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Using the reflective team as a learning strategy in a program to help healthcare professionals understand the impact of eating disorders on individuals and their carers.

Abstract

In this paper we discuss how the application of a reflecting team from systemic family therapy practice was used as a learning strategy for a post graduate program for healthcare students. The program was designed to increase the students' skills, knowledge and awareness of the needs of people with eating disorders, and their families. There were some benefits to this learning strategy. Students reported that the use of a reflecting team enabled them to gain a deep understanding of the emotional impact of eating disorders on individuals and their carers. However, as this method of learning was new to the students, they needed some initial instruction on the approach. During the program of study, it became evident that the healthcare professionals were deeply affected by the experiences of people with eating disorders. This would suggest that possibly it was the presence of the sufferers themselves as part of the reflecting team that provided the pivotal learning opportunity rather than the reflecting team per se.

Key words

Eating disorders, reflective team, learning strategy, collaborative working, role play

Word count

2982

Introduction and background

In response to a local demand for a specialised educational programme and in alignment with a new national strategy (Welsh Assembly Government 2009) a specialist educational program was developed at post graduate level for healthcare professionals working with people with eating disorders and carers. One of the underpinning drivers for this programme module was to be able to create in the learning environment an experience of collaborative learning between the professionals and people with eating disorders so that together they shared knowledge and skills in a partnership approach to learning. The reflecting team approach was the method employed for achieving that aim. From experiencing this approach to authentic collaboration, the hope was that the healthcare professionals on this programme would learn both the specialist skills and knowledge for more effective working in eating disorders services and would embrace the collaborative approach facilitated through the use of the reflective team, later incorporating this ethos into their routine practice.

Throughout this paper, the terms 'carer' is used for any friends family or carer who identified themselves as providing care in a non-professional capacity to someone with an eating disorder. In the development of this module, the people who had experience of an eating disorder requested to be referred to as 'sufferers' so this term is used throughout in preference to other commonly used terms such as 'service user' or 'patient'.

The theory underpinning reflecting teams

Reflecting teams have their origins in systemic family therapy. Developed initially by Andersen (1987) as a way of working in a more collaborative way with families and the lead therapist in family therapy, reflecting teams are a strategy to providing additional ideas to a complex family situation, for offering live supervision for family therapists during their meetings with families and for reflecting back to families observations of patterns of communication or comments made (Brownlee et al 2009). They help family therapists maintain a respectful perspective and embrace the core values of curiosity, circularity and neutrality in the therapeutic process (Selvini-Palazzoli et al, 1980, Cecchin, 1987). When reflecting teams were first introduced, family therapists would meet with the family while their reflecting team would observe behind a two way mirror. This would mean the family would be talking directly to the lead family therapist and only hear what the reflecting team said if they communicated with the family therapist with an intercom or connecting telephone, (Selvini-Palazzoli et al., 1979). In order to create more collaboration and transparency between the family and the reflecting team, Andersen(1987) developed this approach in quite a controversial way, ultimately by bringing the reflecting team into the same room as

the family and family therapist. This was initially a challenging and unusual approach to therapeutic working with families, but it created an opportunity for complete transparency in the therapeutic work (Brownlee et al 2009). The role of the team was to observe and offer helpful comments only at times invited by the family therapist, otherwise they respectfully listened to the conversation between the family therapist and the family. Towards the end of the family therapy session, the team would be invited to offer feedback to the family, based on what they had seen and heard.

A similar approach of transparent collaborative therapeutic work is evident in the emergent open dialogue approach to mental health care that originated in Finland (Aaltonen et al, 2011) where referrals or discussions about people accessing mental health services are only ever held when the patient is present. In both reflecting teams, and the open dialogue approach, there are no 'behind screen' conversations. Anderson (1987) went on to describe that the purpose of the reflecting team is to offer multiple perspectives of the client situation in collaboration with the client and/or family, an idea that Scott has recreated in his approach to organisational coaching, which he calls the 'ManyStory approach' (Scott, 2016).

