

Black Trainees' Experiences of Reflective Practice Spaces during DClinPsy Training in the UK

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ABSTRACT

Background

Reflective Practice (RP) is widely used within Clinical Psychology (CP) to support personal and professional development. There is evidence to understand how trainee CPs experience reflective practice groups (RPGs) in training. However, there is little research exploring the experiences of racialised trainees on the Doctorate of Clinical Psychology (DclinPsy). This study explored how Black trainees experienced RPGs on the DclinPsy in the UK.

Methodology

Semi-structured interviews were conducted with 13 trainee CPs exploring their experiences of attending regular RPGs during training. The trainees attended seven different training institutions across the UK. The sample ranged from trainees in the first 12 months of training to 24 months post-training.

Findings

Reflexive Thematic Analysis (RTA) of the interviews was conducted and four themes with 10 sub-themes were found. (1) “What could have been and what was” had two subthemes “(un)met expectations” and “sharing: what gets in the way”. (2) “A relative struggle” had three subthemes: “it’s not for us”, “navigating (un)safe spaces” and “the general gist that you get it”. (3) “Silent or silenced” had two subthemes, “it’s harmful” and “under cared for and under protected”. (4) “RPGs do not exist in silos” had two subthemes “it’s exhausting” and “you are challenged and pushed back”

Conclusion & Implications

Trainees suggested that facilitators should encourage embodied practice and bring to awareness different ways of contributing in RPGs. Reflecting on the Black experience was often met with silence and therefore trainees found these spaces to be “harmful”. Having exclusive “all-black” spaces to discuss race and racism was deemed supportive and helpful. There are implications for the DclinPsy to imbed anti-racist praxis in their training programmes on multiple levels starting with governing professional bodies to more individual level practices.

Keywords

Clinical psychology, trainee psychologist, reflective practice, reflective practice groups

CHAPTER ONE: INTRODUCTION

1.1 Chapter overview

This project explores Black trainee's experiences of reflective practice (RP) during clinical training. This chapter begins with the researcher's position and how this shaped and influenced the area of study. The readers are introduced to the ontology and epistemologies underpinning this project. A brief background of the landscape of the Doctorate in Clinical Psychology (DClinPsy) in the United Kingdom (UK) and training experiences are described. Particular attention is paid to the experiences of Black trainees. The terminology used in the research such as the Global Majority, Race/Racism, Reflective Practice Groups (RPGs) and or Reflective Practice Spaces (RPS)¹ is defined. It concludes with the rationale for the topic of study.

1.2 Position of the researcher

My identity as a Black cis female on a DClinPsy training course cannot be separated from the area which I will be exploring. My experiences of RPGs and RPS' on the journey to qualification have both shaped and informed me while simultaneously increasing my curiosity to research this topic area. Due to the close relationship with the area of study, I will be writing this paper from a first-person perspective to enable me to stay grounded within the research process and ensure I maintain a reflexive lens throughout.

1.3 Personal relevance and interest in the subject area

Born in Zimbabwe, orality has long been a medium by which Africans have constructed and shared knowledge. Without having had the language to understand the relationship between

¹ This study distinguishes between reflective practice groups (RPGs) as mandated by training courses included within teaching timetables, and reflective practice spaces (RPS) which are special interest groups outside of timetable lectures that trainees can attend to engage in RP.

epistemology and methods of inquiry, as a child I was taught that storytelling was an important way to keep alive our history and culture. Although formally educated in England since primary school, I stayed connected to my Zimbabwean roots through small communities of people from the diaspora. Part of my learning about my culture and roots has been through storytelling and the sharing of narratives throughout history. Within oral societies, these methods are widely used to educate (Ali, 2007). This is why I was drawn to exploring first-hand accounts of people's experiences regarding RP.

As a first-generation migrant, I spent my formative years in London and was always interested in how I made sense of my experiences in contrast to those around me. Reflection and reflexivity became a vehicle for how I made sense of the world, though without having the language and awareness of what these were. On the journey to qualification, the practice of reflection and reflexivity has become central to supporting how I approach my work clinically, in teams, within research, and when studying. I became interested in the use of reflective practice within the university context following observations and discussions with peers about their experiences. I was particularly drawn to group dynamics within these spaces and how people positioned themselves or were positioned. Our experiences during training cannot be separated from the context in which we entered training. Between 2018-2022, Higher Education England (HEE) proposed a strategic plan to increase the CP workforce by 60% and simultaneously increase training opportunities for applicants from Black, Asian, and Ethnic minority (BAME) backgrounds to increase pathways that would support access to the admission of DClinPsy courses (Higher Education England, 2018). During this period DClinPsy courses were commissioned with a 25% increase in placements to form part of the 60% increase for the psychology workforce by 2024 (Higher Education England, 2021). Many courses of the DClinPsy accepted this increase in training places. We were seeing the

emergence of some courses with cohorts that had more Global majority trainees than White trainees and this led me to be curious as to what it means to train within a Black body on a course that historically has been predominantly White and middle-class (Paulraj, 2016). Reflective practice spaces during training were opportune places for this exploration, hence this study.

1.4 Epistemological stance

This project adopts a critical realist social ontology. This ontology assumes that we exist in a *real* social world that interacts and can act upon us. Elder-Vass (2012) posits that our social world has underlying mechanisms and processes that can be explained through language, discourse, and culture. From this, he argues it is possible to develop an understanding of the “entities, power, and mechanisms” at work in language, discourse, and culture (Elder-Vass, 2012, p12). Part of this study explores the impact of race or racism within RPS. Willig (1999) argues that unless discourse is situated in the material and embodied context to give it meaning, we are unable to address its significance. A critical realist ontology enables us to explore the individual experience, whilst holding the context in mind which has a material reality.

Elder-Vass (2012) further argues that a critical realist social ontology is complemented by a social constructionist epistemology. This epistemology argues that the human experience, including perception, is mediated historically, culturally and linguistically (Willig, 2013). People are a product of social processes by which meanings, conventions and discursive practices constitute our relationships and ourselves (Ejnavarzala, 2019). This study adopts the viewpoint that all knowledge is socially caused. As a result of this, multiple ‘truths’ exist Andrews (2012).

This project also draws on Black feminist epistemology. Foucault (as cited in Hartman, 2000) argued that knowledge of marginalised groups had been subjugated through structures of power and privilege. There is limited literature on the Black experience of trainees and qualified CPs within the UK. By centring the Black experience, this project seeks to amplify the voices of these individuals as well as add to the body of knowledge about the experiences of reflective practice (K. Patel, 2023). Black feminist epistemology aims to dismantle White structures of oppression through the development and distribution of knowledge about the Black experience (Hill-Collins, 2000).

1.5 Insider researcher

My experience of engaging in and co-facilitating reflective practice as a trainee during clinical training cannot be separated from the area which I seek to explore. My racialised identity gives me in-member group access and I can draw on the history, culture, and social life of Black people. My *insiderness*, enables me to ask difficult questions and acquire thick, authentic descriptions (Chhabra, 2020). Insider research allows for there to be a greater understanding and insight into 'disempowered' communities (Bridges, 2017). Whilst it can be challenging to grasp and *truly* understand something; Bassey (1999, p2 as cited in Costley, Elliott & Gibbs, 2010) notes that 'fuzzy generalisations' can be made to enable people to better understand different groups. This project adopts this view in recognising that RP is both conceptualised and utilised differently within psychology and across other disciplines. The hope is that whatever emerges from the data will inform the development of aspects of RP within the DClinPsy training context.

1.6 Reflexivity

To ensure the rigour and credibility of this project, reflection and reflexivity supported my decision-making in this research process. Reflection can mean many things, and for the purpose of this study, it refers to critically evaluating and appraising the process of engaging with this research and the meaning made at each stage (Mortari, 2015). Reflexivity is the process of consciously critiquing, appraising and evaluating one's subjectivity and biases (Olmos-Vega et al., 2023). As a qualitative researcher, acknowledging bias and preconceptions in the research is important to mitigate factors that may taint the research process (Tufford & Newman, 2012). Bracketing is the term used to describe the process the researcher takes to minimise bias and assumptions during research.

My positionality within this project was an area I remained cognisant of. As an inside-researcher, you may share information sensitive to the area of study during the research, or at times overlook certain information based on believing that you understand the issues mentioned by the participants (Saidin & Yaacob, 2016). These were challenges I encountered in the interview process and was required to respond to (for further details see section 3.11). In conducting interviews, it was important for me to reflect on my *insiderness* and be aware of the times I could be perceived to be an outsider by participants (Bukamal, 2022). Throughout the process, I held the subjective and dynamic nature of positionality. Frequent discussions with my research team and peers supported this bracketing (see section 3.14 for further details).

1.7 Language and key terms

Language is a driver for social change and has a material reality for the socialisation of people (Hill- Collins, 2000). It has the power to uphold or dismantle structures of oppression and inequality. There may be terms referenced in this project which may be outdated or contested for various reasons. I will use quotation marks to denote that this is the preferred language of

the researcher when referencing their concepts or findings. Alternate language used will also be presented to depict diverse perspectives. Below I will contextualise and define some of the terms used in this paper.

1.7.1 Race and racism

The ideology of 'race' was born out of the trans-Atlantic slave trade in the 16th century owing to claims that there were biological and genetic differences between people with different skin colours (Braveman & Dominguez 2021). The eugenics movement in the 19th century attempted to reinforce that social and behavioural differences in individuals had racial and biological origins and were therefore hereditary. Central to this movement was the exclusion and bid to eradicate minoritised populations to create a 'higher race' (National Human Genome Research Institute, 2021). This categorisation placed those with white skin as superior to groups of people with darker skin suggesting some biological differences in intelligence amongst other factors (Pfeffer, 1998). Since then, genetic studies have refuted any biological or genetic differences between people of different 'races' (Braveman & Dominguez 2021). The ideology of 'race' has since developed to be a social construct to maintain and uphold White supremacist ideologies which posit that those with darker skin tones are inferior to White people (Bell, 1995).

Racism can be described as stemming from the ideology of racial domination which posits White dominant groups have biological and cultural superiority over others (Clair & Denis, 2015). This ideology can lead to unequal treatment of these groups (discrimination) or inequalities (unequal outcomes in schooling, health, social care, housing etc.) (Clair & Denis, 2015). Racism can be used to refer to individual-level beliefs, behaviours, and attitudes as well as wider systemic-level processes. This paper conceptualises racism as processes that are constructed, sustained and enacted at both the micro and macro level i.e., implicit biases,

microaggressions, use of racist language, and enactments of violence or harm towards racialised others (Clair & Denis, 2015). At the core, these processes and behaviours serve to maintain the interests and advancement of the dominant White groups (Delgado & Stefancic, 2023).

Following the civil rights movement in America in the 1970s, a group of lawyers, activists and scholars developed the critical race theory (CRT) movement to develop theories and strategies to respond to more subtle forms of racism (Delgado et al., 2017). Critical race theorists are interested in transforming the relationship between 'race', racism, and power (Delgado et al., 2017). CRT draws on transdisciplinary methodologies to illuminate and combat the root causes of structural racism (Ford & Airhihenbuwa, 2010). CRT argues that racism is the norm in the experience of people not racialised as White (Bell, 1995). Bell posits that neutrality does not exist for those not racialised as White and this is depicted in the laws and systems that lead to structural inequality in the advancement of these groups across every domain i.e., education, housing, health, and social care. Bell further argues that when dominant White groups join forces with other groups, advances across these domains for these groups serve to maintain the interest of dominant White groups.

1.7.2 Black and White people

This paper will use Black or White people to denote the experiences of these racialised people and to highlight the structural power differentials within these communities. Black in this paper will refer to those of African or Afro-Caribbean descent. Whilst White will be used to refer to people of European descent. The capitalisation of the terms Black and White denotes the reclamation of language and meaning socially, and in research, in the strive for racial justice (Nguyễn & Pendleton, 2020). This seeks to decentre and dismantle Whiteness as the standard against which all are compared.

In research, Black can also be used to group people who share experiences of racism and discrimination and refer those who are not of European descent (Hall, 1996). However, this approach clusters the experiences of a multitude of people with different customs, beliefs, cultures, and ethnicities thus losing the nuance that arises from looking at the differences between as well as within the groups (Pfeffer, 1998). Where it is clear and appropriate within the research, which groups of people are being referred to will be highlighted.

1.7.3 Whiteness and white fragility

Whiteness has many conceptualisations that refer to a centralisation of power, status and identity associated with privileging those racialised as White (Schooley et al., 2019). Often Whiteness and racism can be used synonymously as they both refer to the process, practices, structures of power and systems which benefit those racialised as White or are in close proximity to this. This project will be using Whiteness to refer to structural processes and the operation of power to maintain dominant ideologies related to privileging those racialised as White.

White fragility is the term used to describe behaviours displayed by those racialised as White when race, racism or whiteness is discussed. Diangelo, (2018) described white fragility and defensive acts by White people following minimal racial stress triggers. This is understood in the context that for the most part White people do not have to be aware of the privilege their racialisation affords them. Therefore when confronted with discussing how other racialised people experience the world this causes discomfort and displays of emotions such as anger, fear and guilt and behaviours such as argumentation, silence, and withdrawal from the stress-inducing situation (Diangelo, 2018).

1.7.4 Ethnicity

Categorisations mutate and re-adapt to serve and maintain in/out group membership (Rizova & Stone, 2010). Many challenges exist with attempts to homogenise groups of people whereby many differences exist (The Centre for Social Justice, 2020). Categorising people by their racialised identities means there are many overlooked disparities between and within these communities (The Editors of Encyclopedia Britannica, 2024). In an attempt to highlight some of the structural inequalities, there is a preference to identify people by their ethnicities. Ethnicity refers to the categorisation of people on similarities such as ancestry, language, history, society, culture or nation (Worthy et al., 2020).

The link between *race* and ethnicity is close in that categorisations of people have been clustered into their racialisation first and their ethnic group second i.e. Black African, and White Irish, whilst other identities are both ethnicities and nationalities i.e. Indian and Chinese (Braveman & Dominguez 2021). This distinction can prove to be useful when noticing differences between groups. This supports the move away from clustering all ethnic groups as Black, Asian and Minority Ethnic (BAME), or Black and Ethnic Minority (BME) as was previously utilised. Alternatives such as People from the Global South (PoGS) or the People of the Global Majority (PoGM) have been suggested as a means to decentre Whiteness as the norm. However, similar arguments can be made about clustering groups of people with such vast customs, cultures, and ethnicities altogether.

This paper will refer to either Black or White people to hold in mind the power inherent in the racialisation of groups of people in that manner (Nguyễn & Pendleton, 2020). Where comparisons of groups of people are being made concerning Whiteness, PoGS or PoGM will be utilised as a means to highlight the operation of power and to simultaneously dismantle this.

1.7.5 Intersectionality

Based on the work of Crenshaw (1989), the intersectionality framework examines the interaction between various socio-political identities that can overlap to create various privileges and discrimination. Crenshaw (1989) highlighted the operation of power and the impact of this on marginalised populations, mainly Black women. Recently, the intersectionality framework has been utilised to identify areas in which individuals hold power and privilege to empower and advocate for those with less. In this project, Black people are not a homogenous group and can have various intersecting identities which speak to different privileges, oppression, and discrimination in the field of psychology historically and currently.

1.7.6 Reflective Practice

It is often difficult to define what is meant by RP, as used both in education and in the workplace. Dewey (1910) introduces the idea of reflective action which examines ideas, beliefs, and knowledge with the goal of problem-solving (Harrison, 2012). This later influenced ideas about professionals being able to learn about their field through professional knowledge gained from experience. Schön (1984) posited this occurred through the process of *reflection-in-action* and *reflection-on-action*. He distinguished between reflections which occurred in the moment during an event, and those after, to support learning and understanding. Similarly, Kolb (1984) posited that the process of reviewing, analysing and evaluating actions enabled people to learn from their practice. Over time, it has been postulated that reflection is essential to self-regulation and learning (Mann, 2016). As briefly illustrated, RP can be defined in various ways and this project will conceptualise this phenomenon in this broad manner to encapsulate its various permutations.

1.8 The Landscape of Clinical Psychology

In the UK, CPs undergo clinical training for three years on the DClinPsy which is funded by the National Health Service England (NHSE). They are regulated by the Healthcare Professional Council (HCPC). Traditionally CP has predominantly been white, middle-class, and female-orientated (Kline, 2014), and little has changed. Data from the Clearing House, a charity that provides information about the courses and where applications are submitted, showed that in 2021, of the people who accepted places on the DClinPsy, 70% identified as white, female, able-bodied and non-religious (Jameel et al., 2022). Data from the HCPC (2023) on diversity within CP still maintains the same picture with 77% of psychologists identifying as White, 11% as Asian, 5% as Black, 2% as Mixed, and 1% as Other.

This lack of diversity within CP has led to concerns about the profession's ability to deliver services that can meet the needs of the communities it serves (Atayero & Dodzoro, 2021; Jameel et al., 2022; Kline, 2014). Statistically, the number of applicants from the global majority accepted on the DClinPsy is very low. Evidence suggests that applicants from the global majority are disproportionately screened out in the initial application phase and therefore given fewer opportunities for interviews (Scior et al., 2007). Findings suggest that Black and Asian applicants show less reflectiveness, poor knowledge of CP and less relevant experience (Wright, 2008). However, it can be argued that those findings reflect certain ideas and notions about what reflection at the interview stage should look like, without accounting for differences in how this may present in different groups. Similarly, they highlight structural challenges and issues of change within the application stage. Patel & Fatimilehin, (2005) claim that racism is endemic in CP. The lack of representation in trainees from the global majority is a result of institutionalised racism (Adetimole et al., 2005) perpetuated by the approaches and interventions used, and the services that exist (Wood & Patel, 2017). Wood and Patel (2017)

argue that diversity agendas i.e. widening access initiatives, or increased representation in training or workforces, are ineffective without addressing socio-political structures and systemic racism are ineffective.

The insurgence of the Black Lives Matter movement increased momentum towards efforts to *decolonise* psychology. In the UK, the world of CP was faced with reflecting on the efforts of examining Whiteness within the profession and training courses following an incident at the Group of Trainers in Clinical Psychology (GTiCP) conference in 2019 which saw attendees being subjected to an evening of a Capoeira performance featuring a scene depicting a slave auction (Psychologist for Social Change, 2019). Many attendees criticised the lack of response and dialogue from the organisers and the BPS in addressing issues of Whiteness and racism within the profession (Moreton, 2019) . There were recommendations for the profession moving to redress these issues and this became a motivator towards the decolonisation of the psychological profession. It remains unclear what this entails in practice, however there are some ideas about what this looks like in taught curricula in psychology. Phiri et al., (2023) suggest teaching the history of psychology; including alternative ways of understanding distress and having lecturers from the global majority. There was an acknowledgement that this work needed to begin at earlier levels within education rather than be concentrated at the degree level.

As a part of diversifying the CP workforce, some courses have publicly sought out applicants from diverse backgrounds naming race and ethnicity as part of this. They have stated plans for decolonising their curriculum and ways to reduce inequalities in training. Anecdotal evidence has shown an increase in trainees from the global majority being accepted onto training courses since the increase of training spaces. Odusanya et al., (2018) suggested that as CP is becoming

more ethnically diverse, there is a call to increase cultural competency and sensitivity within the field. Whilst advancements have been made in representation within clinical training, racism in CP is pervasive and exists within training courses (Wood & Patel, 2017). Training courses still have a way to go when considering the experiences of trainee CPs from the global south. Existing research has examined how Black trainees have made sense of their identity during clinical training (Paulraj, 2016) and provided reflections about the experiences of existing from an ethnic minoritised background (Shah et al., 2012). Research has found that trainees reflect on experiences of microaggressions, and racism during training and on placement coupled with the tension of illuminating this and fear of being castigated by their peers and members of course during training (Prajapati et al., 2019). This speaks to the challenges of speaking out about oppression and the fear of being punished for it. Recommendations were given for training programmes to embrace multiculturalism and foster curiosity in teaching diverse perspectives and ways of understanding, responding to and managing distress (Prajapati et al., 2019). Careful consideration of diverse needs requires reflection and resources to meet these needs effectively (Prajapati et al., 2019). This is a current dilemma for the profession but also training of CP, since the increase of trainees from various diverse backgrounds.

1.9 Reflection in education and professional practice

It is widely accepted that a benefit of RP is improved personal and professional development (Boud & Walker, 1998). Within healthcare, RP is useful for reviewing clinical practice with the goal to improve patient care (HCPC, 2023a). In medicine, RP is used by clinicians to bring humanity to their professional identity and make space to reflect on the influences society has on medicine and professionals (Kumagai & Naidu, 2015).

There are various ways to reflect such as through the use of supervision (Upshaw et al., 2020; Ooi et al., 2023) and group spaces (Johnston & Paley, 2013). More common in education spaces is the use of reflective essays and problem-based learning groups (Keville et al., 2017). Practice-based education such as the DClinPsy utilises RP in different ways to teach training professionals. If done effectively, Finlay (2008) posits that RP is a powerful tool to examine and transform practice. Research has found that RP supports the development of lifelong learning capabilities in students, developing personal and employability (Philip, 2006). Further evidence has found that regular peer feedback and discussions in doctoral writing groups fostered RP skills development helping students verbalise internal reflective thinking (Cahusac de Caux et al., 2017). However, Leigh and Bailey (2013) argued that reflection has to lead to new insights and learning rather than just being about contemplating an experience or event. On training courses where a component of learning is on the job, Holthuis (2024) recommended that different disciplines use models of reflection that are aligned to the professional practice contexts for it to be useful. The author posited that existing research indicated a lack of evidence in critical reflective processes adopted on taught courses and learning outcomes (Holthuis, 2024). Meaning that students were being encouraged to reflect using models and methods that were not benefiting their working practices.

1.10 Clinical Psychology and reflective practice

Psychologists are encouraged to have a good understanding and awareness of self in the context of others (Lyons et al., 2019). Within CP there are various ways to engage in RP such as through reflective writing, within group spaces and in supervision, as well as a mentor during training (Fisher, Chew & Leow, 2015). The DClinPsy uses RPGs to support trainees in developing their personal and professional identities, as well as reflecting on their clinical work and training (Lyons et al., 2019). To maintain registry, CPs are required to record their

engagement in RP as part of continued professional development (CPD), making it a training requirement.

There are many benefits of RP such as enabling CPs to gain a deeper self-awareness and an understanding of how they impact their work (Fisher et al., 2015). RP was found to support CPs in managing uncertainty and taking risks in the therapeutic relationship (Woodward et al., 2015). In the same study, trainee CPs reported that RP enabled them to find a balance between self-development and self-acceptance. Similarly, RP was found to have supported psychologists to explore new possibilities in their work thus maintaining a curious clinical perspective (Carmichael et al., 2020). Additionally, RP provided scaffolding of their thoughts and feelings associated with the clinical work undertaken. It was identified as a mechanism to maintain self-resilience and alleviate some distress that came with the psychologist role (Carmichael et al., 2020). Further, the use of RP in supervision was found to enable self-care and ensure that ethical practice was undertaken clinically (Glassburn et al., 2019). Supervision was also identified as a useful space to facilitate RP in the management of clinical caseloads and to buffer against burnout in clinicians (Sadusky & Spinks, 2022).

Whilst many benefits are associated with RP, distress can occur in the process (Boud & Walker 1998). They questioned the use of RPGs within education due to the inappropriate disclosure that can occur. Similarly, Finlay (2008) highlighted the potential breaches in ethics that can occur from RP in learning contexts particularly highlighting the relationship to confidentiality, right to privacy and informed consent in professional relationships. Whilst Binks et al. (2013) suggested that engaging with distress in RPGs can facilitate emotional learning. However, Knight et al. (2010) argued that distress is not necessary to facilitate learning and in some instances, it might be unethical.

An important factor highlighted in RPG research is the use of skilled facilitators within these spaces (Knight et al., 2010). The researchers argued that facilitators are trained in group processes to enable containment in these spaces. Marshall et al. (2022) noted factors needed for effective facilitation such as decoding what RP is before starting. They also highlighted factors of the facilitator such as valuing open enquiry towards complexity, difference and emotive responses. They also suggested that the facilitator encourage open dialogue and be able to model acceptance, empathy and congruence with the group.

1.11 Conclusions from the empirical and theoretical literature

In summary, RP appears to have many benefits for the personal and professional development of clinicians during clinical training as well as in practice once qualified. Research highlights that they are not always perceived to be useful. Some ethical considerations arise with the use of these spaces, particularly the potential to cause great harm to those subjected to engaging with this. There are many factors to consider that contribute to the perceived benefits and disadvantages of the use of these spaces, such as cultivating a well-contained space that fosters psychological safety. Research has also highlighted the need for a skilled facilitator who can manage complex group dynamics and create room for open dialogue where differences exist.

