with that emotion?') when he feels troubled. He found this to be a useful process in helping him let go of these troubled feelings so they didn't impact on his home life.

> Yeah, so I guess one benefit, for me, of reflecting when it -- when it feels sort of useful or when it feels like it's -- I haven't got somewhere or…when I feel like I've done some useful reflecting, um, it would help me to leave work at work. (Joe)

Vicky's experience of reflection was being influenced by her current relationship with work, which she was finding challenging, and therefore potentially explains why her account of reflection felt more negative in its focus on avoiding reflection on work outside of work, due to not wanting to 'mentally carry work' with her.

> Um, and I think also my relationship with work, at the moment, is quite challenging um, so -- that's the wider system that we were talking, certainly has an impact on how much outside of work you wanna mentally carry work with you. (Vicky)

Discussion

This study aimed to gain an in-depth understanding of how clinical psychologists use reflective practice in their clinical work by exploring their lived experience of reflective practice. An IPA approach produced three superordinate themes that captured participants' experiences of discovery through their questioning, containment through making sense of their thoughts and feelings, and finally their survival in the clinical psychologist role.

Questioning and making sense of one's own thoughts and feelings were key ways that participants engaged in reflective practice. Critically examining the origins and validity of their assumptions allowed room for other perspectives and

interpretations. The findings suggest that these reflective processes can help manage the influence of biases, create awareness of more possibilities and determine the direction that clinicians take in practice. Clinical psychologists' perspective-taking abilities are necessary for good clinical decision making and building and maintaining relationships (DCP, 2010).

The important role of reflective practice in clinical decision making is supported by the BPS in their good practice guidelines (BPS, 2017). These findings provide examples of ways in which reflective practice supported and enabled clinical psychologists in making good clinical decisions.

Reflective practice helped participants make sense of difficult and unique experiences, which often led to the discovery of a new meaning or avenue to explore in their clinical work. This experience of reflection appears to guide participants through uncertainty or 'stuckness' (Fisher et al., 2015), which resonates with Schön's (1983, 1987) belief that the process of reflection provides direction within situations of uncertainty, uniqueness and conflict. Participants' experiences of reflection showed an openness to uncertainty and a willingness to question and challenge one's own assumptions. Being open to uncertainty, which is viewed as inherent to engaging in reflective practice (Bolton, 2010; Heneghan, Wright & Watson, 2014), seemed to enable participants to access and consider different perspectives. These skills represent what clinical psychologists should be developing as part of good professional practice (BPS, 2017), and although reflective practice is valued in clinical psychology training, it is less clear how the different processes of reflection are developed in training programmes.

Reflective practice was used as a form of containment for the participants, which helped them feel more able to contain and attend to their

clients' needs. This experience of containment could be an important focus for development of competency in non-specific therapist factors such as the working alliance with clients, which reflection has been found to enhance (Fisher et al., 2015; Gale & Schröder, 2014). Less attention has been given to the therapist's ability to contain his or her own thoughts and feelings. The ability to contain one's self in order to contain the client seems particularly important for clinical psychologists, considering their role in reducing psychological distress and enhancing and promoting psychological well-being (BPS, 2017). These skills are also important for the development of clinical psychologists' wider responsibilities in leadership, such as supervision and consultation (DCP, 2010).

This study highlighted the importance of reflection in participants' own self-care by helping them manage the longer-term impact of their clinical work. This normalising use of reflection in looking after oneself makes sense considering participants' reflections led to containment and discovery, both of which are regarded as important components of delivering psychological therapy to help others (Padesky, 1993; Roth, Hill & Pilling, 2009). These findings suggest that reflective practice was experienced as a form of personal therapy through relieving discomfort and promoting personal resilience. The role of reflection in personal resilience has received less attention in the area of clinical psychology, with training programmes predominantly focusing on the role of reflection in PPD. Further research would benefit from exploring the role of reflective practice in protecting clinical psychologists from emotional exhaustion as this is not only important for them as individuals, but also for the quality of care they provide.

Overall, the themes of how reflection was used in clinical practice overlap

and appear to represent a cyclical process of exploring, discovering, and containing, with surviving as an outcome of both discovery and containment. This idea that the processes involved in reflective practice are unlikely to be linear and do not occur in isolation is consistent with previous research (Wigg, Cushway & Neal, 2011). Many different models of reflection exist in the literature with most describing reflection as learning from experience (Gibbs, 1988; Kolb, 1984). Although the study is consistent with this theory, the findings also highlight other processes in the cycle of reflection, which appear more related to personal resilience.

Strengths, Limitations and Future Directions

The study was committed to the theoretical underpinnings of IPA and therefore makes no attempt to generalise the findings to a wider population. Due to the interpretative nature of IPA, it is possible to construct many different meanings from the participants' experiences, which could all equally shed light on the existing research of reflective practice.

This research has implications for how we support clinical psychologists' perspective-taking abilities as this is not only an important skill in the direct work (e.g. assessment and therapy) of a clinical psychologist but also the indirect work (e.g. consultancy and leadership) which is becoming more central to the role of clinical psychologists (BPS, 2017). Training programmes emphasise the important role of reflection in PPD but have been unclear about how it is linked to PPD, with many programmes not providing a definition of PPD (Gilmer & Marckus, 2003). Furthermore, the findings suggest we should also be seeking to understand reflective practice in the context of personal resilience, as current models of reflection have only captured the role of reflection in learning, skill

development and changing practice. It seems important to consider the variety of ways in which reflection is being used in different contexts and how this is contributing to the development and maintenance of competency in clinical psychologists.

The study was unique in its methodology of using reflective diaries to facilitate reflection on specific clinical events in qualified clinical psychologists. Diaries have been a common method in health and social research (Jones, 2000; Smith, 1999) yet the combined use of diaries and interviewing is less established and unique to this area. The diary method for capturing specific in-the-moment reflections (Schön, 1991) helped provide a focus on clinical events as well as providing opportunities for deeper levels of reflection.

The study has started to address a key criticism of the research literature by understanding how reflective practice is being used in clinical practice as opposed to reporting clinicians' general views of reflective practice (Burgess et al, 2013). The research supports the value of both reflection-in-action and reflection-on-action in clinical psychology. Exploring reflection that is grounded in clinical practice may help move us forward in developing a more coherent understanding of reflective practice and its applications.

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Chapter Four

Methodology and Design Chapter

Word count: 3256

Chapter Four – Extended Methodology

This additional chapter is an extension of the methodology section of the empirical study, which outlines the qualitative design in more detail, including the rationale for this choice.

Interpretative Phenomenological Analysis (IPA)

IPA is an approach to qualitative research that draws on phenomenology, hermeneutics and idiography to inform both its epistemological framework and research methodology (Smith, Flowers & Larkin, 2009). IPA seeks to understand in detail the subjective experience of the individual. It has been described as being at the 'light end of the social constructionist continuum' (Eatough & Smith, 2007, p. 184), which challenges the idea that knowledge is objective and unbiased (Burr, 2003).

IPA is a particularly useful approach for studying novel and under-researched phenomena that are not well understood (Smith & Osborn, 2008). This aligned well with the topic of reflective practice, which has been a neglected area in clinical psychology (Lavender, 2003) and is regarded as a complex concept that is difficult to describe and define (Bennett-Levy, 2003; Fisher, Chew & Leow, 2015).

Epistemological Underpinnings of IPA

Phenomenology. IPA is committed to a phenomenological epistemology, which is concerned with a detailed examination of an individual's lived experience (Smith, Jarman & Osborn, 1999). It is focussed on exploring an individual's perception of a phenomenon to try and understand how they make sense of their experience. Husserl, one of the main philosophers of phenomenology, argued that experience is consciousness of something and if

we direct our attention towards a phenomenon we can develop a description of particular realities (Smith et al., 2009). Husserl believed it was possible to 'bracket out' our preconceptions in order to get to what he called the 'transcendental reduction', which is the content of conscious experience (Smith et al., 2009). However, most phenomenological psychologists disagreed with Husserl's work, and argued that it is only possible to partially 'bracket out' our preconceptions, acknowledging that it is through interpretation that we are able to access an individual's lived experience (Smith et al., 2009). This study is phenomenological in that it was interested in how each participant subjectively experienced reflective practice, as opposed to searching for an objective unbiased truth.

Hermeneutics. Hermeneutics is the theory of interpretation, which also underpins IPA's theoretical approach. IPA acknowledges the interpretation that an individual has of a particular phenomenon, as well as the interpretation the researcher has of the participant's interpretation. This is referred to as the "double hermeneutic" of IPA (Smith et al., 2009). This theory proposes that the researcher will find meaning in the data that goes beyond a descriptive presentation of the individual's experience (Smith et al., 2009). Philosophers Heidegger, Merleau-Ponty and Sartre developed Husserl's work further by continuing to focus on experience but developing an interpretative phenomenology, in contrast to his more descriptive position (Smith et al., 2009). This study was an interpretative endeavour where the researcher made sense of the participants' experiences through her own interpretation, and therefore constructed the themes based on how she perceived their experiences.