The rationale for using reflecting teams as a learning strategy

There are a small number of situations where the use of reflecting teams as a learning strategy has been reported. Morrison (2009) discussed the introduction of reflecting teams composed of family members of patients to elicit empathic and holistic approaches from student mental health nurses in their foundational training. In a Swedish hospital, reflecting teams have helped nurses engage in more empathic dialogue with 'difficult patient cases', (Jonasson, Carlsson & Nyström, 2014). The process of reflection and reflective learning has been integral to professional education for many years. Reflective practice groups for nurses are well described in the literature (Dawber, 2013; Mankiewicz, 2014). These have some similar functions to reflection teams, such as the development of multiple perspectives of what the key issues are, how to attribute meaning from multiple perspectives and an invitation to think broadly in the search for new learning or understanding. In the post graduate program we developed, the use of a reflecting team was introduced with the aim of promoting deep learning (Quinn and Hughes 2007) into the experiences of people with eating disorders. Aside from teaching and learning strategies, we were mindful of the vast interest in promoting collaboration and participation of people who use mental health services in research and in service development (National Institute for Health Research 2013, Evans et al 2017) and wanted to embrace these philosophies within our educational provision.

Application of the reflecting team in the delivery of the program

The reflecting team consisted of a small number of academic staff with a special interest in eating disorders, lead clinicians from mental health nursing and dietetics, four people who had experienced an eating disorder and had used mental health services to help with this, and one person who had experience of being a carer for someone with an eating disorder. Throughout the programme, there were four opportunities for the healthcare professionals to experience feedback from the reflecting team. For each of the four designated sessions, healthcare professionals worked in triads, investigating and discussing each of four role play scenarios. These discussions were recorded and then shown to members of the reflecting team. The four problem based scenarios were based on the following themes: engagement and assessment, formulation, non-negotiable treatment elements and care planning. An example of one scenario with a sample of cue questions for each of the roles of sufferer, carer and healthcare practitioner is given in table 1. This was for the engagement and assessment theme.

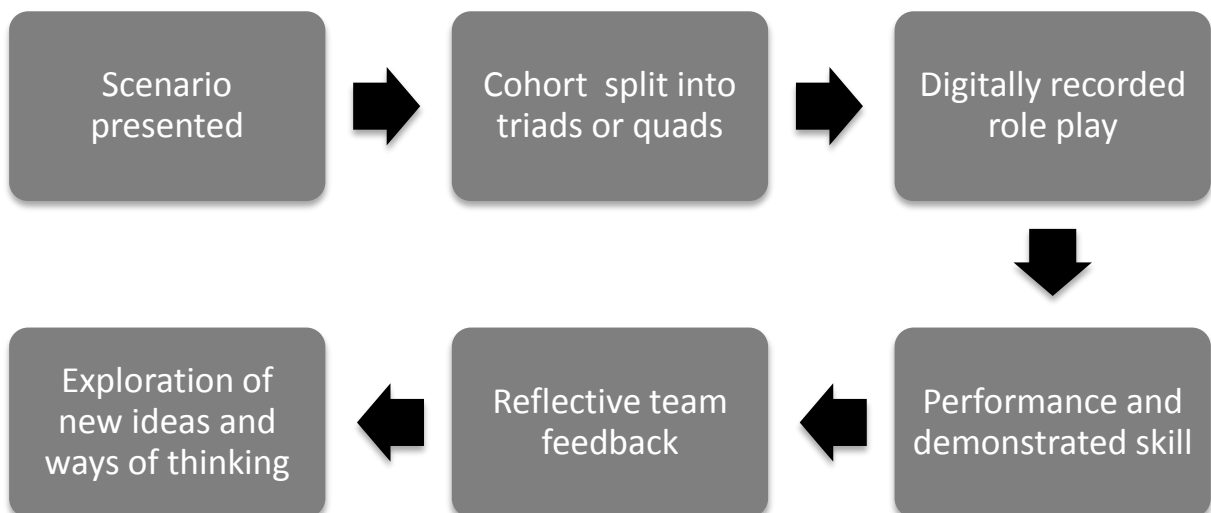
Table 1

Case scenario	Cue questions
<p>Richard is a 22 year old student attending a local college referred to you by the GP following rapid weight loss over the previous four months. He is 5ft 10inches tall weighs 8 stone. His current BMI is 16.</p> <p>He is very bright but worries about missing lectures and not studying enough.</p> <p>He describes himself as unattractive and feels he looks fat. He says he wants to lose weight and ideally would like to be 7 stone. He lives with his parents and younger sister with whom he has a very poor relationship. Richard has very few social contacts preferring to spend most of his free time at</p>	<p>Sufferer</p> <p>How do you feel about this referral?</p> <p>What do you think is happening to you?</p> <p>How are you feeling?</p> <p>What do you want from this session?</p> <p>What do you want from the clinician?</p> <p>How do you want the clinician to see and experience you?</p> <p>Carer/s</p> <p>What do you think is going on for your loved one?</p> <p>How do you understand it?</p> <p>What ideas do you have about cause or triggers?</p> <p>How does it affect you emotionally?</p> <p>How does it impact on your lives?</p>

