REFOCUS Coaching Conversations for Recovery

Trainer 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.

Why are Coaching Conversations Helpful?

Coaching conversations can help clarify what service users want and encourage responsibility and accountability for achieving goals. Using the skills and techniques can also help clinical and support staff reconnect with their core clinical skills and realise that they do not need to be the automatic problem solver for service users or indeed junior staff. Clinical and support staff become more conscious about the mode within which they are working such as using a coaching or directing approach and this helps them think of service users as more resourceful.

Developing the skills to have a coaching style conversation has other additional benefits as it helps staff work 'inside out'. In busy work environments it is easy to forget to check assumptions, listen to different perspectives, pace conversations, ask open questions, be aware of and acknowledge different values and beliefs and develop a 'power with' not 'power over' relationship. A coaching conversation encourages staff to suspend their judgement, recognise patient treatment values and beliefs, and have more resourceful elegant conversations.

These skills can be equally used by staff in supervisory positions and can help to create a work culture in which people are held able and accountable for decisions and working practices. A robust supervision system, valued by staff can help them develop their coaching conversational practice as part of their overall repertoire of skills.

Using this Manual

This training is provided to teams. When delivered as part of the REFOCUS Intervention, the focus of the training programme was on both individual staff and the entire mental health team. The training can be used as an organisational development intervention for individual teams and whole organisations, to help staff develop their recovery focused practice. It will help teams work together to reflect on their practice and consider changes they can make that will enable service users to take more responsibility and control over their own recovery.

To use this REFOCUS Coaching Conversations for Recovery Trainer Manual, you will need to be familiar with the content of the following two documents:

- 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.
- Grey B, Bailey S, Leamy M, Slade M (2014) REFOCUS *Coaching Conversations for Recovery.* Participant Manual, London: Slam Partners. References to specific pages in this are indicated by the following symbol and the page reference e.g. ❖ p X.

This Trainer Manual is for a two day trainer led REFOCUS Coaching Conversations for Recovery programme and is not designed for individuals to use personally to train themselves.

Gaining Accreditation

For those participants who want to gain European and Mentoring Coaching Council (EMCC) Foundation Level accreditation, Slam Partners offers a 1.5 day assessed 'step-up' programme. Email slampartners@slam.nhs.com for more information.

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.

