Forming, Storming, Norming and Re-forming. Working in Multi Disciplinary Teams in Mental Health:

CAN PROBLEM-BASED LEARNING FACILITATE THE DEVELOPMENT OF EFFECTIVE TEAM WORKING?

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Overview

This paper considers:

- Personal and Professional Development (PPD) and reflective practice within Clinical Psychology.
- Experiential learning of team working (e.g. in MDTs) via PBL.
- The learning experiences of a group of trainees representing each PBL group within one cohort who have completed their PBL programme and are in their final year of training.
- The experience of working in MDTs and working in a PBL group.
- What has helped or hindered their ability to work effectively in the MDTs they have worked in.
The Learning Context

- Doctorate in Clinical Psychology training course. 3 years full time, funded via the National Health Service (NHS).

- Accredited by the Health Professions Council (HPC) and the British Psychological Society (BPS).

- 2 days at the University (lectures, PBL, Small Group Discussions, Research) and 3 days on placement in the NHS.

- Placements in Adult Mental Health, Older People, Children and Adolescents, Learning Disabilities and Specialist placements (e.g. Psychoses, Sexual Health, Eating Disorders, Family Therapy).
Personal and Professional Development (PPD) within Clinical Psychology

- Reflective practitioner (Schon, 1983): greater awareness of the person within the profession.

- Reflective practice is where personal life and moment-by-moment experiences are utilised to inform and enhance understanding (Stedmon, Mitchell, Johnstone & Staite, 2003).

- PPD is fundamental to the profession of Clinical Psychology (Hughes & Youngson, 2009).

- To be accredited by the BPS and HPC, doctorate courses must demonstrate the promotion of PPD.

- At UH, in 2006, Problem-Based Learning was incorporated as a teaching method as part of trainees PPD (Nel et al., 2008).

- PBL offers a unique opportunity for learning and has at its core an opportunity to develop reflective and reflexive skills (Nel et al., 2008; Keville et al., 2009, 2010).
Experiential Learning of Team Working via PBL

• MDTs have been used increasingly in the NHS since 1980’s & 1990s with the aim of increasing collaboration between different professions.

• When an MDT works well it can enhance job satisfaction (Young 1994); when it does not, confusion and strain can ensue (Brown et al., 2000).

• To manage staff burnout, training courses should equip their trainees with theoretical and conceptual knowledge of team working, and an experiential awareness of:
  – how one personally functions in a team;
  – how diverse individuals interact with each other within that team;
  – how individuals or the group manages those interactions (especially if these experiences are perceived to be negative and / or stressful).

• Given the task-focussed nature of PBL, it is ideally suited for trainees to explore and learn the necessary skills required to work adaptively within team settings.
Trainee Reflective Narratives

- Participants are from the 2009 cohort. Currently in Y3 and have completed their PBL programme.

- Two members from each of the 3 PBL groups (n=6) all independently agreed to jointly write a 1000 word account based on their experience of PBL and how it may have helped or hindered their ability to work in MDTs.

- Themes were elicited by SK, individually shared with each author, confirmed and then the paper was shared with all the authors.

- Whilst it was ensured that the paper represented the trainees’ experiences, we acknowledge that SK may have influenced the elicitation and interpretation of themes; other themes and a differing focus could have been identified.
Reflections and Discussion

Lisa                      Leon                      Kelly                      Rob

Becky                      Louise

University of Hertfordshire
The Nature of MDTs and PBL groups

There are some differences between MDT’s and PBL groups:

- MDTs often content-focussed and PBL process-focussed.

- MDTs often fluid in group membership and PBL ‘set’ structure (2 years same group/facilitator) rather like structure of therapy.

- MDTs often have directive leadership and PBL facilitator is facilitative (Nel et al., 2008).

The themes identified that:

- Early conflict often stems from the content versus process dynamic, providing important learning as the PBL experience unfolds.

- Parental role of the facilitator (see also Keville et al, 2012b).
“Our experience of MDT’s illustrates that the focus is (often neglectfully and wholly) on the task, and that process surreptitiously but ardently ... . impacts on achieving this without explicit acknowledgement.”

Lisa and Leon

“Transferring these skills [from PBL] into clinical practice was and continues to be a bumpy road, which we need to navigate carefully. For example, we learnt that all members being emotionally ‘available’ within a group promoted cohesiveness, but may be restricted with an MDT when less value and time is given to the therapist’s emotional experience within clinical practice.”

Rob and Kelly
Forming and Storming

Forming (Tuckman, 1965)

- The early stage of PBL is one of surface cohesion: people want to please each other, often at the expense of their own needs.

