REFOCUS Coaching Conversations for Recovery

Participant Manual

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Contents

Context Setting

This coaching trainer manual was developed as part of the REFOCUS Programme, a research study which included the development of the REFOCUS Intervention to increase the support for recovery offered by front-line clinical staff to people using mental health services. Coaching skills training for staff was a central component of the REFOCUS Intervention, and this manual is for trainers providing the coaching skills training given in the REFOCUS Trial (ISRCTN02507940). The aim of the coaching skills training was to help staff to develop a coaching style in their day to day practice, i.e. to use specific skills and techniques to help service users both to build their inner resourcefulness and to set and achieve their own meaningful goals.

REFOCUS and Coaching

Coaching is used in the REFOCUS Intervention for two reasons. First, the three underpinning values are synonymous with a coaching approach:

Value 1: The primary goal of mental health services is to support personal recovery. Supporting personal recovery is the first and main goal of mental health services. Providing treatment can be an important contribution towards this goal, but is a means not an end. Similarly, intervening in crisis or addressing risk issues may sometimes need to take precedence, but should be orientated around the primary goal of supporting recovery.

Value 2: Actions by mental health professionals will primarily focus on identifying, elaborating and supporting work towards the person's goals. If people are to be responsible for their own life, then supporting this process means avoiding imposing clinical meanings and assumptions about what matters, and instead offering support which is consistent with the person's values as they work towards their life goals.

Value 3: Mental health services work as if people are, or (when in crisis) will be, responsible for their own lives. It is not the job of mental health professionals to fix people, or lead them to recovery. The primary job is to support people to develop and use self management skills in their own life.

Second, the REFOCUS Intervention uses three working practices (i.e. desired staff behaviours):

- Understanding Values and Treatment Preferences
- Assessing Strengths
- Supporting Goal Striving

Each of these is supported by coaching. Staff are trained to use a coaching style approach to support the use of an individual's own strengths, resourcefulness, personal values and treatment preferences in planning care, with the aim of encouraging self directed goal striving by the person using mental health services.

Using this Manual

To use this REFOCUS Coaching Conversations for Recovery Participant Manual, you will also need a copy of the REFOCUS Manual Bird V, Leamy M, Le Boutillier C, Williams J, Slade M (2011) *REFOCUS* (2nd edition):*: Promoting recovery in mental health services*, London: Rethink (downloadable at www.researchintorecovery.com/refocus). References to specific pages in the REFOCUS Manual are indicated by the following symbol and the page reference e.g. ▣ p X.

Resources:

A number of useful resources can be accessed at the back of this manual and are indicated by the following symbol and the resource reference number and page number e.g. ❖ X p X.

Course Materials:

Please note that although this training manual is available for download you will not be able to use it to self-train as it complements the interactive, dynamic learning activities of the two day REFOCUS Coaching Conversations for Recovery training programme.

Introducing the REACH© Coaching Model linked with the key elements of the REFOCUS Intervention in respect of having coaching conversations for recovery

The **REACH©** Coaching Model offers a helpful, systematic approach to coaching inviting the user to Reflect, Explore, Agree Outcomes, Commit to Action and Hold to Account, all of which are underpinned by dynamic contracting and re-contracting throughout the coaching process.
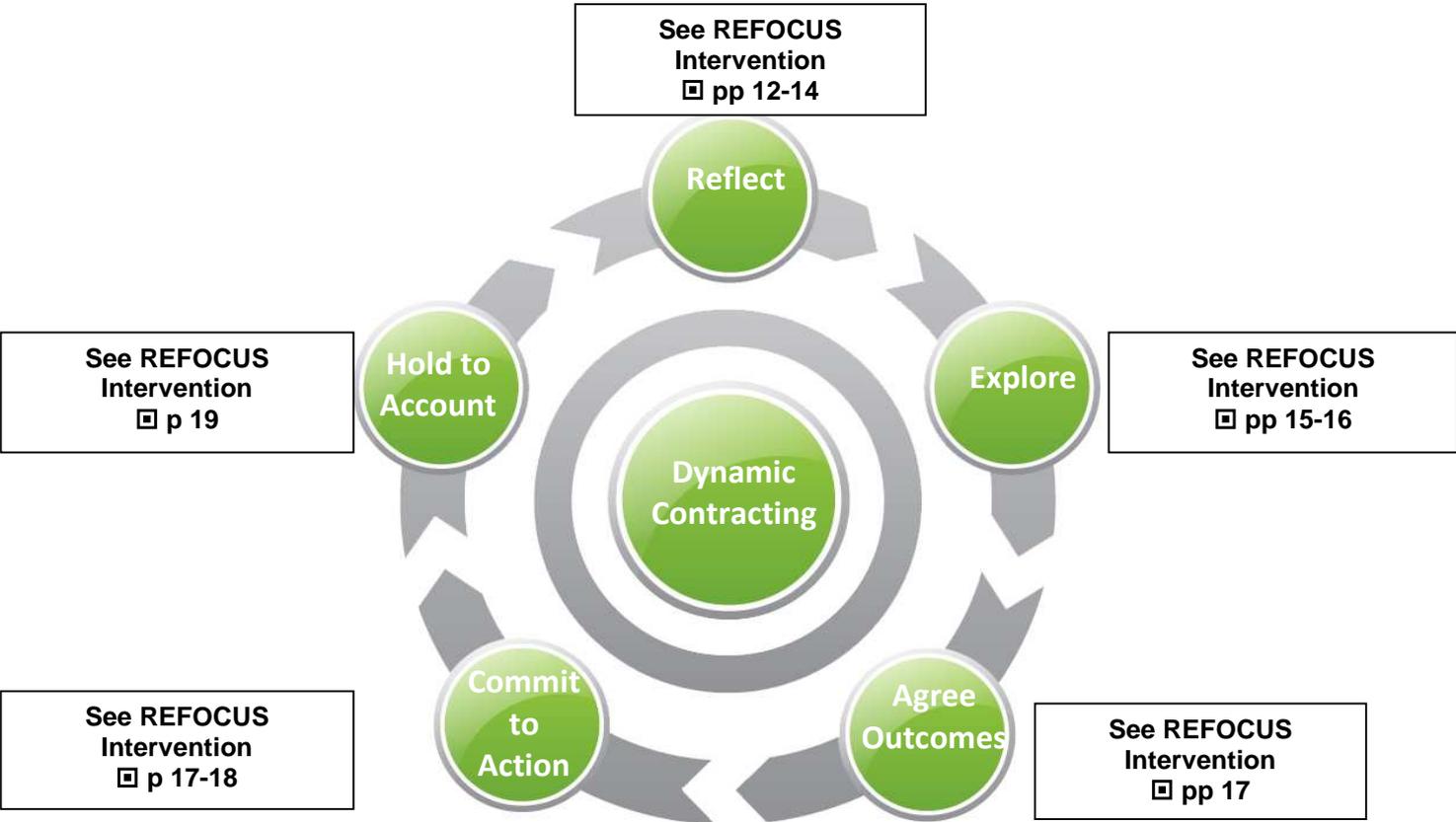
1	Contracting (▣ p 12 and Appendix 1)
2	Exquisite listening (▣ p 12-13)
3	Use of powerful questions (▣ p 13-14 and 26-31)
4	Skills to challenge and confront (▣ p 19)
5	Goal setting and goal striving (▣ p 17-19)
6	Feedback (▣ p 5 and Appendices 2, 3 and 4)

DAY ONE PROGRAMME:

Session One: Introductions and Contracting

Aims of the REFOCUS Coaching Conversations for Recovery Training for Clinical and Support Staff

The aims of this programme are:

- To demonstrate how a coaching approach supports the implementation of recovery focused practice.