Idiography. Idiography is the detailed and in-depth examination of the particular, and is concerned with how particular people experience a particular phenomenon in a particular context (Larkin & Thompson, 2011). In contrast to a nomothetic approach to research, IPA is concerned with the meaning of an experience for an individual, rather than establishing generalisations (Shinebourne, 2011). It gives full attention to facilitating the individual's account of an experience. This focus on the individual is still influenced by the context of the phenomenon, which means IPA does not simply represent an understanding of an 'individual'. An individual's experience is based on relationships with others and is therefore shaped by society, culture and history (Eatough & Smith, 2008). In the analysis process, IPA seeks to understand each individual's experience before moving on to analysing patterns across the individual cases. The cross-case analysis remains committed to an idiographic approach by representing the unique experiences of an individual whilst also highlighting shared qualities amongst the individuals (Smith et al., 2009). The data collection methods used in this study were one example of how this study demonstrated its commitment to the detailed examination of the particular.

Reflexivity

Lead Researcher Context

Qualitative research recognises subjectivity as a valuable part of the research process (Braun & Clark, 2013). Both participants and researchers bring their own personal histories, values and assumptions into the research, which must be considered in order to conduct good qualitative research (Braun & Clark, 2013). Personal reflexivity is one way of ensuring that the subjectivity of the researcher is acknowledged and considered, which can often be done

through keeping a research journal to record thoughts and feelings about the research process. IPA acknowledges that the researcher can only access the meaning of the participants' experiences through their own interpretation of this, which is why personal reflexivity has particular relevance for IPA research (Shaw, 2010). The researcher kept a reflective journal throughout the research process as one way of facilitating reflexivity.

The lead researcher (KC) is a trainee clinical psychologist and has conducted this research as part of her doctoral training in clinical psychology. An early entry reflecting on her interest and experience of reflection is provided below:

> I can recall my earlier experiences of reflective practice, which were during my postgraduate training in evidence-based psychological treatments where I was required to complete several reflective commentary assignments. This involved evaluating what I had done in a therapy session, what I would do differently and the rationale behind my decisions. Thinking back now, I found this type of reflection less about awareness of my personal thoughts and feelings and the influence of these, and more concerned with reflecting on my technical and interpersonal skills. I think my experience of personal therapy with a psychodynamic psychotherapist has had the most impact on my perception and experience of reflection. This has had the biggest influence on why I feel passionate about being a reflective practitioner. It facilitated a deep level of self-reflection both in and out of the therapy room, and had a positive influence on my development, both as a person and as a professional.

More recently, in my clinical psychology training I have been attending a personal and professional development group. This is aimed at developing reflective competencies and skills, which has been helping me to be more aware of my personal patterns and the influence these have on others. It has helped me to make more conscious decisions about whether I want to respond in the way that I usually do or whether I want to do something different. I think reflection for me personally is a way of understanding myself better which helps me to look after myself as well as be in a better position to understand and help others, whether that's clients, families or teams. (Reflective journal entry, 20/03/17)

Researcher Perspective

IPA accepts that the researcher's thoughts and feelings will influence how they understand someone's reality and believes the researcher's influence on the data is an important part of the analysis. This is acknowledged through IPA's commitment to hermeneutics (Smith et al., 2009). It was therefore important for the quality of the study to demonstrate the transparency of this. The researcher therefore provided a written summary of her own views of carrying out qualitative research on this topic, written prior to commencing the interviews. This was felt to be particularly important given that the researcher is currently completing her training in clinical psychology and believes reflective practice is an important competency for her clinical practice.

I noticed a pull towards the topic of reflective practice as it was something I felt passionate about as a trainee clinical psychologist. But it wasn't something I had ever considered in terms of being a research topic. I felt more drawn to a qualitative approach, as exploring people's

experiences, and hearing what people have to say in their own individual way feels more meaningful to me than trying to capture this in more quantitative terms, which I think can sometimes be restrictive and over simplify things. These views have developed from my own personal experience of labels.

I see reflective practice as a very complex and dynamic concept, which I find hard to describe. I feel an exploratory approach that enables people to talk about their experience of reflection using their own words and framework could reveal more about this concept, which we value so much yet know very little about. I feel reflection is a very personal process that we can do both consciously and subconsciously, which I think is partly what makes it hard to define. To me, reflective practice is being able to pause and take a closer look at an experience in order to have a deeper understanding of that experience, which may involve trying to make sense of another person, an event or myself.

My own way of reflecting has ranged from just internally reflecting in the car after an interaction I have had or more formal reflection facilitated by my supervisors asking me questions and more personal reflections through my own therapy. I have recently had the experience of being in a reflective team in family therapy, which highlighted the difficulties I have when reflection feels more imposed on me. I felt there were times when this created a barrier to me being able to reflect in way that felt genuine. I think this was also due to lack of confidence, as this was a new experience for me. (Reflective diary entry, 30/11/16).

Method

Ethical Considerations

The researcher gained formal ethical approval from the UEA Faculty of Medicine and Health Sciences (FMH), and the Health Research Authority (HRA) granted approval for the study to recruit participants through the National Health Service (NHS).

Consent

Before being asked to consent to the study, the participants were provided with adequate information about the study and what was required of them through the participant information sheet (Appendix F). In accordance with the Code of Ethics and Conduct (BPS, 2009), participants were advised that their consent (Appendix E) was voluntary and they had the right to withdraw from the study at any time prior to the commencement of the data analysis process, which they were informed was 24 hours after their interview.

Confidentiality

Confidentiality was assured and participants' identity was protected by removing and/or changing any identifiable information. Any identifiable details that participants disclosed of staff or clients were also removed or changed to protect their identity. In keeping with IPA's idiographic approach, pseudonyms were used in the write-up of the data analysis, which participants chose for themselves at the end of their interview. Pseudonyms are commonly used in IPA research (e.g. Fisher et al., 2015; Eatough & Smith, 2006) and can help portray the participants' stories by maintaining a human element, which is key in qualitative research (Braun & Clark, 2013).

Study Design

Data Collection

The participants' recorded their reflections in a written diary, which was used as a tool to generate data in an individual semi-structured interview. The interview transcripts from these interviews were then used as data to be analysed. The data collected from the participants' diaries were not directly used in the IPA analysis stage, as this data had already been included in the interviews from participants reflecting on their diary reflections.

Diaries. The diary was used as a tool for the participants to record their reflections as they occurred, with the aim being to capture more moment-to-moment reflections that were related to specific pieces of clinical work. The diary was then used in the interview to help facilitate further reflection on the participants' reflections. The participants' emailed their completed diary to the researcher before the interview and two copies were printed and brought into the interview to enable the participant and/or researcher to refer back to these when need. The researcher prompted the participants in the interview to choose two examples from their diary to reflect on further.

The use of diaries in qualitative research has been found to serve a therapeutic and reflective function (Williamson, Leeming, Lyttle & Johnson, 2015; Sargeant & Gross, 2011) and the participants appreciate the 'immediacy and intimacy' of the method (Sargeant & Gross, 2011, p.1360). This is further supported by Schön (1991), who argued that keeping a diary could enable clinicians to access the knowledge they use in their moment-to-moment decision making through the process of reflecting-on-action. A basic template for the diary (Appendix H) was created to help guide the participants on what

was expected. However, the researcher was careful not to be too prescriptive with the diary and encouraged the participants to use their own methods of recording their reflections. Having a high degree of flexibility with the diary completion helped the participants to reflect in a way that felt natural and meaningful to them.

Interviews. After completion of the diary, the participants attended a semi-structured interview, which was facilitated by the lead researcher. The aim of the interview was to explore in depth the participants' reflections from their diaries, by providing another opportunity to reflect on their reflections. This helped to facilitate reflection-on-action (Schön, 1983). Using both diaries and interviews in research can help to produce detailed information about an experience or event (Zimmerman & Wieder, 1977), which is in line with IPA's commitment to idiography. An interview guide provided structure and direction but was used flexibly to allow exploration of novel areas (Smith & Osborn, 2003). Semi-structured interviews have been recommended for IPA due to their flexibility in modifying questions and probing participants' responses, as well as their ability to build rapport, which can help the participant feel comfortable and engaged (Smith & Osborn, 2003).

Interview Guide and Technique

The first draft of the interview guide was informed by the researcher's own experiences of reflection and from reflecting on discussions about reflection in research supervision. This was then further developed after carrying out a pilot interview with a trainee clinical psychologist and attending an IPA training workshop. The pilot interview provided valuable insight into ways of adjusting

the guide and interview style to help engage the participants in the topic and to help them feel comfortable in the interview. For example, the researcher ensured that she informed the participants at the beginning of the interview that although she might repeat or ask similar questions in the interview, she was not searching for a particular answer. She also reassured the participants that there were no right or wrong answers. The researcher tried to encourage genuine reflections by emphasising the main purpose of the interview, which was to gain an in-depth understanding of their individual experiences. The interview guide was used flexibly to allow the researcher to respond in the moment to the participants' reflections.

The researcher drew upon her clinical interviewing experience and applied her skills in assessment and engagement to help build rapport and elicit detailed information on the participants' experiences. The interview began with open questions about the participants' experiences and their understandings of reflective practice. This was to help establish rapport before moving onto more specific reflections from their reflective diaries. The researcher followed the participants through their account of reflection, allowing space for them to talk. She probed for further information (e.g. "can you tell me more about that?") to help facilitate further reflection and generate rich in-depth data.