1.12 Rationale for synthesis

Following the brief scope of existing literature on the use of RP within psychology, there appears to be a gap in literature synthesising our understanding of how psychologists make use of RPGs in training as well as once qualified. As there are many applied psychologist roles, this review was interested in understanding how (trainee) Clinical and Counselling Psychologists utilise these spaces.

1.13 Question and Aims:

The following Systematic Review is interested in reviewing the following questions:

How do trainees and clinical/counselling psychologists experience reflective practice groups?

In particular, it aims to understand:

1. What are the benefits of these spaces in practice or during training?
2. What are the implications of these spaces on clinical practice?

CHAPTER TWO: SYSTEMIC LITERATURE REVIEW

2.1 Chapter Overview

This chapter will provide a brief introduction to the synthesis of qualitative studies, providing a rationale for undertaking a thematic synthesis of data exploring the experiences of clinical/counselling psychologists and trainees' use of reflective practice groups (RPGs). It will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) (Page et al., 2021) checklist developed to support increasing the quality of reporting systematic reviews (Moher et al., 2009). It will include an overview of how this systematic literature review (SLR) was conducted, highlighting the methodology, quality appraisal and subsequent synthesizing of the chosen studies.

2.2 Background

Systematic reviews enable us to analyse and summarise data of a studied phenomenon. The aim is to broaden understanding of the studied phenomenon, rather than aggregate primary texts like the meta-analysis (Grant & Booth, 2009). They provide guidance on how to review existing research and literature to reduce bias (Booth et al., 2021). Qualitative systematic reviews aim to integrate research findings to generate an overarching *narrative* or “interpretative translation” of data that looks at themes or constructs in and across the data (Grant & Booth, 2009, p. 99). The type of systematic review conducted was a thematic synthesis, a way of integrating multiple qualitative studies to generate new interpretative constructs, explanations or hypotheses (Thomas & Harden, 2008). This section below will provide a brief overview of some approaches that were identified and provide a rationale for choosing a thematic synthesis.

2.3 Alternative syntheses

The synthesis of qualitative data can be grouped into aggregative (identification of practice or policy application) or interpretative (the development or enhancement of existing concepts or theories) synthesis (Drisko, 2020). This SLR was interested in interpretative syntheses.

2.3.1 *Meta-ethnography*

The most commonly used qualitative synthesis is the meta-ethnography. The process and aim of meta-ethnographies is to develop new concepts and understanding rather than summarise the findings of the studies (Noblit & Hare, 1999). Noblit & Hare (1999, p. 111) propose a seven-step guide for how to identify studies², determine how they are related and eventually “translate them into one another”. Like grounded theory and meta-synthesis, meta-ethnographies are particularly suited to developing conceptual models and theories. Meta-ethnographies favour more analytical rather than descriptive findings (Sattar et al., 2021). The scope of this review was to gather a broad understanding of existing research rather than aim for a conceptual understanding or the development of a framework or model for the studied phenomena.

2.3.2 *Narrative synthesis*

Textual narrative synthesis (TNS) was another approach considered for this synthesis as it groups studies into homogenous groups based on the context of the study and its characteristics (Barnett-Page & Thomas, 2009). Lucas and colleagues (2007) carried out a review synthesising the data using both TA and textual narrative analysis. Similarities were found within both syntheses but the main differences in approaches were around study quality and heterogeneity

² 1) Getting started; (2) Deciding What is Relevant to The Initial Interest (inclusion/ exclusion criteria) (3) Reading the studies; (4) Determining How the Studies are Related – (key concepts/ metaphors or ideas) ;(5) Translating the Studies into One Another– (what is the central metaphor); (6) Synthesizing Translations; (7) Expressing the synthesis

(Lucas et al., 2007). TNS had strengths in describing the scope of existing research, accounting for the strength of evidence, highlighting diversity within research and identifying gaps within literature (Lucas et al., 2007). However, TA was deemed to be more accessible to the reader, had the greatest potential for hypothesis generation as well as being able to note both homogeneity and heterogeneity across studies. However, the grouping of studies together using themes may mask the shortcomings of individual studies where reliability is concerned (Lucas et al., 2007).

2.3.3 Rationale for using Thematic Synthesis

Many qualitative syntheses could have been appropriate to answer the question for this SLR. However, in line with the aims of the review to broaden our understanding of the research phenomena and seek potential interventions, thematic synthesis appeared to be the most appropriate. Thematic synthesis has been adopted from Braun & Clarke's (2006) thematic analysis (TA). It is carried out in three stages: line-by-line coding of the text; the development of 'descriptive themes' and the generation of 'analytical themes' (Thomas & Harden, 2008). Thomas and Arden (2008) posit that this methodology enables transparent links to be drawn between conclusions and the text of primary studies, which is important for systematic reviewing. Thematic synthesis can also answer questions of effectiveness, using quantitative and qualitative means. It can make use of mixed methodologies with a focus on the use of qualitative data, which is not always possible with other qualitative synthesis methodologies such as meta-ethnography or grounded theory (Barnett-Page & Thomas, 2009). In a systematic review, when compared to TNS, TA was deemed to be more accessible to the reader, had the greatest potential for hypothesis generation as well as being able to note both homogeneity and heterogeneity across studies (Lucas et al., 2007).

2.4 Introduction

Reflective practice (RP) is a well-studied phenomenon within the healthcare professions and applied psychology fields. Reflective practice is mandated by the HCPC for all healthcare professionals to engage with as part of CPD. The guidance requires all healthcare professionals to record evidence of their engagement with RP as a way to ensure good professional and ethical standards (HCPC, 2023a). There are existing reviews about what understanding reflection is (Marshall, 2019); and what facilitates RP (Marshall et al., 2022) and other unpublished syntheses into understanding how psychologists utilise RP (Kiemle, 2008). Applied Psychologists engage with RP in various formats and will often facilitate and engage in RPGs in their roles. Similarly, RPGs are frequently used during the training of psychologists to support them in making sense of their training journey, developing competencies as clinicians, and understanding the process of group dynamics (Knight et al., 2010). Concerning the latter, understanding group dynamics has been found to aid trainees in developing competencies in facilitating RP once qualified (Lyons, et al., 2019).

Despite the widespread use of RP in the psychological professions, little is known about the use of RPGs within this field. This review aimed to explore how trainees and clinical/counselling psychologists experience RPGs in training and their practice. A qualitative inquiry was most appropriate as it would allow for in-depth, rich data and increase our understanding of this phenomenon (Grant & Booth, 2009). There are many psychology doctorates, with a scientific-practitioner lens to developing competencies in research and clinical skills (i.e. health psychology, forensic psychology, and sport psychology). The British Psychological Society (BPS) and Psychological Professions Network (PPN) websites indicate small differences in the roles and responsibilities of both clinical (CP) and counselling psychologists (CoP) and the

areas in which they are employed (BPS; PPN, 2024). Further evidence highlights a main difference in the structure and content of the clinical and counselling doctoral training programmes that was related to the taught therapeutic orientation (Norcross et al., 2020), with similar trends anecdotally found in the UK. Additionally, Tipton (1983) found that there was more overlap in work carried out by both clinical and counselling psychologists as well as the perceived understanding of each discipline than there were differences. With this understanding, this synthesis was interested in exploring the experiences of the use of RPGs during the training of, and in the practice of clinical and counselling psychologists. An initial search was conducted on PROSPERO, an international register for systemic reviews commissioned by the National Institute for Health and Care Research to scope any existing reviews within this area of study and ensure that this review was adding a meaningful contribution to the topic area.

2.5 Method

A thematic synthesis was carried out to understand how trainees and clinical/counselling psychologists experience the use of reflective practice groups. In qualitative research, the PEO (problem, exposure, outcomes) and PICO (population, intervention, comparator and outcome) methods are both most common to support the development of the research question and identify search questions the question and search terms for this synthesis (Capili, 2020). Whilst the PICO method can be used for quantitative data, it is also applicable for experiential reviews seeking to broaden understanding into different contexts, attitudes or experiences (Capili, 2020). Other qualitative reviews may use the SPIDER (sample, phenomenon of interest, design, evaluation and research type) method. However, it was found to be less effective to guide searching due to it not identifying relevant papers and it being better suited for mixed-method designs (Munn et al., 2018). This review used the PEO method to develop the question

and search strategy listed in the table below.

Table 1

PEO Method

Population	Trainee and Qualified Clinical or Counselling Psychologists
Exposure	Reflective Practice Groups
Outcome	Training or Clinical practice

2.6 Search terms

The search terms were developed using the PEO method (Capili, 2020; see table 2 below).

Boolean operators 'AND'/'OR' were used to combine the terms, and where needed, terms were truncated as appropriate to yield relevant papers.

Table 2

Search Terms

Concept 1: Population (trainee or QP) "clinical psychology*" OR "clinical psychology train*" OR "counselling psychology*" OR "counselling psychology train*"

"AND"

Concept 2: Exposure (RPGs) "reflective practice" OR "reflective practice groups" OR "reflect*"

2.7 Inclusion and Exclusion Criteria

This review was interested in synthesising the experiences trainees and qualified clinical/counselling psychologists had of RPGs. This included reflections about experiences as an attendee as well as a facilitator both within the academic and clinical context. Applied psychology makes use of practice-based evidence in areas of research where there is limited evidence-based practice support (Bartgis & Bigfoot, 2010). This review was interested in capturing diverse evidence and learning in the area of study. The scope of this review was limited to the synthesis of qualitative data. Some mixed methods studies were included in the review, however, only the analysis of the qualitative data of these studies was used in the synthesis.

Table 3

Inclusion and Exclusion Criteria of Studies

Inclusion Criteria	Exclusion criteria
Studies referencing reflective practice groups (RPGs) during training or once qualified.	Studies from other disciplines that are not counselling/ clinical psychology.
Studies on reflections about RPGs from both qualified and trainee counselling/ clinical psychologists	Studies using quantitative data.
Studies with qualitative data	Quantitative data within mixed -methods design
Qualitative data within mixed-methods design	Studies where full text is not available.
Studies in English (or translated to English)	Studies about group supervision
Articles that are peer reviewed	

Grey literature (theses, articles in non-peer reviewed journals/ forums)	Studies referencing reflective practice that does not take part within group settings
Studies globally	

2.8 Search Strategy

A search of various databases (PubMed, Scopus, PsycINFO, CINAHL, BASE and ProQuest) was conducted in March 2024. These databases typically incorporate literature from disciplines such as medicine, nursing, social care, and applied social sciences. Grey literature was searched from the latter two databases which yield doctoral theses, articles in non-peer-reviewed journals, case reports or conference papers and other grey literature formats. It was important to include grey literature to provide a balanced view of the existing literature on this phenomenon (Paez, 2017). Publication bias can sometimes result in up-to-date research in the field being excluded from systematic reviews. As this review hoped for the findings to have practical implications in working practices, having up-to-date research would enable this.

Weekly alerts were set up on each database to flag new research that was reviewed up until the analysis phase. Later, a scoping search was conducted on Google Scholar in April 2024 to ensure that the databases searched had yielded relevant papers and found any additional relevant papers. Finally, a manual search through the reference list of each paper was reviewed for additional references that may not have been identified. Covidence, a screening and extraction data tool was used in this review.

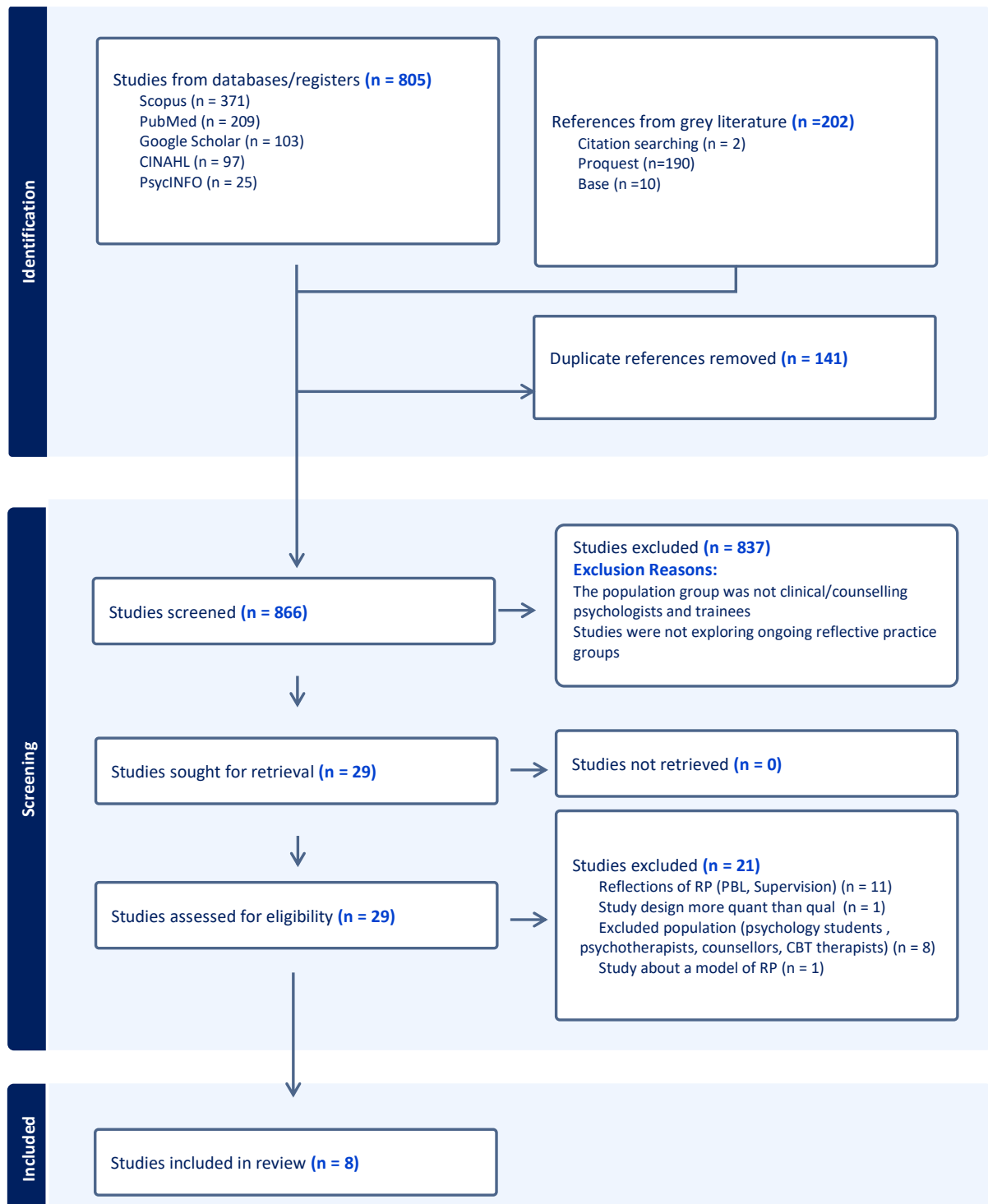
2.9 Screening and Selection

To assess the quality of systematic literature reviews, it is good practice to report the process and thinking behind the decisions made in the review conducted (Moher et al., 2009). To

“facilitate transparency and complete reporting” of this review, the PRISMA 2020 tool was utilised in the selection and extraction of data (Page et al., 2021p.1).

Figure 1

Flowchart of studies in the systematic literature review



A total of 1007 studies were identified from the search terms across the databases reviewed and after the removal of duplicates, 866 studies were screened. The primary reviewer initially screened titles and abstracts for eligibility, and 837 texts were excluded. The second screening stage involved two reviewers who screened 100% of the 27 full texts against the inclusion and exclusion criteria. Where an agreement could not be reached, a third reviewer was sought to provide a final decision based on a consensus. A third reviewer was required for six studies. A total of 21 texts were excluded as they did not meet the criteria, see reasons in the table above.

2.10 Results

This review consisted of eight studies based in the UK. Three studies were peer-reviewed texts, and five were grey literature texts. One study had a mixed methodology design. Three studies highlighted reflections on the use of RPGs within acute, inpatient and community mental health settings (Heneghan et al., 2014 ; Walker et al., 2021, & Shepherd & Rosebert, 2007) . These studies provided practice-based evidence in the use of RPGs as facilitated by CPs within clinical practice. They highlighted a range of experiences CPs encounter in the setting up and running of RPGs within different mental health contexts. There were two studies of reflections from trainees about the use of RPGs during DclinPsy training (Biggins, 2019; Brown et al., 2009) as well as reflections from qualified CPs about the experience of attending and facilitating RPGs during training (Binks et al., 2013; Fairhurst, 2011; Lyons et al., 2019). Table 4 below provides a summary of the studies, highlighting some strengths, areas for improvement and implications of the research.

Table 4*A summary of the SLR studies*

Author/Title/ Location	Aim of study/ Research Question	Type of reflective practice	Population/ Characteristics/ Number of Participants	Recruitment	Design/ Methodology/ Analysis	Reduction of bias/ Quality Appraisal	Findings	Implications	Strengths and Weaknesses
Does group reflective practice change how trainee clinical psychologists think about clients? Biggins, (2019), UK	To explore the experience of group members when they present their case, the way in which group members interpret and react to this shared narrative, and how such reflection is facilitated and thinking about the client and therapeutic relationship developed. Therefore, the aim of this study is to address the main question: Does presenting	Monthly reflective practice seminars as part of DClinPsy training	Five Trainee Clinical Psychologists as part of one training cohort. The 2016-19 cohort of clinical psychology trainees, of which the researcher was a member, attended monthly reflective practice group seminars. All participants attended the same group for the three years of training. No	Purposive sampling	Semi-structured interviews, IPA analysis	Use of reflexive diary and supervision, checking themes with the seminar group.	Five themes emerged from the analysis: am I right or wrong?; being right versus seeing multiple perspectives; sharing is never risk-free; looking for the client's perspective and making sense of emotional response.	Trainees were able to gain multiple perspectives about how they thought about their clinical work. In particular, developing a focus on the viewpoint of the patient/client. Themes also emerged about the emotional responses trainees had their clinical work. Sharing client work in RPGs was seen as a risk, as well as an enduring part of the process.	In-depth study of the experiences into the use of RPGs of one training institution in the UK. Homogenous sample were the potential for participant bias was high due to the principal research being an attendee of the group being studied. Some issues around lack of generalisability of findings.

	clinical material within group reflective practice affect how trainee clinical psychologists think about their clients? If so, what is the nature of this impact?		demographics given.						
Facilitating reflective practice groups in clinical psychology training: a phenomenological study Binks et al., (2013), UK	<p>The current study aimed to build on the work of Knight et al. (2010) by addressing the following questions concerning clinical psychology training reflective practice groups, using interpretative phenomenological analysis</p> <p>(1) What are facilitators' experiences and understandings regarding trainees' distress within these groups</p>	<p>Reflective practice on the clinical psychology training course within the UK. These groups were unstructured, mandatory for trainees to attend, and occurred fortnightly during term time for the whole three years of training. All but two participants had facilitated the same group(s) for the three years, without taking a break.</p>	<p>A small homogenous sample from one UK clinical psychology training course was purposively selected to offer insights into the experience / phenomena under investigation. 7 Clinical Psychologists (4 men and 3 women) who had facilitated RP in the last 10 years were interviewed. They had been qualified</p>	<p>Purposive sample from one DclinPsy training course within the UK</p>	<p>Semi-structured interviews, IPA analysis</p>	<p>The interview schedule was developed in consultation with a former RPG facilitator and a pilot was conducted with a trainee, no modifications were made to the schedule. Supervision was utilised to check the interpretative process and support</p>	<p>Three master themes and 15 sub-themes were developed from the analysis. Conceptualising the meaning and value of trainee distress / difficulty</p> <p>Distress as inherent</p> <p>-Competition -Emotional learning -Connecting with clients - Conceptualisations of clinical psychology and engagement -Threats to</p>	<p>Implications This study highlighted the perceived importance of distress in emotional learning. There were implications highlighted for DclinPsy training courses to make the underlying philosophy for the potential of associated emotional pain from the value of self-reflection to be clearly stated. Second, there were implications for courses to</p>	<p>Homogeneity of the sample, consisting of former facilitators from one UK clinical psychology training programme, limits the generalisability of finding and transferability of the findings to other contexts outside of DclinPsy.</p>

and its relationship to outcomes? (2) How do facilitators of these groups understand and make sense of their experiences of their role, including in relation to distress within the groups?	Group sizes ranged between approximately 8 and 20 trainees. Facilitators received regular supervision.	between 10-15 years.	to bracket the assumption s and personal experiences of the researcher concerning the topic area. There was an independent reviewer of the analysis and final report.	trainee well-being Complexity and challenge of the group boundaries Current and future external relationships -Therapy / not therapy -Threat and opportunity of the unstructured space -Mediating safety -Trainee rebellion against forced engagement Experience of the facilitator role Reflecting on the future of the groups - Containing their emotional experience - Parallel process of evaluation	reconsider offering different ways to engage in RP, as trainees were expected to attend, but not all participated. Finally, the findings highlight the need for regular supervision to ensure that facilitators are offered a space in which they can feel held in their role and can process their own intense emotional experiences. Additionally, it was recommended that care should be taken to select facilitators with sufficient competence and experience to manage the complexity of the boundaries, distress and
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							- Being held as the facilitator	anti-group processes that appear to be associated with RPGs.	
Learning to reflect: Trainees' perceptions of case discussion groups during a clinical psychology training course. Brown et al., (2009), UK	This research aimed to identify clinical psychology trainees' perceptions of the impact of case discussion groups on their training and on the development of reflective practice. The aim of this study was to gain an insight into the usefulness of groups which were set up explicitly to develop reflective practice. The study asks what are the trainees' perceptions of the CDGs as environments or promoting reflective practice.	Case discussion groups (CDGs) on a three-year DClinPsy training course delivered at a UK training institution for the 2004 intake to promote reflection on clinical work regarding personal and professional learning, ethical dilemmas in the work, appreciation of diversity and the development of cultural attunement, and theory-practice linking. CDGs met fortnightly.	Ten trainees were interviewed from the Surrey DClinPsy programme.	Trainees were recruited from the first and second years in the Surrey clinical psychology doctoral programme and ex-trainees from this programme (what could be called fourth years.	Semi-structured interviews took place lasting between 30-45minutes. Transcripts were analysed using IPA.	The credibility of the study relied on the trainees' perceptions. The results of the study were sent to the participants and they were asked about their agreement or disagreement with the researchers' interpretations. The participants agreed with the findings.	Themes: - Understanding reflection differently - Learning to reflect: Incorporating reflection within the self - The important role of the facilitator -CDGs as a safe environment for growth and reflection Summary: The analysis revealed that trainees varied in their understanding of reflection and described how the reflective process was instigated within these groups to allow for new	The involvement and style of the facilitator, and the willingness to manage group process issues appeared vital to the trainees. When these issues were resolved, or at least managed, it appeared that the CDGs could become a forum for reflection, learning and development. This has implications for the development and use of such groups in clinical training.	Homogenous sample for in-depth data, however, generalisability is limited.