	See REFOCUS Intervention ▣ pp 12-14	
	Reflect	
See REFOCUS Intervention ▣ p 19	**Hold to Account** **Explore**	**See REFOCUS Intervention** ▣ pp 15-16
	Dynamic Contracting	
See REFOCUS Intervention ▣ p 17-18	**Commit to Action** **Agree Outcomes**	**See REFOCUS Intervention** ▣ p 17
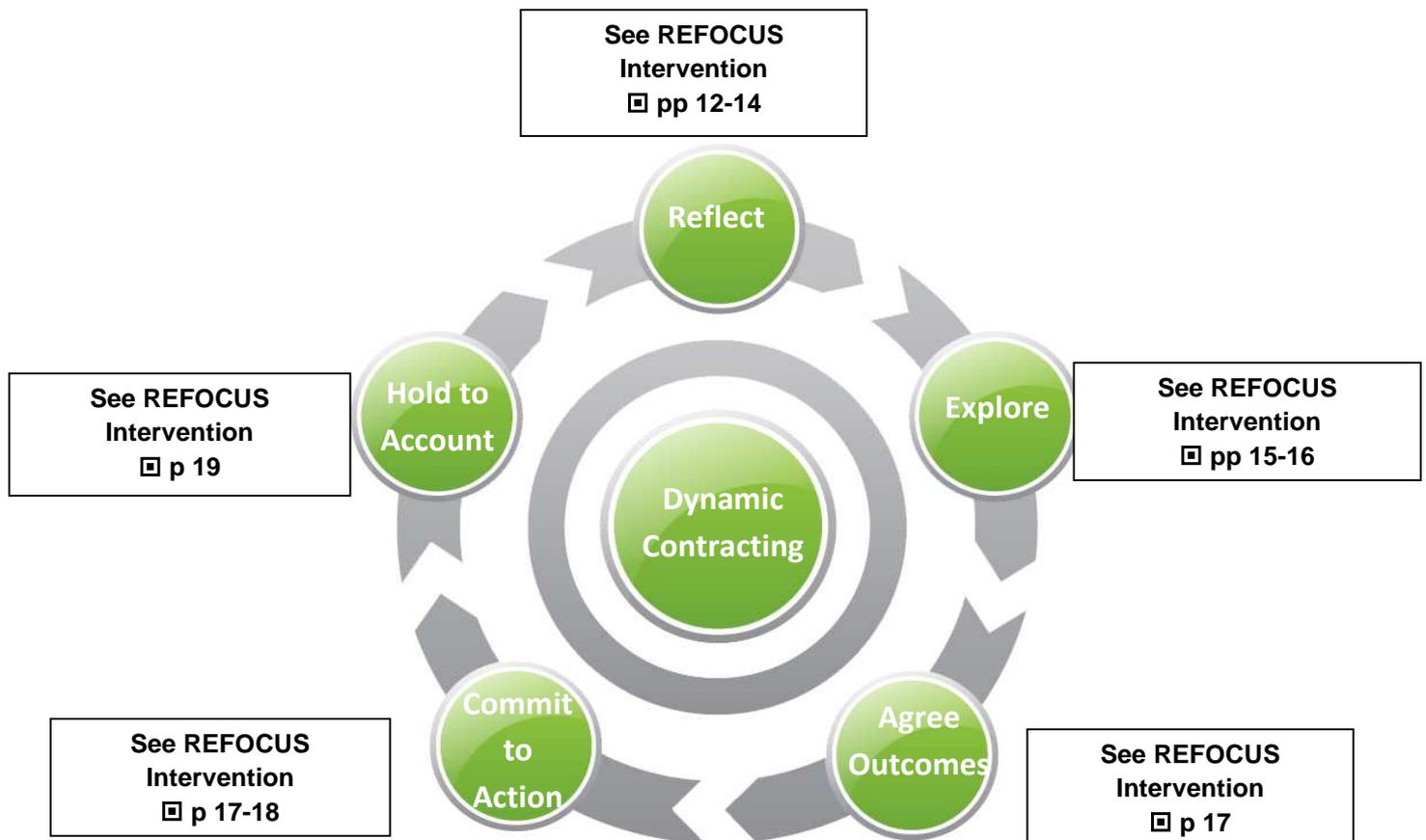
1	Contracting (▣ p 12 and Appendix 1)
2	Exquisite listening (▣ pp 12-13)
3	Use of powerful questions (▣ pp 13-14 and 26-31)
4	Skills to challenge and confront (▣ p 19)
5	Goal setting and goal striving (▣ pp 17-19)
6	Feedback (▣ p 5 and Appendices 2, 3 and 4)

Guidelines for Using this Trainer Manual

Guidelines for Participating Teams:

This training involves two days of team-based training plus two elective reflective coaching learning sets with the trainer. The training uses the **REACH**© framework and it:

1. Is for organisations that want to develop and embed a recovery focused culture.
2. Is a team intervention for clinical and support staff who want to use a coaching style in their work.
3. Acknowledges that clinical teams vary in size. This training package was developed for teams of 12-18. Trainers would need to agree with larger teams how the delivery is organised.
4. Assumes that clinical teams have the support of leaders and managers to transfer and sustain their learning back in the work place.
5. Assumes that clinical and support staff have appropriate supervision and suitable reflective practice forums to enable them to embed their learning in practice.

Managing clinical risk: There may be times when having a coaching conversation is not the right approach. To manage clinical risk - refer to your local clinical risk policy.

Guidelines for Trainers:

This Trainer Manual assumes:

1. Trainers are skilled coaches.
2. Trainers have the ability to facilitate group discussions, modify timings of the day as appropriate, encourage active participant engagement and empower participants to make realistic decisions for embedding learning.
3. One trainer would deliver the programme for each group of 12-18 participants.
4. Two trainers would be required for larger groups up to a maximum of 24. When two trainers work together only one needs to be an experienced coach. The second trainer may be a clinician or a service user who has completed a coaching programme and has the skills to work in the role of a trainer.

Learning Outcomes:

By the end of the programme participants will be able to:

1. Demonstrate how a coaching approach supports the implementation of recovery focused practice ie understanding values and treatment preferences, assessing strengths and supporting goal striving.
2. Demonstrate as a team how they will work differently and identify support required from the organisation to help them sustain changes in practice.
3. Demonstrate the effective core competencies required for working effectively with a coaching style.
4. Recognise when it is appropriate or not to work with a coaching approach in a clinical setting.
5. Using the **REACH**© coaching model to have effective coaching style conversations, hold to account and creatively achieve agreed outcomes.

A detailed outline of the aims, purpose and objectives of this programme are provided in
❖ pp 5-6.

Participant Numbers:

The programme is designed for 12-18 participants with one trainer. For larger teams up to a maximum of 24, two trainers are recommended. The benefit of two trainers is that there is greater capacity to give attention and feedback to participants in the practical exercises.