Analysis

IPA provides a 'set of common processes' for analysis that is consistent with its theoretical underpinnings (Smith et al., 2009, p. 79). There is no single method for working with the data, and there is an emphasis on the process being flexible and open to adaptation (Smith & Osborne, 2003). Smith et al. (2009) recommend that those new to IPA follow their six stages of analysis. The

researcher used these steps as a guide to the analysis to ensure that the general principles were followed. The six stages of the analysis were:

- Stage 1: Reading and re-reading. The researcher entered the participant's world by reading and re-reading the transcript and noting down her initial thoughts to help capture first impressions of the transcript. This researcher listened to the audio recording alongside the reading of the transcript to help pick up on the tone of what was being said.
- Stage 2: Initial coding. The researcher completed a detailed line-by-line commentary of the transcript (Appendix J) to identify ways in which the participant talked about, understood and thought about reflective practice. This included a range of descriptive, linguistic and conceptual comments.
- Stage 3: Developing emergent themes. The researcher used the initial coding notes to develop emergent themes. This involved the researcher taking a more central role in making sense of these codes through her interpretation. This also involved the researcher coming back to the main transcript to read, again to help ensure that the analysis stayed close to the actual experience and context of the reflections.
- Stage 4: Searching for connections across emergent themes. The themes were drawn together by firstly listing the themes in the order they came up and then moving them around to form clusters of related themes.
- Stage 5: Moving to the next case. The researcher then repeated the above process for each transcript before moving on to the final stage of the cross-case analysis.

- Stage 6: Looking for patterns across cases. The final stage involved looking for connections across all the cases, which led to the development of superordinate themes (Appendix K).

Throughout the analysis the researcher noted down any thoughts and feelings triggered by the reading and coding of a participants' transcript in her reflective journal. This helped bracket off some of the ideas from the previous transcript to allow the construction of new ideas.

Quality and Rigour

Quality and validity, appropriate to IPA, were ensured through drawing on Yardley's (2000) four broad principles for assessing qualitative studies: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. Sensitivity to context was demonstrated throughout the research process by the study's focus on the particular (Shinebourne, 2011). This began with adopting an IPA approach, carefully choosing the data collection methods (i.e. combining diaries and interviews), recruiting participants who self-identified as being reflective practitioners and maintaining engagement throughout the interviews. The methodology enabled the study to maintain its focus on the individual and on specific clinical events. The researcher was mindful of providing a good number of verbatim extracts to represent the participants' lived experience, which further contributes to the validity of the study (Smith et al., 2009).

These methods listed above overlap with how commitment and rigour were established. The researcher attended closely to how individual experiences were unique, as well as how they were similar. This was

highlighted in the analysis write-up, which helps strengthen the rigour in IPA research (Smith et al., 2009).

One of the ways in which the principle of transparency and coherence was met was through the cross-checking of coding strategies and interpretation of the data. An example transcript with initial coding and themes was shared with three trainee clinical psychologists as part of research supervision. This was not used as a way to confirm that the researcher's interpretations were 'right', but instead to encourage thoroughness and interrogation of the data through multiple perspectives and as an attempt to ensure credibility.

Impact and importance were strengthened through the unique methodology that enabled the study to address gaps in the research. The methodology facilitated an exploration of reflective practice that was grounded in clinical work, which revealed important experiences of reflective practice that have not yet been addressed in the literature.

Chapter Five

Discussion and Critical Evaluation Chapter

Word count: 4205

Chapter 5 - Discussion and Critical Evaluation

This chapter provides a discussion and critical evaluation of the thesis portfolio. This includes further discussion of the systematic review and empirical study, followed by the researcher's reflections and concluding with the strengths and limitations of the research.

Discussion of Findings

The current thesis aimed to explore qualified therapists' experiences of using reflective practice, and to improve our understanding of how clinical psychologists use reflective practice in the context of their clinical work.

Systematic Review

The systematic review highlighted the lack of qualitative research on qualified therapists' use of reflective practice, particularly clinical psychologists. The heavy reliance on trainees' perspectives of reflective practice has been a widely reported criticism of the literature as a whole (Laireiter & Willutzki, 2003). Reviewing the current state of knowledge in the area of therapists' experiences and uses of reflective practice was hindered by the lack of research in this area and the variety of studies in terms of what therapists were describing as reflection. Despite the heterogeneity amongst the studies, there were common themes that captured the value of reflective practice for the therapist and their clinical work. The review findings suggest reflective practice is perceived as having a beneficial impact on personal and professional development, which is consistent with the wider literature on reflective practice (Gale & Schröder, 2014; Mann, Gordon & MacLeod, 2009).

Increased self-awareness. Several benefits were reported from therapists' experiences of reflection. These included an increase in self-awareness, enhanced connection with clients and managing stress. Improving self-awareness has been a commonly reported outcome of reflection across a range of professions (Atkins & Murphy, 1993; Freshwater, 2002). Self-awareness closely relates to what Lavender (2003) describes as 'reflection about self'. This focus on the personal self has long been regarded as an essential component of delivering effective therapy, particularly in the field of counselling and psychotherapy (Edwards & Bess, 1998; Jung, 1960) where training programmes promote self-awareness through the mandatory requirement of personal therapy. The review revealed how therapists used reflection to become aware, and make sense of, their own thoughts and feelings as well as to understand the impact these have on others. These outcomes of reflection about self support the development of interpersonal competencies (Laireiter & Willutzki, 2003), which is also consistent with the review's finding on therapists' enhanced connection with clients.

Furthermore, the review suggested that an increase in self-awareness helps therapists' decision making. These experiences are consistent with definitions of reflection, which have highlighted the process of reflection as involving an examination of the self and the outcome of reflection as generating new insight (Boud, Keogh & Walker, 1985). However, it is important to consider the different types of reflection covered in this review, as the majority of these experiences relate to reflection-on-action (Schön, 1983) and therefore may not apply to reflection-in-action (Schön, 1983; Burgess, Rhodes & Wilson, 2013), which is a less conscious form of reflection. A further reason for caution when interpreting these findings is that the majority of these studies were

retrospective interviews of therapists reflecting on their general view of reflection. Further evidence is needed to support the claims that examination of the self through reflection benefits clinical practice.

Barriers to engaging in reflection. The systematic review suggests there are individual as well as systemic barriers to engaging in reflection. Engagement with reflection depended on whether therapists felt safe and contained in their reflective space, which appeared to be influenced by either their own personal fears (e.g. fears of being judged) or by the perceived value the organisation placed on reflective practice. Engagement in reflection appeared to be influenced by the wider culture of the organisation where other work-related tasks were prioritised (Henegan, Wright & Watson, 2014; Kiemle 2008). Developing a culture of reflective practice was a key recommendation following the Frances inquiry (BPS, 2014; DOH, 2012). Thus, it seems vital for clinicians to have time and space for reflective practice in order to benefit services and client care (Nutt & Keville, 2016). This has implications for how services promote and encourage reflective practice, but also raises the question of whether reflective practice is valued as highly as research suggests it is.

Empirical Study

The aim of the empirical study was to address the gaps highlighted in the research literature by moving away from exploring general perspectives of reflective practice in a trainee population to exploring qualified clinical psychologists' specific experiences of reflective practice in their clinical work. The study used an IPA approach to explore the lived experiences of reflective practice that were grounded in everyday clinical practice. The study provided

support for the positive impact of reflective practice on both the clinical work and well-being of clinical psychologists, and suggests that competencies such as perspective-taking abilities and interpersonal skills were enhanced, which challenges claims made from a review of reflective practice in the area of health professional education (Mann et al., 2009).

Containment and interpersonal skill development. The study revealed an emphasis on using reflective practice for clinical psychologists' own comfort and containment, which was perceived as benefiting their clinical work. Reflection appeared to be used as a form of containment both in the moment and after an event, which allowed participants the capacity to focus on their clients' needs. KC, the researcher, reflected on the constructed theme of containment after her coding of Monica's account:

> I felt this participant really used reflection to help her take a calm and contained approach with her clients. It sounded like one of her clients was very challenging interpersonally and reflection on this helped her feel able to continue seeing clients who presented with more interpersonal difficulties. It felt like reflection really helped her separate what is related to the client's difficulties and what is related more to her own personal self, which then enabled her to see and attend to her clients' needs. (Reflective journal entry, 20/01/18).

Containment through understanding the self in order to focus on the client's needs reflected the interface between the personal and professional self (Sheikh, Milne & MacGregor, 2007). Participants' reflections showed an

awareness of what they are bringing to the therapy in terms of their own assumptions, beliefs and experiences. Reflection as a process of understanding the self (Fisher, Chew & Leow, 2015) showed that the participants were attuned to internal processes. Making sense of the impact of these on themselves and others appeared to help them be more effective in their clinical work (Stedmon & Dallos, 2009). This appeared to be containing for participants and allowed them to focus on their clients' needs.

Similarly, the use of the personal self to help the professional self was also observed when participants' reflections helped them take a different perspective; the participants made sense of their own emotional reactions to their clients, which resulted in a re-formulation of the client's presentation. This builds on the findings from previous research, which reported that clinical psychologists were using reflection to help them formulate their client's presentation (Fisher, et al., 2015).

These findings support the view that personal and professional development are not separate processes and should be integrated (Sheikh et al., 2007; Woodward, 2014). Reflection on self appears to be central to clinical psychologists' everyday clinical practice. The reflective-practitioner model appears to be important for formulation skills and interpersonal skill development, which is also supported by the CBT literature (Bennett-Levy, 2005; Haarhoff, Gibson & Flett, 2011).