			Each group is facilitated by a member of the programme team or a regional psychologist and consists of six or seven trainees. The groups remain together over the three years of the doctoral programme, but the facilitators of the CDGs change every year				insights about themselves and their practice. Similarly, the data showed variation in the extent to which trainees were familiar with reflection, and how this had become integrated into professional practice. Further, the CDGs were not always perceived to allow for reflection as internal and external conditions seemed to impinge with the groups' dynamics.		
Exploring the process of attending a reflective practice group during training: A preliminary grounded theory study of qualified	To explore: firstly, how participants of the reflective practice group derive value from the experience. How do	Reflections from qualified CPs about attendance of RPGs during clinical training.	Eleven qualified clinical psychologists from a UK training programme who had previously	Participants were selected from a sample of those who participated in Knight et al.'s (2010) research and identified	Semi-structured interviews. Grounded theory methodology informed the data	As an attendee of a RPG at the time of research, the author aimed for epistemological and	Five main categories: Negotiating the unknown Managing emotion Negotiating the development of self-awareness	The results indicate a need for training courses to clarify the aims and facilitate appropriate expectations about the group	The research contributes to understanding participant experiences of deriving value and distress in RPGs during training and

clinical psychologists' experiences (Fairhurst, 2011), UK	participants experience and understand distress in the reflective practice groups? How does distress influence valuable experiences in reflective practice groups?	been categorised into 1 of 4 factor groups based on level of perceived value and distress (e.g. high value-low distress), (Knight et al. 2010) took part in semi-structured interviews 7 women and 4 men took part. The time since qualifying ranged from 2 to 21 years. Further demographic information was not included to protect anonymity.	themselves as being willing to be contacted at a future date for interview-based research. Participants were not excluded based on the duration since leaving training in keeping with Knight et al., 's (2010) research. Participants would have been excluded if they were known to the researcher in a personal or professional capacity. Participants residing in the UK were given precedence, due to the preference for face-to-face interviews	collection and analysis	personal reflexivity throughout through the use of supervision , taking part in a reflective interview conducted by her research supervisor, and the use of a reflective diary. In addition, results were also compared with anecdotal accounts of RPGs by former trainees (from different courses) within the published literature (Smith et al., 2009).	Negotiating the reciprocal impact of others Reflection on reflection	before attendance (or allow for the aims to be negotiated within the group itself). It was also thought if self-reflection for PPD was better communicated, this may facilitate an "open" approach to the group. There were some implications for courses to review the ethics of mandatory attendance for RPGs. This study found some subjective positive impact of RPG attendance on practice. Also, many participants found recognising the value of the RPG in the context of	offers a conceptual model of the nature and negotiation of these experiences at different stages of the group. The transferability of the study is limited by sampling from one UK clinical training programme, there potential for self-selection bias, since those who participated felt more positively about the RPG experience. Targeted recruitment of participants from the low value-high distress factor group was unsuccessful. Thus, the proposed model is inevitably of the processes of a majority of people who
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								challenges easier in hindsight.	found the group valuable in some way, further limiting transferability.
Clinical Psychologists' Experiences of Reflective Staff Groups in Inpatient Psychiatric Settings: A Mixed Methods Study Heneghan et al, 2014 UK	The aims of this study were to describe clinical psychologists' practice in reflective groups for staff in inpatient psychiatric services. To explore how such groups are conceptualized, implemented, and the factors that facilitate or impede their implementation and the extent to which experiences and views are similar across participants	RPG within an inpatient setting. Groups were usually scheduled around shift handovers to maximise attendance	6 CPs, many participants had facilitated more than one RPG	Targeted and opportunistic recruitment was used to gather a large sample. Advertisements were placed with the British Psychological Society (BPS), relevant Special Interest Groups, and sent via email to BPS registered chartered clinical psychologists and clinical psychologists linked to UK Clinical Psychology Training Programmes. Recruitment snowballed via word of mouth.	Online questionnaires and follow-up interviews were used to gain broad descriptions of practice and in-depth information about participants' experiences. Data was analysed using descriptive statistics, content analysis and thematic analysis	Three coders were used for one transcript to discuss themes, and an independent researcher was used for validation purposes. Significant overlap was found although minor differences were found relating to choice of language/prioritisation of themes. An audit trail was conducted with the independent researcher into the reduction	3 themes and 7 sub-themes: Organisational context. Emotional and relational understanding; Ethics. Common outcomes related to staff wellbeing, service culture and teamwork. Engagement, group dynamics and lack of management support were common challenges. Group experiences were influenced by the organizational context.	The need for further research exploring facilitator characteristics, views of group participants and the impact of reflective staff groups on patients is indicated. An atmosphere of safety and containment, validation, openness and involvement seems to be both a prerequisite and an outcome of reflective staff groups in inpatient psychiatric settings	RPG- could mean supervision group/ support group unclear of the differences within this study. -Sampling bias was possible -The qualitative results spoke to the broader themes found in quantitative results- quality and depth of both The demographics of in-patient nursing and patient groups are more diverse. the finding that the groups were mainly facilitated by female clinical psychologists supports trends of a lack of diverse CPs in

						of codes into themes.			services to support groups Some insight into the occurrence of these groups was gained, but the study did not measure prevalence. This study has raised several questions about reflective group facilitators, such as the need for and impact of training and experience
Inside it was orange squash concentrate: trainees' experiences of reflective practice groups within clinical psychology training. Lyons, et al, 2019, UK	The aim of this study is to further expand the current understanding of trainee CPs' experiences of attending RPGs by answering the following research question: What are trainees' experiences of RPGs within doctoral CP training	RPGs during DClinPsy training.	8 CPs who attended RPGs from one training course in the UK. The participants in this research are all qualified CPs who had three to ten years post- qualification experience at the time they were interviewed.	Purposive sample,	Semi- structured interviews - collaborati on with research team and service- user consultant, IPA	To ensure that standards of quality and validity were maintained, guidelines for qualitative research were applied. Triangulati on was used to establish credibility and	Five superordinate themes were identified: 'The process: there were so many layers'; 'The impact: an ongoing process'; 'Commitment: I hated it, but I still went'; 'The facilitator: a presence who was not always present'; and 'Getting through it:	Consideration of the facilitation style and the groups' frequency and size. Meta- reflection – that is, reflecting on the reflective process – seems important, not only during training but also after qualification.	Homogenous sample - can't generalise past this one institution people were trained at. Could benefit from experiences of trainees as they are training or shortly after, recollection of trainee experiences 10 years later may be sketchy

						transferability, through convergences in themes and discussions within the research team	finding ways to cope'. The findings illustrate the varied and complex experiences of the participants. Whilst the experience was often difficult, the participants were committed to attending and sought out ways to navigate it.		
Setting up and evaluating a reflective practice group.	To explore issues clinical psychologists experience when facilitating a reflective practice group in an adult acute setting	RPG in an acute mental health setting	Nursing staff team and professionals working in an adult acute inpatient setting within South West London & St George's Mental Health Trust. 11 Questionnaires were completed.	Purposive sampling	Questionnaire was supplied to attendees. Qualitative data was summarised.	None mentioned.	Summary from the qualitative data: Support from ward manager is important. Timing to be flexible to enable staff to attend to the needs of the ward/ use RP. Ease of using and attending the space was needed. Motivation for the nursing staff - RP felt like another	Some transferable finding about the use of RP in inpatient settings or highly pressurised environments where people work on rota basis.	Strengths helpful to know the issues this service faced and how they resolved these. Useful evaluation and important points to learn from for other groups in the future. Evaluation of one service therefore findings may not be generalisable.

Setting up and facilitating a virtual reflective practice group within a Community Mental Health Team. Walker, Wrigley & Veale, 2021. UK	This article describes an experience of setting up and facilitating a virtual reflective practice group (vRPG) for community mental health colleagues working from home due to the Covid-19 pandemic. It includes a discussion of participant feedback and concludes with our reflections of the process. Facilitators CP, TCP and AP.	A virtual reflective practice group (vRPG) for community mental health colleagues working from home due to the Covid-19 pandemic. Fortnightly sessions, open group- but participants had to contact facilitators before attendance. Participants were free to bring both practice-related and personal experiences	Seven people responded. No other information given about the people who participated.	Purposive sample.	The survey required responses to statements using a 5-point Likert scale, as well as responses to open-ended questions to gather qualitative feedback.	None noted	task as the benefits were not clear	Themes were grouped into challenges and opportunities of accessing the virtual RPG. The advantage of co-facilitation – this felt particularly important as non-verbal cues can be harder to pick up on virtually. The value of session structure and boundaries, including clarity on the use of cameras. The value of offering a reflective space when individuals are feeling isolated or disconnected working from home.	CMHT working under pressure to meet the demand posed by covid-19 pandemic and having to provide supportive spaces for the team. Useful to know how to set online RPG and things to consider. Learning from one service, cannot generalise. Helpful to add knowledge to body of evidence. Lack of reporting of positionality, demographics of participants, facilitator characteristics.
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=	Group planning and timetabling, to ensure time for a screen break. How the culture of the group influenced both the content and process, and being aware that group experiences may vary.
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2.11 Quality Assessment

Rigour in qualitative research refers to the quality of the research, the more rigorous the study, the more trustworthy the findings (Given, 2008). A study's validity is reliant on the statement of the question/problem, theoretical/conceptual framework, design, method, sample and data analysis. (Moorley & Cathala, 2019). Saumure and Given (2008) listed similar concepts of rigour/ trustworthiness³ to assess for the quality of qualitative research. Assessing for rigour within qualitative systematic literature reviews has long been a contentious issue, partly due to the lack of consensus on agreed methods of assessment (Noble & Smith, 2015). It has been critiqued that existing critical appraisal checklists do not distinguish between different methodologies and qualitative approaches across the studies, and often there is not enough focus given to the overarching design of the studies and the appropriateness to the study remit and objectives (Williams et al., 2020).

A critical appraisal of the peer-reviewed studies was done using the Critical Appraisal Skill Programme (CASP) checklist for qualitative data (CASP, 2018, see Appendix A). This tool was appropriate for this synthesis as it has been shown to be a good measure for reporting and highlighting transparency in research (Long et al., 2020). The checklist comprises ten questions grouped into three sections assessing the validity of the results, summarising what the results were, and measuring their impact. The criteria for each domain assessed can be answered by 'Yes', 'Can't tell', or 'No' (see Table 5 below). The CASP was designed for pedagogical uses,

³ *Transparency* refers to clarity in describing the research process. A thorough description of the research to enable replication and an assessment of whether the methodology was the most appropriate for answering the research question. *Credibility*: requires that the data be represented fairly and accurately.

Reliability: Similar participants and research methods should generally lead to similar results. Using different coders will enable researchers to assess for this. *Comparability*: researchers should compare the various cases with one another so that they can build a theory that represents all of the voices present in their findings. *Reflexivity*: researchers must account for the fact that their presence has some influence on the research findings, and they should attempt to report how they, as the primary research instrument, may have influenced the study's results

therefore, a score for each domain is not recommended (CASP, 2018).

The grey literature in this review was evaluated and critically appraised using the AACODS⁴ checklist tool (Tyndall, 2010, see Appendix B for checklist). Like the CASP tool, each domain can be answered by “Yes, No, Unsure” (see Table 6). There is research evidence in support of the utility of this tool and in using grey literature in support of commissioning health services in England (Sabey, 2020) as well as policy-making in Nigeria (Uneke et al., 2019). The domains in this tool were more appropriate for grey literature than the CASP. The CASP has been found to be a less good measure for research design and conduct reporting (Long et al., 2020), whereas the AACODS seeks out information that is relevant to grey literature formats. However, it is to be acknowledged that both tools lack the sensitivity to rate the quality of studies as ‘high, medium or low’ as other tools may offer (Long et al., 2020)

⁴ Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) checklist

Table 5*Critical Appraisal of studies using the CASP tool*

Author	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between the researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Binks et al. 2013	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes: Illuminated understanding into the emotional pain for learning in trainee CPs. Some implications for attendance expectations within RPGs on training courses, and facilitator skills in managing complexities that arise in these groups
Heneghan et al. 2014	Yes	Yes	Yes	No	Yes	Can't tell	Yes	Yes	Yes	Yes: Highlighted the need to explore facilitator characteristics, safety, containment, openness and involvement seemed to be prerequisite and outcome of reflective staff groups in inpatient psychiatric settings.

BLACK TRAINEES' EXPERIENCES OF REFLECTIVE PRACTICE DURING DCLINPSY

Lyons et al. 2019	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes: Highlighted that facilitation style, groups frequency and size were important factors to consider for RPGs in DclinPsy training. Although, it is a difficult process; trainees were committed to attending.
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Criteria: 2 = Yes, 1= Can't tell 0= No

Table 6

Critical Appraisal using the AACODS tool

Author	Authority	Accuracy	Coverage	Objectivity	Date	Significance
Brown et al., 2009	Yes	Yes	Yes	Unsure	Yes	Illuminated that the involvement and style of facilitator alongside the willingness to manage group process issues appeared vital in supporting trainees reflect, learn, and develop during training.
Biggins 2019	Yes	Yes	Yes	Yes	Yes	Highlighted how CDGs can support trainees think about their clients from their perspective. Sharing of material was seen as risk by trainees and part of attending RPGs
Fairhurst 2011	Yes	Yes	Yes	Yes	Yes	Implications for courses to assess commitment for RPGs at selection, future implications for matching learning styles to different forms of reflection. For courses to have a clear aim about RPGs and communicate this to the trainees.
Shepherd & Rosebert 2007	Yes	Yes	Yes	No	Yes	The research illuminated the challenges of facilitating RP in inpatients settings/ pressurised environments. There were some implications for the setup and management involved that supported the attendance of the group.
Walker et al., 2021	Yes	Yes	Yes	No	Yes	Has transferable learning for CMHT context. Helpful considerations for the setup and facilitation of virtual RP.

2.12 Quality Appraisal

The peer-reviewed studies met the criteria for the CASP tool (CASP, 2018). All three studies failed to adequately describe the relationship between the researcher and participants. Binks et al. (2013, p319) mentioned using supervision “to examine and help bracket the lead researcher’s assumptions and personal experiences in relation to the research topic”. In a similar vein, Lyons et al. (2019, p. 73) vaguely commented on the process of triangulation and discussions with the research team to “establish credibility and transferability” of data. Heneghan et al. (2014) gave information about the background of the authors and their interest in the subject area. Within all three studies, bias from the researcher was assumed and therefore focused on ways in which this was managed or reduced. Heneghan et al. (2014) were not found to use an appropriate recruitment strategy which had the potential to be non-representative and thus produce an over-generalised viewpoint. However, this would have skewed the quantitative results and less the qualitative results as this paper had a mixed methodology. It is also noteworthy, that this paper refutes the proposition made by Atkins et al. (2012) that mixed methods studies are less likely to be judged credible or provide rich data and thick descriptions compared with standalone qualitative studies.

Of the grey literature appraised by the AACODS checklist (Tyndall, 2010), apart from Fairhurst (2011) and Biggins (2019) which were doctoral theses, the remaining papers were found to have low objectivity. It was unclear how their positioning and assumptions may have impacted the research. This finding could be made sense of in that practice-based evidence (PBE) has been shown to have reports of ‘adequate’ quality with little information about the transparency of the research process despite being shown to be important in decision-making regarding public health policies (Vaidya et al., 2017). PBE, within specified parameters (which all these papers described) allows for practices that match the community context and can

improve the effectiveness of clinical practice (Bartgis & Bigfoot, 2010).

Noble and Smith (2015) developed some strategies to ensure credibility in qualitative research (see table below). The studies in this review demonstrated some of these elements to varying degrees. However, as there are multiple approaches and methodologies within qualitative research, it is difficult to achieve the synthesis of data that is uniform where auditability is concerned (providing a clear and transparent description of the research process throughout).

Figure 2

Strategies for enhancing credibility in qualitative research (Noble & Smith, 2010)

Truth value	<ul style="list-style-type: none"> ▶ Reflexivity and reflection on own perspectives: <ul style="list-style-type: none"> – Reflective journal maintained and decisions documented – Peer debriefing to assist the researcher to uncover taken for granted biases, or assumptions, for example, the initial qualitative interviews with patients were medically focused and subsequent interviews took a more holistic approach. ▶ Representativeness of the findings in relation to the phenomena: <ul style="list-style-type: none"> – The sample of 19 carers of patients managed in a renal supportive care service and a willingness to share their experiences in depth and over time enabled clarification of findings as an ongoing process; – Semistructured audio recorded interviews allow for repeated revisiting of the data to check emerging themes and remain true to participants' accounts of caring for patients with renal disease managed without dialysis; – Use of rich and thick verbatim extracts from carers of patients managed without dialysis assists the reader to make judgements about whether the final themes are true to participants' accounts; – Participants invited to comment on the research findings and themes
Consistency/ neutrality	<ul style="list-style-type: none"> ▶ Achieving auditability: <ul style="list-style-type: none"> – Transparent and clear description of the research process from initial outline, through the development of the methods and reporting of findings. In addition maintaining a research diary documenting challenges and issues assisted in maintaining cohesion between the study's aim, design and methods; – Emerging themes discussed with research team members who had palliative and qualitative research expertise in an open process where assumptions could be challenged and consensus reached
Applicability	<ul style="list-style-type: none"> ▶ Application of findings to others contexts: <ul style="list-style-type: none"> – Rich detail of context, the renal setting, including the patients managed within the service, facilitates the evaluation of study conclusions and transferability to other renal units

Thematic synthesis of findings

The data had 69 initial codes which later emerged into four main themes with 10 sub-themes.

Table 7*A summary of the themes and subthemes for the SLR*

Theme	Subthemes
Emotional experience of reflective practice	Enduring the process
Benefits of reflective practice	Space for continuity and consistency A place to develop reflective capacities Mapping group dynamics within the clinical context
Group processes	Negotiating group processes Everything gets bigger
Attendance and participation	Attendance expectation Capacity and willingness to participate
Facilitation	Facilitator competence Factors needed for good facilitation

Theme 1: Emotional experience of reflective practice

This theme speaks to the tensions experienced when attending and facilitating RPGs during clinical training and within various mental health settings (community mental health teams (CMHTs), and acute and inpatient settings). There is one subtheme “enduring the process”.

2.13 Enduring the process

This subtheme highlights the emotions often evoked within RPGs within clinical training and the acceptance of these uncomfortable and distressing experiences as part of the development of becoming a CP. RPGs during training were reported to be exposing, traumatic, and anxiety-

provoking (Brown et al., 2009; Fairhurst 2011; Binks et al., 2013; Heneghan et al., 2014; Biggins, 2019 & Lyons et al., 2019). Often described as “*painful*”, there was a sense of finding “*ways of managing yourself*” (Binks et al., 2013 & Fairhurst, 2011). Others viewed the discomfort from RPGs as part of the human experience, “*unfortunately, we have to face painful things which can be intensely distressing*” (Binks et al., 2013). Trainees often felt that engaging with RPGs was a compromise they had to make as part of their training journey. “*I sometimes feel overwhelmed and uncomfortable, but ... no one's going to die from sitting in a room in silence for an hour feeling uncomfortable!*” (Lyons et al., 2019). Some questioned the extent to which these experiences supported them in the development of being a CP and the later benefits of that.

“How deeply do people believe that training as a psychologist requires a kind of openness to personal experience and the pain and pleasures of that... and that a willingness to engage with that is part of what psychology training's about” (Binks et al., 2013).

Theme 2: Benefits of reflective practice

This theme denotes the utility of RP during training and within mental health settings. There were three subthemes: “space for continuity and consistency”, “a place to develop reflective capacities” and “mapping group dynamics within clinical context”.

2.14 Space for continuity and consistency

This subtheme highlights RPG use for regular reflection to support professional development and clinical work. Within clinical health settings, staff teams highlighted that RPGs were a space to develop clinical skills and manage emotional reactions to work and training (Walker et al., 2021; Fairhurst, 2011; Binks et al., 2013). During the pandemic, RPGs were useful for

developing connectedness within new teams: *“it was very useful for the [new] team during the lockdown situation and allowed us to build a sense of team, despite being in our own homes”* (Walker et al., 2021). Within training, RPGs were described as a place to learn more about the self, and *“reworking of core anxieties”*, although not the main aim, RPGs *“can be therapeutic for some”* (Binks et al., 2013).

2.15 A place to develop reflective capacities

This subtheme highlights the use of RPGs as a place to reflect and simultaneously develop reflective capacities to support clinical practice. Both during training and within mental health teams it was found to be a useful place to learn about personal and professional identity, particularly how the practitioners viewed themselves, their colleagues, and clients, and how this impacted their practice (Brown et al., 2009 & Fairhurst, 2011). RPGs were helpful within clinical contexts and in developing different perspectives for client work (Brown et al., 2009). On the wards, RPGs were supportive forums to discuss cases in an informal setting and develop interventions (Shepherd & Rosebert, 2007; Lyons et al., 2019).

“[RPGS were] useful for nursing staff, service-users and the community teams in helping to manage and work with service-users on the ward and that it helped to discuss cases in an informal setting” (Lyons et al., 2019).

2.16 Mapping group dynamics within the clinical context

This subtheme highlights the finding that trainees found RPGs to be a place to learn about group dynamics. As a result of regular attendance of RPGs during training, trainees reported being able to map out and understand group dynamics within the teams they were on placements (Fairhurst, 2011). For some, being part of RPGs and learning about group processes

enabled them to develop deeper reflective capacities later in their training as well as skills to facilitate groups on qualification:

“I felt able to immediately start facilitating group supervision...I’d been in a group and understood a little bit about what forces were pushing and pulling so that really allowed me to have the confidence to straight away run those sessions” (Fairhurst, 2011).

Theme 3: Group processes.

This encapsulates the tensions of sharing dilemmas within a microsystem that exists within a wider context. It has two subthemes: “negotiating group processes” and “everything gets bigger”.

2.17 Negotiating group processes

This theme highlights the process of learning about and responding to various group dynamics within RPGs. Trainees highlighted the tensions between giving yourself to the process of RPGs within training so you can develop and reap the benefits associated with it (Binks et al., 2013). There was a sense that you had to be open to the process of RPGs to learn as well as not wanting to perturb the group dynamics as you also had to be in learning spaces with your peers (Fairhurst, 2011).

“I think people were scared to say things for fear of either irritating other people or being judged badly for being thought about not using the group as it should be”. (Lyons et al, 2019).

2.18 Everything gets bigger

This subtheme highlights the experience of RPGs magnifying the systems in which people work and some of the difficulties relating to challenging systems. During training, trainees spoke about RPGs magnifying their training experiences (Heneghan et al., 2013; Lyons et al., 2019). *“It’s like the big brother effect that when you’re stuck in this small system together, everything just gets bigger”* (Heneghan et al., 2013). *It was a microcosm of what would happen in the wider cohort outside of the group so [it was] almost intensified-* (Lyons et al., 2019).

Within mental health settings, RPGs were a space where people could contribute to changing the systems around them. They were found to be forums whereby service contexts (power dynamics) were re-enacted in these spaces (Walker et al., 2021). More to this, there were also spaces to challenge and contribute to cultural shifts within teams (Walker et al., 2021).

On the wards, nursing staff reported they wanted better attendance across other disciplines, particularly input from management. This was linked to asserting the importance of RPGs, and the attendance but also having people in the space who can impact systemic change (Shepherd & Rosebert, 2007; Lyons et al., 2019).

“staff felt that the responsibility lay in a collective effort from the whole care team, as well as, particularly, in the involvement of the ward manager and the CMHT team managers and the consultant psychiatrists” (Lyons et al., 2019).

Theme 4: Attendance & Participation.

This theme highlights the factors impacting attendance and participation in RPGs in both training and in MH settings. There are two subthemes: “attendance expectation” and “capacity and willingness to participate”.

2.19 Attendance expectation

On DCLinPsy courses, RPG attendance is mandatory and there were ethical implications highlighted in Fairhurst, (2011): *“You wouldn’t put a client into therapy that didn’t want to be there...would be no point... I think it’s a pointless exercise if people don’t want to be there”*.

Due to the mandatory nature of these spaces during training, trainees highlighted opting to think of “witty” comments or jokes as an avoidance strategy to explore the more “painful feelings” (Heneghan, et al., 2014). *Similarly*, on the wards, it was found that some staff engaged in other tasks to avoid attendance of these spaces (Walker et al., 2021).

2.20 Capacity and willingness to participate

Trainees highlighted that factors such as sickness impacted presentism within the group. Similarly, when there were competing demands of the course, RPGs often felt like a less important task and were often deprioritised (Lyons et al., 2019). A similar finding was reported on acute wards, with priorities often going to responding to crises on the ward:

There is that vigilance... you know, being on a locked forensic ward...and I think the pressure on the staff, in the sense of not being staying in the group...they have another priority, and they do have another priority. (Heneghan, et al., 2014).

Willingness to participate was associated with a vulnerability that felt “*too threatening*” that sometimes people would “*shut down and started talking about very normal mundane, and not really going there anymore*” (Fairhurst, 2011). This meant some people stopped seeing the value of these spaces and therefore would no longer attend.

Other trainees also spoke about the balance of participating, but ensuring they were able to look after themselves following the group: *“I didn’t need to be leaving the group so tired and*

worn down because of the effort I was putting in...I had to learn to put something back...so I wasn't left with anything" (Fairhurst, 2011).

RPGs did not always feel as spaces trainees could participate in the way they wanted to, *"I felt shut down and that this was not a space where we could just be open and speak"* (Brown et al., 2009).

Theme 5: Facilitation

This theme highlights the skills and factors which enable good facilitation. It has two subthemes: "facilitator competence" and "factors needed for good facilitation".

2.21 Facilitator competence

In training, the facilitators received scrutiny from trainees about their ability to hold the reflective space:

"There's no other group that you will run in which your performance as facilitator is being so covertly but carefully scrutinised... the sense of scrutiny in those groups is incredibly high and ...is also quite ferocious sometimes" (Binks et al., 2013).

This would in turn lead some facilitators to question their skills in being able to respond to challenging group dynamics (Binks et al., 2013). There were recommendations for not using newly qualified staff to facilitate RPGs in more difficult contexts such as inpatient settings:

"I certainly wouldn't put a newly qualified in, certainly in some of the teams I worked in they would be eaten up and spat out" - (Heneghan et al., 2013).

2.22 Factors needed for good facilitation

It was highlighted that good boundaries, active and non-directive facilitation, alongside structured sessions were factors needed for good facilitation (Brown et al., 2009).

"The group leaders established group rules and boundaries with the group at the outset and I

feel they maintained a sense of containment and emotional safety throughout the life course of the group” (Walker et al., 2021).