<p>the library or at the local gym where he trains daily.</p> <p>Richard has been referred to mental health services twice before but has always failed to attend. He agreed to this referral because he was feeling tired and dizzy and was worried that his academic standards might be compromised.</p>	<p>Do you need any support?</p> <p>Clinician</p> <p>What does the GP say?</p> <p>What does the genogram and history tell you?</p> <p>What assumptions are you making?</p> <p>What is your hypothesis?</p> <p>What do you need to know?</p> <p>What are your priorities?</p> <p>Who else could be involved and how?</p>
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The role play was conducted once for each theme and the scenario evolved over the course of the program. The diagram below shows the process for the reflecting team contribution during the module.

Figure 1:



The reflecting team discussed the recording of the students' triad discussion in front of the healthcare professionals, in a strategy similar to the reflecting team offering observations during a family therapy session. During the reflecting team process, feedback from the observations provided multiple descriptions of the role play events. The healthcare professionals and the reflecting teams were encouraged to embrace the idea of 'curiosity' (Cecchin 1987, Evans and Whitcombe 2016) by offering respectful observations and asking open questions about possible alternatives. Applying the principles of Andersen's (1987) reflecting team, comments were made by the team to the healthcare professionals that focused on their strengths and highlighted possible new or different ways for interaction and problem solving. This approach allowed for observations to be made by the reflecting team from a meta-perspective, for creative thinking to be facilitated and for new ways of looking at the situation created within the role play scenarios.

The reflecting team became a resource for learning, encouraging personal reflection and allowing healthcare professionals to take responsibility for their own learning. Fostering a learning environment of unconditional positive regard and validation and through the process of reflection healthcare professionals are enabled to clarify their own thoughts, draw satisfactory conclusions and gain insight and meaning.

Evaluation of the approach taken to learning in this programme

Feedback about the experience was generated from both healthcare professionals enrolled on the module and the sufferers and carers who contributed to the reflecting teams. Students from the first two cohorts of this program were invited to give feedback on the learning strategy. The students came from a mixed group of occupational therapy, dietetics and mental health nursing. Feedback about student experience is normal practice within the host institution and for this program we elected to invite feedback through both open discussion in the classroom and through the use of anonymised online module evaluations. The evaluation data from both cohorts was synthesised and is thematically presented below. There were responses generated from 63 students drawn from two cohorts who had completed the module and the feedback was invited on the last day of the module before the module assignment had been submitted.

Key themes from using reflecting teams as a learning strategy

1. The need to become accustomed to the reflecting team approach

A number of students reported that they would have preferred more time to become familiar with the reflecting team model because it had been so new and unfamiliar to them. It was

unlikely that anyone who had no previous experience of working within family therapy teams would have come across the model of reflecting teams. The following evaluation extracts from two healthcare professionals clearly identify their views,

A longer session on the timetable on reflecting team would have been helpful as most healthcare professionals didn't have experience of using this approach and therefore didn't find the feedback always constructive

Role play and reflective teams were very intimidating but very effective.

We know that when new learning strategies are introduced, students need sufficient preparation in the approach to make best use of it (Atherton, 2015) and it would appear from the evaluation of this strategy in this context that a similar preparatory period would be equally valuable.

2. Emotionally intelligent learning

Students reported that they benefitted from a deeper level of understanding of the emotional impact of experiencing an eating disorder had on the families and sufferers to the point that one healthcare professional advocated for sufferer-led teaching as essential,

After this, I question how clinicians can learn without sufferers and carers teaching.

Mayer and Salovey (1997) described the concept of emotional intelligence as a developmental skill that could be acquired, consisting of the ability to perceive emotions in others, understand the relationship between emotions and situations, to regulate one's own emotions and to use emotions to facilitate a task. In this example of feedback from a healthcare professional on this module, we see evidence of the healthcare professional's developing level of emotional understanding of the needs of this client group. It is generally accepted that increasing emotional intelligence enables nurses to better perform their work, by better understanding the needs of their patients and responding more effectively, and strategies such as the inclusion of patients and their families during learning events can promote the development of this in students (Foster et al, 2015).

This would suggest that it was the presence of the sufferers themselves that provided the pivotal learning opportunity rather than the reflecting team per se, but by incorporating the reflecting team as a strategy enabled a collaborative open and respectful dialogue to emerge within the group over the duration of the module as can be evidenced by the following comment from a student,

I found the contribution of the sufferer and carer particularly valuable, essential to the learning experience, not only as presenters but also for general discussions over coffee break.