- To equip clinical and support staff with knowledge of the core competencies required for working effectively with a coaching style.

- To develop the participant's capacity and enable them to embed a coaching style within their clinical practice.

- To build the capacity and capability of teams, services and the organisation to successfully implement the REFOCUS Intervention's three working practices through the development of a coaching ethos.

Purpose of the REFOCUS Coaching Conversations for Recovery Training

The purpose of this programme is to:

- Train participants in the core coaching competencies of:
    - Contracting
    - Exquisite listening
    - Using powerful questions
    - Skills to challenge and confront
    - Goal setting
    - Feedback

- Provide participants in a clinical setting with an understanding of the importance of:
    - Recognising the difference between coaching, mentoring and directing.
    - Focusing and holding attention on priorities.
    - Using the **REACH**© coaching model to have effective coaching style conversations, hold to account and creatively achieve agreed outcomes.

- Encourage participants to:
    - Integrate coaching skills with occupational competencies to support effective skills-transfer in the workplace.
    - Integrate coaching skills into their repertoire of clinical skilling so as to work effectively with the REFOCUS intervention's three working practices.

Objectives of the REFOCUS Coaching Conversations for Recovery Training

The objectives of this programme are that participants will:

- Understand what a coaching style is.

- Recognise what a coaching style is not.

- Learn how to integrate key skills and competencies of a coaching style into their day to day clinical practice.

- Experience being coached and coaching others and observe others coaching.

- Empower service users.

- Gain skills in having productive and tough conversations.

- Practise using the skills and competencies of a coaching style as members of a clinical team.

- Observe others using a coaching style.

- Have opportunities for debriefing coaching experiences within a supported environment.

- Apply group learning to enhance coaching practice.

- Explore new ideas and stay 'curious' as members of a clinical team.

Session Two: Self Awareness and Self Management

The trainer will invite you to think about the important components of verbal and non verbal communication, how people develop rapport and the essence of congruence in coaching conversations.

Activity 1:

You will have received a copy of the Pre-course Preparation and Self Assessment Sheet for completion before starting this programme. [❖ 1 pp 22-24]

In pairs:
Have a conversation with a partner sharing your pre-course self assessment.
1. What are your strengths?
2. What values and beliefs do you hold that will have an impact on how you work with people?
3. What might you need to pay attention to?
4. What feedback would you like from others on the programme to help you learn and practise different skills?
(5 mins each)

Activity 2:

Without discussing with your partner, using a scale of 1-5 (where 1 is non existent and 5 is accomplished) make an assessment of how congruent you think you are and share this with your partner.
(5 mins each)

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Using a coaching style as a clinician or support staff member:

As a clinician or support staff member you will have acquired a wide range of skills that enable you to communicate effectively in the workplace in many different situations and roles – coaching, mentoring, directing and for some clinicians working therapeutically. You will be using these skills on a daily basis. Communication may be both verbal and non-verbal and impacts our relationships with others. When working with a congruent coaching style the individual stays present and attentive in the moment, avoids assumptions and manages their own non verbal behaviour.

The Five Principles of Developing a Coaching Style

- The individual is resourceful – and does not need to be 'fixed', or protected.

- The role of clinical and support staff is to creatively challenge, hold to account and help the person make best use of their own resources.

- The relationship is based on respect and equity.

- Coaching is action-oriented.

- Coaching is about engaging the best in individuals and teams to achieve results.

The Skills and Competencies related to developing a Coaching Style are:

- Contracting – being clear about how you want to work together and reviewing that regularly.

- Being Fully 'Present' in the moment in time for the other person and building rapport.

- Developing Emotional Intelligence [❖ 1 & 2: pp 22-25]

- Exquisite Listening - noticing what is happening with the other person at many levels, physically, emotionally and in terms of their verbal communication and body language. Respectful use of the other person's own words rather than your own when reflecting back points can sometimes be helpful in demonstrating exquisite listening.

- Asking Great Questions – using good questions in a way that helps the other person to explore a range of options.

- Holding the Coaching Space – being aware of space and timing, boundaries and recognising the power of silence.

- Giving and Receiving Feedback Effectively – means recognising that feedback is just that – it is information and it is neither good nor bad. Giving feedback in real time means giving feedback to the person about what you are experiencing of their behaviour, patterns or performance right here and now. Receiving feedback effectively means receiving it as information without interpreting it.

- Agreeing the Goals and Outcomes – individuals often present with problems and sticking with problems robs them of power. Encouraging people to use 'outcome-frame' thinking holds them 'able'.

Using an Elegant and Skilful Coaching Style is also about being able to:

- Articulate What's Going On – if there is an 'elephant in the room' say so, name it and recognise that it is there.

- Be Constructive – introduce positively framed comments and avoid negativity.

- Ask Permission - seek permission to offer a perspective.

- Intrude – interrupt (as necessary) to direct attention, refocus the conversation and by implication use precious time and resources most effectively.

- Give Acknowledgement – recognise and validate the other person's experience, whilst avoiding the use of direct 'praise'.

- Stay Curious – avoid making judgements in the moment.

Activity 3:

In pairs: Have a conversation with each other using what you think is a coaching style. Offer each other feedback about:

1. What did you notice?
2. How did you feel?
3. How were your values and beliefs respected?
4. Based on the learning from this exercise what would you do differently in your next conversation with a service user?

(10 mins each)

Session Four: Dynamic Contracting

Definition of Dynamic Contracting: Dynamic contracting is making explicit the psychological contract i.e. gaining clarity about expectations, rules of engagement, agreeing how to work together, how to manage differences and conflict and detailed practicality of work to be completed. This is a dynamic process, not an individual event and therefore will need to be reviewed and updated as appropriate.

In practice Dynamic Contracting means:

Clinical and support staff agreeing clear realistic goals with service users and team members. This is done through the process of having honest, explicit conversations about expectations in relation to behaviour, work objectives and 'rules of engagement'. Implicit in this agreement is the psychological contract, which can be defined as:

> *'An unwritten set of expectations operating at all times between every member of the organisation'* (Schein E,1980).

Making the psychological contract more transparent can facilitate open honest conversations, which empower clinicians and support staff to hold people to account. Contracting is therefore a 'live', iterative process. It is helpful to contract with service users and members of staff so that there are no surprises.

When you meet with a service user to agree how you will work together you may want to think about:

- What do I expect from this person and what can they expect from me?
- What do I need to let them know about my working style?
- What do I need to know about their style?
- What are the boundaries?
- What about confidentiality?
- How do we hold one another mutually accountable for what we agree?
- How shall we work together when we have different views?
- How will we deal with confrontation?

Moving to a coaching style without letting service users and staff know can cause surprise and confusion. Therefore re-contracting with service users and staff about how you will work in response to what you notice is important. Working sensitively with a coaching style means paying attention to such factors as, diversity and cultural differences. (▣ p 12).

Activity 4:

1. Working with the trainer, review and develop the contract for the programme and consider and check any assumptions you may be making.
2. The contract you agree together will be displayed on a flip chart and you are asked to review it with fellow participants at regular intervals throughout the programme to ensure the dynamic contract is as required.

(10 mins)

Session Five: Exquisite Listening Skills

Reflect - This is an active process in which clinical and support staff can work with service users to enable them to review their progress and, within the sphere of their control, to take responsibility for action and change. This requires exquisite listening skills throughout the conversation and the skill to acknowledge a person's contribution.