Discussion

This synthesis was interested in understanding the benefits of RPGs for trainees during training as well as the implications of RPGs within clinical practice. Theme 2 within the synthesis provides answers to these questions. The evidence presented in this review provided a balanced view of data regarding RPGs. Overall, evidence highlighted the challenges in engagement with RPGs, and how the factors which contributed to this impacted the perceived utility of the spaces. Ethics were highlighted regarding mandatory attendance of these groups and the distress caused by the attendance process (Binks et al., 2013, Heneghan et al., 2014). Evidence also highlighted the need for facilitators to be well-trained and skilled at managing complex group dynamics (Heneghan et al., 2014 & Lyons et al., 2019).

As RP within CP is an understudied area, exploratory studies are often criticised for the rigour (or lack of) when it comes to methodology, recruitment and transparency within research (Grover et al., 2021). The studies in this review were found to have ‘adequate’ quality where their data was concerned (Vaidya et al., 2017). Transferability and generalisability across the sample of studies were mixed. The aims for the studies varied with some seeking to explore experiences; to add to existing literature and others to identify certain factors linked to factors studied. Due to the small sample sizes in the studies, caution was given to generalising findings beyond the scope of the studies. With experiential studies, it is often argued that the aims are to gather information and increase understanding rather than have generalisable results (Casula et al., 2021). Within a social constructionist paradigm, it can be argued that generalisable results may not be achievable as with each individual or phenomenon as multiple truths and

realities exist (Hacking, 1999). With this in mind, experiential studies often provide valuable contributions to increasing the understanding of different phenomena.

This review had more papers exploring the use of RPGs within DclinPsy training than of experiences in different mental health contexts. The areas covered in this review were experiences within acute settings (Shepherd & Rosebert, 2007); inpatient settings (Heneghan et al., 2014) and CMHT, and this was the setting up of virtual RP (Walker et al., 2021). These findings although helpful in illuminating the experiences within these contexts, two of the papers described the setup and experience of facilitating the RPGs. Generalisability was low, however, there were important factors that could be considered for transferability within similar clinical contexts.

All the data within this review was sampled from DCLinPsy training courses and mental health services in the UK. Where demographic data was provided, the samples reflected the representation of the stereotypical White, female trainee or qualified CP (Jameel et al., 2022). Given the dates in which this data sample was collected between 2007 and 2019, the lack of diversity within the samples is unsurprising. It supports the trends of underrepresented CPs from racialised backgrounds in the workforce and training (Jameel et al., 2022). Interestingly, the data within mental health services mentioned interdisciplinary attendance to RPGs often facilitated by CPs. There was a lack of reflexivity from the researchers discussing their positionality, their role, involvement or any biases (Moorley & Cathala, 2019) and how this impacted their decision-making or how they interacted with the research process (Johnson et al., 2020). One paper highlighted this as a weakness of the study, reflecting that nursing teams in MH services are diverse but there were no reflections on how the facilitators interacted with this difference (Heneghan et al., 2014).

2.23 Reflexivity

As a mental health practitioner with experience working in different MH settings in the UK, and training to be a CP on a UK course the findings were unsurprising. I was also drawn to the lack of reporting of demographic data, or when recorded, the samples were typically White. This is not representative of training courses now, nor the diverse MH workforce. Given the landscape of CP being a predominantly White, female, middle-class profession, much can be learnt about the experience of those not racialised as White within RP, especially given the recent call to diversify training and the workforce overall. There appears to be a gap in understanding how racialised trainees utilise RP spaces and think about their identities in this way. To move away from clustering groups of people under unhelpful categorisations such as 'BAME' they do not tell us much about the differences within and between those groups of people. This project is interested in exploring the experiences of Black trainees within RPGs.

2.24 Aims and Research Question

This project sought to answer the following question:

How do black trainees experience reflective practice spaces on the DCLinPsy in the UK?

To support our exploration, the following research questions were considered:

1. What do Black trainees perceive to be important in the set-up and facilitation of RP spaces?
2. What enables Black trainees to feel supported in these spaces?
3. What facilitates Black trainees to be able to share in these spaces?
4. What steps can be taken to make RP spaces more inclusive for Black trainees?

CHAPTER THREE: METHODOLOGY

3.1 Chapter Overview

This chapter provides an overview of the methodology adopted to explore Black trainees' experiences of RPS during clinical training. It details the epistemology that shapes this research along with the rationale for the method chosen to explore the topic area. Details of the sampling procedure, participant information, recruitment process, project design, interview process and analysis are included. Information about the various ethical considerations for this project are also highlighted. This project consulted individuals from the population being studied with lived experience of engaging in RP during clinical training to support the thinking and process of research. Details of this process are included in this chapter. This chapter concludes with some reflections on conducting this project as an insider researcher and the steps taken to ensure the research was conducted with rigour.

3.2 Qualitative method

A qualitative method felt most appropriate to answer the research question as it is concerned with meaning and aims to understand how people make *sense of, describe and possibly explain things* (Seers, 2015). This project was interested in knowing about the way trainees talk about their experiences and what sense they made of their experiences during RP spaces. The aim was to deepen our understanding of these experiences and develop clear actionable outcomes for courses to consider when designing RPS whilst holding Black trainees in mind.

3.2.1 *Rationale for chosen Epistemological Stance*

This project adopted a critical realist social constructionist stance to acknowledge that whilst experiences are subjective, individuals use language to create *meaning, conventions and discursive practices* to interact with the world as well as ourselves (Willig, 1999). The critical

realist ontology situates this meaning-making and construction within a material reality, highlighting that there are inherent power structures that shape how people experience and construct their lived experiences (Willig, 1999). Thus, together this epistemology allows this project to review the social processes that exist within DCLinPsy RPS exploring how these experiences are talked about and made sense of within the current socio-political climate.

3.3 Consideration of alternative methodologies

Willig (2013) argues that critical realist questions are best answered by TA methodology, whilst social constructionist questions would better be explored by narrative or discursive analysis (NA and DA, henceforth) as they pay particular attention to how language is utilised. Similarly, phenomenological inquiry is best explored using phenomenological analyses. The line of exploration of this project has a critical realism ontology underpinned by a social constructionist epistemology and below will describe which methodologies were considered to answer our question.

3.3.1 *Interpretative Phenomenological Analysis*

In exploring Black trainees' experiences of RPS on the DCLinPsy, there are components of idiographic inquiry in seeking in-depth information about individual experiences. As this is an understudied area, interpretative phenomenological analysis (IPA) would have been an appropriate methodology to gather first-person accounts about how individuals view and experience their world (Larkin et al., 2006). IPA focuses on how individuals perceive *what it is like* to experience an event or account in context. The researcher is said to develop an understanding of the lived experiences of individuals by interpreting the data given and the outcome provides renewed insight into the phenomenon (Larkin et al., 2006). IPA documents and *describes* experiences and is often unable to explain *why* they occur (Willig, 2013, p284).

This project saw this as a limitation as there may be potential to explain why individuals had different experiences, which other methodologies such as RTA allow for this.

3.3.2 *Narrative Analysis*

Narrative analysis is the study of how stories are told and how they shape understanding of the world. It is a set of qualitative methods that come under the broad umbrella of discourse analysis which is the study of language use (Delve & Limpaecher, 2023). Narrative psychology posits that stories enable meaning-making by turning sequences of events into meaningful plots. Through narratives, people can construct and maintain a sense of self and develop their identity (Silver, 2013). Narratives can be drivers of social change. Historically, Black stories have been subjugated, therefore paying attention to the narratives of Black trainees enables the dismantling of single stories and dominant discourses about whole groups of people (Willig, 2013). This would enable the development of counter-narratives that a few Black people can be the “voice of colour” and depict experiences that speak for a whole group (The Editors of Encyclopedia, 2024). As meaning-making is fluid and contextual, not fixed and universal; the role of the researcher is to interpret what is written and make sense of this, taking into consideration what is said and unsaid (Silver, 2013). Focus can be drawn on the wider social context that can shape and constrain what can be said, by who, how and when, within the context of the study (Willig, 2013). Due to the ontological stance of this research, it would not have been appropriate to use narrative analysis as a social constructionist epistemology posits that all knowledge is constructed. The exploration of the racialisation of Black trainees has a material reality to the training experiences of these individuals. Within the narrative analysis paradigm, this would have been viewed as the construction of *a* story told about these experiences rather than reflecting a version of an objective reality.

3.3.3 *Reflexive Thematic Analysis*

This project chose to use reflexive TA (RTA) for its methodology due to its flexibility in identifying, analysing and reporting patterns within data (Braun & Clarke, 2006). RTA sits within the experiential and phenomenological tradition of qualitative research; it allows for there to be a focus on interrogating socially embedded patterns of meaning (Braun & Clarke, 2021a). The RTA approach seemed most theoretically and methodologically sound to support us with our line of inquiry (Braun & Clarke, 2006). Braun and Clarke (2021a) posit that TA is an appropriate approach to use when you are interested in gathering information other than *just* personal experiences and how this is understood, which is in line with this project's aims. Unlike in IPA, we wanted to utilise a large sample to gather data and capture some diversity within the people we interviewed. This project was most interested in identifying broad themes across the dataset rather than unique individual cases as in IPA (Willig 2013). It aimed to situate the trainees' experiences within wider sociocultural contexts and explore how this was made sense of (Willig, 2013). Most importantly the purpose of the project was to develop some actionable outcomes for the future development of RPS on the DCLinPsy (Braun & Clarke, 2021a).

3.4 Design

In line with the project's aim to gather in-depth information about Black trainees' experiences of RPS, data was collected using semi-structured interviews (SSIs). In qualitative research, SSIs are the most commonly used self-report data collection method (Barker et al., 2002). For this project, SSIs seemed most appropriate to use to enable "*social explanations and arguments to be constructed in-depth and take into account the nuance, complexity, and roundedness of topics explored and discussed*" (Mashuri et al., 2022, p4). Listed in the table below are some strengths and criticisms of using SSIs. For this project, an interview protocol (see Appendix C) was devised which listed ten broad questions with prompts to gather further

data.

Table 8

Strengths and Criticisms of SSIs

Strengths of SSI	Criticisms of SSIs
SSIs use open-ended questions to gather rich data. They produce idiographic data and give insight into the person's perspective (Willig, 2013).	Whilst gathering rich data is helpful, it can be very challenging and time-consuming for the researchers to transcribe, analyse and make sense of this data (Willig, 2013).
SSIs allow for data to be collected flexibly which enables complex experiences to be explored. SSIs can be very helpful in studying novel or understudied (Mashuri et al., 2022).	The reliability and validity of idiographic data have been brought into question (Willig, 1999). It has been found that people are susceptible to actor-observer bias in that they are likely to attribute their behaviour to situational factors, whilst that of others to dispositional factors (Barker et al., 2002).
SSI allow opportunities for clarifying questions to be asked or to follow a line of inquiry based on the information provided by the participant (Barker et al., 2002).	Similarly, other research has found that people tend to attribute positive behaviours to dispositional factors and negative behaviours to situational factors. Therefore, in recounting an experience, it may be challenging to ascertain what the 'truth' is (Barker et al, 2002).
	Another disadvantage of using interviews to gather data is subject bias in that participants

may respond in ways they perceive to be favourable to the researcher or research question rather than reporting true events. However, this will not be an issue as this study is not seeking a 'truth' to the experiences shared by these individuals but more so how they made sense of them.

3.5 Research Consultants

Several consultants contributed to this project at different stages in the research process. I was interested in having input from different people with a range of experience and expertise to support my thinking. I sought individuals who had experience of having attended, facilitated, or supported the development of these spaces to share their thinking, and reflections about their experiences. I advertised for research consultants who matched the criteria above on Twitter and LinkedIn within professional psychology networks. I received interest from qualified CPs working within the NHS and on DClinPsy training courses.

3.5.1 *Research team input*

Before interviewing, I met with my research team who are all qualified CPs that attended RPGs during their training, to offer oversight and guidance within the topic area. I wanted to minimise the possibility of asking leading questions in the interview and therefore asked them to review my data forms and provide some feedback. They reviewed the participant information form, the debrief form, the demographics form and the interview schedule. The feedback suggested was to re-order some of the questions in the interview schedule so that it flowed better.

3.5.2 Trainer in psychology input

I met with a consultant from a DClinPsy course that had set up a reflective space for racialised minorities during training and they discussed the rationale, process, and experiences of setting up and facilitating that space. Although this space was set up for trainees from the global majority, we discussed the nuances between the experiences of Black and other racialised trainees. On reflection, part of their learning for this space was to provide a separate space for these trainees to navigate specific challenges related to their differences in their ethnicity, culture and racialised identities. There were additional reflections on the challenges of setting up such spaces within academic institutions with multiple competing demands.

3.5.3 Target population input

As recommended by the National Co-production Advisory Group (NCAG, 2021), I invited members of the target population to 'engage' with the research process based on the work of Arnstein, (1969). Arnstein (1969) expressed the importance of including the population being studied at each stage of decision-making where possible. I met with a relatively newly qualified Black CP to expand my thinking of the project. We reviewed the interview schedule, and she provided comments about the questions and made suggestions to add a question at the end about any key memories or takeaway points from RPGs. This was particularly holding in mind recently qualified CPs, to gather data about the impression of RPS during training after having qualified. We also broadly thought about the Black trainee experience on the DClinPsy, and which areas would likely be discussed in RPGs. There were no further changes to be made. There was acknowledgement that the relevant points for this line of inquiry had been considered.

The research team, including consultants, were compensated in various ways for their expertise, time, and support (NIHR, 2021). Some consultants were remunerated through

monetary vouchers, whilst others chose to be compensated through acknowledgements in the write-up and dissemination or to be named as authors on the publications. Each individual was given a choice for how they wanted to be remunerated and they chose accordingly (Haughton & Frith, 2023). The participants of this research were not remunerated as we were interested in hearing from individuals who wanted to share their experiences of RPS. Due to the population being studied, there was a values-based assumption that trainees would not be persuaded to engage with this research due to monetary incentives. Also due to a limited research budget, it was felt that those consulting should be prioritised and paid for their time and expertise.

3.6 Sampling

A purposive sample of Black trainees who have experience attending RPS on the DClinPsy in the UK. Purposive sampling seemed most appropriate for this project as we sought to find information-rich cases in people most experienced with the phenomena of interest (Palinkas et al., 2015). Purposive sampling typically identifies individuals with the availability and willingness to participate (Bernard, 2002 as cited in Palinkas et al., 2015) as well as being able to communicate experiences expressively and reflectively (Spradley 1979, as cited in Palinkas et al., 2025). Following on from interviews, snowball sampling took place whereby participants interested in the study also informed their peers who met the inclusion criteria.

Table 9

The inclusion and exclusion criteria adopted for this project

Inclusion Criteria	Exclusion Criteria
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<ul style="list-style-type: none"> • Individuals self-identifying as being of Black African and Caribbean heritage. 	<ul style="list-style-type: none"> • Trainees or recently qualified psychologists of other training courses
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<ul style="list-style-type: none"> • Clinical psychologists who have recently qualified (within 2 years) or current trainees enrolled on a DClInPsy training course in the UK. • Individuals who have attended reflective practice group facilitated during clinical psychology training. 	<ul style="list-style-type: none"> • Individuals with no experience of RPGs or RPS facilitated on a DClInPsy training programme. • Individuals who have attended only a single session reflective practice group.⁵
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3.7 Recruitment

Participants of this project were recruited primarily through social media and networks for trainee CPs. The research advert (see Appendix D) was posted online on Twitter and LinkedIn seeking participants interested in the study to sign up. The poster was also circulated in various established networks and communities for both Black CPs and trainees via an existing trainee support WhatsApp group. Details for this cannot be shared as it would compromise the anonymity of the group

⁵ This project differentiates the experiences of continuous attendance to reflective practice spaces whereby group dynamics can be examined, and relationships can be formed; in contrast to experiences of reflective practice space offered for a specific event.

3.8 Sample size

There are many ways to determine the sample size within qualitative research. It is argued that for small research projects between 6-10 participants will enable data to reach saturation⁶ (Fugard & Potts, 2015). A review of empirically based studies found that saturation is reached between 9-17 interviews within qualitative research (Hennink & Kaiser, 2022). Braun & Clarke, (2021b) posits that deciding the number of interviews to enable saturation is not in line with the values of RTA. They argue that meaning is *generated* through the interpretation of data, therefore you cannot determine when to stop data collection wholly in advance of data analysis. As this research was small-scale, there were time and resource constraints. Therefore, the sample size guide was adopted from Hennink and Kaiser (2022), and it was decided that data would be collected between 9 to 17 participants. Sampling stopped when there were no additional concepts observed at the data analysis stage (Ando et al., 2014). Data saturation in this study was operationalised whereby higher-order data was no longer distinguishable during the coding phase (Ando et al., 2014). This was indicated by fewer higher frequency codes as the data was coded.

3.9 Participants

Altogether 13 participants (11 female, 2 males), between the ages of 26-34 years agreed to take part in the study. At the point of interview, this included a mix of recently qualified psychologists (3) and trainees in their first (1), second (3) and final year of training (4). These participants self-identified as Black-African (5) Black British (2), Black-Caribbean (2) and Black-Somali (1). Altogether (11) self-identified as being Christian, with some in differing

⁶ In qualitative research, this term refers to the point in which data has been analysed to until no more themes can be developed, gathered, or identified within and the dataset. See Braun and Clarke (2019) for a discussion paper and review the conceptualisation of saturation in qualitative research.

denominations: Baptist (1), Pentecost (1) and Protestant (1). Two participants self-identified as Muslims.

The participants attended a total of 7 DCLinPsy courses between them, located across various regions including London (2), Home Counties (3), East Anglia (1), West Midlands (4), East Midlands (1) and North-East England (1).

3.10 Procedure

Following written consent (see Appendix E) interviews took place online via Microsoft Teams (MS Teams), a secure platform that offers data encryption. Interviews were recorded both as video and audio-only files, and these files were saved in an encrypted secure online portal on the university's One Drive. MS Teams offers an inbuilt verbatim audio transcription of recorded meetings. However, this is not always accurate therefore each interview was reviewed, and the necessary edits were made to the transcription.

3.11 The interview process

At the beginning of each interview, a warm-up conversation was had to establish rapport with the participant. This included a brief of what to expect in the interview. To build a '*culturally safe research space*' (Carter et al., 2021 p. 716), each participant was given the opportunity to ask any questions and review the documents sent before the interview: the participant information sheet and participant record form (see appendix F & G respectively). Participants were reminded to take care of themselves during the interview and advised that if they became distressed, they could stop the interview and/or request a separate brief immediately after the interview and/or after some time had passed if needed. Participants were also provided a debrief form (see appendix H) signposting them to further support following the interview if needed.

Careful consideration went into thinking about how to make participants feel comfortable during the interview process. Adopting a non-judgemental and empathetic stance to the interview as well as having a genuine interest in the topic area may have supported individuals to be open about their experiences of RPS (Barker et al., (2002). I was holding in mind that I was aiming to achieve *conversations with purpose*, that is, to develop knowledge and understanding conversationally (Mashuri et al., 2022) rather than stick to a formalised interview process and this was possible to do using a semi-structured format. I was also cognisant of the potential of some participants to disclose painful experiences that could be distressing. In a few interviews, some trainees disclosed harmful experiences of racism during their training journeys, whether this stemmed from challenges on placement, or difficulties within their respective cohort and the responses to these experiences. For this, I relied on my clinical intuition to respond in these times. Being able to witness and validate these experiences appeared to be helpful for these individuals.

It was sometimes challenging to oscillate between being a researcher and using my clinical skills to provide enough room for the participants to talk, think and make sense of experiences in the interview (Barker et al., 2002). Similarly, at times in line with the conversational stance of these interviews and as an insider researcher, I was pulled to validate experiences and offer my perspectives on the understanding of the situation. I was mindful to attempt to remain as neutral as possible so as not to 'contaminate the data' with my assumptions (Saidin & Yaacob, 2016). The times I did share my thoughts or comment on something a participant had shared, I felt that we were co-constructing meaning together. Whenever I was doubtful, I would attempt to remain curious and ask clarifying questions or check with trainees how my comments may have been perceived or interpreted. As a fellow Black trainee, I used these moments to connect with other trainees for mutual sharing and learning purposes and dismantle power differentials

in the researcher/participant dyad.

Following each interview, participants received a debrief to check how they found the interview process; to discuss and review any distress caused and to be reminded of the signposting services in the debrief sheet. This was also an opportunity to offer any post-reflections of the interviewing process. In line with the stance of co-creating meaning, these reflections often supported me in making sense of the data collected.

3.12 Ethics

This project adhered to the BPS Ethics guidance (2010) and received ethical approval from the University of Hertfordshire's Health and Science Engineering and Technology Department (Protocol number: LMS/PGT/UH/05423; see Appendix I). No amendments were made to the initial study.

3.12.1 Informed consent

In line with the BPS ethical guidance participants were provided with an information sheet (see Appendix F) detailing the aims of the study; the expectations of participants; how their data would be used, issues around ethical consideration and a process for making complaints or reporting misconduct. This form was to support them in making an informed decision about their consent to take part in the study. A consent form (see Appendix E) was sent for them to sign before the interview. On the day of the interview, verbal consent to take part in the study and record the interview was sought. Participants were given the opportunity to ask or clarify any questions about the forms before the interview.

3.12.2 Confidentiality/ Anonymity

Several steps were taken to minimise participant identifiable information. Each participant received a participant ID at the time of interviewing. When the interview transcripts were downloaded from MS Teams (audio and video recording platform), identifiable information was screened out before they were uploaded onto NVivo (coding platform). On the DCLinPsy, there are small numbers of Black trainees on some courses which can impact the anonymity of some of the research participants. Therefore, for this project, extra caution was taken to minimise trainee identifiable information. Such that it was decided not to record the training institutions the participants were enrolled in to and identify them by region only.

All data collected was stored securely onto the University One Drive accessible by a password only available to the principal researcher. No hard copies of the data were stored. Both the interviewing and coding platforms used have data encryption thus ensuring the secure storage of data. Data was available to the research team to support coding and discussions around reflexivity. Only transcribed data was made available to the research team, the team did not access any of the recordings.

3.12.3 Risk of psychological harm

Due to the nature of the study, and discussing experiences of racism, it was likely that some of the participants may have likely experienced distress during and after the interview. A debrief form (see Appendix H) was provided to each participant detailing sources of information and support available through their work, university, or other available services. Following each interview, a debrief was had with the participants to check for any distress and provide reminders of self-care if needed. As with the nature of reflecting, participants were given the option to be in touch with the researcher at a later date if needed should they experience distress resulting from the interviews. None of the participants contacted the researcher following the interviews.

As an insider researcher, it was possible that I would experience some distress in the process of conducting this project. I made use of my research team for supervision and emotional support. I also reached out to other peer researchers who were insider researchers for their projects for support.

3.12.4 Right to withdraw

Participants were informed of their right to withdraw from this research if they wanted. Due to the method of analysis, once coding had been initiated it was no longer possible for participants to withdraw their data. Each participant was informed of the date by which they were able to withdraw their data at the time of interviewing.

3.13 Credibility and rigour

As an inside researcher, I took various steps in this research process to ensure that it was conducted with rigour. My research team and consultants were important in supporting me to expand my thinking and draw attention to areas I was less mindful of. There was a range of experience and expertise within the research team and consultants. They were diverse in race, ethnicity, gender, religion, and culture amongst other intersecting identities. I felt this was important as an insider researcher to provide diversity of thought and viewpoints.

3.14 Bracketing

Like many concepts within qualitative research, the definition of bracketing is contended. Tuffour, (2018, p. 82) describes bracketing as “the essence of going beyond constructions, preconceptions and assumptions of the experience being investigated”. Within qualitative research, bracketing is used to mitigate the effects of unacknowledged assumptions. To increase the rigour of the project it is recommended that the researcher note down the process

of bracketing and the rationale for using each method (Tuffour, 2018). A component of bracketing is identifying your own biases and being able to suspend them so that you can keep an open mind as to what the participants are sharing. It can be helpful to think of this process as multi-layered with different aspects of it focusing on different layers of consciousness and at different points within the research process (Tuffour, 2018). Listed in the table below are the various steps in which I utilised bracketing within my research process.

Table 10

Bracketing utilised in this study

Reflexive journaling

From the beginning of the research process, I made use of reflective and reflexive journaling. I wanted to examine my own biases about RPS during training, I wanted to examine the history, culture, and knowledge base of understanding of this phenomenon. I was cognisant of the differing intersecting identities I had within different spaces whether this was in my research team, with consultants or during interviews with the other participants or trainees. Journaling this as well as discussing this with my research team helped highlight what knowledge I was privileging or what I was aware of or not (Aburn, et al., 2021). I often journaled before and following each interview. I would note down any prior assumptions, thoughts, or feelings I held before, during and after the process. I was cognisant of my emotional posturing (Fredman, 2007) prior to, during, and after the interview. I wanted to be able to separate what was going on for me and that which belonged to the participant. I also made note of what I was drawn to in the interviews and which of my identities were present, when, and why.