Storming (Tuckman, 1965)

- Continuing to please each other at the expense of individual needs can result in intrapersonal tensions (internal conflict); if expressed this may become explosive and adversarial (external conflict).

- Emotional experiences such as anxiety or interpersonal conflicts may be seen as unhelpful, unnecessary or unwelcome. Experiential avoidance may be used to manage this (Hayes et al, 2003; Nel et al, 2008; Keville et al, 2012).

- Enabling an open exploration of difference can be crucial. By freeing up internal conflicts and meeting personal needs, external conflicts seem to be freed up too.

- By enabling the unspoken to be voiced, in a safe and contained manner, the group may connect just enough to function through these moments and achieve their goals and purpose (Keville et al, 2012a).
“I was inspired and liberated by experiences of other members resolving conflicts, notably the individual who withstood a repeated barrage of accusations regarding ‘withdrawing’ and ‘not being part of the group’ yet stood confident and became an invaluable group member...... ... ... I have now applied these reflections... ... ... that ‘healthy’ confrontation, baring vulnerabilities, and addressing diversity are pivotal and necessary parts of group maturity. These ‘destructive processes’ may be an unavoidable part of group developmental processes and, in my MDT roles, I have noticed myself becoming more comfortable witnessing, sitting with, and initiating such necessary conflict.”

Lisa and Leon
Norming and Reforming

Norming (Tuckman, 1965)
- Accepting and validating usual and expected experiences (e.g. internal and external conflict).

Reforming
- By allowing acceptance and validation to occur individuals and the group may reform; often re-emerging in a more authentic and congruent form whereby differences and diversity of the individuals can be embraced and accepted (Keville et al, 2012a, 2012b).
- Facilitation may be required to allow this process to emerge, especially:
  - with facilitators who are willing to open up conversations and also take on a parental role;
  - within the early stages of group formation;
  - within settings that do not have reflective practice at its heart;
- PBL enhances reflective abilities, and can be especially useful to learn this skill within a training setting rather than in the more challenging MDT settings where there may be a lack of space, time, understanding, or a reluctance to reflect or consider the value of learning about professional issues via personal experience.
Some trainees experienced that emotional vulnerability and honesty are not always welcomed within MDTs and often seen as a weakness and even unprofessional. Instead trainees often feel a pressure as a member of an MDT to project a self that is competent, emotionally resilient and that fits with the current culture.

Rob and Kelly

Whilst coming together initially gave us courage, we soon learned that sharing the dance floor was not always an easy thing to do. Although we all seemed compatible on the surface, thrown together in this way we soon found that trying to balance our different styles, values, and beliefs, could lead to people wanting to storm off the dance floor, creating tensions within the group. However, like learning to dance a Tango we had first to accept and share our emotional experiences in order to connect with each other and our audience. Without the rupture, we would never have learned that it was safe to own our differences and difficulties, and work together towards repair. Ultimately, we came to see that through our willingness to sit with uncertainty, we were able to find safety.

Louise and Becky
Authenticity

• Conflict (in the form of disagreement or the demonstration of variance or divergence) can be healthy and necessary. It can be an act of authenticity.

• By disconnecting from conflict or avoiding it this can take individuals’ further away from their values – a consequence of this could be invalidation, frustration, and resentment within the group or team.

• When connecting with vulnerability and emotional experience in a respectful, authentic and sensitive manner, this can enable empowerment as opposed to disempowerment, and group / individual functioning seems to be strengthened rather than divided.

• It takes courage to take those risky first few steps and remain authentic or learn to be more authentic.

• By embracing our uniqueness, by embracing the diversity of others’ experiences, we may become united in this common human dilemma.
“Through our experiences we have come to see that while you may aspire to belong to the group identity, it is not possible to achieve this unless the group identity is authentic to who you are as a group at that time, and in that context.”

Louise and Becky
To Conclude

- These narratives demonstrate the value of learning about MDT working via the relative safety of PBL
- Reflective and reflexive skills can help build the confidence to work with difficulties and the knowledge that these experiences and/or dynamics can be faced, confronted, worked through and resolved
- A common theme in each of these narratives is that PBL facilitates group working within professional settings and MDTs. Perhaps there is scope to explore this phenomenon within other professional contexts and wider social and cultural groups

Overall our PBL experience enhanced our awareness of ourselves and others within groups and gave us skills in reflection, risk taking and being true to ourselves. We have all recognised in ourselves and each other an element of personal and professional growth, which has been utilised within academic, clinical, MDT and personal contexts.

Rob and Kelly
References


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