Self-care of clinical psychologists. Participants' experiences indicated the value of reflection in helping them look after themselves and helping them to continue functioning outside of work. Difficult thoughts and feelings triggered by participants' clinical work were managed by linking their own emotional

response to the formulation of the client. This empathic understanding appeared to reduce the intensity of their emotional response. These findings have important implications given that as a profession, clinical psychologists are particularly vulnerable to burnout or distress (Lee, Lim, Yang & Lee, 2011). Research has shown that stress can have a negative impact on higher-order cognitive abilities (e.g. critical, creative and reflective thinking), which are central to regulating thoughts, actions and emotions (see Arnsten, 2009). The role of reflection in the self-care of clinical psychologists (Fisher et al., 2015) could have much wider implications on the quality of care being delivered. The Health and Care Professions Council (HCPC) and the British Psychological Society (BPS) emphasise the importance of self-care for practising psychologists (BPS, 2017; HCPC, 2015), but this has not been linked to the importance of engaging in reflective practice. These findings could have implications for how clinical psychology promotes and develops the person of the therapist, as this appears to be important for both the therapeutic outcome and for the well-being of clinical psychologists.

Importantly, the findings from the systematic review, which highlighted the barriers to engaging in reflective practice, and linked this to wider systemic issues of not fully valuing reflective practice, may need addressing to help promote a safe and protected space for reflection (Nutt & Keville, 2016). Potential benefits to learning can be lost if reflective practice is not valued by the culture and environment of the organisation (Mann et al., 2009). The social and political climate surrounding the National Health Service (NHS) could have a detrimental effect on team cultures if these pressures continue to undervalue

reflective practice, viewing it as a luxury rather than a necessity (Heneghan & Wright, 2010; Nutt & Keville, 2016).

Tolerating uncertainty and discomfort. Participants' experiences of being able to access alternative perspectives and explore new avenues appeared to be linked to their openness to uncertainty. Furthermore, the participants appeared to gain more from their reflections when they were accessing and exploring painful thoughts and feelings. This required participants to tolerate discomfort. This is consistent with other research, which has suggested that being open to uncertainty and discomfort enables clinical psychologists to derive more value from their self-reflection (Woodward, 2014; Knight, Sperlinger & Maltby, 2010).

These reflective processes appear to align with some of the main principles of third-wave CBT approaches such as mindfulness and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). This was highlighted by one of the participants in the study who made references to ACT when reflecting on her experience of reflection. Acceptance- and mindfulness-based approaches emphasise observing and describing emotions rather than trying to change or avoid them (Baer & Krietemeyer, 2006). These approaches are less focussed on reducing psychological symptoms and more concerned with allowing and accepting internal experiences. Allowing internal experiences such as painful thoughts and feelings resonates with what participants were describing in their experiencing of reflection in clinical practice. However, it is important to also consider that for some clinical psychologists, the distress that self-reflection can trigger is not always regarded as valuable to personal and professional development (PPD; Knight et al., 2010). Future research could

benefit from understanding the link between these processes by exploring the impact of acceptance- and mindfulness-based approaches on clinicians' reflective capacity. This could inform training programmes whether these processes need to be integrated into the reflective-practitioner model.

Researcher's Reflections

In contrast to a positivist research paradigm that values objectivity and where the researcher adopts a neutral position, qualitative research values subjectivity and therefore acknowledges that researchers' own histories, culture, language and assumptions shape and influence the research (Braun & Clarke, 2013). The theoretical underpinnings of IPA recognise that we cannot separate ourselves from the world in order to be able to make sense of it because we are part of that world (Larkin, Watts & Clifton, 2006). Qualitative research therefore requires reflexivity throughout the research process in order to be transparent about how the research has been influenced by the researcher (Finlay, 1998). The importance of taking a reflective approach aligns with the research topic of reflective practice. The main author has therefore provided her reflections on specific areas of the research, which include reflections from her research journal.

Reflection and vulnerability. I noticed early on in the pilot interview that it was important to spend some time thinking about how I can help participants feel comfortable with reflecting in the interview in order to access more authentic reflections. My own experience of reflecting in PPD groups and in a reflective family therapy team provided insight into some of the difficulties of reflecting with others. There were times where I

felt my concern around being judged negatively and my anxiety around the negative impact my reflections may have on others made me question how genuine and authentic my reflections were. The finding from the systematic review revealed how reflection on self can be difficult and upsetting, particularly when reflecting with others, which was consistent with some of my experiences. I was therefore mindful of trying to make the interview as comfortable as possible. This was a tricky balance for me as I was aware of needing to engage the participants by being curious and interested but at the same time trying not to influence them through revealing too much of my own views. This was difficult, as I feel passionate about using reflection to develop as a clinical psychologist. The research journal helped me 'bracket' some of this off by reflecting on each interview. My journey with understanding IPA also helped me at different points to either recognise or remind myself that I am human and will inevitably be part of the research process, including influencing the interviews. I realised that I cannot enter the room or the research process as a blank slate and that even the questions I ask have been influenced by my own experiences and views of reflective practice, and this is ok.

Despite knowing that sharing reflections can be anxiety provoking, I was still surprised by how exposing participants found talking about their reflections. Participants appeared open to experiencing this vulnerability, which made me wonder if vulnerability was both an enabler and a consequence of authentic reflection. I was struck by how attached participants were to reflection and how reflection felt part of their personal identity.

Epistemology journey. Trying to reflect on and make sense of the epistemology that I was bringing to the research was daunting at first. I gradually became aware that IPA was more than just a way of analysing data. IPA offered a framework for the whole research process, which I felt aligned well with the concept of reflective practice. This theoretical framework helped inform my approach at various stages of the research process, including constructing my interview questions and coding the data with interpretative noting. Making sense of my own view of reflective practice and my view on what can be known from this research helped me understand my stance and how this could be supported by IPA. I approached this research from a social constructionist stance, as I believe the participants' experiences represent their own versions of reality, which have been constructed through their interactions with other people (Burr, 2003). This allowed me to stay close to each individual's experience, whilst also recognising that this has been accessed through my own interpretations. Historical, cultural and social processes have influenced both the participants' interpretations and mine. Therefore, I recognise that I cannot fully separate myself from the process of trying to understand the participants' experience of reflective practice.

Critical Evaluation

Systematic Review

Defining and describing reflective practice has been a common problem in the research literature. The difficulties appear to be exacerbated by the range of terms used to describe similar processes (Black & Plowright, 2010; Atkins &

Murphy, 1993), which presented challenges in comparing and synthesising the review data. The review relied on the search terms ‘reflection’ and ‘reflective practice’. It is therefore possible some relevant studies may have been excluded because of this decision. However, a previous systematic review on reflective practice which included studies that had not examined reflective practice per se (e.g. examining nurses’ experiences of a psychodynamic group) concluded that the variation of studies had hindered the interpretation and synthesis of the data (Mann et al., 2009). It was therefore felt that the search terms needed to focus on the actual phenomenon of reflection as described by the studies, as opposed to broadening out the search to include experiences such as personal therapy and PPD groups. Despite attempts to reduce this variation, the review still revealed significant heterogeneity among the included studies in terms of defining and describing reflection. The criticisms of the wider literature on the reliance of observation and interviews alone (Atkins & Murphy, 1993; Burgess et al., 2013) do not appear to have been addressed. Research may benefit from exploring other data collection methods, which help reduce the impact of these definitional issues.

The researcher found no systematic reviews that had explored qualified therapists’ experiences of reflective practice. Only two previous reviews on reflective practice were found during the literature search for the systematic review – one on self-practice/self-reflection in CBT (Gale & Schröder, 2014), which included mainly trainee therapists, and one on reflective practice in health professionals (Mann et al., 2009) which mainly included nursing and medicine. Due to the limited research on reflective practice in clinical psychology, the systematic review included both counselling and CBT therapists to enable the review to examine the literature on qualified therapists’ experiences of reflective

practice. This produced only eight qualitative papers, with two of these being unpublished theses. Two studies were in the context of clinical psychology training, despite the participants being qualified clinical psychologists, and three studies were in the context of reflective practice groups (RPGs). This therefore presents difficulties in making sense of the experiences and uses of reflective practice that goes beyond a training and group context. Given that the findings suggest that reflection was beneficial to both the client and the therapist, it seems important to address the gaps in the research, which may reduce the discrepancy between the high value that many healthcare professions place on reflective practice and the lack of evidence to support the assumption behind this.

The review included a range of therapeutic professions (i.e. clinical psychology, counselling and CBT), which represent a range of theoretical orientations. These theoretical orientations vary in the level of emphasis they place on reflection about self. For example, in the field of psychoanalysis, there is a strong emphasis on analysing and understanding oneself through personal therapy, which is a mandatory aspect of training. CBT on the other hand places less emphasis on reflection about self (Bennett-Levy & Thwaites, 2007). Although some CBT training programmes have adopted the self-practice/self-reflection model, this is focussed on self-practice of CBT techniques. There is no requirement to have undertaken personal explorative work in order to be accredited as a CBT therapist or clinical psychologist.