Bracketing Interviews

I took part in outside interviewing, where I had my research supervisor conduct the interview, and I was the participant. Bracketing interviews bring to awareness preconceptions researchers may hold (Tuffour, 2018). This interview was conducted in the early stages of data collection. This process brought back memories of my own experiences of RPS in a way the reflexive diary was not able to do. I noticed in the interviews that followed I was more attune to the emotional experience of the participants and allowed myself to get more immersed in the interview process and be guided by the participant rather than attempting to stick too much with the interview guide. On reflection, perhaps some of these changes were also resultant of gaining more confidence in the interviewing process. There are concerns that with insider researchers the more they immerse themselves in the *insiderness*, it may prove to be difficult to achieve adequate analytical distance (Merton, 1972 as cited in Chhabra, 2020). However frequent use of my research time to reflect and involve them in different parts of the process helped to mitigate this.

3.15 Analysis

This project adopted RTA by Braun and Clarke (2006). They propose a six-step process for analysis which acts as a guide for developing themes from the coded data as listed below:

1. ***Familiarisation of the raw data.*** During this step, the researcher is encouraged to read and re-read each interview to get a sense of the data. Before any coding takes place, the researcher should familiarise themselves with the entire body of data, that is each transcript. In these initial phases, notes about any early impressions can be taken as these will start to form part of making sense of the data.

II. *Generate initial codes.* This phase starts to systematically organise the data into meaningful chunks. Here data can start to be grouped based on similar overarching ideas (Maguire & Delahunt, 2017). In RTA, the researcher is thought to *generate* themes through interaction with data. The process of coding the data requires a reflexive researcher (Braun & Clarke, 2021a). The *emergence* of themes from the data cannot be separated from the knowledge, understanding and sense-making of the researcher (Willig, 2013). Braun and Clarke (2006, p87) posit that coding continues to be *developed and refined throughout the entire analysis*.

What is interesting about this phase is how data is coded. Within TA data can be coded in an inductive ‘bottom-up’ approach whereby the researcher is focusing on the descriptive (*semantic*) accounts of the data (Braun & Clarke, 2006). Data coded inductively may bear little resemblance to the research question, as the aim of this is to allow data to develop into themes rather than trying to fit themes into pre-existing coding frames as that in theoretical or deductive ‘top-down’ approach (Braun & Clarke, 2006). Within deductive (*latent*) coding, there is a focus on how the researcher interprets the data about an individual’s worldview rather than what is merely said (Braun & Clarke, 2006). Theoretical coding produces less rich data and more details about the analysis of what is said. As this is an understudied area, a bottom-up approach seemed most appropriate to allow for themes to develop not constrained by pre-existing theories or ideas.

III. *Search for themes* This phase starts to narrow down the codes to be grouped into broader-level themes. There may be codes which do not fit into wider themes, these can be put into a ‘miscellaneous’ theme. At the end of this process, there should be wider

themes which can be broken down into sub-themes and subsequently individual codes (Braun & Clarke, 2006).

Reflexivity

Looking back, this process appeared to be quite challenging. After supervision with my team, it was suggested I re-code the data to support with the emergence of themes. It appeared that the data had been grouped together where it could have been further separated. Whilst most of the data was coded for semantically, due to exploring race related experiences – at times there were codes which were coded deductively. Part of this may have been informed by own experiences and shared understanding of engaging in RP during training. Meetings with my research supported me make sense of this as well as conversations with other researchers.

IV. Reviewing themes This phase requires the refinement of themes, it is likely in this phase that you can start to recognise that some 'themes' are not themes as there is not enough evidence to support them in the data (Braun & Clarke, 2006). Similarly, some themes would be better captured together with another theme, or potentially collapsing one theme and separating into different ideas. This reviewing of themes is done in two phases: 'reviewing the level of coded data extracts, ensuring that the different themes have a coherent pattern. Once this has been done, a 'thematic map' can be drawn to show the different themes. The second phase of this is reviewing if the themes are valid when taken together as a whole data set (Braun & Clarke, 2006). In this phase you would re-read the entire data set and review the themes, if they do not work, you would continue to refine, if they work then you can proceed to the next step.

Reflexivity

To what extent can the codes emerge when there are research questions that need to be answered? Having sat here trying to group the codes together, this is exhausting. I am going around in circles. I am mindful that Braun & Clarke, suggest that the themes 'emerge' so I am mindful to not let the research questions inform what I may be looking for in the data. I have tried to group several codes which collapse into different broader 'emerging' themes, however in doing so I feel like I am not quite encapsulating the full extent of what is said in each code. They all seem important. I am starting to notice that sometimes different codes can fall under different, broader 'emerging themes', or can be grouped in various ways which speak to slightly different things. I am starting to see how some codes may be speaking to a process and others, an experience, this is starting to support the process of moving away from the initial codes phase.

- V. **Define and name themes.** In this phase, you would identify data that is interesting within each theme, and the 'story' told by each theme and how it fits with the whole data (Braun & Clarke, 2006). At this stage, you should be able to describe the scope and content of each theme briefly (see Appendix K for theme development).

Reflexivity

This stage has been exciting to see the themes develop and clustering them together to start to develop a narrative has finally felt like a light at the end of the tunnel. More importantly you can start to see the thread between the different narrative or stories told by each individual. It's been really powerful to review the data in this way. In naming the themes and sub-themes I was drawn to wanting to stay close to what the participants and had said and used phrases they had chosen to speak to an experience.

VI. Writing up the themes and findings In this phase, extracts of each theme are used to illustrate the story told by data, that is across themes and within the whole data set. This section is utilised to answer the research questions and line of inquiry (Braun & Clarke, 2006). Wider discussions about how the data is situated within a wider social context would be appropriate (Willig, 1999).

Reflexivity

I underestimated the challenge in which writing up the findings would be. I started to realise how closely linked some of my themes or subthemes where. In spite of this, I was drawn to nuances spoken about in the experiences shared by the trainees. Whilst it seemed that the data was talking broadly to ideas of race, racism, Whiteness, or white fragility there were various nuances in how this was experienced and talked about which felt important to highlight and capture. In this section I did have to review fit between the quotes and the themes various times with the support of my research team and other research peers. It was starting to emerge that there was some overlap between different subthemes or that other quotes were a better fit at illustrating the overarching theme. At this stage, it was helpful to

regularly revisit the original data and contextualising the quotes in the themes as to stay close to what the participants had shared. This felt important and supported my decision making at this stage.

3.16 Quality Appraisal

To report and highlight the transparency of this current project, I utilised the CASP (2018) to critically appraise this study. See the table below for further details.

Table 11*A critical appraisal of the current study*

Questions	Yes, No, Unsure	Evidence for meeting the CASP criteria
Was there a clear statement of the aims of the research?	Y	The aim of this study was to explore Black trainees' experiences of RPGs during DclinPsy in the UK. It was interested in exploring what they thought would be important to consider in the set up and facilitation of these spaces, what enables sharing, and for the trainees to feel supported as well as the steps that can be taken to make these spaces more inclusive.
Is a qualitative methodology appropriate?	Y	As this is an understudied area, gathering open ended information enabled rich data to be collected about the experiences of Black trainees in RPGs during clinical training. This project was also interested in gathering information about how trainees talk about these experiences and make sense of them.
Was the research design appropriate to address the aims of the research?	Y	Use of semi structured interviews enabled an in-depth inquiry into the experiences of attending RPGs during DclinPsy training as a Black trainee. The use of broad questions allowed flexibility in interviews to gather rich data from the participants.

Was the recruitment strategy appropriate to the aims of the research?	Y	A combination of purposive and snowballing sampling took place. As the target population is small within DclinPsy snowballing was appropriate to maximise sample sizes.
Has the relationship between the researcher and participants been adequately considered?	Y	I have written about my insider-researcher position and the steps in which I took to bracket previous existing biases. I have included reflexive comments throughout the process of this project to highlight my thinking and design-making.
Have ethical issues been taken into consideration?	Y	This project was given ethical approval by the University of Hertfordshire (see Appendix I). Ethics have been adhered to throughout the process of this project. Chapter 3 details the considerations for various ethical considerations. There was potential for distress highlighted at the interview stage and the steps taken to mitigate this.
Was the data analysis sufficiently rigorous?	Y	The research team was involved in checking for coding reliability. They were also involved reviewing the development of the themes throughout each stage. Details of this and the reflections of the process are available in Chapter 3.
Is there a clear statement of findings?	Y	Findings are summarised in Chapter 4. The data developed into 4 themes with 9 subthemes. These were discussed in relation to the research questions.

How valuable is the research?	Y	It highlights the nuanced experiences of attending and engaging with RPGs on the DclinPsy programme from the perspective of Black trainees. The findings indicate the need for separate “safe” spaces exclusive to Black trainees. This would facilitate more meaningful reflections on their racialised identities in a supportive way. These results present significant implications for structural changes for programme trainers, governing bodies, commissioners, and trainee supervisors for the DclinPsy to not only advocate for anti-racist praxis but also to develop well-informed practices to enhance the training experiences for Black trainees.
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CHAPTER FOUR: FINDINGS

4.1 Chapter Overview

This chapter will present the findings from this project. Demographic information of the participants will be provided below. To preserve anonymity pseudonyms have been chosen for the participants. The themes which emerged from the data will be presented and discussed. To support the discussion verbatim extracts from interviews will be presented⁷.

Table 12

Demographic data

Name	Gender	Years of training
Jennifer	Female	24-36 months
Amara	Female	36-48months
Mary-Anna	Female	12-24 months
Maya	Female	12-24 months
Danielle	Female	36-48 months
Keith	Male	24-36 months
Shamari	Male	0-12 months
Laura	Female	24-36 months
Neema	Female	48-60months
Aaliyah	Female	12-48 months
Heather	Female	24-36 months
Charlene	Female	24-36 months

⁷ All extracts will be italicised. To support readability at times, some text may be omitted within the extract, and this is denoted by the following: '...'

Some words may also be changed to preserve anonymity or to support readability and this will be denoted by the following: '[word]'

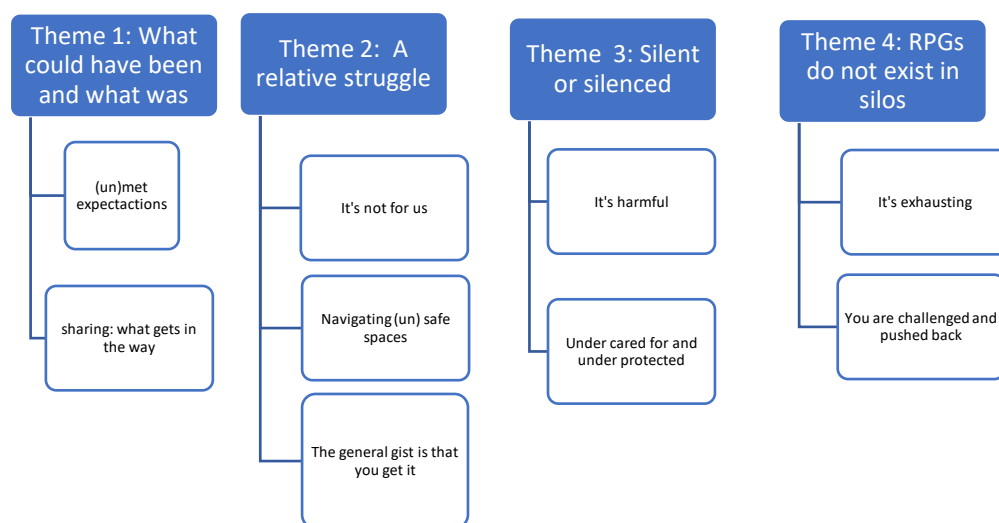
Length of training was denoted by months to better distinguish between individuals in their final year and those who had recently qualified. Trainees in the first year would have 0-12 months of training, second (12-24 months), final year (24- 36 months), and recently qualified would be indicated as 36+ months of training.

4.2 Results

Altogether, four themes and nine subthemes emerged from the data. Trainees shared about the different types of RPGs utilised by their courses, attendance of which was compulsory. These RPGs were timetabled and could be used to discuss clinical cases and placement-specific areas. While other spaces were flexible and without prescription, they could be utilised as the trainees needed. Trainees also described the experiences of attending RPGs that were not mandated by their programme. The findings about how trainees experienced these spaces were nuanced and which be discussed below.

Figure 3

A summary of the themes and subthemes of findings.



Theme one: What could have been and what was.

This theme illustrates trainees' ideas and perceptions about RP in clinical training. It highlights what RPGs were used for and what the experiences of attending these spaces were like. It also speaks to the potential of what the spaces could have developed into. The subthemes “(un)met expectations”, and “sharing: what gets in the way?” capture the extent to which the trainees’ prior expectations of RP in training were met or not. It further illuminates some of the challenges in sharing and participating within group spaces.

4.3 (Un)met expectations

This subtheme highlights the hopes and expectations trainees had for RPGs to support their development. It also underlines how the trainees experienced RPGs and the extent to which some of their hopes and expectations were met or not.

Aaliyah and Amara highlighted that RPGs were helpful spaces to validate some of their experiences during training. They were able to receive support for how to problem-solve challenging situations they experienced in training. These spaces were deemed to be an additional avenue of support in training which was in line with their prior expectations of RPGs in training.

“... [RPGs] gave people the opportunity to validate my experiences and encourage me to speak to members of the staff team...because I had been experiencing everything as ah, I'm failing I'm doing so badly”. **Aaliyah**

Amara shared a similar experience of feeling validated during more of the challenging times throughout training

“...it just makes you feel like, OK, I'm doing OK and it validated everything. So, I think it was nice to come together in that sense, especially when you're doing something that's so hard, like training. Amara

Some trainees utilised the space for support during difficult life experiences. In her grieving, Laura expressed that the people in her group supported and encouraged her to take some time out for herself.

“Not only my facilitator, but I guess you know my cohort as well really supported me in kind of looking actually if this was the client that I was working with who was just continuing to just carry on and not giving themselves time to grieve, what would my advice be to them?.... Like I can take a break if needed or take some time off, so that's been really helpful.”- Laura

However, other trainees had expected RPGs to be spaces where they could discuss clinical cases and review the impact of training on their work. For trainees who had RPGs that were not prescriptive in how they were facilitated, they reported experiencing their groups to be a “waste of time” (Keith) as people often used them as spaces to “moan” (Laura; Keith) rather than have discussions with tangible benefits for these individuals. Other trainees had expectations of RPGs as avenues for introspection and spaces to engage in critical discourses about current affairs and how they impact their roles as trainees. However, were disappointed as they often felt that their groups engaged in “surface-level” conversations (Amara, Jennifer & Neema). Shamari added that his experience was lacklustre and described the spaces as “unsurprising” and “not as fruitful as [he] would have ideally hoped”. Like many trainees, he highlighted that tricky group dynamics impacted the connectedness of the group. He noted

that the lack of group cohesion subsequently affected people's readiness and willingness to be vulnerable and share personal reflections in this space.

Trainees reflected on having prior expectations of what RPGs were supposed to entail, the potential for what could be created with the cohort and what the reality ended up being.

"So originally, I thought we just we would have a reflective practice to learn how to reflect as a trainee clinical psychologist, how to use your mind doing it in a relational way. What that would look like, opening up, and we, we I don't think we have, we didn't get that..."

Mary-Anna

Neema shared the hopes for what the space could have been for her, *"I walked into it quite naive and hoping that it would be this magical space where we can all be human to human"*. At the end of her training, she reflected that across her three years, she felt that the RPG was not facilitated in a way where space was created to address within-group conflicts:

"...there could have been space created to address some of the conflicts that we face within groups because the realities of that continues post-training. I don't think there was space to kind of actually address that and learn to do that in a contained way because when we go off into our roles as qualified psychologists you just don't have that space, and it felt like a unique opportunity to do that together". **Neema**

Some unmet expectations appeared to be related to increased cohort sizes, which were managed by reducing the frequency of some reflective groups.

“my experience felt like it was quite you...have reflective practice and then three months later, you have another one and then a couple of months later you have another one. So just felt very... like it was disjointed...it didn't feel continuous”. **Mary-Anna**

Overall, the experiences of RPGs were nuanced, some trainees perceived them to be spaces to get support during the more challenging aspects of training. They found RPGs to be validating and a benefit to their development, whilst others regarded them to be lacking in direction at times and unproductive. They particularly highlighted their frustrations and disappointment with the groups engaging in discussions which they perceived to be “surface-level”. Trainees who had completed their qualification reflected on missed opportunities such as utilising the groups to acquire new skills such as managing group dynamics as they felt this was important in their qualified roles.

4.4 Sharing: what gets in the way?

This subtheme speaks to factors that impacted trainees’ ability to share and participate in their RPGs. Some of this was related to trainees’ perceptions of the value of RP, different ways of being present in reflection as well as discussing the extent to which the trainees felt that they could show up authentically to the space and what impacted this.

Neema shared her belief that as humans, we all have the capacity to reflect, and this looks different for many of us.

“Some people are more storytellers, and some people can be more analytical in their thinking and connect to their thoughts, feelings, actions, etcetera... I think that needs to be emphasised when people begin the process that reflective practice isn't this thing that exists

out there we all do it and I think that might free people up. Be able to bring the self authentically and freely into the space... the structure is important to set up, but I think there needs to be more about embodied practice because we don't actually have a lot of that on the programme... we rarely have spaces to just connect on a human-to-human level." **Neema**

Both Keith and Neema highlighted the facilitator's role in reminding trainees that reflection can take many forms so that people could be freed to engage and participate in ways that best suit them.

The data highlighted that some trainees were of the view that to benefit from RPGs individuals had to make a conscious decision to engage with the process of the group. This meant experiencing some discomfort stemming from personal introspection and being a part of the group dynamics. Charlene shared some tensions of recognising the psychological impact of RPGs and weighing it up with the benefits of personal development through the process.

"I think the more you put in, the more you get out and I do battle myself sometimes. Some days I'm like, oh, I feel really anxious to ask question or to speak. And there's other days where I'm just like, no, like, I came here to learn. Like, I'm not gonna be sad and miss out on what I came here for". – **Charlene**

Heather was of the view that it was "*important to be uncomfortable*" within RPGs to enable people to explore topics often avoided: "*because it's so avoided, then it needs to have, the opposite has to happen, and it needs to be reflected on the especially in clinical psychology*".

Similarly, Laura added for trainees to be able to get “*below the surface*” and “*allow themselves to think reflectively*”, they need to think about what their intentions for RP are. This highlights a personal responsibility for how trainees turn up to these spaces, recognising the potential for development, and seeing the importance of this as more than just a “*tick box exercise*” in their training journey.

However, Aaliyah added that trainees could almost develop a script for how to show up to RPGs which did not require a personal connection with other members of the group.

“it felt like we were playing at reflection ... with having been, you know, in different clinical spaces and in different meetings, people know kind of almost what the script should be. You bring a problem you consider, like, uh, what problems do we think came up? Maybe what were the social graces that were at play? What?. Where was power in the room? That kind of thing and you just talk about those things and you can go tick.” **Aaliyah**

Some trainees shared their frustrations about other people choosing not to participate when they felt that they were giving themselves to the process.

“I think some people just choose actively to take a step back and that's. Yeah, and it's it's frustrating because it's like, you know, half the group have been really forthcoming and being vulnerable being really open, honest, and then half of the group just sit there and nod along and say really concrete things.” **Laura**

This was often linked to personal ethics, there was a sense that some people were benefiting from others sharing their reflections while the rest listened. However, Keith noted embodied

RP as an alternative for how to participate in these spaces that isn't reliant on verbal expression. He emphasised a focus on noticing bodily experiences and being in the moment.

“reflection also comes with, you know, listening and just being in the space and being in your body as well. So, I think if people are aware of that, then maybe they'll they won't feel so bad that they're maybe not contributing in the way of conversation, but they they are contributing in the way of just being present in the space and being in their body as well. And noticing”. **Keith**

Some trainees highlighted that authentic reflections were impeded by the physical space that RP took place in which often was within the confines of university buildings, and therefore was a constant reminder of this working context:

“ I think about- it is like the fluorescent lighting and the fact that you've walked through the really quiet place to have this serious discussion. So, we tend to go to like a cafe if we do it in person”. **Aaliyah**

“... having reflective practice in university grounds is[not] helpful. Yeah, I think just having a physical space for it where you don't associate being an academic trainee or constantly under evaluation, trying to meet this ideal of what a trainee should look like, you know, all that kind of pressure to be resilient and stuff. I think it does subconsciously contribute to maybe how forthcoming people maybe feel in reflective practice”. **Laura**

Amara brought to attention a dilemma which psychologists in academic spaces who adopt a humanistic approach can face when they are often called or encouraged to reflect on the

personal and professional divide.

“as much as you're trying to bring your personal into it... these are your colleagues. Like we're not friends, so there's only so far you can go. You have to word things in a certain way. You can't be your full self, which I think reflective practices often requires you to be”.

Amara

Some of the trainees interviewed were part of the ‘COVID cohorts’ in that they started their training at the peak of the COVID pandemic. This meant most of their interactions with their peers were online which was found to impact connectedness in RPGs. Some trainees shared that this meant discussing personal issues in RPGs felt challenging as those in-person interactions with peers were lacking.

“I think meant that we didn't have the foundation to be able to sort of approach topics that were a bit more sensitive. Especially, you know, if you're thinking about reflective practice and you you might get kind of vulnerable or different topics can hit home for different types of trainees based on their kind of intersections of identity. You know we didn't have the foundation to be like, oh yeah, I can be vulnerable with this person because I've met you through a screen and I think there's only so far that can go in that kind of with that sort of thing like”. **Amara**

Being online for other trainees in the ‘COVID cohort’ was preferable to meet their neurodivergent needs and this was not perceived to impact how they participated in the RPGs.

“Having it virtual was fine. But I I'm also autistic so me being online is kind of better for me anyway than being in a room of people...I don't think it stopped me from being able to

have certain conversations or saying certain things because it was virtual. I think it was fine.” **Danielle**

Amara further highlighted the importance of having a facilitator who was skilled at managing group dynamics and could facilitate repairs where ruptures had occurred. This was seen as enabling trainees to engage with the RPGs:

“She could sense that we didn't want to talk to each other, and she stuck it out and sat in this silence and named it as well.... I think the facilitator is really key in their ability to just sit with that uncomfortableness.... she was like, I'm wondering if you like are like a bit scared to talk to each other that kind of thing and actually naming it and saying it out loud was really, really helpful. And I think slowly but surely we got some place where we could like like complement each other. We couldn't even do that like we can barely talk to each other. It was so bad”. **Amara**

Mainly in this subtheme trainees highlighted for there to be a personal responsibility and willingness to engage with the process of RP to perceive the benefits of it. They advocated for RP to incorporate embodied practice so people could participate by paying attention to somatic experiences. For trainees who trained at the peak of COVID, interacting with others online impacted connectedness and therefore how people participated in their RPGs. The role of the facilitator in managing group dynamics was noted as impacting trainees' ability to share and participate in RPGs. Lastly, engaging in RP at training institutions impeded trainees' ability to reflect authentically, as they were often reminded of being evaluated.

Theme two: A relative struggle

This theme speaks to the experiences that Black trainees felt their RPGs largely lacked psychological safety and subsequently, they had to seek alternative spaces for support outside of the mandated spaces. The subthemes “it’s not for us”, “navigating (un) safe spaces” and “the general gist is that you get it” highlight the importance of having protected spaces with people who share similarities to you and how empowering and validating that is.

4.5 It’s not for us

This subtheme denotes the experiences of Black trainees perceiving RPG spaces as not traditionally designed to accommodate them to reflect on their racialised identity. Trainees highlighted the challenges of reflecting on their experiences as racialised trainees, which often meant they were “*hypervigilant of [their] identity*” (Laura) due to existing racial stereotypes.

Relating to Black men in CP, Keith understated his reluctance to speak about the intersections of his identity due to perceiving his experiences as “*not welcomed*”. The men interviewed reflected on the impact of negative racial stereotyping on their ability to share their personal experiences as they did not want other trainees to generalise these to a whole group of people.

“you feel like you have to maintain this squeaky-clean image. You know, in reflective practice, you know on the course, you know, in teaching, you know on placement because you feel like any, any difficulties, it’s gonna negatively impact you know... the brothers that are gonna come after me”

There was a general sense that these trainees struggled to reflect on their Black identity in RPGs because other trainees were often uncomfortable when they spoke about the nuances of their racialised experiences.

“I feel like [White people are] able to say how they feel and bring themselves to spaces because maybe their life has been set up because they have that safety, whereas for someone like me who has experienced racism before, has experience and you know, hardships and you know, people like being horrible and things like that...So I think automatically when I come to certain spaces I'm just a bit weary. You know I'm, you know, I'm someone that will probably prefer to just, you know, listen and just be in the space and not really bringing too much in terms of vocalizing things”. Keith

Charlene shared similarly:

“I think [RPGs are] not really set up for people like us. I think it's it's more of like the traditional White trainee with and that's not to say that the White trainees don't have issues, but they... [don't] have to consider like intersectionality same degree that we do”. Charlene.