Definition of Exquisite Listening: Exquisite listening focuses on the person with whom you are having the conversation and you are 'fully present' and in tune with the person's verbal and non-verbal communication e.g words, tone of voice, pace, movement, eye contact, posture, gestures.

In practice Exquisite Listening means:

- Keeping your own 'stuff' out of the way.
- Preparing with a few minutes of quiet time if you anticipate that you may be likely to use a coaching approach with someone in the course of an interaction.
- Monitoring your own listening during the interaction.
- Demonstrating *Unconditional Positive Regard* by respectful listening.

- Being able to be silent and listen without interrupting the other person.
- Letting the other person know that 'I see/I hear/I recognise you' - it does not mean praising them.
- Being able to validate the person, without praising or denigrating the action or activity concerned by stating the facts - 'You have worked consistently towards this goal.' (▣ p 12).

Two levels of listening

- **Level one listening**:

  Focuses on yourself and you are not likely to be 'fully present'.

- **Level two listening**:

  Exquisite listening; focuses on the person with whom you are having the conversation and you are 'fully present' and in tune with the person's verbal and non-verbal communication e.g words, tone of voice, pace, movement, eye contact, posture, gesture.

Activity 5:

In pairs:
1. Take turns to tell your partner about something that means a lot to you in relation to your work.
2. As the 'listener' you may not speak at all. You may nod, smile, use facial expressions as appropriate, but you may not speak.
3. After you have both had a turn, share with your partner the five most important things you think you 'heard' from your partner in the course of their conversation.
4. Did you 'hear' more than you would have done normally?
5. What values and beliefs and internal resources did you notice?
(5 mins each)

Activity 6:

In pairs:
1. Take turns to think of a time when you worked to achieve a personal goal.
2. Share with your partner whether or not you were acknowledged and how this situation was experienced by you at the time.

   Examples of ways to acknowledge include:
   - "It must have been challenging for you to deal with this issue with that person".
   - "I can tell that this has taken a lot of effort on your part".
   - "It took courage for you to raise this issue in this supervision session".

3. Discuss with your partner how you might use acknowledgment skills to validate a person's experience and their efforts *without praising them or commenting on the quality of their performance.*
(15 mins each)

Using the Values and Treatment Preferences (VTP) Interview Guide with a service user would be one way of demonstrating exquisite listening and acknowledgement. (▣ pp 12-13 and Appendix 1).
(See also ❖ 3 pp 26-27 as these questions might also be useful when interviewing service users).

Session Six: Powerful Questions

Explore - This provides the opportunity to explore the issue/problem/task and the options. This requires the use of powerful questions.

Definition of Powerful Questions: A powerful question is one that gets to the heart of the matter and challenges someone to move beyond their usual way of thinking.

[❖ 3 pp 26-27 for some sample powerful questions and refer to ▣ pp 13-14 for examples of where you could use powerful questions]

In practice using powerful questions means:

Using
- Questions that get to the heart of the matter and move beyond the person's 'rehearsed material'.
- Open questions – that begin how, where, when, what.
- Outcome questions - that take the person towards the desired outcome (▣ pp 17-18 on Approach Goals).
- Using closed questions to move the discussion on.
- Using short (7–12 words) questions - keep it simple.

Avoiding using:
- Multiple questions.
- Thinking out loud questions (Extraverts beware).
- Embarrassing and/or undermining questions.
- Advice in the disguise of questions.
- Unhelpful questions searching for facts – revealing your own anxiety for information and facts about the issue.

Using sparingly:
- Questions with more than 12 words.
- Questions beginning with 'Why', 'Do' or 'Is'.
- 'I' as part of any question.

Exquisite listening will ensure that the questions offered are relevant and effective.

Great questions become '$64 million dollar' questions with the added coaching skills of impeccable timing and perfect pace - using questions in this way will enable you to 'dance in the moment' and seize great coaching opportunities as they emerge.

Activity 7:

In groups of three:

1. You should each have a turn of being the **clinician or support staff member**, the **service user** and the **observer**.
2. Each 'coaching session' should last **10 minutes**.
3. As the **service user** being "coached" you should create a scenario about which you would like to gain insight in order to make changes. In this exercise your role as service user is to participate actively. (⊡ See Appendix 1 for ideas on how your own values might impact on your treatment preferences)
4. When you are in the role of the **clinician or support staff member** as coach you should be thinking about
   - ○ Contracting.
   - ○ What values and beliefs and internal resources did you notice?
   - ○ Goal-setting and goal-striving. (The notion of goal setting and goal striving will be explored further in Session Eight.)
   - ○ Practising the use of powerful questions and (where appropriate) silence. [❖ 3 pp 26-27 for some sample powerful questions]

5. The role of the **observer** is to time-keep, keep brief notes of powerful questions that 'landed' with impact and to call the session to a close. [❖ 9 p 33 for Observer Checklist]
6. At the end of the three rounds of coaching, you will have **5 minutes** together to de-brief this exercise as a group and to:
   - Consider what specifically made some questions more powerful than others.
   - Agree on the three most powerful questions that were experienced by this group connected with values, beliefs and internal resources
   - Prepare to feed back to the group as a whole.

(10 mins each and 5 mins debrief)

Session Seven: Directing/Coaching/Mentoring

Modes of Working and Communication Styles of Clinical and Support Staff

Clinical and support staff may work in any of the following modes and styles. However, none of these ways of engaging others in the workplace is coaching – although you may choose to bring a coaching style to any of these ways of working. It is possible for you to be an expert practitioner in your professional capacity and a novice or beginner in another area of competency such as coaching or mentoring. [❖ 4 p 28].

Definitions - understanding the difference

Directing	Is showing the way by imposing direction.
Coaching	Is about drawing on the resourcefulness of individuals – it is not about healing and there is no diagnosis done by the coach.
Mentoring	Is a process for the informal transmission of knowledge.
Therapy	Is a restorative process often using a metaphor of healing.

Activity 8:

1 The trainer will demonstrate how directing, mentoring and coaching conversations may be used.
2 You will be asked as a group to agree a realistic scenario for use by the trainer in the demonstration session that is part of this exercise.
3 You will be asked to feed back on your observations of the demonstration and consider on a scale of 1-5 how likely you would be to use each of these different approaches. (Please use a 1-5 scale where 1 is 'I will not use this approach' and 5 is 'I will definitely use this approach')?

Activity 9:
1. The trainer will invite you to participate in a practical coaching, mentoring and directing activity.
2. You should each think of a scenario on which you would like to be coached, mentored and/or directed. You will be using this same scenario throughout this exercise.

(40 mins)

Session Eight: Recap of Day One and Overnight Reflective Tasks

The trainer will invite you to think about your learning so far. The trainer will outline for you the two overnight reflective tasks to be completed between day one and day two [❖ 5 p 29] to bring a coaching approach into your day to day practice.

Activity 10: [❖ p 13]

Task one: Reflect on a work situation where you could have listened at Level Two [❖ p 10], asked different questions or taken a different approach. Come to day two training prepared to share your reflections with others in a small-group exercise. [❖ 5 p 29].

Activity 11: [❖ p 13]

Task two: Complete the overnight reflective task on taking theory into practice. This exercise is an essential element on this programme [❖ 5 p 29].

Reflect and consider: How am I doing? What's my learning been about today? How will I take my coaching skills into my clinical practice?