Similarly one of the sufferers suggested that it was the role play rather than the reflecting team element that promoted respectful and emotionally intelligent learning,

The role play allows the student to adopt and absorb the emotions of carers, sufferers and the clinician. This is unique as it gives insight into thoughts and issues that could not possibly be otherwise experienced.

3. The contribution made by sufferers and carers to educational delivery

Sufferers who were contributing to the teaching program reported that they found the learning experience to be of good quality. The aim when developing this particular module was to promote collaborative working and in fact the module was named Collaborative Working with Eating Disorders. The module content had been highly influenced by sufferers, carers and clinicians and the reflective team strategy was a vehicle to promote its key guiding principle of collaboration. The following commentaries offered by sufferers during the evaluation indicate that reflecting teams achieved some success in their views towards this goal of meaningful collaboration,

The reflective team discussion surrounding the different scenarios provides scope for healthcare professionals to express their feelings about the individual cases and explore differing therapeutic methods. The medium of video demonstrated their skill at managing difficult cases which will give confidence when faced with reality.

Role play and reflective team discussions provided the students with an opportunity to explore the wider implications of their decisions and interventions for the carer and immediate family of the sufferer. Students are introduced to the idea of working in conjunction with carers and are able to explore the possibilities and practicalities of involving carers in the treatment of sufferer.

Discussion

There was evidence from the evaluation of using reflecting teams that this could provide a vehicle for in-depth learning about the needs, experiences and ways of working with people who have experienced eating disorders and their carers. Although in this case, the module topic was about eating disorders but the principles could translate across a number of areas, such as cancer and other life limiting conditions, physical disabilities and many other health

related issues, given the fundamental gains from this approach to learning. Healthcare professionals found that the use of a reflecting team as a learning strategy facilitated a deeper level of understanding of the emotional impact of experiencing an eating disorder had on people, but it appears that the reflecting team proved to be a vehicle through which the experiences of people with eating disorders could be best heard, so it was not the reflecting team itself that was useful, but hearing the stories from people who had experienced eating disorders that was. There were some challenges to using reflecting teams. It was unfamiliar to the students, meaning that they needed to be instructed and thence socialised into this way of working. It might be argued that given the method itself had no gain, there was no educational advantage over using reflecting teams as opposed to another facilitative learning strategy.

It is worth noting that most of the students on this program were older and had many years of clinical experience; these students may be more comfortable with traditional ways of teaching, learning and assessment and perhaps less comfortable with exploring ideas in a more creative way. This is supported in studies by Tett (2000) and Walker (2006) that demonstrate difficulties of the mature students in adapting to these more creative processes in higher education institutions than their younger peers. The introduction of a reflecting team and the video recording of the role play may add a further element of discomfort than more formal ways of teaching and learning.

Conclusion

In this paper we have discussed how the use of reflecting teams was used as a learning strategy for healthcare professionals studying a post graduate programme about eating disorders. The reflecting team approach was used in conjunction with role plays to provide material on which the reflecting team could offer the students feedback. The reflecting team contained sufferers and carers and it was them that provided students feedback on their performances in the role play. Students reported that receiving feedback in this way enabled them to form a deep understanding of the impact that eating disorders have in individuals and their carers. The particular contribution that the reflecting team appears to have made is that it acts as a vehicle through which the experiences of people with eating disorders could be best heard. Using this learning strategy is not without its challenges. Students need sufficient preparation to understand the approach and if used in conjunction with video-recorded role play, students would benefit from advance notice that this approach would be used.

Key points

Reflecting teams are commonly used within systemic family therapy practice with some reported use within educational contexts.

In this educational program, we used reflecting teams that were composed of people who had experienced eating disorders, carers and clinicians who offered feedback to healthcare professionals on their exploration of role played scenarios.

Where this approach is to be employed in education, students need to be instructed how to use this approach so they feel sufficiently prepared.

Although a challenging approach to learning at times, the use of reflecting teams enabled a deep understanding of the impact of mental health issues on sufferers and carers and promoted authentic connections between healthcare professionals and people experiencing eating disorders.

Questions;

How can reflecting team principles be implemented more fully within nurse education programmes to facilitate deep learning?

What are the professional and ethical considerations when working in this way?

What strategies can be employed to prepare students and increase engagement with the reflecting team process within the classroom?

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