Laura had similar reflections *“there's always gonna be a little reminder somewhere that these spaces aren't for you, like they weren't traditionally made for you”.*

4.6 Navigating (un)safe spaces

This subtheme denotes the experience that some trainees felt that the mandated RPGs were “unsafe” spaces for them to reflect on their personal/ professional identities. For additional support, some trainees attended separate reflective spaces created to enable them to reflect on their racialised identities and ethnicities. Some trainees spoke to the importance of having “*all Black*” spaces (Charlene, Jennifer & Keith) so they could reflect on their experiences without “*judgement*” (Jennifer) and without having to attend to Whiteness.

Trainees reflected on factors that impacted psychological safety and prevented them from engaging in these spaces as they would have wanted. Shamari highlighted feeling unable to share his experiences due to past racial trauma, and instead preferring for mixed RPGs to be online so he is more comfortable.

“I realise that among some White people, being online makes it feel safer for me, whereas being in person, being in their actual presence...I feel that discomfort or I feel that I guess worry that they are similar to who maybe has hurt me in the past. So hence I don't really feel that comfortable to talk or like to be vulnerable as I need to be in these peer reflective spaces, yeah”. **Shamari**

Heather highlighted feeling unsafe due to other members of the group not sharing their views and fearing how her views were being perceived:

“I feel like that's part of the reason that I probably don't feel safe to cause I don't know what people's views are. They never talk about it. So like it just doesn't give you the opportunity to know ... how [your reflections are] gonna be received. And yeah, because I think there's something about when you don't feel comfortable, you can't. Even if you wanted to, like, reflect [you] can't reflect like if you don't feel safe...”. **Heather**

There was a sense that they were missing sources of support because RPGs did not provide them with the space to be able to reflect on the challenges they experienced and be able to figure out a way forward.

“I really think I would have benefited it from [the RPG] and I probably would have

coped with a lot of the stuff that was going on and cope with the pressures of the course and balancing like life and course and all the different things that were going wrong quite frankly. But if I had reflected on it, but that didn't feel safe, didn't feel like the venue and I don't know if other people do this, but I just might I pretend things aren't happening if I'm just like if I can't change this and I can't fix this, I am not gonna get upset about it until I have the space to get upset about it". **Naomi**

Due to feeling that something was missing from the mandated spaces, some trainees created peer-led spaces to seek support from others and enable them to share their experiences freely.

"I think with the group that we set up, I definitely spoke my mind, said what I wanted to say and but the [RPGs] I don't to be honest, I did probably in the beginning like the first year when we were saying about our journey, I spoke about my journey in relation to my race and being a Muslim and like just spoke about lots of different things." **Heather**

A few trainees expressed that they had previous experiences of sharing within RPGs that were met with responses that were not validating, containing or reassuring which meant they were more likely to share less in the future.

"I think there are people, maybe perhaps like myself, who have had experiences whereby they've yeah, where they may be shared something about themselves, and it hasn't kind of gone so well. And yeah, that's led them to kind of shutting down and they see these spaces as unsafe and they don't wanna share. So it it, it just comes down to like for me it just made me untrusting of like my colleagues". **Keith**

Maya shares a similar experience, *“I think I tried it once and it was, yeah, it was quite painful emotionally. So I think from that point or even before then...I was reluctant to bring myself fully...so now I think it's always just, I'll give you something. So maybe I'll say I'll bring ¼”*.

Maya

How people responded to other's vulnerability impacted how they participated and shared within these spaces. Jennifer spoke about her challenges of sharing in her reflections within these RPGs:

“I find that because I might not be tearful, people might not recognise or or may not hear what I'm saying in terms of I'm finding this hard. I don't like how you're responding to me. This is what someone has done to me, which I feel was racist or anti-Black and it's had the harmful impact on me, I think because I'm not in tears, people think it's OK and so you have that conversation and I'll just either meet you with silence or smile and move on”. **Jennifer**

Jennifer likened the experience of being vulnerable and disclosing painful experiences as *“an open wound [that] just remains open and really [has] not been attended to”*.

Charlene had similar reflections relating to the lack of support she felt in the RPGs she attended. She shared that she had experienced multiple racist encounters from her peers during training. Due to a lack of repair to the ruptured relationships, as well as appropriate responses to the incidents from the training programme, she reported that dynamics within group spaces in her cohort were palpable.

“the other day I was thinking about how I need BIG MAN therapy when I leave....like the deep deep tings...the hardest part about training has got nothing to do with the clinical work or like the assignments like, that's light work... It's all in that other BS that you guys are spinning me through that's a mess”.

At the time of interviewing, she reflected on having read an article about a Black student who attended a university in the Midlands and taken her own life. Charlene shared she could resonate with the challenges named in the article about what the student had experienced with her own experiences of training and RPGs.

“I was like, I get it. Like I get it like it's- I'm not necessarily suicidal, but I get it how someone gets to that place like they're like they're just so engulfed and consumed by, you know, the lack of, like, containment the, the lack of consideration, the lack of grace, the lack of support and how that takes over”. **Charlene**

Other trainees shared that they often reflected on race and ethnicity in safer or contained spaces such as with their professional mentors first to process before bringing it into discussion in wider RPG spaces.

“it is quite difficult sometimes to bring elements of race and ethnicity and how they're impacting on things just to to bring it raw into any of these reflective spaces, that ...part of the reason that I have a mentor is that I'm able to speak to her. She's from a very similar background to me, and she's a qualified psychologist and I can speak to her about some of the things that are impacting me and process them verbally before bringing them into another space. **Aaliyah**

Charlene agreed that having separate spaces was found to enable more “*authentic conversations*” as “*you did not have to hold back*” because these safe spaces were free from responses laden with “*defenses*”; “*their own interpretations*” and “*projections [from White people]*”.

Whilst Danielle agreed that separate spaces to talk about issues of race and ethnicity were important, how these spaces were talked about widely and made known to the wider cohort was just as important:

“So, it's kind of like this secret thing that people attend that you kind of just find out about if you're Black or Brown. And I don't think that that's right. I think it should just be an open thing that this is a this is a reflective space for BAME students that we have um and everyone should know about it. I think that would give it more power... Cause it's kind of like even if you do see people at Uni. It's like you know what they say about Fight Club. Like you don't talk about what happens in Fight Club, so we don't really talk about the group even if we see each other at uni like it was. It's just weird. Danielle

To summarise, trainees reflected on various examples of taking relational risks and sharing nuanced experiences about their racialised and intersecting identities during RPGs. They highlighted the complicated dynamics within these spaces and the factors which contributed to them feeling excluded. They expressed that these RPGs lacked psychological safety resulting from an absence of validation, and compassionate responses when they shared about their racialised experiences. The trainees reported not feeling seen or heard and subsequently perceived the spaces as ‘unsafe’.

4.7 The general gist is that you get it

This subtheme highlights trainees' perceptions that when talking about race, it was easier to be in spaces with people whom they shared a racialised identity with. This enabled them to reflect on their identities without judgement, which in turn made them feel seen and supported. For trainees who were the only Black person in their cohort, they valued having shared spaces with other racialised trainees especially when they were training in universities geographically located with majority white populations. Trainees reported experiences of racism and microaggressions whilst on placements and during training. They highlighted the impact this had on their training and development to be a CP.

Trainees shared various reasons for wanting separate spaces to talk about race and ethnicity linked to not tending to White fragility and guilt and having to explain why their experiences were different to their White counterparts because of the colour of their skin.

“the whole situation felt very dangerous for me, it was just like I had a lot of threat signals in those spaces. And also, that's not something I would, I would never tell them this. I don't think they would understand. I don't think they'd want to listen and it would end up in a discussion about stuff that I'm just like, I'm not trying to make you feel better about this. This is just a situation...just leave me alone”. **Naomi**

Amara highlighted difficulties in talking about *race* with White people and sharing her experiences:

“... going back to issues ... particularly like around race...like it wouldn't be a mutual thing, you know. So no, I couldn't share then. But there were times around certain things, you

know, especially from White people. If you're not going to get it, I need you to be open to getting it at least... I don't need your white guilt, that I don't need your tears. I just need [you to be] open and know that you want you're willing to go away and do the work and not make me do it." **Amara**

Mary-Anna shared that she valued having spaces where she could talk about her identity without having to explain the nuances of her experience.

"...Whereas if I bring it to those other spaces where maybe there's no other people that have the similar- who look like me, who might have experienced similar to me, it's kind of like there's the explanation part of it maybe that I kind of pushes, like, withholds me a little bit".

Mary-Anna

Trainees reflected on how similarities between themselves and others enabled them to share more.

"I'd say in the minorities group...because we're all we have some sense of sameness. So we almost put our shoulders down and we just talk and there's no uncomfortable discussions, but more in when we're reflecting as a big cohort of all of us it it does become quite uncomfortable." **Maya**

There was a sense of expecting a positive and validating response if you shared your experiences based on having similar experiences.

"... I found it valuable because I think it's nice to have intentional space where it's just fellow people of color where you know that if you bring something is gonna have obviously 9

times out 10 to positive response. So, you know, safe space, you know, someone reciprocating the experience. So I think it's been very useful there and also useful to I guess here are the people, not just like difficult experience but also positive experience to also give you hope as well that. Ohhh yeah, you know, it's not all negative". Shamari

Some trainees highlighted that they found having Black or other racialised facilitators of RPGs very helpful, in that they could talk about their experiences without having to explain why they were being treated differently based on the colour of their skin.

"I don't know how open I would have been about that and like our differences in like my supervisor and my identity, that issues of kind of racism and microaggressions are experienced in that placement. I'm not sure I would have felt confident enough to bring that to reflective practice if the practitioner wasn't from a similar background to me you know, in terms of kind of our racial-ethnic identity. So yeah... I think it's been really significant in how safe I feel and contained". Laura

Neema added similar reflections from attending RPGs facilitated by a Black woman which meant that nuances in conversations were understood without having to explain which often adds an extra burden particularly if the experience is distressing.

"I guess there was an affinity that I had for the analyst because she was a Black woman and there was something about her style that really resonated with me and she could pick up some of the nuances in our conversations. But I also noticed that maybe some members in the group had had some very strong reactions to some of her reflections". Neema

There was a recurring point amongst the participants in acknowledging that when talking about difference, it went beyond having people who understand your experiences, to having others open to wanting to find out more or understand.

“Well, actually one one person on the course is like half Caribbean. I mean not black Caribbean, but whatever close enough and so there was a level of understanding having been parented by somebody who was Caribbean yeah, that I could tell her about stuff. And then the word. Then there were, like, a few people who I could trust to listen that I didn't understand, but they were open to finding out”. **Naomi**

Having exclusive spaces to speak about their racialised identity was seen as important as in wider multi-racial spaces discussions about the Black identity were restricted to speaking about collective experience as this was seen as safer and more welcome.

“you know, if I'm talking about myself, then it's probably, it might not be welcome... You know it's it's about the collective...so I think I don't feel like that I have any professional spaces where you know I I talk about myself as a black man and it's mainly, you know, social groups and like family, that sort of thing. So with with, yeah, with other black people with other people that have kind of shared experiences as me with other people that I feel like just get it like they just understand, you know, and there is not that, you know, there is not that judgment or so.”

Keith

Jennifer highlighted the challenges of sharing experiences of being a Black woman with other racialised non-Black trainees whereby she felt that individuals with proximity to Whiteness were more privileged when sharing their experiences, which led her to feel excluded.

"...as much as people try to show solidarity with you as a Black woman, it's ultimately the comments that they'll make ...it just makes you feel like if I'm not around my own Black people... will I feel like I belong. Will I feel like it's a safe, reflective space? ... people always privilege like narratives when people have close proximity to the whiteness over the narratives of Black women." **Jennifer**

This was also a similar finding, and reason for why trainees sought to have spaces that only had Black trainees so they could focus on reflecting on their experiences without having to unhelpful responses when talking about the Black experience.

"... I do think there was elements of frustration when speaking about how my interactions, maybe with other supervisors would be different because of for me, I just feel like I didn't have to say it. Like for me it's obvious because that's my lived experience. It's different because I'm Black, but for [White people] they just didn't get why I was having a certain interactions with someone they didn't get why it was different and then I felt like I'd have to like over explain It's long. Like I don't want to over-explain for them to be like ahh, like what's your ahhh gonna do like it's not going to do anything so. That was really, really irritating. Like when we were talking about race issues". **Amara**

Having an "all black" space was perceived to help to establish solidarity: *"I would have probably done things differently in terms of how I handled situations on the course, and I felt I feel like I would have had a space to express how I was feeling as a Black trainee and I hope it would have been a space for other Black trainees to express how they're feeling in a safe space".* **Jennifer**

She added that such “safe spaces” mean “[others are] not gonna hold mistakes against you, they're not gonna ostracize you...they [won't] make you feel like an outsider”. **Jennifer**

Keith suggested coordinating an all-Black men RPG across the training courses as a means of support for men during training. He spoke about the need for a space where he could reflect on the intersections of being a Black man within the world of CP, which is a “double minority” as the numbers of black men on DclinPsy courses are very low.

“I think that would be like really, really, really useful for, yeah, for us to just to be able to just keep it real ...you know, speak about real stuff, you know, speak about, you know, how how life is ...there's so much in terms of like, you know, for instance, what I have to go through in order to navigate, you know, kind of white spaces in [training], which I don't, I don't think the course even aware of. Like, I don't think they. I don't even think they could understand that at all, you know?” **Keith**

This subtheme highlighted the importance of having separate spaces for Black trainees exclusively where they could reflect on their experiences, free from white guilt and fragility. They shared that exclusive Black spaces for reflection offered a sense of safety. Trainees felt welcome, validated, understood, supported and free of judgment.

Theme three: Silent or silenced?

This theme speaks to the experience and process of being silenced and censoring oneself when discussing race and racism within RPGs. The subthemes “it’s harmful” and “under cared for and under protected” highlight the power and pervasiveness of Whiteness within these spaces and the subsequent resignation to being silenced, the feelings of being othered, and the process of preserving the self to survive clinical training as a Black trainee.

4.8 It's harmful

This subtheme denotes the experience of trainees sharing reflections and being met with silence. Trainees highlight the harms of being silenced and how in turn this results in silencing themselves.

Neema shared that whenever she spoke about the Black experience within her RPG, *“it felt like a bit of a gallery for unfettered emotion”*. *“I would say things about how I'm feeling and people- it's almost like a gaze that I felt where I'm talking about this out of the hope that I would get support from my cohort or people would lean in or at least share their own reflections. But it was sometimes met with just this really deafening silence I found quite damaging”*. She added that the silence was a form of *“betrayal”*, particularly as she would always acknowledge when people shared difficult experiences, even if *“words missed”* her.

Jennifer shared similar reflections of preferring people to acknowledge that they did not know how to respond was helpful rather than be silent:

“...Just hearing what other people saying, that acknowledging what they're saying, even if you don't know how to respond, cool you don't know how to respond, but .. seeing others talk about their own personal issues and then being met with no compassion that becomes violent. ... that becomes harmful” - **Jennifer**

She had similar experiences when participating in RPGs on her placement and being met with silence like on her training programme. She described starting to experience a form of dehumanisation as a result.

“Every time again you'll go to reflective spaces the qualified psychologists will talk about their experiences and their emotional experiences. But when you've opened your mouth, it will be met with silence, when you talk about positioning it will be met with silence. Well, when you talk about your clinical experience it will be met with silence and you just start thinking am I a clown? That's that's what you literally begin to think. Am I a clown?” **Jennifer**

Charlene likened the harm experienced by Black trainees in RPGs during training to the early psychology era before ethical guidance was put in place and many people were experiencing harm at the hands of psychological experiments.

“It's not till we come into these spaces where you know you see these really harmful psychological practices in us and that's not because when are hurt we're more likely to be damaged or things like that, it's because of our experiences here and the very thing that you guys are talking about like with psychology. It feels like early psychology before ethics was really a thing and you just had these white psychologists just winging and be like, you know what? This sounds like a sick idea.” **Charlene**

She posited that RPGs during training felt experimental and questioned the ethics of courses not widely thinking about how to meet the various needs of diverse training cohorts they had.

More to the point, Keith highlighted the process of silencing himself, his culture, ways of being and knowing to assimilate to the world of CP which traditionally privileges Western ideology to understanding and practicing psychology.

“I'm suppressing all of that stuff because I I feel like I'm wired to to think a certain way

because of the context that I'm in. And again, it's subconsciously I'm I'm silencing myself. I'm silencing all of the things that [are] and of from different I don't know from from non-Western ways of being because I know it's not gonna benefit me in relation to this course". **Keith**

4.9 Under-cared for and under-protected

This subtheme illuminates the psychological impact of being ignored, silenced and dismissed when these trainees reflected on aspects of their identity and how they showed up in training or in clinical practice. Trainees highlighted feeling lonely, invisible and a shrinking of self.

Jennifer reflected on the concept of intersectionality highlighting how Black women are often dismissed and gaslit when they share their experiences, and this is intensified when they have darker skin tones.

"I feel like reflective space has just been a complete struggle. You feel like an outsider. You feel othered. It's alienating... people just don't understand that the darker you are, the more likely you are to be othered or to feel like an outsider...the dark you are the more likely your your talk, your language is perceived in a negative light and it just feeds into the angry black woman stereotype and all these like tropes around black women. I don't know. I don't like. I hate it." **Jennifer**

Trainees highlighted that their distress in these spaces was not seen or acknowledged. `They hoped for their peers and colleagues to notice the signs of withdrawing, being silent and changes in engagement within the spaces as indications of distress resulting in some allyship and support, however, this was not the case.

"...it felt like at times I gave more to the space than I got out of it... I think overall I think there was times where I felt under protected and under cared for, not that I expected that of my colleagues, but I talked about this unwritten contract where you would hope that even just at a human level, there would be an acknowledgement of distress. But at times it felt like I wasn't always seen." **Neema**

This led to feeling alone and not supported by peers and colleagues: *"There were just times where [I felt] that, that sense of being... being alone"* - Neema

Through the process of not feeling validated by her peers, Maya started to moderate what and how she shared her personal reflections.

"But I remember that one time where I was left quite distressed, I learnt that actually it's not always my job as the outspoken person to speak about something so sensitive. So now I just think am I OK today to share? How much do I want to? I'm just trying to censor a bit... So I think now it's more so there's still discomfort. But I just know how to manage the days when I'm like I'll say nothing". **Maya**

Due to past experiences, trainees reported resigning to silence, being *"invisible"* or choosing not to share their vulnerabilities as a safer position to adopt in training and more widely in the world of CP.

"...in all my times before placements... I have definitely gone for the style of choosing to be invisible and to be silent because that's always being safer and easier so that I guess because I've always been the only one of me, whether a person of color or a man in any

psychological space safer to be invisible to be quiet... amongst white people I still do fall back into that habit of just wanting to not really being seen because being seen is not really associated with positive things for me, yeah. - **Shamari**

Amara highlighted that she chose not to share aspects of her Black experience with her RPG as the space did not seem contained enough for her to share her vulnerabilities. As a result, she opted for self-preservation.

“that’s a very vulnerable part of me. The reason that I feel that kind of way is because I can feel the hurt for black people, black women. So for me to then show you my hurt and then for you to like basically reject it or like, dismiss it or whatever. Like, I’m the one that’s walking away with that extra burden. And then you get to walk away and carry on with your life. Like, I just didn’t want to do that. I didn’t want to give myself to the to them in that way at the detriment of myself”. **Amara**

Theme 4: RPGs do not exist in silos.

This theme depicts the difficulties trainees experienced with challenging Whiteness in RPGs. It illustrated that these difficulties were symptomatic of challenges experienced more widely within other spaces in training, whether this was in teaching, on placement or the experiences of their training programmes at large. The subthemes “it’s exhausting”, “you are challenged and pushed back” and “choosing your battles” highlight the impact experienced by individuals when attempting to shift and or dismantle systems of Whiteness within the DCLinPsy.

4.10 It's exhausting

This subtheme highlights the emotional toil trainees experienced when they discussed racism in their RPGs and more widely in training. Trainees shared that they eventually resigned to self-preservation as a means to look after themselves and focus on other aspects of training.

Naomi highlights choosing not to speak out about certain topics after having noticed that these were often dismissed when previously brought up by herself and other racialised trainees:

“There are a few people that would never say anything, but I do. I do recognise that they're a bit various intersections of my identity that made me feel like I'm not going to be the one to be kicking off a ruckus at this juncture. And but there were people who would say things, but it was just very frustrating because it really felt like they were dismissed. You know, they tried to explain it away whenever you brought stuff, it was just. I didn't hold the space for it basically.” - Naomi

Similarly, Amara shared in order to “preserve” herself in training she chose not to share her views about her frustrations with discussing Whiteness with her colleagues. She highlighted how these discussions and having these experiences was exhausting.

“I would have called out their white guilt. I would have called out all of their little kind of like comments that were for them probably genuine, genuine curiosity, but for me, exhausting. I would have spoken about how the course in itself and the topics and the profession in itself is dismissive to Black people. I would have spoken about how your exhaustion with me bringing up or Black people bringing up race is because you've made everything about race. It's got nothing to do with me and you lot did this”. - Amara

Heather highlights the personal tensions of raising awareness to issues of equality, diversity and inclusion (EDI) in group spaces and the emotional toil this takes. The lack of infrastructure to support this work within the programmes further exacerbates this challenge experienced in various group spaces including RPGs.

“it feels like more hassle than it's worth sometimes. And then there's the extra, like, emotional kind of part of it, where you're like, yeah, actually why is it always me like, I don't wanna be the one that's that's doing it all the time. Or the one that's carrying like EDI all the time. You're like ohh don't anything and then you kind of reflect and you're like, why didn't I do anything? But it's cause of all those other things. And yes, that's really tough”. - **Heather**

Trainees also highlighted for courses and colleagues to be mindful of the “burden” of expecting racialised trainees to have the answers to raising awareness to solve EDI issues or “address anti-racism” (Jennifer)

Shamari shared a similar reflection, highlighting racialised trainees being perceived as holding the knowledge of non-Western ideologies.

“but it's just about who would be the one who has to carry that knowledge. And I guess and maybe if maybe it was, ethnic minority-dominated, yeah sure you'd have to be able to do that and it's not just on you singular to hold that, but when it's you the singular ethnic minority then it's it's unnecessary for you to carry that and bring it in every session. And yeah, people are looking to you for that”. - **Shamari**

Maya shared the need for there to be change on a macro level within training to effect the changes they wanted to see in RPGs. She noted that at present, asking for changes within RPGs with small numbers does not effect change, and more needs to be done by involving various accrediting and governing bodies and stakeholders can make changes to the curriculum and training expectations.

“... the problem is we often are giving them these ideas and they still have the power to say yes or no. But yeah, the responsibility should be the unis, but we don't have unis where, well, I still don't think we have unis where we're represented well enough for it to be. yeah, to change something in the curriculum or to change something. Start with BPS. So no, yeah, it's their responsibility. And whoever governs you know the BPS, HEE, all of them.” **Maya**

As with any systems change work, it is slow and emotionally taxing. Trainees shared the various alternative support spaces they had available to them alongside RPGs and the different ways they were able to sustain themselves during training as they navigated these difficulties.

“I guess having other people to talk to outside of the course. So I have like a mentor. I have psychology friends who are Black who are interested in the same kind of things and get just get it. I don't have the same kind of get it. That was helpful as well. I think just listening to them and you know, sticking to the idea that we're here for I guess we need to preserve ourselves through this process was really, really helpful. So those people came in like when I needed them”. **Amara**

Charlene talked about managing her expectations for her last year of training to focus on aspects of training which she could control. She reflected on the emotional difficulties

individuals face in process of making structural changes.

“I'm gonna do whatever I can to protect my peace, so that's what I'm prioritising shifting my focus on like managing my expectations because I think because I get so caught up in like justice and like what's right and authenticity, it adds extra torture to it...so I'm only hurting myself by holding on to they should be doing XYZ, so I've let go of that and I said for like the final year, like I'm just gonna focus on positive vibes and try to make as much happy memories with my friends.” - Charlene

Maya and Charlene both reflected on being able to lean on other Black female trainees in their cohorts for support which they found to be very helpful.

In line with anti-racist approaches, Jennifer wanted to highlight the importance of self-care as depicted by choosing to no longer engage in different conversations and topics in RPGs and more widely and choosing to rest and look after oneself

“I might frame what I'm doing is like avoidance, but actually reframing that I think reframe in black trainees behaviours not as avoidance, but also just as protecting their peace and self-care. I think this is a big movement. like. Rest is self-care, but I think also just acknowledging that sometimes silence and removing yourself from violent environments is a form of self-care and you know, I think that's so important and we need to acknowledge that for that Black trainees” - Jennifer

4.11 You are challenged and pushed back

This subtheme underlines the challenges experienced within systems change work and the obstacles in making any changes which have a material reality to the training experience on the DClinPsy.