Empirical Study

Participants in the empirical study appeared to struggle with conceptualising reflective practice. They displayed difficulties with articulating

their understanding and use of reflection, particularly when they began to unpick their reflective practice. They questioned whether they were actually describing reflective practice, and appeared to find it easier to use metaphors, refer back to their clinical examples or describe what reflective practice is not. They compared reflective practice to other concepts such as empathy and rumination and voiced their discomfort when trying to produce a definition as this felt as though they were undermining the entire process of reflection. The use of metaphor to articulate one's understanding of reflection appears to be a common way of trying to overcome the problems with definition, both in clinical psychologists (Fisher et al., 2015) and more widely by writers in the field of reflective practice (Bolton, 2001).

The definitional issues observed in the study seemed to link back to the value the participants placed on reflection and how they experienced reflection as a way of being rather than a skill or technique. Using reflective diaries to closely capture reflection in concrete clinical examples appeared to assist participants in managing these difficulties of describing reflection. It enabled them to convey the way they used reflection in practice. Whilst the study did not solve the definitional issues, the combined use of reflective diaries and interviews did appear to mitigate these problems.

These definitional issues appear to have impacted on the assessment and teaching of reflective practice within clinical psychology training programmes. There is ambiguity around how reflective practice is fostered in trainee clinical psychologists, with programmes using a variety of approaches and there being a lack of clarity around the rationale for using these methods (Gilmer & Marckus, 2003). The study suggests future research could overcome these difficulties by using different data collection tools (e.g. written or audio

diaries), which help capture moment-to-moment reflections. Improving the way we research this area could offer training programmes clarity on how to promote and develop the reflective-practitioner model in clinical psychology, which may further help with integrating reflective practice into the culture of clinical services.

It is important to remain cautious with drawing conclusions, due to the limitations with the generalisability of the findings. The participants in this study self-defined themselves as reflective practitioners and were asked to reflect on their experiences of direct clinical work. The study's commitment to idiography means the emphasis has been on the particular, therefore the experiences of reflective practice that have been developed in this particular context may not transfer to other contexts. Although this is viewed as a strength of the study in producing in-depth data, reflective practice in other contexts such as indirect work (i.e. consultation and supervision), may highlight experiences of reflection that are equally important to consider when trying to make sense of this concept.

One of the limitations of the study was the impact of sharing reflections with the researcher, who was a trainee clinical psychologist. Participants were open about feeling exposed and vulnerable when sharing their reflections in the interview. Some participants' experiences suggested that their reflections were altered by their wish to make them more coherent to others. These were interesting observations, which suggest that for some people reflection may be at risk of being less authentic when others are looking it at. This suggested that some participants were aware of the potential social desirability bias in the way they represented some of their experiences of reflection. The researcher reflected on this following her interview with Joe:

> I'm wondering whether the theme from the systematic review around the importance of feeling safe and comfortable in order to be able to engage in reflection was playing out in this interview. Joe's reflections at the end of the interview were that he had not talked emotionally about his experience of reflection despite believing emotions were a big part of reflection. I felt he seemed dissatisfied with this perhaps because he had not quite got across his experience of reflection. This seems to represent one of the difficulties with accessing people's reflections. (Reflective journal entry, 26/10/17)

Being interviewed by a trainee clinical psychologist may have increased socially desirable responses. However, being in the field of clinical psychology was also regarded as a strength due to their clinical interviewing skills, which enable them to quickly establish rapport and gather in-depth information.

One of the main strengths of the empirical study relates to the novel methodology in this area. The combination of reflective diaries and interviews enabled the study to be grounded in clinical practice. This addresses a key criticism of this type of research, which has predominately focussed on more general views of reflection (e.g. Fisher et al., 2015). This research has started to address the methodological limitations of solely relying on interviews or observations in this area of research (Atkins & Murphy, 1993; Schön, 1991). Criticisms of previous research have highlighted that data collection methods would benefit from getting closer to clinicians reflecting-in-action as most of the research has relied on reflection-on-action. The diary method enabled participants to access the knowledge of their moment-to-moment reflections during the interviews (Schön, 1991).

Furthermore, the combination of diaries and interviews facilitated a deeper level of reflection, which previous research has been less successful in capturing (Mann et al., 2009). The diary-interview method (Zimmerman & Wieder, 1977) had several advantages for this area of research. First, it allowed the researcher to access reflections over a longer period of time, where a single interview may not have captured these experiences. Second, it helped to capture specific moment-to-moment reflections and reduce potential recall problems and vagueness during the interview (Palojoki, 1997; Zimmerman & Wieder, 1977). Third, it helped to capture rich data on thoughts and feelings (Jacelon & Imperio, 2005) obtained away from the physical presence of the researcher, which may have reduced social desirability bias (Lee, 2000).

Overall Conclusion

This thesis explored experiences of reflective practice in qualified therapists and clinical psychologists. The systematic review highlighted methodological limitations in the research as well as a lack of research on clinical psychologists' experiences of reflective practice. The study has addressed a significant gap in the clinical psychology literature by using a research design, which has captured the experiences of reflective practice rather than opinions of it. To continue to improve our understanding of this complex concept, research designs that help capture specific experiences of reflection as they occur, combined with the facilitation of further in-depth reflection on these reflections, could lead to a clearer integration of the reflective-practitioner model.

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Appendices

Appendix	Description
A	Author guidelines for the Journal of Counselling and Psychotherapy Research: Linking research with practice
B	Author Guidelines for the British Journal of Clinical Psychology
C	Diagram of themes for systematic review
D	University of East Anglia ethical approval
E	Participant consent form
F	Participant information sheet
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Appendix A

Author guidelines for the Journal of Counselling and Psychotherapy Research: Linking research with practice

This journal uses ScholarOne Manuscripts (previously Manuscript Central) to peer review manuscript submissions. Please read the guide for ScholarOne authors before making a submission. Complete guidelines for preparing and submitting your manuscript to this journal are provided below.

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- Please supply all details required by any funding and grant-awarding bodies as an Acknowledgement on the title page of the manuscript, in a separate paragraph, as follows:

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Potential contributors may also wish to consult the following resources:

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- Wilkinson, L. (1999). Statistical methods in psychology journals - Guidelines and explanations, American Psychologist, 54(8): 594-604.

- Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology, Journal of Counseling Psychology, 52(2): 259-260.

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Appendix B

Author Guidelines for the British Journal of Clinical Psychology

The British Journal of Clinical Psychology publishes original contributions to scientific knowledge in clinical psychology. This includes descriptive comparisons, as well as studies of the assessment, aetiology and treatment of people with a wide range of psychological problems in all age groups and settings. The level of analysis of studies ranges from biological influences on individual behaviour through to studies of psychological interventions and treatments on individuals, dyads, families and groups, to investigations of the relationships between explicitly social and psychological levels of analysis.

All papers published in The British Journal of Clinical Psychology are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

The following types of paper are invited:

• Papers reporting original empirical investigations

• Theoretical papers, provided that these are sufficiently related to the empirical data

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• Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript but they must be mentioned in the text.

• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi. All figures must be mentioned in the text.

• All papers must include a structured abstract of up to 250 words under the headings: Objectives, Methods, Results, Conclusions. Articles which report original scientific research should also include a heading 'Design' before 'Methods'. The 'Methods' section for systematic reviews and theoretical papers should include, as a minimum, a description of the methods the author(s) used to access the literature they drew upon. That is, the abstract should summarize the databases that were consulted and the search terms that were used.

• All Articles must include Practitioner Points – these are 2–4 bullet points to detail the positive clinical implications of the work, with a further 2–4 bullet points outlining cautions or limitations of the study. They should be placed below the abstract, with the heading ‘Practitioner Points’.

• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide DOI numbers where possible for journal articles.

• SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.

• In normal circumstances, effect size should be incorporated.

• Authors are requested to avoid the use of sexist language.

• Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright. For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.

If you need more information about submitting your manuscript for publication, please email Melanie Seddon, Managing Editor (bjc@wiley.com) or phone +44 (0) 1243 770 108.

5. Brief reports and comments

These allow publication of research studies and theoretical, critical or review comments with an essential contribution to make. They should be limited to 2000 words, including references. The abstract should not exceed 120 words and should be structured under these headings: Objective, Method, Results, Conclusions. There should be no more than one table or figure, which should

only be included if it conveys information more efficiently than the text. Title, author name and address are not included in the word limit.