Rooms and Equipment Required:

- A main room with PowerPoint, flip chart and pens suitable for 12-18 participants plus trainers.
- A breakout room for a group of 6-8 participants plus a trainer for small group work.

Resources:

A number of useful resources are provided at the back of the Trainer Manual and are indicated by the following symbol and the resource reference number and page number i.e. ♦ X p X.

Course Materials:

Each participant will be given a copy of the *REFOCUS Coaching Conversations for Recovery Participant Manual*. Each participant will also be provided with the link www.researchintorecovery.com/refocus for accessing:

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

Copies of the REFOCUS Manual will be available for reference by participants during the programme.

Pre-Course Preparation and Self Assessment Material:

A pre-course preparation and self-assessment sheet (♦ 1 and 2 pp 27-30) should be provided to participants in advance of attending Day One of the Programme. This resource 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 pp13-34 (Benner P, 1984).

Outline of Recommended Timetable:

Timing	Activity	Duration
DAY ONE PROGRAMME		
Timing	**Activity**	**Duration**
9.15am	Session One: Introductions and Contracting	45 mins
	Session Two: Self Awareness and Self Management including Activities 1 and 2	30 mins
	Session Three: Introduction to the Principles and Competencies related to Developing a Coaching Style including Activity 3	45 mins
11.15am	**BREAK**	15 mins
11.30am	Session Four: Dynamic Contracting including Activity 4	30 mins
	Session Five: Exquisite Listening Skills including Activities 5 and 6	60 mins
1.00pm	**LUNCH BREAK**	45 mins
1.45pm	Session Six: Powerful Questions including Activity 7	60 mins
	Session Seven: Directing/Coaching/Mentoring including Activities 8 and 9	45 mins
3.30pm	**BREAK**	15 mins
3.45pm	Session Eight: Recap of Day One including Activities 10 and 11	45 mins
4.30pm	**CLOSE OF DAY ONE TRAINING**	
DAY TWO PROGRAMME		
9.15am	Session Nine: Recontracting and Reflecting on Overnight Tasks including Activity 12	45 mins
	Session Ten: Goal Setting and Goal Striving including Activity 13	45 mins
11.45am	**BREAK**	15 mins
11.00am	Session Eleven: Gaining Commitment including Activities 14 and 15	60 mins
	Session Twelve: Giving and Receiving Feedback including Activity 16	45 mins
12.45pm	**LUNCH BREAK**	45 mins
1.30 pm	Session Thirteen: Pulling it All Together including Activity 17	90 mins
3.00 pm	**BREAK**	15 mins
3.15 pm	Session Fourteen: Embedding the Learning through Practice, Supervision and Team Conversation including Activities 18, 19, 20 and 21	60 mins
4.15pm	Group contracting for In-between practice and peer coaching arrangements including set up of two provisional dates for REFOCUS Coaching Conversations for Recovery training – recall refresher sessions.	15 mins
4.30pm	**CLOSE OF DAY TWO TRAINING**	
PROVISIONAL – RECALL REFRESHER SESSIONS AND ONGOING COACHING ACTIVITIES		
2 months after training ends	It is recommended that recall refresher sessions are commenced to support coaching conversational skills development and embedding of practice. A minimum of two recall refresher sessions are advisable.	60 – 90 mins

Programme Detail:

DAY ONE PROGRAMME:

Session One: Introductions and Contracting (20 mins) [❖ pp 5-6]

Aims:

- To address essential housekeeping matters.
- To agree the parameters of the programme and introduce participants and trainer/s.
- To establish a working agreement or 'dynamic contract' between participants and trainers that is regularly revisited and updated.

Learning Outcomes:

Participants will be able to:
- Understand what the programme is aiming to achieve.
- Experience dynamic contracting in a group setting.

Trainer Notes:

Housekeeping:
- Trainer/s introduces themselves.
- Confirm with participants the finish time and negotiate if participants need to leave early e.g. because of child care.
- Check fire safety requirements for the day and confirm location of the toilets.
- Introduce and display timetable for the day using flip chart or PowerPoint. (♦ p 26).
- Request participants sign in on a register provided.