Maya highlights the importance of having different avenues to provide feedback on the programme that can contribute to improving the delivery of training. She preferred offering anonymised feedback when she was highlighting issues about racialised individuals.

“I think it's easier to have written feedback and tell them no, this was wrong, but I think to put your hand up or to go to them, you know if the four Black trainees that we have and just say excuse me, can you change this? We don't even know how we would do that if that makes sense. I don't know how to tackle that and I've I've tried to do something similar at another uni and it's not gone well. So I think my reluctance would be I don't want to”. **Maya**

Even when training programmes have diverse and representative staff members, trainees have shared that they have witnessed and experienced EDI matters often being left to individuals most affected to think of solutions to structural difficulties when they lack the power to make meaningful change. Charlene speaks to this:

“I'm not sure how much [the uni] can really support the changes in our process without doing it themselves. ... it's one of those things where the responsibilities always put on the person who's had that experience and unfortunately, like, you know, let's say like, I feel for the guy. He's just joined our course cause like he means so well, but I could tell he's gonna get tired because he's fighting the system, but then we're looking up to him like please help us

because you're one of us and it's it's really exhausting to hold all of that by yourself-

Charlene

She also further adds an interesting point regarding systems change in that when values and approaches are not embedded within the infrastructures of institutions, strategies for EDI work are perceived to be tokenistic particularly as they will have little change in the material reality of what they are intended to solve.

“Why is it that these things have had to be pointed out to you to realize what I'm in [location] and all of the staff team is white? Fair enough We don't have a dark skin black person. Not everyone likes us. You ain't got a tokenistic light skin person which more palatable, you don't even have an Asian, and Asians are the majority in [location] ... And even now then hiring people, non-white people and people who are visibly religious. Feels quite tokenistic or it feels like a lot of tokenism or rooted in tokenism should I say. it's just it's just very interesting”. - Charlene

Heather gives an example of her course attempting to set an RPG focused on EDI matters and the process and length of time that it took, she explained that she and other trainees who were interested in those matters feared that their training journey would be finished before the groups took place:

“it never really got off the ground because it was more like they kept talking about it and saying that we're gonna have these groups (RPGs for EDI matters]. But it was like so much

*bureaucracy around it and I think that's why we ended up creating one ourselves. We were like this gonna take ages for like to to them to go through the whole like process'' - **Heather***

Overall, this subtheme highlights changes that be made on an individual, course level and more widely within the DclinPsy to improve the experiences of Black trainees on these courses.

CHAPTER FIVE: DISCUSSION

5.1 Chapter Overview

This chapter will discuss the findings of the project highlighting any links to existing theory and research. Strengths and areas of improvement for this study will be discussed followed by the implications of the findings of this project. Future areas for research will also be highlighted.

5.2 Revisiting the Research Question

How do Black trainees experience reflective practice spaces on the DCLinPsy in the UK?

The following research questions were considered:

1. What do Black trainees perceive to be important in the set-up and facilitation of RP spaces?
2. What enables Black trainees to feel supported in these spaces?
3. What facilitates Black trainees to be able to share in these spaces?
4. What steps can be taken to make RP spaces more inclusive for Black trainees?

For this study, data was coded inductively without bias from the research questions. Braun and Clarke (2006) posited that inductive coding may result in the themes developed bearing little resemblance to the research questions. This is illustrated by the first question whereby the themes in this study do not directly answer this. However, there was information drawn on from the codes from the interviews which could answer this. Where relevant for these research

questions references to the supporting themes are highlighted.

5.3 What do Black trainees perceive to be important in the set-up and facilitation of RP spaces?

A finding from the data was that some trainees were unclear of the purpose of their RPGs and therefore struggled to know the expectations of these spaces. Fairhurst (2011) suggested that for RPGs to be effective trainees needed clear aims and expectations set before attending the group or during. Consistent with this, the majority of trainees interviewed highlighted that it would be important to set the parameters for what can be discussed in RPGs to give individuals a 'frame' for how to be in the space. This finding can be understood in the context of trainees having many expectations set for them in training and being under constant evaluation. Defined boundaries and expectations would guide how trainees can participate in these spaces. It was found when expectations were not clearly set, this impacted how trainees participated in these spaces and subsequently how useful they perceived them to be. This was supported by previous research which found that when the benefits of RPGs are not clear, RP is viewed as just another task to engage in (Shepherd & Rosebert, 2007).

Some trainees suggested that it would be helpful in the setup of RPGs for facilitators to highlight that RP can occur in many forms. They shared that this would free people to reflect in ways they were most comfortable. This was in line with the suggestion by Fairhurst (2011) for training programmes to review how RPGs are delivered. The recommendation was to have more of an "open" approach to RPGs to meet the varying needs and ways people reflect (Fairhurst, 2011). In this study, trainees advocated for there to be more awareness of embodied practice in RPGs, highlighting showing up and being aware of one's bodily responses as a form of participation. Trainees wanted inclusive RP, alongside the more traditional ways of

reflecting which often privilege the intellectualisation of difficult emotional experiences. Menakem, (2017) posits that trauma lives in the body and is transmitted intergenerationally for all people. Racial conditioning has resulted in the Black body being seen as representing danger and threat, even when none exists. This accounts for why Black bodies feel 'unsettled' around White bodies due to repeated experiences of racism (Menakem, 2017). He introduces the idea of 'white body supremacy' which posits that racial biases and fears require somatic processes to bring them to consciousness, transform and work with them. Like much of the literature on racial justice, somatic practices are seen as essential to the process of dismantling Whiteness (Blackwell, 2019) and inviting different ways of learning and knowing (Wagner & Shahjahan, 2015). Leigh and Bailey (2013) posit that reflective skills are difficult to teach, but you can teach individuals how to develop embodied self-awareness by paying attention to the physiological changes in the body during reflection and engagement with others during an RPG.

5.3.1 Facilitation

Trainees highlighted the importance of having facilitators who are comfortable and confident to talk about *race* as this provides containment and allows racialised trainees to feel seen and validated. Whilst there is existing research into facilitating RPGs on the DclinPsy (Binks et al., 2013), facilitating race dialogues in group spaces is an area of development in the DclinPsy in the UK. Sue (2015), developed useful strategies for facilitating discussions about *race* and highlighted that the facilitator needs to understand their own racial and cultural identity and be open to acknowledging and naming their own racial biases. The researcher noted that the focus should be on controlling the process not the content of race talk, validating and facilitating discussion of feelings, and modelling the expression of appreciation for those who speak when it seems unsafe to do so. These ideas can be adopted for RPGs to facilitate race dialogues.

Some trainees highlighted that some of their RPG topics or sessions were primed with a lecture introducing various concepts and theories to support the discussions. Research has found that it can be useful to have an aid for conversation when facilitating or engaging in difficult conversations. Williams and Conyers, (2016) found that spending little time catering to the emotions of White people at the expense of racialised others is helpful when discussing race in the classroom. Consistent with existing research of having experienced facilitators for RPGs on the DCLinPsy (Binks et al., 2013; Brown et al., 2009; Lyons et al., 2019), trainees requested to have facilitators skilled to engage in difficult conversations, including race dialogues. These findings have implications for facilitators of DCLinPsy RPGs, in that they would benefit from some training or guidance on how to engage in race dialogues. Wood and Patel (2017) have experience in setting up and facilitating a RPS with a course team on the DCLinPsy training programme to discuss Whiteness. The more practice course teams can engage in these conversations, the easier they are likely to be with trainees or when facilitating other group spaces. This would enable facilitators who are flexible and adaptable to respond to the dynamism of the conversations (Williams & Conyers, 2016). Trainees also highlighted that they found facilitators who could name tensions and sit with discomfort most helpful. This was in line with findings that when facilitating dialogue about difference facilitators were encouraged to work through conflict despite the discomfort (Zúñiga et al., 2023). This looked like being able to clarify the expectations for support, identifying your own and other's assumptions and communicating these expectations to the group (Zúñiga et al., 2023). Overall, there is evidence for various ways in which facilitators can have effective conversations about race and cultural diversity within classroom spaces which can be adapted to RPGs on the DCLinPsy.

5.4 What enables Black trainees to feel supported in RP spaces?

Trainees expressed that having spaces they people could acknowledge and recognise their distress when talking about experiences of being Black was validating and supportive. The theme 'silent or silenced' depicts the experiences trainees had of reflecting on their identities and being met with silence, and the subsequent damaging psychological effect of this. They perceived discussing race in majority White spaces to be "harmful" and felt unsafe. In line with Eddo-Lodge (2017, para. 2), some trainees highlighted experiencing the "emotional disconnect" from White people whenever they shared their racialised experience. They further reported that the emotional toil of discussing racism with White people was found to be exhausting and therefore, as a result many also chose to not engage in race dialogues in their RPGs as a form of self-preservation.

Franklin and Boyd-Franklin, (2000) highlighted how individuals used psychological invisibility to cope with repeated experiences of racism. Similarly, Cross et al. (2017) suggested that when Black people are faced with threatening situations, they will enact 'buffering', a psychological defence to serve as a protective mechanism to blunt against racial oppression. The sub-theme "under cared for and under protected" encapsulates this with some trainees highlighting that they made themselves invisible during training because it was safer. The invisibility model highlights how Black men are particularly sensitive to the cues of how their gait and presence elicit fear from others not racialised as Black and how they are often associated with violence (Franklin & Boyd-Franklin, 2000; Menakem, 2017). Fear and hypervigilance were present in some trainees' experiences on the DCLinPsy programme, particularly the men, they felt even more pressure to not draw attention to their racialised identity in case it was perceived negatively. This can be understood in the context of Black men within CP are a double minority and, therefore, might not feel able to speak to some of

their nuanced experiences. There are fewer numbers of Black men on training programmes, which may mean that they are less likely to share their experiences as it can be exposing and vulnerable.

In large, the results depicted a range in trainees' comfortability in engaging with race dialogues in RPGs. This was impacted by group dynamics, facilitation of the spaces and wider systemic factors related to the training programmes and DclinPsy more generally. The vastness of the experiences shared by trainees can be made sense of by various models. The trainees interviewed had high race salience in that they could reflect on multiple understandings of themselves as social beings with political awareness of their racialised identity in the context of the DclinPsy (Cross & Fhagen-Smith, 1996). Trainees also reported wanting their peers in RPGs to respond in compassionate ways and be open to (or show) understanding when discussing the challenges they face as Black people. Similar to Rabelo et al. (2021), trainees discussed that having separate reflective spaces to talk about their experiences of being racialised away from the gaze of White people provided a layer of safety which was deemed supportive. The white gaze (Whiteness) was depicted as the standards by which people are evaluated, compared, contrasted and expected to show up (Rabelo et al., 2021). With this view, it therefore makes sense that trainees preferred having separate spaces to talk about Whiteness.

Interestingly, trainees also found that when reflecting on the Black identity in the separate spaces for racialised trainees, Whiteness persisted. Discussing the Black experience was dismissed and ignored; experiences of racialised trainees with proximity to Whiteness were privileged in these RPGs. Therefore, trainees suggested a need for exclusive "all Black" reflective spaces where could they share their experiences within a group they belonged in. Blackwell, (2018) postulates that "all Black" spaces are "*safe*" and crucial to the resistance of

oppression. They allow Black people to be able to exist free from mainstream stereotypes and marginalisation. (Blackwell, 2018). “All Black” spaces foster acceptance and legitimacy of experiences which have been found to have positive impacts and act as a buffer against vicarious racial trauma experienced by Black people living in majority-white spaces (Franklin & Boyd-Franklin, 2000). Some trainees shared that “all Black” spaces were “nourishing” and were free from fear of being ostracised or having mistakes held against them. In line with the racial-ethnic enactment model, “all Black” space enables Black people to display individual attributes which has been shown to increase self-concept and self-esteem protection (Cross et al., 2017). It will also mean that there will be less potential to display behaviours of assimilation to mainstream institutions (*code-switching*) as they are not under the gaze of Whiteness (Cross et al., 2017).

In line with abolitionist thinking, Ignatiev (2000) suggests a disintegration of racialised people from dominant White spaces. He posits that to dismantle Whiteness, people should be aiming for abolition rather than attempting to make White people understand the lived experiences of and the plight of racialised individuals. However, such thinking would require the disruption and eradication of systems and structures that uphold racism and Whiteness ideologies. Abolitionist thinking is still in its infancy and yet to be recognised and introduced to the world of CP. However, concepts such as disruption are slowly underway in decolonial attempts within training programmes and some aspects of the DClinPsy generally.

5.5 What steps can be taken to make RP spaces more inclusive for Black trainees?

Trainees highlighted that in their RPGs there was a lack of referring to knowledge and concepts from the Global South. For the most part, some trainees censored themselves drawing less on non-traditional ways of understanding psychology as experiences soon taught them that it

would not benefit them on their programmes. This is consistent with findings on how Black people are often made to assimilate to Whiteness within different organisations to be recognised and seen (Cross et al., 2017; Rabelo et al., 2021). Ahsan, (2020) postulated that legitimising different forms of knowing and knowledge is anti-racist. Similarly, Wagner & Shahjahan, (2015) added that teaching different forms of knowledge aligns with a social justice ethos as it addresses subjugated and oppressed ideologies in education institutions. Psychology programmes have a duty both to train psychologists to meet the needs of diverse populations (Kline, 2014) and foster the development of their workforce considering the diverse needs and interests. Ahsan (2020) suggested that such changes need to be imbedded in the infrastructure of the programmes starting with structural changes made by professional bodies so that anti-racist praxis becomes a core competency within the profession and on training programmes. Then moving onto to have a representative faculty team and introducing, mandatory reading from PoGM authors (Ahsan, 2020). Lastly, on an individual level, Ahsan posited that anti-racist praxis requires White people to centre their discomfort in doing the work. In practice, this looks like engaging in embodied practice, being aware of the discomfort, and staying with it. Responding to the discomfort was deemed the point at which can change occur (Ahsan, 2020). This is similar to the current study's finding of trainees sharing that for spaces to feel inclusive, they need other trainees who aren't racialised as Black to do the work without the expressions of White guilt. In the study of discussing race with White people, Spanierman in (Andoh, 2021 para.15) shared that "guilt when coupled with true empathy and understanding of the structures of White supremacy and how they operate in society can motivate White people to action".

There is a concept of having 'brave' spaces where people can show up compassionately to discuss challenging conversations where differences exist. When discussing race in RPGs,

trainees suggested that there be opportunities for 'brave' spaces where people can take accountability and recognise and call out when Whiteness is being reenacted in these spaces. The framework of radical healing thinks about how to use principles of collectivism and social justice to foster hope and resistance to structural racism. This framework acknowledges the pain of oppression, whilst fostering justice and freedom and ways people can heal from racial trauma (French et al., 2020). This appears to be a useful frame should these 'brave' spaces be places whereby racialised individuals and White people can come together to engage in race-related talks.

5.6 Strengths and Weaknesses

A strength of this study was that it had a good sample size for a medium-sized project which allowed it to capture the nuances in people's experiences. Sample size in qualitative data is often linked to the idea of saturation (both data and thematic saturation) which existing research has recommended is between 9-20 participants (Braun & Clarke, 2013; Fugard & Potts, 2015; Hennink & Kaiser, 2022). The sample size in this project appeared to be adequate in providing data about the experiences of Black trainees' experiences of reflective practice. This project did not seek to find out a "truth" about this phenomenon but rather illuminate a version of some experiences about this population. (Vasileiou et al., 2018) suggests that sample size within studies should be contextualised considering whether the sample is sufficient for the area of study and if data adequacy has been met. Given that in 2022, there were a total of 1,155 DclinPsy places offered and 60 of those places were offered to Black trainees (Clearing House, 2023a, 2023b) this sample size can be deemed to both be adequate and sufficient to illuminate some of the experiences of Black trainees on the DCLinPsy. Moreover, the sample was diverse. Participants were representative of the following intersects of their identities: gender, religion and spiritual beliefs, neurodivergence, (dis)abilities, geographical location, and nationality, just

to name a few. This is important in highlighting that whilst these trainees share an identity based on their racialisation, they have many differences between them further denoting that the “Black experience” is not monolithic. This further emphasises the diversity amongst trainees on the DClInPsy which is important when training healthcare professionals who will serve populations with varying needs.

To my knowledge, this is the first study of this kind that is adding to the body of knowledge of RP in the field of CP as well as understanding the experiences of racialised trainees during the DClInPsy. This is important research in light of the current landscape of CP as there is a current focus on diversification of its workforce to increase representation in healthcare providers to better serve the public (Kline, 2014), and a move to decolonise the curriculum and delivery of training (Phiri et al., 2023). If CP continues to be committed to making these changes, this study will provide some insight into an aspect of training as Black students on the DclInPsy. It will highlight some areas for training programmes to consider in order to provide support for these individuals.

Within qualitative research transparency in decision-making has been linked to denoting “trustworthiness” or “validity” (Saumure & Given, 2008). This is often associated with denoting rigour in the way in which the research has been carried out (Probst, 2015). To report the transparency of this study and appraise the research, the CASP tool (CASP, 2018) was utilised to review the validity and impact of the current research. This study was found to have met all the criteria on the CASP tool. My processes and decision-making in this project were denoted by the reflexivity sections in each chapter highlighting some of the thoughts I had at various stages of the research. As an insider researcher, I was cognisant of how my experiences of attending RPGs would have biased how I was interacting with the project. Therefore I felt a

personal responsibility to be transparent and reflexive throughout this project with the support of my research team and research peers. Probst, (2015) argues that reflexivity, like many aspects of qualitative data, are ill-defined and it is important to reflect on who the reflection is serving, why it is being done, which aspects of these are shared and with whom. In this project, I captured my general thoughts about each stage of the research through a diary and personal memos. This was important particularly when I noticed strong reactions or the absence of emotion on certain aspects of the project. This reflexivity style supported me to have a process by which I was able to track how I reached various decisions. As with any academic piece of work, the reflections shared within this project have been constrained by word count but where possible are included to denote some of the thoughts and processes I undertook as I engaged with this research.

A limitation of this study is that it could have been more rigorous in the analysis phase. Due to time constraints, it was not possible to have inter-rater coding for a significant portion of the sample. It is suggested that about 10-25% of the data is coded by at least two independent coders (O'Connor & Joffe, 2020). Only about 25% of a single interview was coded for by 3 independent coders. Similarities and discrepancies between the codes were discussed and this knowledge was used to support coding of the rest of the data set. Many qualitative studies steer away from quantifying the extent of the reliability of data as it is not in line with epistemological underpinnings of qualitative orientation (Braun & Clarke, 2012), for this study having a quantitative measure for reliability would have been aligned the critical realist ontology adopted. On reflection it may have been helpful to check for *intracoding* reliability, that is to review the likelihood I would have coded the same data after having returned to it (O'Connor & Joffe, 2020). Time permitting, this would have increased *trustworthiness*. To ensure that the voices of the participants were accurately represented, it would have been

helpful if I had reviewed the final themes with them to check that they agreed with the conceptualisation of their experiences as represented. This would have further strengthened the study when considering the “validity” of results (Saumure & Given, 2008).

Another limitation of the study was the sampling. A combination of purposive sampling and snowball sampling took place. A limitation of purposive sampling is generalisability (Andrade, 2021). Whilst it is helpful to gather in-depth information about the experiences of a few trainees, generalising findings needs to be done with caution. It is also likely that through purposive sampling, the individuals who contributed to this project may have had various motivations for taking part in the research including having an affinity for reflecting and therefore wanting to share their experiences. They may have had either positive or negative experiences about RPGs which they wanted to share. They may have seen the research as a means to have their voice heard and an avenue for change to come from this. It is also likely that the trainees may have also wanted a space to make sense of their experiences. The interview was conducted reflectively, and trainees reported having shifted their perspective at times or came to new understandings from the process.

An additional limitation of the study is related to the recruitment strategy of the study. Participants were recruited through social media on Twitter, LinkedIn and through a Whatsapp group for existing Black trainees and qualified Clinical Psychologists in the UK. The age range of the participants of this study fell between 26-35. Admissions data from the Clearing House shows that the average training age on the DclinPsy in the UK is between 25-29 years old (Clearing House, 2023b) . Some bias likely occurred from the sampling strategy limiting the recruitment of older participants, particularly those of qualified age. If this study is to be carried out again, it would be helpful to expand the social media sites to include Facebook and reach

out to support networks set up for mature trainees of clinical psychology (Coria, 2024).

5.7 Research Implications

5.7.1 For trainees

Training on programmes that are traditionally White and where the acceptance rate for Black trainees is very low (Jameel et al., 2022) is challenging. Training programmes uphold structures of Whiteness by virtue of being education institutions (Wagner & Shahjahan, 2015). It can therefore be argued that the infrastructure of the DclinPsy was not designed to be able to provide support against systems of oppression, including racism. Trainees interviewed have reported that there is a lack of support and understanding of the needs of Black trainees on the DclinPsy and this is acutely felt within RPGs.

Data in this study has indicated that Black trainees benefit from additional exclusive spaces where they can reflect on their experiences with other trainees who share their racialised identity. Trainees have shared that such spaces are supportive and deemed “safe” which is consistent with existing research (Blackwell, 2018). Within their training programmes, trainees should continue to advocate for these additional spaces and ensure that they have the support of their course to establish these spaces.

A significant finding in this study was that trainees highlighted the psychological and emotional impact of being silenced when they shared their experiences in RPGs. Similar to Eddo-Lodge (2017), some trainees asserted they chose to no longer engage in race dialogues in majority White spaces as a means of self-preservation and self-care. Given the complexities of the interactions in these spaces, it is recommended that Black trainees adopt any mechanisms to

protect their physical and mental health in environments that activate a threat response (Cross et al., 2017).

5.7.2 For trainers of the DCLinPsy

The data of this study suggests that enabling racialised trainees on the DclinPsy to feel supported and develop more 'safe' spaces requires a commitment to change on an individual and structural level (Ahsan, 2020). Wood and Patel (2017) posited that in this current socio-political context of CP, trainers in CP need to challenge themselves as well as trainees to develop psychologists who are anchored in values rooted in equality, human rights and social justice for all. In line with abolitionist thinking it can be argued that dismantling structures of Whiteness benefits all people. Ignatiev, (2000) argues that people should not be aiming for an integration of those racialised to exist in White dominant spaces, but rather a disintegration of this. By eradicating the privileges afforded to people with white skin, Whiteness and racism as we know it would not exist. Ignatiev (2000) suggests that in practice the process of dismantling Whiteness looks like a coming together of people to challenge, disrupt and break up institutions that reproduce whiteness. Notions of breaking up institutions may take a long time to fulfil, however, there are processes underway in academia where there is a collective effort to challenge and disrupt ideologies of Whiteness.

The suggestions for recommendations on how to move forward for DclinPsy whilst adopting an anti-racist praxis are not new. They follow previous suggestions from existing research by suggesting that training programmes need to start by acknowledging the inherent racism in the field of psychology and the impact this has on racialised psychologists (Adetimole et al., 2005). Next on the agenda would be for courses to be clear on what *exactly* needs to be decolonised (Wood & Patel, 2017) before attempting to work towards this and to involve those with the power to make these structural changes such as governing and accrediting bodies to review

this. Following this psychology courses need to change curriculums and teaching practices from the early stages of psychology prior to the doctorate level (Phiri et al., 2023). Holding this in mind, there needs to be a commitment for psychologists to have critical engagement with their identities (Paulraj, 2016) and for training to be embedded for trainers, supervisors and trainees on how to do this. If these things are built into the infrastructure of training programmes it is easier to hold people to account and review the progress for this. Hopefully, change can be made towards this rather than existing as a recommendation for good practice.

The data also emphasised offering 'safe' spaces for trainees that were legitimised and were built into the training programmes. Training courses could invest in outsourcing facilitators who are skilled in discussing race-related issues and can create containing spaces that foster brave conversations (Sue, 2015). In 2022 there was available funding which training programmes could utilise towards projects for EDI. Such funding should be embedded in the programme to ensure there are structures and processes to support the needs of a diverse workforce which would ultimately lead to better patient care. Similarly, many separate spaces to discuss race, or EDI matters tend to be facilitated and set up by trainees and interested faculty members outside of the timetable. To make lasting changes, training programmes should be invested in setting up these separate spaces to support the well-being and development of trainees.

Future research

This study provided interesting findings on how Black trainees experience RP spaces on the DclinPsy. It incorporated views from existing trainees and those recently qualified. An interesting finding to come out of this study was the request for separate "safe" or "brave spaces" whereby Black trainees could attend to reflect on their racialised identity. Future research could explore how trainees experience such spaces alongside regular RPGs mandated

by their programmes and see if having such spaces provides an extra layer of support for them as they train. It may also be worth exploring the experiences of Black men on this course as they are a double minority and reviewing what additional support they may require. A further area of study could be to explore Black psychologists' experiences of RPGs post-qualification to see if any of the challenges identified persist in their roles.