6. Supporting Information

BJC is happy to accept articles with supporting information supplied for online only publication. This may include appendices, supplementary figures, sound files, videoclips etc. These will be posted on Wiley Online Library with the article. The print version will have a note indicating that extra material is available online. Please indicate clearly on submission which material is for online only publication. Please note that extra online only material is published as supplied by the author in the same file format and is not copyedited or typeset. Further information about this service can be found at http://authorservices.wiley.com/bauthor/suppmat.asp

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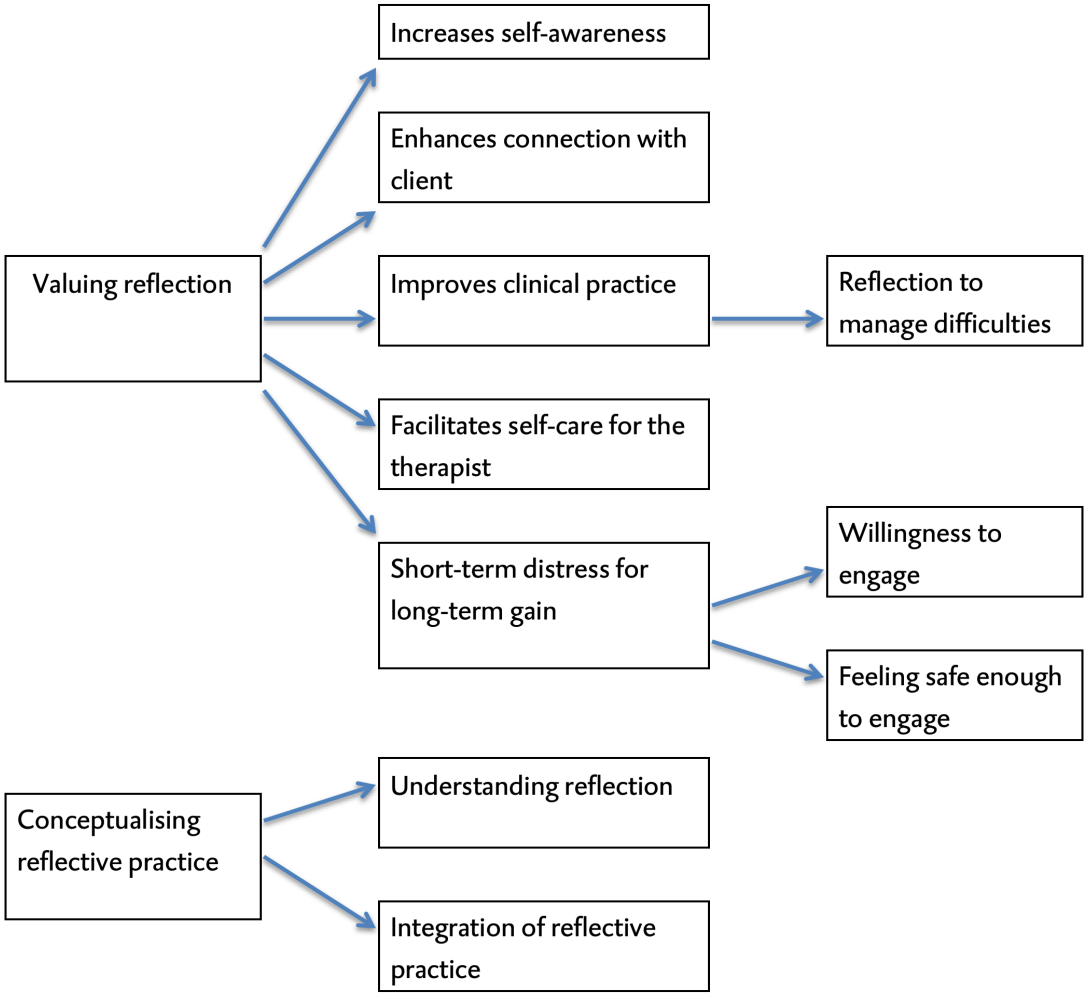
Appendix C

Diagram of themes for the systematic review



Appendix D

Faculty of Medicine and Health Sciences Research Ethics Committee

Kirsty Carmichael
MED
19/12/16

Research & Enterprise Services
West Office (Science Building)
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ
Telephone: +44 (0) 1603 591490
Email: fmh.ethics@uea.ac.uk
Web: www.uea.ac.uk/researchandenterprise

Dear Kirsty,

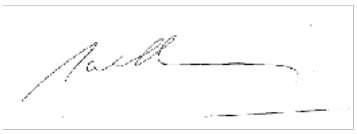
Project Title: Clinical Psychologists' understandings and experiences of how they use reflective practice in their clinical work: An interpretative phenomenological analysis.

Reference: 2016/2017 - 02

The resubmission of your above proposal has been considered by the Faculty Research Ethics Committee at their meeting and we can confirm that your proposal has been approved.

Please could you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the Committee. Please could you also arrange to send us a report once your project is completed.

Yours sincerely,



Mark Wilkinson Chair FMH Research Ethics Committee

Appendix E

IRAS number: 213004

Appendix D: Participant Consent form - ***version 4 23/05/17***

University of East Anglia

Consent Form

Title of project: Exploring Clinical Psychologists' understandings and experiences of how they use reflective practice in their clinical work: An interpretative phenomenological analysis.

Name of researchers: Kirsty Carmichael (Trainee Clinical Psychologist and Chief Investigator), Paul Fisher (Clinical Psychologist and Primary Supervisor) and Imogen Hobbis (Clinical Psychologist and Secondary Supervisor).

Please complete part 1 and 2 of this form only. Part 3 will be completed when we meet for the interview in order for me to witness your signature.

Part 1: Please initial the box if you agree with the following statements:

I confirm that I have read and have a copy of the participant information sheet (version 3 dated 23/05/17) for the above study.	☐
I was given the opportunity to ask questions, and discuss any concerns with the chief investigator	☐
I confirm I am signing this consent form after having the study explained to me.	☐
I understand that direct quotes from me may be used in the write-up of the research but my name and other identifying details will be kept anonymous.	☐
I understand that my participation is completely voluntary and that I am free to withdraw at any time before the commencement of the data analysis (24hrs after the interview) without giving any reason and without prejudice or consequences.	☐
I understand that the information collected about me may be used to support related research in the future.	☐
I understand that the semi-structured interview with the chief investigator will be audio recorded.	☐
I agree to take part in the study	☐
I confirm I would like to be entered into the prize draw for a £25 voucher	☐

Part 2: Please sign and date below

Name of participant:_____ **Signature:**_____**Date:**_____

Part 3: Witnessed, counter-signed signature *(please do not sign the below section as this will be completed when we meet on the day of the interview)*

Name of participant:_____ **Signature:**_____**Date:**_____

Appendix F

IRAS Number: 213004
Version 3, 23/05/2017

Participant Information Sheet

Exploring Clinical Psychologists' use of reflective practice

This study is being carried out as part of a Doctorate in Clinical Psychology at the University of East Anglia.

We would like to invite you to take part in the study and have put together some information to explain the study.

Who are we looking for to take part in the study?

This qualitative study is looking for qualified clinical psychologists who are interested in reflective practice and can apply this in their clinical work. The study aims to explore how clinical psychologists make sense of how they use reflective practice in their clinical work so you will need to be working directly with clients.

The study is looking for a maximum of 12 participants; therefore if the study is oversubscribed we will be unable to accept any more participants. We will inform you by email if this is the case.

What's involved?

First, we will ask you to initial and sign the consent form (version 3, 02/04/17). The consent form asks you to sign twice: once when you receive the consent form and then again when we meet for the semi- structured interview so that I can witness your signature.

If you consent to take part there are two stages to your involvement.

The first stage involves completing a brief demographic information questionnaire and keeping a reflective diary to record completely anonymous reflections on your clinical work. We will ask you to complete and send these back within 4 weeks of receiving them. Keeping a reflective diary can be done through the use of a basic diary template or through any other method you prefer. This would involve jotting down your reflections (e.g. your thoughts and feelings) of your clinical work whenever possible. We would encourage you to record your reflections as often as you can over a 3-4 week period but there is no minimum requirement. The study is interested in capturing your personal reflections and therefore there is a high degree of flexibility in how you do this and how much you record. For example, you could schedule in a few minutes a day to jot down your reflections of your clinical work that day or you could spontaneously take an hour one week to reflect on a specific piece of clinical work.

The second stage involves you attending a semi-structured interview. After having time to record your reflections you will be asked to attend a semi-structured

interview lasting approximately 60 minutes at either your work place or the University of East Anglia. A semi-structured interview means there will be some questions to prompt discussion around the topic of reflective practice but also flexibility in exploring particular themes and responses further. The end of the interview will be the end of your involvement in the study.

In the interview the researcher will explore your experience of reflection and how you use this in your clinical work. The diary will be used to help facilitate reflection on specific events in your clinical work. The interview will be audio recorded using a Dictaphone.

The information from the interviews and diaries will be analysed by the researcher to help make sense of how you use reflective practice in your clinical work.

What do we mean by 'reflection'?

Reflection is an active process by which we stop and examine our practice. It involves taking a closer look at our own experiences and exploring our thoughts and feelings connected to this to allow the possibility of learning through experience. There are many ways that clinicians can engage in reflection: it can be done privately or with a colleague or supervisor for example. It can vary in depth and in frequency and can be a structured activity or more informal and spontaneous.

The study hopes to explore your reflections on specific pieces of clinical work and therefore a reflective diary can help to capture this specificity.

Who are the researchers?

The chief investigator is Kirsty Carmichael who is a trainee clinical psychologist at the University of East Anglia (UEA). She will be carrying out the research as part of her professional doctoral thesis. The primary supervisor is Dr Paul Fisher who is a clinical psychologist employed at UEA as a Clinical Lecturer in clinical psychology and the secondary supervisor is Dr Imogen Hobbis who is also a clinical psychologist at UEA.

Why are we carrying out this research?

The research is being carried out to further our understanding of the reflective-practitioner model, as this has been a neglected area due to the dominance of the scientist-practitioner model. There is research literature, which suggests that the reality of clinical practice where clinicians are often faced with complex and unique presentations has exposed the limits of scientific knowledge. It has been argued that reflective practice could be used to bridge this gap between theory and practice (Schon, 1983). Most of the research has explored the benefits of reflective practice, however, very little is known about how clinical psychologists actually use reflective practice in their clinical work. The research is therefore hoping to make sense of clinical psychologists experiences of using reflective practice as currently we have very little understanding of how this model is being used in practice.