Introductions:
- Introduce the overall learning outcomes of the programme.
- Ask participants to introduce themselves, name, role, length of time on the ward/unit/team, expectations of the programme. Offer a simple exercise to help people to get to know one another.
- Agree working contract for the programme of the day to include confidentiality, honesty, suspending judgement, committing to engaging during the day. The trainers should also explain what the group might notice them doing e.g. keeping them to task, moving the conversations on, giving 'in the moment' feedback.
(This part of the introduction models dynamic contracting which is described in more detail in Session Four ♦ p 10).
- Note the concept of beliefs and values and their impact.
(The impact of beliefs and values will be revisited in Session Ten ♦ pp 17-19).
- Invite reflection and discussion on how cultural differences will be worked with sensitively, emphasising that what is appropriate for one cultural group may be less acceptable to another.
- Invite the group to consider the elements of the wider environment within which they work and key drivers of relevant national and local contexts.

  Explain that this contract will be regularly revisited and in particular after Session Four, which focuses on dynamic contracting.

Session Two: Self Awareness and Self Management (40 mins) [❖p 6]

Aims:

- To create conscious awareness of how we communicate verbally and non verbally and the impact this has on relationships with others.
- To demonstrate the impact of paying attention in the present moment, without judgement.
- To demonstrate alignment of intent with behaviour.

Learning Outcomes:

Participants will be able to:
- Identify the important components of verbal and non verbal communication.
- Modify their responses in order to develop rapport.
- Demonstrate a congruent working style.

Trainer Notes:

- Introduce the research about non verbal and verbal communication (Mehrabian A, 1971) and explore the importance of congruent non verbal and verbal communication.
- Introduce, demonstrate and practise matching and mismatching body language.
- Encourage participants to explore the impact of congruent working styles including the importance of unconditional positive regard and presence.

Activity 1: [❖ p 6]

In pairs:
Have a conversation with a partner sharing information from your Pre-course Preparation and Self Assessment sheet (♦ 1 pp 27-29) [❖ 1 pp 22-24]
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)

Session Three: Introduction to the Principles and Competencies related to Developing a Coaching Style (including clarification of different work place roles and communication styles) (40 mins) [❖ pp 7-8]

Aims:

- To introduce participants to the underpinning principles and components of using a coaching style in a clinical setting.
- To convey the differences between coaching, mentoring, directing and therapy and the value of using all these approaches.

Learning Outcomes:

Participants will be able to:
- Identify the core practical components required for effective coaching conversations.
- Differentiate between coaching, mentoring, directing and therapy.

Trainer Notes:

- Referencing the **REACH**© model (PowerPoint presentation (♦ p 26)), introduce the five principles and core practical components required for effective coaching conversations.
- Encourage participants to share their understanding of coaching in practice and how they can draw upon their existing expertise to develop a coaching style.
- Briefly introduce the differences between coaching, mentoring, directing and therapy. Explain that each style has its merits and during the programme there will be an opportunity to practise using directing, mentoring and coaching styles and differentiating between them.

Activity 3: [❖ p 8]

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 (30 mins) [❖ pp 8-9]

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.

Aims:

- To introduce the concept of dynamic contracting.
- To encourage participants to use contracting in their work.
- To encourage participants to reflect on their own beliefs and values and how they check assumptions.

Learning Outcomes:

Participants will be able to:
- Understand the concept of dynamic contracting.
- Identify where they already use dynamic contracting in their work.
- Use dynamic contracting to agree how they are going to work together in the future.

Trainer Notes:

- Introduce the concept of dynamic contracting and link this to the contracting undertaken in the session.
- Psychological contracting is at the heart of good communication and relationships.
- Dynamic contracts need to be revisited regularly and renegotiated as necessary.
- Ask participants for examples of how they use contracting in their clinical work.
- Emphasise the value of holding these conversations explicitly.
- Ask participants to think about their core beliefs and values and invite them to notice how they test the assumptions they make.
- Revisit the importance of working sensitively with diversity and cultural differences. (▣ p 13).

Activity 4: [❖ p 9]

1. Demonstrate a dynamic contracting conversation through working with participants to review and further develop the contract for the programme e.g. by asking them what behaviours participants should demonstrate and how the group wants to manage their work and attend to any urgent clinical matters that may arise and need dealing with whilst they attend the programme. How they will check assumptions?
2. Capture the reviewed contract on flip chart and put it up on the wall for later reference.
3. Agree to review the contract at agreed intervals throughout the programme.

(10 mins)

Session Five: Exquisite Listening Skills (60 mins) [❖ pp 9-11]

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.

Aim:

- To understand and practise the use of exquisite listening skills and appreciate the value of silence.

Learning Outcomes:

Participants will be able to:

- Identify the components of exquisite listening - respect, checking assumptions (Schein E,1999) acknowledging, valuing silence, demonstrating unconditional positive regard (Rogers C, 1961).
- Demonstrate skill in listening exquisitely.
- Demonstrate skill in offering acknowledgement.