Concluding remarks

This study looked at Black trainees' experiences of RPGs during clinical training. Findings highlighted that, largely, Black trainees were not able to reflect on their racialised identity in these spaces in ways that benefited them as they trained. Reflecting on their racialised identity was met with silence and this had damaging psychological effects on them. It was suggested that Black trainees benefitted from exclusive "all Black" spaces to enable them to reflect on matters where they had to consider the intersection of race. There were implications highlighted for trainees to advocate for the implementation of these spaces through the training programmes as well as reviewing how to look after themselves in these spaces. There were recommendations for training programmes to provide training for facilitators of RPGs on how to engage in race dialogues as well as how to embed an anti-racist praxis in the fabric of the training programme. Similarly, there are recommendations for the stakeholders, governing bodies and funders of the DclinPsy to make structural changes in the programme that enable more inclusivity and are underpinned by an anti-racist ethos.

Reflexivity

Navigating the DclinPsy is incredibly challenging. It is even more challenging to do as a Black trainee. I have always been interested in marginalised trainees' experiences of the

DclinPsy and have actively been involved in wanting to make changes where possible. I have valued utilising RP throughout my personal and professional life to help make sense of the world and everything in it. In undertaking this research, I was hoping to understand how other people were utilising these spaces and what they found to be helpful about them. I was also curious about my own experiences of engaging in RPGs during training and wanted to find out how similar or different these were to others.

My motivations for the research were to illuminate the training experiences of Black trainees to show the depth and range of how this presents in the world of CP. It was also to highlight some of the challenges faced by these trainees as well as provide ideas for how to improve the training experiences for current and prospective students. It has been worthwhile knowing that other people have recognised the importance of highlighting these experiences and contributed to further understanding of this phenomenon

Undertaking this research has been emotionally challenging. Sitting with other Black trainees and recounting experiences of racism, despite understanding what this is like, remains painful. This was particularly challenging in moments where I had to get 'stuck in the data' and make sense of it. I have also felt great pressure throughout the research experience to represent the stories and experiences shared in a manner that embodies the trainees' 'truths'. I have been cognisant of not sanitising their experiences as a result.

The rewards of engaging in this research have been attached to the in-depth knowledge gained regarding this area of study. This will be helpful information to use in my qualified role when I next engage in or facilitate RPG spaces. I have also been able to make sense of my own RPG experiences understanding the process of my own Black identity formation and

how this interacts with the world of CP and on the DclinPsy. I further understand the various psychological mechanisms adopted to preserve the self in White dominated spaces. In the past, this has been experienced somatically or has been difficult to name or identify. In hindsight, it has felt freeing to understand the complex mechanisms and interactions within these spaces.

The hope is that this research will have an impact (no matter how small). Whether this is on an individual level, and Black trainees are able to make sense of group interactions during racial dialogues in majority white spaces, or that training programmes design their RPGs ensuring that they have skilled facilitators who can engage in racial dialogue and manage group dynamics. Or further yet, add to evidence for a call for structural change.

“Man can adapt to the worst of conditions if he feels he is not alone; if he feels he has support in what he is doing” - Nelson Mandela

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APPENDIX A: CASP TOOL

CASP
Critical Appraisal
Skills Programme

Paper for appraisal and reference:
Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider

- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider

- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

CASP
Critical Appraisal
Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

BLACK TRAINEES' EXPERIENCES OF REFLECTIVE PRACTICE DURING DCLINPSY



6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
 - How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
 - If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
 - If approval has been sought from the ethics committee

Comments:



8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there is an in-depth description of the analysis process
 - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
 - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
 - If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
 - Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider whether
- If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question

Comments:



Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

APPENDIX B: ACCODS CHECKLIST

AACODS		YES	NO	?
Authority	<p>Identifying who is responsible for the intellectual content.</p> <p>Individual author:</p> <ul style="list-style-type: none"> • Associated with a reputable organisation? • Professional qualifications or considerable experience? • Produced/published other work (grey/black) in the field? • Recognised expert, identified in other sources? • Cited by others? (use Google Scholar as a quick check) • Higher degree student under "expert" supervision? <p>Organisation or group:</p> <ul style="list-style-type: none"> • Is the organisation reputable? (e.g. W.H.O) • Is the organisation an authority in the field? <p>In all cases:</p> <ul style="list-style-type: none"> • Does the item have a detailed reference list or bibliography? 			
Accuracy	<ul style="list-style-type: none"> • Does the item have a clearly stated aim or brief? • Is so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If No, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? • If item is secondary material (e.g. a policy brief of a technical report) refer to • the original. Is it an accurate, unbiased interpretation or analysis? 			

Coverage	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 			
Objectivity	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 			
Date	<p>For the item to inform your research, it needs to have a date that confirms relevance</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: have key contemporary material been included? 			
Significance	<p>This is a value judgment of the item, in the context of the relevant research area</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? • Would the research area be lesser without it? • Is it integral, representative, typical? • Does it have impact? (in the sense of influencing the work or behaviour of others) 			

APPENDIX C: INTERVIEW SCHEDULE

Interview schedule

- 1. Can you tell me about your experiences of reflective practice groups or spaces you attended in your training?**
What kind of group did you attend?
What was the purpose of the group?
What was discussed/ could be discussed?
- 2. How was this space set up?**
Was attendance compulsory?
How many sessions was the space?
The physical space – was this adaptable
- 3. How was this space facilitated?**
Who facilitated the space? – where the facilitators internal/ external? – *are the trainees aware – do they have say who are facilitators?
Was there a framework or model of reference to support the set-up of the space?
- 4. How did you find the space?**
What were the positive aspects of this space?
What were the aspects that could have been improved?
Did you find this space helpful?
How did you measure effectiveness of the space?
- 5. What aspects of yourself did you bring to this space?**
What aspects could you not bring?
What facilitated or hindered this?
Is there a model or framework you used to support with this?
- 6. Did you feel connected in this space?**
What helped you more or less connected
- 7. Did this space allow for mutual sharing?**
What enabled this?
What made this challenging?
- 8. Were there mentions of knowledges from the global south or non-western perspectives?**
Is this important?
- 9. What do you think is important to incorporate into RPGs within clinical training?**
- 10. Do you have any key memories from the reflective space you attended?**
What did you take away from this space?
Is there anything that has stayed with you?

APPENDIX D: RESEARCH ADVERT

EXPLORING BLACK TRAINEES' EXPERIENCES OF REFLECTIVE PRACTICE SPACES DURING CLINICAL TRAINING

Are you a Black trainee on the Dclinpsy in the UK or have recently qualified in the past 2 years?

Do you have experience of attending reflective practice spaces during your training?

We would love to hear about your experiences



What does this involve?

- A 60-90 minute interview will take place over MS Teams with a researcher.

Help add to the body of knowledge of Black trainee's experiences during clinical training



For more information email Ashley on: a.dunira@herts.ac.uk

University of Hertfordshire **UH**

This study has been approved by the Health, Science, Engineering and Technology ECDA.
Protocol number: LMS/PGT/UH/05423

APPENDIX E: CONSENT FORM**CONSENT FORM**

Title: Exploring Black Trainees' Experiences of Reflective Practice Groups during Clinical Psychology Training.

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

Please delete as

appropriate

I confirm that I have been given a Participant Information Sheet detailing information about this study such the (i) aims (ii)the method of data collection, (iii) how the data will be stored and used, (iv) and the contact details for how to get further information if I require it.	YES / NO
I have read and understood the Participant Information Sheet, and consent to be a participant in this study. I understand that I have the right to not answer any questions at any point.	YES / NO
I give consent to audio and video recording of my interview. I have been informed of how this recording will be used by the researcher and for what purposes.	YES / NO
I have been informed that my recording will be transcribed verbatim and that transcripts will be anonymised and not include any identifying information. I have been informed of how the recording and transcript will be stored and who will have access to it, how it will and may be used.	YES / NO
I understand that I can withdraw from this study until December 2023 without giving a reason. After the stated date my data would have been used in the analysis phase and write up of the study and would not be possible to withdraw.	YES/NO
I have been informed that my anonymised data and quotes may be used in publications such as the research report, presentations, research poster for dissemination and other research publications.	YES / NO
I understand that any personal information that can identify me will be kept confidential and not shared with anyone other than the research team.	YES / NO
I have been told that I may at some time in the future be contacted again in connection with this or another study.	YES / NO

Participant name: _____

Signature: _____ Date: _____

Interviewer name: _____

Signature: _____ Date: _____

For information please contact: a.dunira@herts.ac.uk

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

APPENDIX F: PARTICIPANT INFORMATION SHEET



PARTICIPANT INFORMATION SHEET

Title: Exploring Black Trainee Experiences of Reflective Practice spaces during Clinical Psychology Training

Research team: Ashley Dunira (Trainee Clinical Psychologist) University of Hertfordshire
Supervised by Dr. Becky Adlington (Principal Supervisor); Dr. Amy Lyons and Dr. Isaac Akunde (secondary supervisors).

Introduction

Thank you for your interest in this study exploring black trainees' experiences of reflective practice spaces during the doctorate of clinical psychology (DclinPsy). This information sheet outlines the purpose of this evaluation and provides a description of your involvement and rights as a participant should you take part.

What is the purpose of this research?

Reflective practice (RP) plays an important role in the learning and practice of psychologists. There is a body of literature exploring different aspects of RP. Traditionally Clinical Psychology (CP) has predominantly been a white, middle class, female orientated profession. Research into the experiences of RP have predominantly been conducted on white trainees and psychologists. There is limited research into the experiences of RP with black psychologists within CP during and post training. This project aims to add to the body of existing literature of trainee experiences of RP groups or spaces on the DclinPsy in the UK.

In exploring this phenomena, this research seeks to meet the following aims:

- Develop an understanding into how black trainees experience reflective practice spaces
- Explore if black trainees perceive these spaces to allow for mutual sharing
- Develop an understanding of what black trainees perceive to make these spaces safe
- Understand if black trainees perceive to feel supported in these spaces

What is my involvement in this research?

Should you choose to be involved in this study you will be asked a series of questions about your experiences of having attended or been a part of a reflective practice group or space facilitated during your clinical training on the DclinPsy. An interview will take place online via video consultation on Microsoft Teams. This interview will last between 60-90 minutes. These interviews will be recorded and transcribed verbatim before being analysed for common themes.

Why is this research important?

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

BLACK TRAINEES' EXPERIENCES OF REFLECTIVE PRACTICE DURING DCLINPSY



Black trainees are underrepresented on clinical psychology training courses. There is a gap in exploring how black trainees experience reflective practice spaces during their clinical training. Findings from this research could inform how these spaces are designed and facilitated, holding this population in mind. There may be implications for training courses about which resources and support will be useful following these spaces and how this can be accessed.

Why should I take part?

Taking part in this research will enable a greater understanding of the experiences of Black trainees in RP groups or spaces whilst on the DclinPsy. Dissemination of these findings will add to the body of existing research of RP during clinical training. Data collected from this project may have implications for shaping the delivery of RP groups or spaces on the DclinPsy when considering the experiences and well-being of Black trainees on these courses.

It is likely that some individuals may experience discomfort during the interviews when discussing some difficult experiences in RP groups or spaces during clinical training. Participants will be given an opportunity to debrief with the researcher if needed, and they will also be given an information sheet with additional support resources for any aftercare.

What do I do if I am interested?

If you are interested in sharing your views about your experience of having attended a reflective practice space during your clinical psychology training, please email Ashley Dunira on: a.dunira@herts.ac.uk to arrange an interview.

Confidentiality

Confidentiality will be maintained throughout this research. This is limited by the disclosure that either you or somebody is at risk of harm. In this case, we may have to inform the relevant agencies. This would be discussed with you.

How will my data be stored?

Interviews will be audio and video recorded for this research. They will be kept securely on encrypted software that is accessible only to the research team. Any hard copies of information will be kept securely at all times and would require password protection for access. Data obtained from this research will be kept in line with the University guidance and will be permanently deleted after 5 years.

How will my data be used?

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423



Data from the interviews will be analysed and summarised into main themes. For the purposes of the write-up and dissemination of this research, all data will be anonymised, there will be no identifiable information such as names that would be included. There will be excerpts of direct quotes used in the write-up to illustrate any themes from the data collected.

How do I withdraw from the interview?

You can withdraw your interview at any point until [insert date] without having to give a reason. It is not possible to withdraw your information after the date mentioned as the analysis phase would have begun. If you withdraw from the interview, we will not retain the information you have given thus far, unless you are happy for us to do so. If any questions during the interview make you feel uncomfortable, you do not have to answer them.

What to do if you have a question or a complaint?

For more information regarding this project, please contact the principal researcher: Ashley Dunira on a.dunira@herts.ac.uk.

In the instance of you being unhappy about the conduction of the interview and would like to make a complaint, you can contact the principal supervisor Becky Adlington on: r.l.adlington@herts.ac.uk.

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

APPENDIX G: PARTICIPANT RECORD FORM



PARTICIPANT RECORD FORM

This information allows us to collect some demographic data about you to allow greater depth and understanding of your experiences. No identifiable information will be shared. This will be destroyed in accordance with the UH data storage guidance.

Participant ID:

Date:

Time:

If you prefer not to answer any of the following questions, please state 'prefer not to say'.

1. What is your age?

18-25 ☐ 26-34 ☐ 35-50 ☐ 51-64 ☐ 65+ ☐

1. Please state your gender

.....

2. What is your ethnicity?

.....

3. Please state what your faith or religion is

.....

4. What is your relationship status?.....

5. What year of your training are you in?

First ☐ Second ☐ Final ☐ Recently Qualified ☐

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

APPENDIX H: DEBRIEF FORM

DEBRIEF FORM

If you have been affected by anything that was discussed in this interview and would like to discuss this further, please email Ashley Dunira on a.dunira@herts.ac.uk

It is likely that some distress may be experienced in the process of this interview and listed below are some sources of information and support that may be useful.

Within universities

Some training courses have reflective spaces trainees can access for support. There may also be support from the Equality, Diversity, and Inclusion team within the training course or wider university that can be accessed (if they exist).

Within working NHS Trusts or placement providers

If trainees are on placement within NHS trusts or CPs are employed within the NHS, they can access support from the Black and Ethnic Minority networks within the Trusts if they are in place.

Useful resources

Black Minds Matter

A charity offering free mental health support services to the black community

<https://www.blackmindsmatteruk.com/>

The Black, African and Asian Therapy Network

a community for therapists and counsellors from the African, Caribbean, and Asian heritage

<https://www.baatn.org.uk/>

The Black and Minority Ethnic in Psychiatry & Psychology (BIPP) Network

A network to provide support and advance the representation of Black and Minority Ethnic backgrounds in Psychiatry and Psychology

<https://www.bippnetwork.org.uk/>

The Minorities Group

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

A division of the British Psychological Society providing support to trainees and qualified clinical psychologists who identify as being from a minoritised background

<https://twitter.com/MinoritiesGroup>

Race Reflections

As a social enterprise 'the growth and learning of those committed to tackling inequality, injustice and oppression and, those affected by the same'.

<https://racereflections.co.uk/>

The Radical Therapist

A network of international therapists dedicated to 'anti-oppressive praxis'

<https://www.radicaltherapistnetwork.com/>

Black People Talk

A not-for-profit organisation of black people in the UK aimed at creating spaces to nurture conversations around black mental health and provide support for individuals.

<https://blackpeopletalk.co.uk/>

This study has been approved by the Health, Science, Engineering and Technology ECDA. Protocol number: LMS/PGT/UH/05423

APPENDIX I: ETHICAL APPROVAL



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Ashley Dunira
CC	Dr Rebecca Adlington
FROM	Rebecca Knight PhD., Health, Science, Engineering and Technology ECDA Vice Chair
DATE	22/08/2023

Protocol number: LMS/PGT/UH/05423

Title of study: Exploring Black Trainees' Experiences of Reflective Practice Spaces during Clinical Psychology Training.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

No additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 22/08/2023

To: 30/09/2023

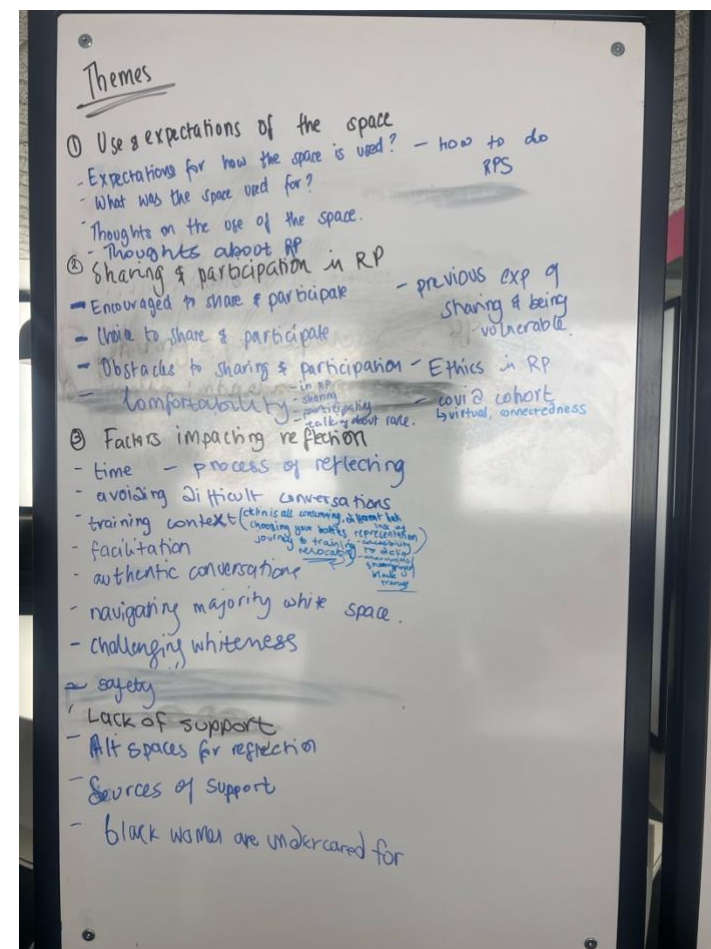
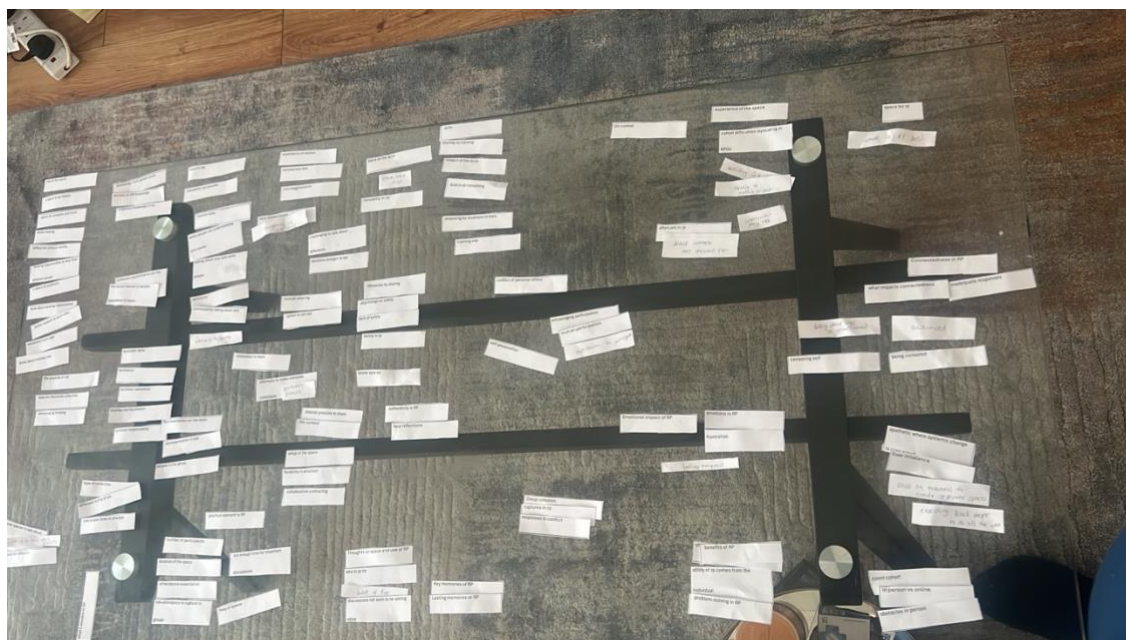
APPENDIX J: AN EXCERPT OF INITIAL CODING

Excerpt	Code
<p>And also theories around safe on certainty, etcetera, that won't invite you to feel safe in that space because ultimately it's about how you interact with your peers, how your peers respond to you, how your peers understand their whiteness and privilege, but how your peers also willing to take accountability for what they might have been doing in that space to make you feel unsafe anyway</p>	<p>Psychological theories</p> <p>Safety in space</p> <p>Interaction with peers</p> <p>Understanding privilege</p> <p>Whiteness</p> <p>Taking accountability</p>
<p>Yeah, so that I've opted out of those spaces on uni.</p>	<p>Opting out of RPG due to harm caused and experienced</p>
<p>Well, when you're discussing race, I said I'm not doing it anymore.</p>	<p>Choosing to not engage in race related talks</p>
<p>In terms of placement and I think my previous placement was in a predominantly white team, I was the only black person in the team of I think, over 100 psychologists</p>	<p>Context within placement</p> <p>Lack of black people in team</p>

<p>Actually, there was another black person who was a trainee. And yeah, a trainee. So psychotherapy trainee who was also there, but otherwise it my team was the only black person.</p>	<p>Other trainees in the team</p> <p>Lack of black people in team</p>
<p>Every time again you'll go to reflective spaces. The qualified psychologists will talk about their experiences and their emotional experiences.</p>	<p>Talking about emotional experiences</p>
<p>But when you've opened your mouth, it will be met with silence when you talk about positioning it will be met with silence. Well, when you talk about your clinical experience, it will be met with silence</p>	<p>Being met with silence</p> <p>Talking about positioning</p> <p>Talking about clinical experience</p>
<p>and you just being like, am I a clown? That's that's what you literally begin to think. Am I a clown?</p>	<p>Feeling mocked</p> <p>Process of dehumanisation</p>
<p>I guess in that space, so it was similar for other racialized trainees who were non-black. They also noticed the silence for when they would speak up.</p>	<p>Racialised trainees met with silence when reflecting</p> <p>Being met with silence</p>
<p>It's just been a struggle. I feel like reflective space is I've just been a complete struggle.</p>	<p>It's been a struggle</p>
<p>You feel like an outsider. You feel othered.</p>	<p>Feeling othered in RP</p>

And yeah, it's not nice. Yeah, it's awful. It's been completely awful	It's awful Emotional experience of RP
and even when you feel like people, your allies, and they said, you know, it would be reflected on what it's like to be a white ally. It's not about that, like it's about the reflecting on yourself and understanding what you've done to cause harm or perpetuate harm in this space.	Allyship Harm in RP Challenging whiteness
And like it's all good and well, you're reading books, you're reading texts, but if you're confronted with someone's lived experience in your reality, in your world, like apply what you've read or just have some awareness of how you're interacting with this person	Application of theory into practice Awareness of how you are interacting with others

APPENDIX K: PROCESS OF DEVELOPING THEMES



BLACK TRAINEES' EXPERIENCES OF REFLECTIVE PRACTICE DURING DCLINPSY

<p>Theme 1: A hope for something different:</p> <p>This theme speaks to the ideas and perceptions these participants had about RP going into training. It highlights their experience of RPGs, and what they were used for, or developed into. The subthemes speak to how and if these prior expectations were met or not.</p>	<p>Subthemes:</p> <ol style="list-style-type: none"> Unmet expectations What was the space used for Thoughts on the use of the space How to do RPS
<p>Theme 2: Sharing and participants in RP</p> <p>This theme speaks to the factors which encouraged sharing and participation in RP</p>	<ol style="list-style-type: none"> Encouraged to share and participate Choice to share and participate Obstacles to sharing and participating
<p>Theme 3: Factors impacting reflection</p> <p>This theme highlights the different factors trainees mentioned as having impacted their ability to engage with RP at different moments.</p>	<ol style="list-style-type: none"> Safety Time Process of reflecting Avoiding difficult conversations Training context Facilitation skills Authentic conversations Navigating majority white space Challenging whiteness
<p>Theme 4: Lack of support</p> <p>This theme speaks to trainee's experience of support lacking from the training experience when it comes to considering how their racialised identity intersects with all aspects of training</p>	<ol style="list-style-type: none"> Alternate spaces for reflection Sources of support Black women are under cared for Expecting black people to do all the work
<p>Theme 5: Experience of RPGs</p> <p>This theme highlights the emotional experience of RP.</p>	<ol style="list-style-type: none"> RPG as a microcosm of training Negative experiences Key memories Ruptures & repairs