The trainer will provide you with a copy of a sheet entitled Overnight Reflective Task between Day One and Day Two [❖ 5 p 29]. Please briefly record your thoughts for handing in on the following day.
(15 mins)

DAY TWO

Session Nine: Recontracting and Reflecting on Overnight Tasks

You will be asked to revisit the dynamic contract at the start of the day and to share some brief reflections relating to Activities 10 and 11 and your overnight tasks. The trainer will collect in your completed overnight reflective task sheets.

> **Activity 12:**
> In pairs:
> - Take it in turns to share your reflections relating to overnight task one (Activity 10).
> - The person listening should use their listening and questioning skills to reflect back to their partner on what they have heard.
>
> (**10 mins each**)

Session Ten: Goal Setting and Goal Striving

Agree Outcomes – Agreeing outcomes is important to help focus the conversation and agree the desired results. This part of the conversation is essential as it will help the person and you clarify what the person wants to achieve. Goal setting is an integral part of agreeing outcomes.

Definition of Goal Setting: Deciding what you want, and determining the milestones for how you will achieve it.

Definition of Goal Striving: making a committed effort to attain a goal, developing and maintaining hope and resilience even in the face of set backs (Bird L, Leamy M, Le Boutillier C, Williams J, Slade M, 2011).

Definition of Beliefs and Values: Values are deeply held beliefs about what is good, right, and appropriate. Values are deep-seated and remain constant over time. We accumulate our values from childhood based on teachings and observations of our parents, teachers, religious leaders, and other influential and powerful people. Jerry Lopper accessed http://suite101.com/article/what-are-values--a7200, 29th November 2012.

Goals and outcomes are key within coaching as:

- Goals motivate people by providing a vision and an outcome at the start of the activity.
- Goals focus attention and concentrate energies in a particular direction. Note that 'where attention goes, energy flows'.
- Goals give meaning to activity and on achievement create a sense of satisfaction.

Exploring the beliefs and values that matter to a person is an important part of working with them in goal setting and goal striving.

In practice goals and outcomes focused coaching involves:

- Agreeing the goals and outcomes – individuals often present with problems – sticking with the problems robs them of their power.
- Encouraging outcome-frame thinking - what would it be like when you have achieved this? What resources do you have to help you to get there? What is the first step?
- Working in partnership to prioritise the necessary steps and actions.
- Discussing and agreeing accountability - who will take responsibility for what. Accountability does not always imply that you personally have to do the task. It does however imply being responsible for ensuring that the task gets done. (▣ p 15-16)

Activity 13:

In groups of three: You should each have a turn of being the **coach**, **service user** and **observer.**

1. As the **service user,** participants should think of something about which they would like to agree specific outcomes.
2. Each coaching session should last **10 minutes**.
3. The **service user's role** is to participate actively in discussing outcomes and setting suitable goals toward which she/he wishes to strive.
4. The **coach's role** is to practise the skills of goal setting and agreeing outcomes.
5. The **observer's role** is to notice what has been effective and less effective in goal setting and outcomes coaching. [❖ 9 p 33 for Observer Checklist].
6. The **coach** should be the timekeeper in this exercise to practise managing the process within a limited time period.
7. At the end of three rounds of coaching, discuss together what you have learnt about goal setting and goal striving in a clinical coaching context.

(35 mins)

Session Eleven: Gaining Commitment

Commit to Action - This part of the conversation may require you to challenge the person to help them spring loose their resourcefulness. A frank or tough conversation may require skills to confront and challenge. You may also find the skills of permission seeking and intruding helpful.

Definition of Confronting: Facing up to a problem and dealing with it.

Definition of Challenging: Having the courage to engage, call into question an existing situation, behaviour, attitude or belief and invite a conversation.

In practice this means becoming skilled in the art of feeding back difficult messages to get a positive response and resolve problems, to help a person learn and focus on achieving their goals [❖ 6 p 30]. Feedback may be given in the moment (Response Coaching) or more reflectively during an individual coaching session. Giving difficult feedback as a praise sandwich should be avoided [❖ 7 p 31] and being clear about the delegated level of authority will ensure clarity of decision making and reduce the potential for confusion and conflict [❖ 8 p 32]. (▣ pp 17-18).

Challenging a service user can help them use their resourcefulness to resolve problems and empower them to take **responsibility** for actions for which they then hold themselves to account. This can help improve their outcomes.

Managing conflict and confronting problems early can help create more robust relationships for improved outcomes and help develop resilience in individuals.

Activity 14:

Practising confronting and challenging skills in pairs:

- Initially work on your own and write a 90 second statement about a challenging scenario relating to a service user and prepare to read it aloud to your partner to get their feedback and comments. This is not a role-play exercise.
- Seek feedback from your partner on how the statement sounded, how they experienced it and make any changes necessary based on the feedback received.

(20 mins)

Definition of Permission Seeking - Permission seeking is defined as gaining the other person's permission to offer your perspective on the subject.

Definition of Intruding - Intruding is defined as skilfully cutting short a conversation if it is going 'off track' or becoming too detailed.

In practice this also means:

Asking Permission:
- Seeking the other person's permission to offer your perspective on the issue - 'Would you like me to share with you what I have noticed….' Can I reflect back to you what I am hearing you say?" "May I tell you what I am noticing at the moment?" "Would you like me to share with you what I am curious about?"
- Not sharing an insight or an intuitive 'hunch' if permission is not freely given by the other person.
- Being mindful of the person's values and beliefs, both expressed and observed through their body language.

Intruding:
- Skilfully cutting short a conversation if it is going 'off track' or becoming too detailed "I'd like to direct our attention back to…" "Could I ask you about…..?"
- Giving 'air time' to the things that really matter and managing the available time effectively for both of you "We have just 15 minutes, what's most important for us to concentrate on right now?" "I'm interested in your story, it's a really great story, and I also want you to get the most from this time - is this the best use of our time together?"
- Not becoming involved in any 'red herrings' introduced by the other person either knowingly or unwittingly, for example:

  − What can you distil from this incident/this situation?
  − What is the learning from what happened?
  − What will you remember about this in ten years time?
  − I sense you may be avoiding something - what's the truth?
  − What are you unwilling to address?
  − What's missing?
  − What truth are you pretending not to know/to recognise?
  − How long do you want to repeat this pattern?
  − And what do you want?

Session Twelve: Giving and Receiving Feedback

Hold to Account - This is the closing stage of the conversation and in agreeing how the person will be held to account you may need to give feedback.

Definition of Feedback - Two way open and honest communication that encourages a person to reflect, listen to and explore comments and modify their behaviour.

In practice this means becoming skilled in:

- Giving information, not opinion or interpretation. It is important to think about the purpose of the feedback. Feedback for positive work is important as it encourages people to sustain and improve their performance, helps people feel valued and can improve morale. Feedback needs to be clear, authentic and timely.

- Giving feedback in 'Real Time' – Feeding back to the person about what you are experiencing of their behaviour, patterns or performance right here and now. This can provide a window of understanding on to their behaviour and how others experience them and links also to the 'reality' checks referred to in the adapted GROW model (Whitmore J, 2002).

- Speaking your truth in the moment - naming what you see, hear and feel and what is emerging for you in that moment. This can sometimes be very helpful in gaining a balanced perspective on the issues. You might begin with: "I am noticing ", "I am feeling …", "I am wondering…".

- Using straight-talking skills to have the frank or tough conversations [❖ 6 p 30] – needed in a confronting or delegating situation. This may mean pointing out discrepancies and incongruities between stated values and observed actions or gaining agreement from someone on how they wish to take responsibility for a task and how they would like to be held accountable for doing so.