Do I have to take part?

Participation in this research is entirely voluntary. You are under no obligations to take part and have the right to withdraw from the study at any point up until the commencement of the data management / analysis process, which will be 24 hours after the interview. Your employment will not be affected in any way if you decide not to take part or to withdraw from the study.

If you do agree to take part, we will ask you to read and sign a consent form, which is attached to this information sheet.

If you later decide to withdraw from the study, your reflective diary will be shredded in a confidential waste bin and any audio files or transcriptions will be deleted.

What will happen to my data?

All data gathered as part of the study will be stored securely and all efforts will be made to ensure confidentiality of participants and their associates.

You will be given the option of sending your completed documents to me in the post or to send these electronically by email as a PDF document. Any forms received by email will be saved in a password-protected file and deleted from the email inbox. The paper forms will be stored in a locked cabinet in the primary supervisors office at UEA.

No personal data will be collected using the diaries and we ask you to anonymise any clinical work you refer to in these diaries by removing identifiable information such as names, date of birth and places. The focus of the diary is to elicit your personal reflections on your clinical work, therefore no identifiable details of clients or staff will be required.

Direct quotes from the diary or interview will be used in the write-up of the study, and will be used to disseminate findings as part of the CI's doctoral thesis, which is normal practice for qualitative research. No identifiable data will be included in these quotes.

The interview will be transcribed either by the researcher or a professional transcribing service. This service adheres to the Data Protection Act (1998) and ensures security and confidentiality of the data. The researcher will check for any identifiable information of both clients and staff and remove these from the diaries and interview transcripts, which will be stored on a password-protected computer. The data will be handled by the researcher and shared with the supervisor.

The researcher has a duty of care if in the unlikely event that you disclose something concerning regarding your practice. For example, threating a patient or falsifying patient records. In these circumstances the researcher will discuss this with their primary research supervisor to agree on what action to take (e.g. informing the clinical lead in the service or reporting to the Health and Care Professions Council (HCPC).

In line with University of East Anglia policy, all data will be securely stored for a minimum of 10 years. All personal data, such as your email address, will be securely stored for a maximum of 12 months after the study has ended, after which it will be destroyed.

The study will be completed and submitted to the UEA in March 2018. It is usual practice for researchers to publish their findings in professional journals so that research can be shared within the profession. Additionally, data provided may be used in further related research projects. Again, your anonymity will be upheld throughout this process.

What are the possible benefits of the research?

If you value reflective practice, the study is possibly to interest you, but we can not guarantee any benefits from taking part. The study aims to facilitate reflection and therefore a potential benefit is the opportunity to reflect in depth on your clinical work which you may find useful for personal and professional development. The research findings could contribute to the professions understanding of reflective practice and have implications for the training of this competency.

What are the possible disadvantages of taking part?

Although unlikely, it is possible that reflecting on your clinical practice could evoke some distress. If this does happen, we can discuss this and I would then encourage you as a clinical psychologist to access support through supervision if this felt appropriate and useful for you.

Are there any expenses or payments?

The project is unable to fund your involvement in the research. However, to thank you for giving up your time you will be invited to enter a prize draw to win a £25 voucher.

How do I get involved in the study?

If you are a qualified clinical psychologist and interested in taking part in the study or have further questions please contact Kirsty Carmichael either by email at K.Carmichael@uea.ac.uk or by telephone on 07932 740 175. The chief investigator will make contact with you by telephone to discuss the study with you and send you this participant information sheet. If you agree to take part in the study the chief investigator will send out the demographic questionnaire and reflective diary template for you to complete.

Further information and contact details

If you have any further questions or would like to discuss anything in this information sheet, please contact Kirsty Carmichael (Chief Investigator) via email at K.Carmichael@uea.ac.uk or Paul Fisher (Primary Research Supervisor) at P.Fisher@uea.ac.uk.

If you would like to speak to someone not directly involved in the study, you can contact Professor Kenneth Laidlaw, head of Clinical Psychology Department via email: k.laidlaw@uea.ac.uk or telephone: 01603 593 600.

Thank-you for your time and interest.

Appendix G

IRAS number: 213004

Demographic Information Sheet – *version 1, 08/12/16*

Information about you:

1. Are you a qualified clinical psychologist?

   ☐ Yes ☐ No

2. Did you complete your doctorate in clinical psychology on a UK approved programme (i.e. HCPC approved)?

   ☐ Yes ☐ No

3. What year did you complete your doctorate in clinical psychology?

☐ Qualified in last 2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years

4. Would you describe yourself as a reflective practitioner?

   ☐ Yes ☐ No

5. How often would you say you engage in reflective practice?

   ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

6. How important is reflective practice to you?

   ☐ Not at all ☐ Somewhat ☐ Quite ☐ Very ☐ Extremely

7. What is your gender? (Please circle an option)

   a. Male b. Female c. Other

8. Please tick what age group you belong to.

☐ Under 25 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ over 64

Information about your clinical role:

9. What is your current job title?

   _____

10. Please briefly describe the service you work in (e.g. Community Mental Health Team)

    _____

    _____

1. Please briefly describe the client group you work with (e.g. older adults, learning disabilities, etc.)

_____

_____

2. **What percentage of time would you say you spend on direct clinical work (i.e. seeing clients and associated activities)?**

☐ Below 10%

☐ 10 – 25%

☐ 30 – 45%

☐ 50 – 65%

☐ 70 – 85%

☐ Above 85%

Appendix H

Basic reflective diary template – *version 1, 08/12/16*

Please remember to remove any identifiable data from your diary. This includes details of staff, clients and yourself.

Date	Brief description of clinical event	Reflections
E.g. 11/7/16	*Client's family asking how much guidance and monitoring to give.*	*My comfortable position with not knowing has come from having to find my own way when growing up. But is this level of uncertainty useful for this family?*

Appendix I

Interview Guide

Introduction

1. Inform participant of expectations (no right or wrong)
2. What interested you in taking part?
3. What's your view/experience of reflective practice?

Reflective Practice

Really interested in hearing your understanding of reflective practice? What do you make of it?

What does it mean to you?

General experience and view of RP?

Why do you think you reflect? What's that like?

When did you notice yourself reflecting?

What methods do you use to reflect on your work? What's your experience of these methods?

What impact does it have on your clients / clinical work?

How do you think your clients experience your reflections?

How does it inform your clinical work?

What would it be like to not reflect? Impact of that? What's your experience of that?

Diary *(have diary out for both researcher and participant to view)*

How did you experience using the diary to reflect on your clinical work?

Can you talk me through some of your reflections from your diary? What was the effect of these reflections?

How did reflection help you here?

What do you notice after reflecting when you are with your clients / staff?

What impact did this reflecting have on your work (in this situation / with this client)?

What do you think it would have been like if you didn't reflect on this? How would that have been for you? Client? Staff member?

Can you talk about time where you think you weren't being reflective?

Ending

Reflect back - What's it been like reflecting back over your experience of reflection? Your reflections?
Anything you would like to add that's not been covered?
Choose Pseudonym for your identity in the write up? One where you can't be identified.

Appendix J

Page/ Line No.	Transcript	Initial Coding	Emergent Theme
10. 212 - 235	of been a long-standing thing. And I have come in and this, quite a new member of the team to try and um, kind of build and help. But I kind of feel that there is a lot where I'm sort of part of that team anyways. So it -- I-I'm- in a bit helpless in what I can do to kind of improve. So trying to improve, but also I don't feel the family really wanting to um, work with us in the same way. And that's kind of affected me quite a bit. Cause I've thought to myself, "Well what am I- what am I not doing here? What am I, um, what am I not seeing? How can I--?" You know. And I've taken it to supervision quite a bit um, because it's also kind of, you know, I've thought about it at home. And I'd have to refresh my memories. Go back through the notes and think, "Well, now I am doing everything that I- you know, I'm not missing anything here. As such, trying to be really, like, come alongside the family and everything like that." But um, you know supervision, we talked about, maybe it's not about rushing off this family. Maybe -- Cause that seems to be a pattern. Uh. Wh-what if I were to stand back a bit? Um- **Interviewer:** Does it seem to be a pattern? **Sally: -** Sort of whereby the family will ask for things but then, um, not take them up, or, um, it kind of this-kind of um -- So what happens is we all, like other institutions, we're trying to do lots for the family but then kind of get stuck because it's not being taken up. And it's all kind of um, a bit circular. So just trying to step back and um -- And you don't have to, you know. That's not all your responsibility, which is quite, um, a relief really. So I'm just -- I guess it comes into wh-what can I influence positively an-and with reflection and what- and also with reflection. I guess that's the same. You know, wise to know what you-you know. Wisdom to know what you can't always change and that's really hard. As- You know, just soon as you go into psychology you think, "Oh, I can- I can, uh, I can change things. I can influence things. And if I learn all these theories that means I'll have some sort of key and I'll be able to -- whatever the- whatever the problem th-that actually, you know." That's not always the case. And um-	Usefulness of reflection when feeling helpless. Responsible? Questioning herself – concern she's missed something. Stuckness. Work being on her mind at home. Reassured. Developing/exploring a new perspective. Changing the script. Noticing unhelpful patterns. Not taking on too much responsibility – relieving responsibility. Focusing in on what she can positively influence using her reflections. Eagerness to change an improve things. Learning that the theory can't change things by itself? To develop wisdom on knowing what you can't change. Managing her expectations. Managing the sadness of not being able to change things.	Valuing reflection for managing feelings of helplessness Using reflection to manage stuckness Using reflection to explore other perspectives Using reflection to notice unhelpful patterns between the team and client. Relieving responsibility. Using reflection to develop wisdom Experiencing reflection as a way of accepting the limitations of her work