- Feedback that might begin with "What I would like to see more of/less of/to stay the same …".

- Receiving feedback. This means being able to listen and suspend judgment, acknowledge the feedback and then have a conversation (◙ p 19).

> **Activity 16:**
>
> In pairs either sitting or walking and talking:
>
> - Think of some feedback that you want to give a service user who has achieved their goal/s. "How do you feel?", "What are you noticing now that you've achieved this?"
> - Think of some feedback that you would like to give a service user who has partly achieved their goal/s or has still to achieve their goal/s.
>
> **(15 mins each)**

Session Thirteen: Pulling it All Together

Definition of a Coaching Model - A framework to enable clinical or support staff members to have a structured coaching conversation that aims to encourage a person to hold her/himself able and strive to meet her/his goals.

The trainer will draw your attention to three generic coaching models which you might find helpful. In the following exercise you are invited to explore how using a coaching model could enhance your coaching conversations.

Three generic coaching models to assist you in developing your coaching style

The **REACH©** coaching model and the adapted GROW model (Whitmore J, 2002) are particularly helpful when setting goals and agreeing outcomes and the adapted Response Coaching model (Starr J, 2008) is relevant when responding in the moment to a 'live' situation using a coaching approach.

1. The REACH© Coaching Model

Reflect - This is an active process in which clinical and support staff can work with service users to enable them to review their progress and, within the sphere of their control, to take responsibility for action and change. This requires exquisite listening skills throughout the conversation and the skill to acknowledge a person's contribution. Questions might include:

- What's currently happening?
- What's your own responsibility for what's happening?
- What have you learnt from this episode?
- If this kind of thing happened again, what would you do?
- What would you like more of or less of?

Explore - This provides the opportunity to explore the issue/problem/task and the options using powerful questions. Questions might include:

- What makes it a problem now?
- On a scale of 1-10, how important is this problem?
- On a scale of 1-10, how much energy do you have to find a solution?
- How might your values and beliefs impact the outcomes you want?
- What have you already tried in the way of solving it?
- What options can you create?
- What internal resources might be helpful?
- What external resources could you tap into?
- If you had your choice, what would you do?
- How do you feel?

Agree Outcomes - Agreeing outcomes is important to help focus the conversation and agree the desired results. This part of the conversation is essential as it will help the person and you clarify what the person wants to achieve. Goal setting is an integral part of agreeing outcomes. Questions might include:

- What will you do and by when?
- How will I know you have done it?
- What is the measure of success?

Commit to Action - This part of the conversation may require you to challenge the person to help them spring loose their resourcefulness. A frank or tough conversation may require skills to confront and challenge. You may also find the skills of permission seeking and intruding helpful. Questions might include:

- What is the first step?
- What can you do right now?
- What do you need from me?
- How do you feel?
- On a scale of 1-10 how committed are you to taking this action?

Hold to Account - This is the closing stage of the conversation and in agreeing how the person will be held to account you may need to give feedback. Questions might include:

- How might you feel when you have accomplished your goal(s)?
- If you don't succeed, what will the consequences be for you?
- What would you like from me to help you hold yourself to account?

2. An adaptation of the GROW Model (Whitmore J (2002))

The GROW Model (Whitmore J, 2002) is helpful in interactions where you wish to use a coaching approach. An adaptation of the GROW Model is outlined below, offers a useful coaching framework prompting the clinician or support staff member to be clear about the steps needed for change to take place and outcomes to be achieved.

Goal for coaching style interaction – what do you need to achieve? Start with a vision of what it will be like when you have reached the goal, and then get more specific.
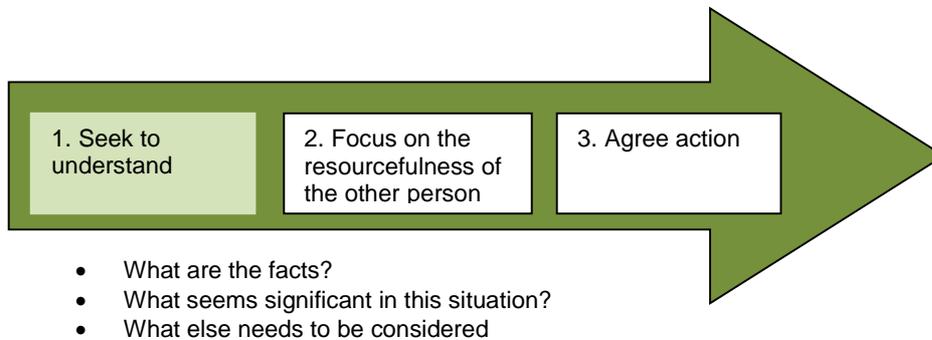
Reality – what is the situation now? Ask specific questions about who, what, where, how much.

Options - What's possible? – What options exist to get closer to the goals?

Wrap-up – Gain commitment, clarity and support and 'wrap-up' by agreeing next steps and how these will be taken forward.
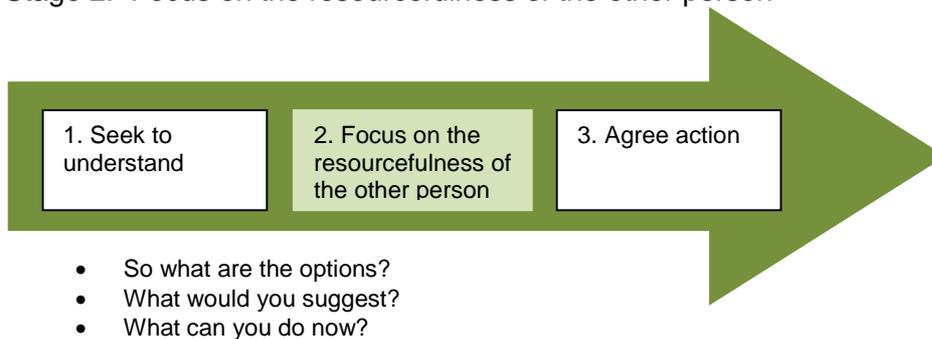
3. Coaching in the Moment - adapted from Julie Starr's Response Coaching Model (Starr J, 2008)

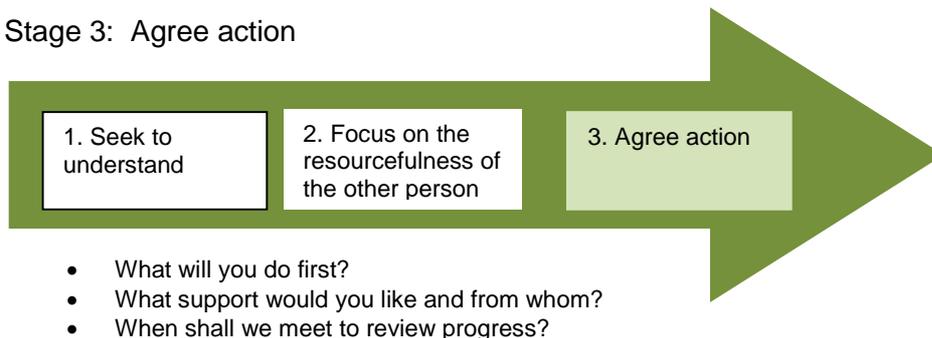Stage 1: Seek to understand through inquiry and exquisite listening

1. Seek to understand	2. Focus on the resourcefulness of the other person	3. Agree action

- What are the facts?
- What seems significant in this situation?
- What else needs to be considered

Adapted from (Starr J, 2008)

Stage 2: Focus on the resourcefulness of the other person

1. Seek to understand	2. Focus on the resourcefulness of the other person	3. Agree action

- So what are the options?
- What would you suggest?
- What can you do now?

Adapted from (Starr J, 2008)

Stage 3: Agree action

1. Seek to understand	2. Focus on the resourcefulness of the other person	3. Agree action

- What will you do first?
- What support would you like and from whom?
- When shall we meet to review progress?

Adapted from (Starr J, 2008)

Activity 17:

In groups of three: Integrate the various coaching skills practised so far. You should each have a turn of being the **coach**, **coachee** and the **observer**. [❖ 9 p 33 for Observer Checklist]

- The trainer will invite you to think of a real situation that you would like to use in a coaching conversation.
- Take it in turns to work as the **coach, coachee** and **observer.**
- In the role of observer note your observations and be prepared to offer feedback to the coach.
- As **coach** you may wish to use one of the generic coaching models provided.

(45 mins - 10 mins exercise, 5 mins feedback)

Session Fourteen: Embedding the Learning through Practice, Supervision and Team Conversations

Coaching questions can be used in supervision to support reflective practice and in conversations with service users. You may wish to use the Record of Coaching Conversations [❖10 p 34] as an aide memoir to take to supervision.

Activity 18:

In pairs:
- Think about you as individuals may unwittingly block yourselves from using a coaching approach in your work. Think about potential solutions. Commit to making one change in your practice.

Activity 19:

As a group:
- Agree how you want to work in the two follow up recall refresher sessions and commit to time and place.
- Contract together and run a closing exercise taking it in turns to share reflections such as, "A coaching conversation I am going to have with a service user to help them engage in setting their goals is..". "The most important learning point for me from the programme is …" "What I will tell others about this programme is .."

 (30 Mins)

Activity 20: [❖ p 21]

In between completing this training and having supervision you are invited to consider: When am I at my best as a clinical or support staff member using a coaching approach – when I am coaching in the moment or when I am coaching in a more formal context using a reflective style? How do I know this? What related coaching development challenge will I set myself?

As you try out different coaching conversational styles, briefly record your reflections and observations on the In-between Reflective Task sheet provided (♦ 12 p 43) [❖ 11 p 35].
(10 mins)

Activity 21:

Revisit your Pre-course Preparation and Assessment Sheet and notice what has changed as a result of this programme. (♦ 1 and 2 pp 27-30) [❖ 1 and 2 pp 22-25].
(15 mins)

RESOURCES

Pre-Course Preparation and Self Assessment Sheet for REFOCUS Coaching Conversations for Recovery Programme
This sheet references 'Emotional Intelligence' as outlined in *Working with Emotional Intelligence*, (Goleman D, 1998) and **Excellence and Power in Clinical Nursing Practice.** Menlo Park: Addison-Wesley, pp.13-34 (Benner P, 1984).

Please assess yourself against the following capabilities of a coaching style using the scale below:

Capability	Capability Indicators	Novice (1)	Competent (2)	Proficient (3)	Expert (4)
Self Awareness: Demonstrates emotional self-awareness, accurate self assessment and self confidence	• Know which emotions you are feeling and why				
	• Recognise the links between your feelings and what you think , do and say				
	• Aware of your strengths and weaknesses				
	• Evidence reflexivity and ability to learn from experience				
	• Present yourself with self-assurance; have 'presence'				
	• Decisiveness and ability to make sound decisions despite uncertainties and pressures				
Self-Management: Emotional self-control, Transparency, adaptability, achievement orientation, initiative and optimism	• Manage disruptive emotions and impulses effectively				
	• Display honesty and integrity, dependability and responsibility in fulfilling obligations				
	• Demonstrate flexibility in handling change and challenges				
	• Show openness to novel ideas, approaches and new information				
	• Ability to stay composed, positive, and unflappable even in trying moments				
	• Operates from hope of success rather than fear of failure				

Please assess yourself against the following capabilities of a coaching style using the scale below:					
Capability	**Capability Indicators**	**Novice (1)**	**Competent (2)**	**Proficient (3)**	**Expert (4)**
Social Awareness: Empathy, organisational awareness and service orientation	• Senses others' feelings and perspectives and takes an active interest in their concerns				
	• Anticipates others' development needs and bolsters their abilities				
	• Demonstrates the ability to read the political and social currents in an organisation				
	• Grasps the perspective of patients and service-users, and acts as a trusted professional				
	• Demonstrates understanding of the needs of patients and service-users and matches services to the needs				
	• Understands diverse worldviews and is sensitive to group differences				
Relationship Management: Developing others, inspirational leadership, change catalyst, influencer, conflict management, teamwork and collaboration	• Acknowledges and rewards people's strengths and accomplishments and identifies needs for further growth				
	• Demonstrates effective tactics of influence and persuasion				
	• Demonstrates leadership by example, arousing enthusiasm for a shared vision and mission, inspiring and guiding others				
	• Initiates, promotes and manages change effectively				
	• Demonstrates the capacity to negotiate skilfully and resolve disagreements				
	• Evidences skills in building rapport and building consensus				
Contracting:	• Demonstrates the ability to agree with someone or a group of individuals as to how you wish to work together				

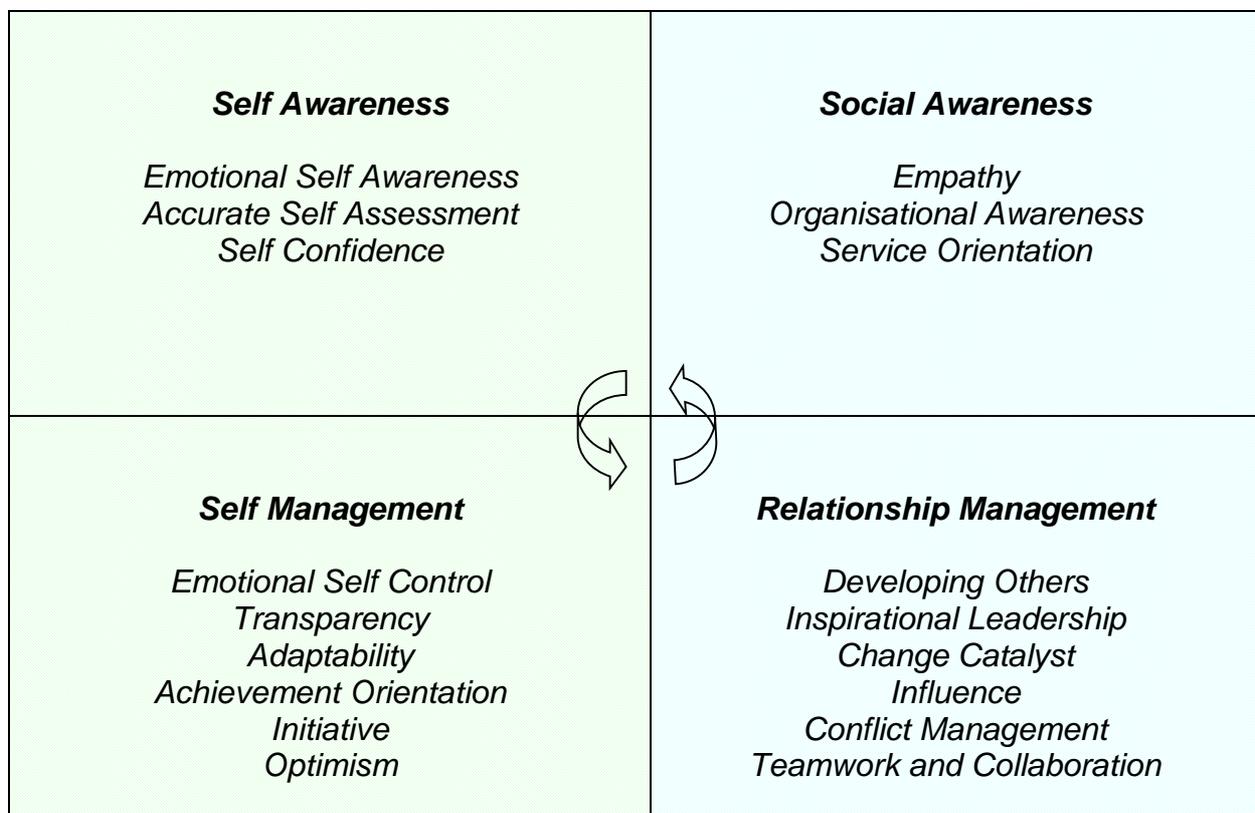| Please assess yourself against the following capabilities of a coaching style using the scale below:					
Capability	**Capability Indicators**	**Novice (1)**	**Competent (2)**	**Proficient (3)**	**Expert (4)**
Reflexivity:	• Demonstrates the capacity to reflect on actions or situations and review and evaluate these accordingly				
Exploration:	• Evidences the ability to explore options and possibilities from a neutral position				
Agree Outcomes:	• Effectively explores and draws out from the patient or service user what they believe is important to them to work towards				
Commit to Action:	• Demonstrates the ability to negotiate effectively with others and gain commitment to action				
Hold to Account:	• Evidences the skills of holding him/herself to account and engages others in holding themselves to account				
Listening Skills:	• Listening intently to others, noting the key points made and being able to feed these back to the person succinctly and accurately and to 'match' them on pace and style in doing so				
Asking Good Questions:	• Demonstrates the capacity to offer others good, open questions that invite exploration and perspective sharing				
Giving and Receiving Feedback:	• Demonstrates the capacity to notice and observe what is happening in a conversation (at many levels: including emotional, physical and intellectual) and to share feedback without judgement				
Skills for having Tough and Productive Conversations	• Demonstrates the skills for holding honest, transparent conversations about challenging problems, establish next steps and take these forward productively				
Awareness of posture and body language:	• Demonstrates some awareness of the meaning of body language and postures observed in others				