Page/ Line No.	Transcript	Initial Coding	Emergent Theme
11. 236 - 257	[crosstalk] **Sally:** I suppose, yeah. I suppose, Um, you know, I think if I wasn't being reflective I could be quite judgmental and quite um, "Why isn't this- why isn't this man taking up these offers? Why is she splitting off different professions? Why, you know, what's um--" And-and I notice that the team's anxiety and my anxiety, um. is very high. And so, um, you know they're getting- they're kind of assuming a lot about the family. And quite negatively forecasting a lot about what's gonna happen with the family. And through my reflection, I'm able to stand back, um, kind of. An-and try and- try and understand the motivations. And what- and what's- what's not working. What isn't working. And it's- and it's helping me to empathize more. And it's helping me to be calm and-and help other professionals see. You know, be less judgmental and um, more kind of uh, understanding in order to build a relationship. Um, so I think that's been quite positive in a way. Um. **Interviewer:** All right. I'm just going to shut the window. **Sally:** Yeah, it's all right. **Sally:** [laughs] So um, I think really that yeah, reflection always um, always kind of does -- I think it enhances your work and I think you know it's -- I think it comes into therapeutic relationship a lot which re-research shows, you know, that that is one of the most important ingredients into- **Interviewer:** Mm-hmm. **Sally:** - therapy. So if you're reflective about everything like that then that can really um- um, I think that can be the difference between it being fairly successful hopefully or maybe not. I think, yeah. Um. **Interviewer:** And so you -- So reflecting in this situation-	Being judgemental. Critical towards others Managing frustration and anger Distancing herself from this – talking about other professionals not reflecting. Harmful assumptions. Predicting negative outcomes – hopelessness. Reflecting on what's not working. More empathic. Clarity – from a distance seeing a different perspective. Standing back from judgements? Using her reflections to enable other professionals to empathise and understand. Slight contradiction here from seeing the problems with over reflecting? Reflection to enhance the therapeutic relationship. So not just reflecting on the content does she mean here?	Using reflection to remain empathic Using reflection to manage other people's negative assumptions. Standing back from judgement Experiencing reflection as a way of encouraging an empathic understandin g in other professionals Reflection to enhance the therapeutic relationship

Appendix K

Master table of themes for the group

Exploratory Questioning	**Line**
Gaining a different perspective	
John: cause, like, on the surface - it almost seems like he's gone backwards and, like there isn't any progress	528
Monica: It's interesting talking about this, because I've never really thought about it like that.	274
Bryan: And then started to think about it in different ways	390
Vicky: Lift myself above and take a different perspective and move around the room and see what it might be like to perceive from a different perspective	116
Joe: Sort of saying, "Well, this happened and I wondered how you saw it? Or what do you think about how I saw it?"	169
Sally: Get some psychological distance so you can observe it and try and be a bit more objective about things	549
New insight	
Lucy: I was there with no goodbye. I was like, "Oh God, yeah, poor boy," like, "This is not about you, Lucy, or him not wanting to say goodbye to you	775
John: I, kind of, (.) sort of, er, er, realised that- I think what- why I was feeling that way was because it was his other identity that was present	442
Sally: I'm able to stand back, and understand the motivations.	242
Monica: it's interesting 'cause I have made even strong -- Yeah, just talking about it, so you make new insights	790
Bryan: At the start I was like 'oh my god, she's completely bonkers'. But then actually after going through that its kind of like 'well actually what did I do, did that play a part?	367
Opening new possibilities	
Vicky: I suppose reflection is about slowing, pausing, questioning, doubting, wondering, and in that process, you're opening yourself up to new and different ideas	538
John: By sitting with those unknowns, observing my behaviour and then getting a best guess about how I was feeling and what was going on we did manage to get to somewhere in the session	425
Bryan: Have I been avoiding approaching patient, as I am unsure for the rationale of the assessment? Time has been an issue but is that an excuse? Should check rationale. Possibly because I think he won't engage	1047
Lucy: I'm not then able to think about how I can do differently for him or what he might need	297
Joe: Opening up new possibilities…I think it was really helpful in kind of unlocking something that I couldn't work out	704

(cont'd)

Containment of own thoughts and feelings in practice

Lucy: It was consensual, "What, what does consent mean?" And me having gone away and thought about that, then helped him because I was prepared and ready for it myself. I had contained my thoughts and feelings around it	586
Sally: Trying to ground myself in a kind of like, "Right, okay." You know, sort of trying to not get caught up in my thinkings. Or, um, if I'm feeling maybe a bit on edge or defensive	98
Joe: When I realised this is more what I've been doing, it allowed me to think about what I need to do next with the family.	916
Monica: Hopefully a little bit more containing… appearing more contained, I suppose, in a more consistent attachment object for them, for the client.	654
Bryan: And all these kind of thoughts….you know thinking about all sorts of different things and I think in that moment doing it was really helpful coz It just helped to organise things	354

Human Survival

Managing the emotional impact

Joe: Our work produces a lot of discomfort, -a lot of difficult feelings. And so, the better you can feel, the better you're gonna work. I guess a lot of reflection is for me, as well, to feel more comfortable with what I'm doing	656
Bryan: Thinking where you are in that coz as I say **I** go to have therapy…which is just being able to talk about those things and reflect about that kind of stuff, which I really value	222
Lucy: God, I think you'd be on the ground. I think you, there's only so much you can take	880
Sally: If I were to kind of keep going over what, gosh, what it must be like and for people in really terrible situations. Then that can be really hard. I think there's a balance, I think that might then make my work too emotionally involved	190
Vicky: it's sort of nurturing or nourishing and that way it's helping me to keep myself safe in the work that I do	127

Self-sustaining

John: Being able to reflect makes it more sustainable…I think whether it's positive or negative. So, when- in this case, when it was positive, it's good for self-care for my ability to carry on	1602
Monica: …well I wouldn't have left my job but certainly my immediate reaction was, "I can't do this anymore"	154
Joe: The other thing that keeps me going is knowing that even if the placement breaks down, I've helped in a potentially powerful way that fits with my values. I should check this in supervision though to make sure I'm not just vicariously healing my own wounds	918

(cont'd)

Lucy: it feels like they are, the work, the people, are important to me and so, therefore, I think that I owe them that time to think about them	**340**
Leave work at work	
Lucy: So, if I can contain it for myself then I am then able to go into the world and be a normal person, that doesn't come home… particularly anxious about providing all of the right opportunities for my child or erm, removing all ligature points from the house	887
Joe: When I feel like I've done some useful reflecting, um, it would help me to leave work at work	299
Vicky: Um, and I think also my relationship with work, at the moment, certainly has an impact on how much outside of work you wanna mentally carry work with you	270
Sally: And that's kind of affected me quite a bit. Cause I've thought to myself, "Well what am I- what am I not doing here? And I've taken it to supervision quite a bit um, because it's also kind of, you know, I've thought about it at home.	216

Appendix L

Example theme development for 'Short-term pain, long-term gain'

Study	Data	Code	Theme
Hill et al., 2016	SrD/f4: It was a confronting and challenging process [...] worthwhile despite the anxiety I felt throughout.	Challenging but worthwhile	Short-term pain for long-term gain
Binks et al., 2013	Luke: I think ... that's the human condition ... unfortunately we have to face painful things which can be intensely distressing.	Distress as inevitable	Short-term pain for long-term gain
Fairhurst, 2011	If you could remain open there was a lot to get from it…but how open minded you are about the group how you see it as an opportunity rather than something to dread, was really important. (Peter)	Willingness to be open	Willingness to engage in reflection
Fisher et al., 2015	Personal weaknesses elucidated by reflective practice aroused feelings of anxiety and inadequacy for some. However, simultaneously, participants often felt that reflective practice was a means of managing troubling or negative feelings such as self-doubt. (Authors)	Trigger feelings of inadequacy and anxiety	Short-term pain for long-term gain
Haarhoff et al., 2011	In this instance, personal confrontation with entrenched schema had induced an initial avoidant response because of the exposing nature of the exercise. Having experienced this, the participant was able to empathize with the client's response and accommodate it in her therapy plan. (Authors)	Increased understanding of how painful self-disclosure can be	Short-term pain for long-term gain
Henegan et al., 2014	So I think it's that willingness to engage sort of you know, on a deeper level, willingness to engage with somebody's really really difficult painful feelings and be with it for a bit. That's what making it safe is. (Interviewee 1)	Safety through a willingness to engage	Willingness to engage in reflection
Kiemle, 2008	If there hadn't been throughout my professional career, people who had the knack for and the intention of providing emotional	Reflection needs a safe and protected space	Feeling safe enough to engage in reflection