Coaching with Emotional Intelligence

(Adapted from Daniel Goleman's Model 1998)

Emotional Intelligence is fundamental to working with a coaching style. The key elements of Emotional Intelligence are outlined in *Working with Emotional Intelligence* (Goleman D, 1998).

The adaptation below of Daniel Goleman's Emotional Intelligence model (1998) invites the user to pay attention to both internal and external factors when coaching

Self Awareness *Emotional Self Awareness* *Accurate Self Assessment* *Self Confidence*	***Social Awareness*** *Empathy* *Organisational Awareness* *Service Orientation*
Self Management *Emotional Self Control* *Transparency* *Adaptability* *Achievement Orientation* *Initiative* *Optimism*	***Relationship Management*** *Developing Others* *Inspirational Leadership* *Change Catalyst* *Influence* *Conflict Management* *Teamwork and Collaboration*

Generic Clusters of Powerful Questions

Checking in
- On a scale of 1-10:
  - How important is this issue?
  - How much energy do you have to find a solution?
- How might your values and beliefs impact the outcomes you want
- What are you feeling right now?

Finding solutions
- What would you like more of, less of?
- Who actually owns this problem?
- If you had your choice what would you do?

What do you know, what have you learned?
- What would be the best way to confront difficulties?
- What's your own responsibility for what's happening?
- What have you learnt from this episode?
- If this kind of thing happened again, what would you do?

Being resourceful
- What personal resources could you use to help you?
- What have you already tried in the way of solving it?
- What's working for you now?
- What options can you create?

Taking action/Goal Setting and Goal Striving
- What will you do and by when?
- How will you know you have done it?
- What can you do right now?

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Generic List of Powerful Questions

- If I were being effective as a clinician, how would you see me work with you?
- What has been your best and worst experience of using these services?
- What would be the best way to confront difficulties?
- What's new/the latest/the update?
- What's your own responsibility for what's happening?
- What have you learnt from this episode?
- If this kind of thing happened again, what would you do?
- What would you like more of or less of?
- What kind of picture do you have right now?
- What makes it a problem now?
- On a scale of 1-10, how important is this issue?
- On a scale of 1-10, how much energy do you have to find a solution?
- Who actually owns this problem?
- What have you already tried in the way of solving it?
- What options can you create?
- If you had your choice, what would you do?
- What will happen if you do, and what will happen if you don't?
- What resources do you need to help you decide?
- What's working for you now?
- What are you feeling right now?
- What are you feeling about this situation, dilemma etc?
- What will you do and by when?
- How will I know you have done it?
- What is the measure of success?
- What is the first step?
- What can you do right now?
- What do you need from me?
- How do you feel?
- On a scale of 1-10 how committed are you to taking this action?
- If you don't succeed what will the consequences be for you?
- How will you hold yourself to account?
- How do you want me to hold you to account?
- How might your values and beliefs impact the outcomes you want?
- What personal resources could you use to help you?
- What external resources could you tap into?

The Slam Partners' SKI© Model of Directing, Coaching, and Mentoring
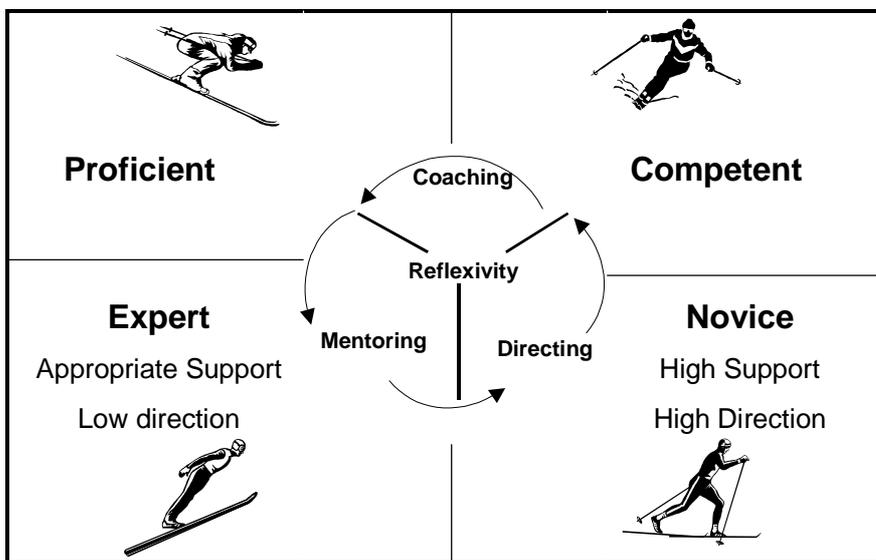
The Slam Partners' SKI Model adapts the concept of ***Novice to Expert: Excellence and Power in Clinical Nursing Practice****.* Menlo Park: Addison-Wesley, pp 13-34 (Benner P, 1984) to demonstrate how coaching conversations can enhance supervision and working practice

Overnight Reflective Tasks between Day One and Day Two:

Task One:

Reflect on a work situation where you could have listened at Level Two, asked different questions or taken a different approach. Come to day two training prepared to share your reflections with others in a small-group exercise.

Task Two:

Theory into Practice – Taking a coaching approach into your clinical practice

This task is an essential element on this programme

Enquiry: How am I doing? What's my learning been about today? How will I take my coaching skilling into my clinical practice?

Please record your initial reflections and observations on the conclusion of the first day of the programme below:

Preparation for Frank or Tough Conversations

Adapted from the framework for *Fierce Conversations* (Scott S, 2002) and *Vital Conversations*, (Grimsley A, 2010)

The following first part of the conversation Steps 1-5 should take no more than 90 seconds.

1. Start by briefly outlining your understanding of the problem and try to gain a shared recognition of this. Give no more than three examples of your perception of the problem.

2. Clarify how you feel about this and why you think this problem needs to be resolved.

3. Briefly state the consequences of not making a change.

4. Identify your part in this situation and your commitment to support the change.

5. Suggest some potential ways forward.

    Now have the conversation

6. Invite the other person's thoughts on your comments so far.

7. Together agree the next steps in resolving the matter with timeframes for review.

What to Avoid when Giving Feedback

Adapted from *Fierce Conversations*, (Scott S, 2002)

Common pitfalls include:

- Starting the conversation with polite small talk.

- Using the 'praise sandwich', i.e. offering a compliment, the real (tough) message, followed by another compliment. A tough conversation should deliver its message simply and clearly and a complimentary conversation should be just that and separate.

- Making it easier on ourselves to offer a tough message by interspersing supportive comments. This is for our comfort not that of the person receiving the message.

- Making assumptions about how you think the conversation will go. This can result in not really listening to what the person is saying when having the conversation.

- Delivering a rapid barrage of critical or tough comments without stopping to check the details with the other person.

A clean and succinct delivery of the tough message offers the most productive approach.

Delegation/Decision-Making Tree

Adapted from *Fierce Conversations* (Scott S, 2002)
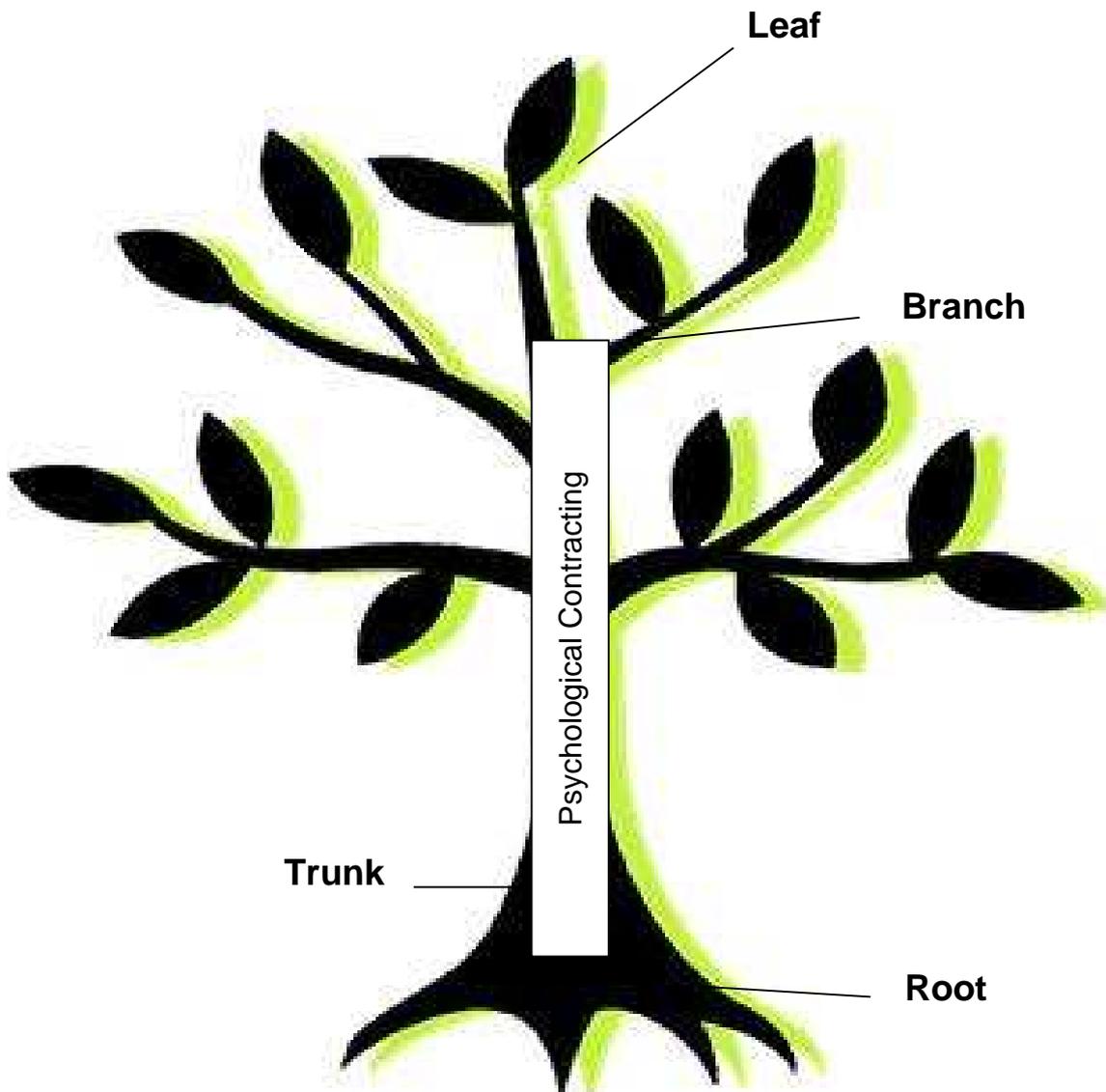
Psychological Contracting:
> Discussing and agreeing mutual expectations with managers, supervisors, colleagues and service users and clarifying the boundaries of your decision making authority.

Leaf Decisions:
> Make and execute the decision. You do not need to recount the action.

Branch Decisions:
> Make and execute the decision. Report the action you took at the interval/s agreed.

Trunk Decision:
> Make the decision. Discuss your decision before you execute the action.

Root Decision:
> Make the decision collaboratively with others. These are the decisions that, if poorly made and executed could adversely impact on the wider organisation.

Observer Checklist

When in the role of observer, what did you notice about the coach and coachee?

- Non verbal communication (posture, gesture, eye movements).

- Verbal communication (tone of voice, pitch, pace and speech).

- Active contracting and re-contracting.

- Rapport (matching/mismatching, verbal and non verbal communication).

- Level of engagement.

- Extent to which questions have engendered reflection and acknowledged values, beliefs and internal resources.

- Extent to which goal setting and goal striving was achieved.

Record of Coaching Conversations with Service Users

Outline of your Coaching Contract for a minimum of 4 service users. (What have you agreed together as the service users' goals or outcomes?) (In particular outline how you have contracted around *Commitment to Action* and *Holding to Account* in this work)	Results (What happened?)	Enter info on system (Tick when you have done this) ✓	Reflection in supervision (Essential feedback on your REFOCUS work with minimum of 4 service users) (What was the learning?)
1			
2			
3			
4			
5			

In-between Reflective Task
Coaching in the Moment or Coaching in a Reflective Context.
What's your style?

This is an essential task on this programme

Enquiry: When am I at my best as a clinical or support staff member using a coaching approach – coaching in the moment or bringing a reflective style to the work? How do I know this? What related development challenge will I set myself?

Please record your reflections and observations on the above as you gain in confidence and try out different coaching conversation styles on the programme.

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Using and Referencing this Resource