Trainer Notes:

- Explain the **R** of Reflect in the **REACH**© model and encourage the group to reflect on how they have used reflection so far in the training.
- Explore the meaning of exquisite listening as described in the Participants Manual.
- Differentiate between Level One and Level Two listening. [❖ p 10]
- Demonstrate the difference between Level One listening (listening at a superficial level whilst focusing on 'self' and what is happening around at the time) and Level Two listening (exquisite listening, focusing on the person with whom one is having the conversation).
- Introduce and demonstrate the skill of acknowledgement i.e. validating another person's experience and efforts without commenting on the quality of the performance.
  (▣ p 12).

Activity 5: [❖ p 10]

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: [❖ p 10]

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. (▣ Appendix 1)

(See also ♦ 3 pp 31-32 as these questions might also be useful when interviewing service users). [❖ 3 pp 26-27]

Session Six: Powerful Questions (60 mins) [❖ pp 11-12]

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 31-32 for some sample powerful questions and refer to ▣ pp 13-14 for examples of where you could use powerful questions). [❖ 3 pp 26-27].

Aims:

- To introduce the notion of powerful questions.
- To explore participants' experience of receiving questions.
- To raise awareness of pitfalls in questioning.

Learning Outcomes:

Participants will be able to:
- Use questions powerfully in a coaching conversation.
- Understand the drawbacks of using multiple, unfocused, undermining questions, and 'advice' disguised as questions.
- Understand the link between exquisite listening and powerful questions in effective coaching conversations.

Trainer Notes:

- Explain the **E** of Explore in the **REACH**© model and encourage the group to think about how they have used exploration so far in the training.
- Introduce the idea of powerful questions and how questions can be received differently by individuals. Encourage a conversation about the importance of context such as cultural context both individual and team/organisation culture.
- Explore the questions to avoid and use sparingly. [❖ p 11]
- Reflect on how the importance of pace and timing influences the impact of the coaching questions offered.
- Generate examples from the group of different questions.
  (▣ pp 17-18 on Approach Goals)

Activity 7: [❖ p 12]

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. (▣ Appendix 1 for ideas on your values and how these might impact your treatment preferences)
4. When you are in the role of the **clinician or support staff member** as coach you should be thinking about
   o Contracting.
   o What values and beliefs and internal resources did you notice?
   o Goal-setting and goal striving). (The notion of goal setting and goal striving will be explored further in Session Eight.)
   o Practising the use of powerful questions and (where appropriate) silence.
   (♦ 3 pp 31-32 for some sample powerful questions) [❖ 3 pp 26-27]
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. (♦ 10 p 41 for Observer Checklist) [❖ 9 p 33].
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 (40 mins) [❖ pp 12-13]

Definitions:

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 'diagnosing' 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.

Aims:

• To clarify differences in working styles and when to use which approach.
• To explore which approach participants are most comfortable using and how they can learn to work more flexibly in other styles to meet the needs of service users.

Learning Outcomes:

Participants will be able to:
- Recognise the value of each approach.
- Recognise when they are directing, coaching or mentoring.
- Flex their approach depending on the needs of the service user, the situation and the level of risk.

Trainer Notes:

- Explore with participants the difference in directing, coaching and mentoring styles of working.
- Consider which of these approaches requires you to contract, listen and ask powerful questions.
- Following the activity invite observations from participants on their own preferred approach and what approach they prefer others to use when working with them. (♦ 4 p 33). [❖ 4 p 28].

Activity 8: [❖ p 13]

1. Demonstrate the use of a directing, coaching and mentoring conversation using a simple scenario generated from the group; e.g inputting data onto a patient data base.
2. Ask participants to feed back their observations. On a scale of 1-5 how likely are they to use each different approach (where 1 is 'I will not use this approach' and 5 is 'I will definitely use this approach')?

Activity 9:

1. Set up room with two rows of chairs facing each other.
2. Ask participants to sit and face each other. If you have an odd number of participants, ask one participant to take an observer role and swap observers in each round.
3. One row will be the directors/coaches/mentors, the other row will be requesting direction, coaching or mentoring from their partners opposite them.
4. Provide the directors/coaches/mentors row with three prompt cards each (one with Direct me; one with Coach me; one with Mentor me), which need to be alternated within short time spans in the exercise. (Templates for D, C, M cards for this Activity ♦ p 26).
5. The participants will chose their own individual scenarios on which they want to be directed, coached or mentored. The same scenario is used by each participant throughout the exercise.
6. After each round one row moves one seat along so that participants can experience working with a different partner in each round.
7. Swap over the functions of the rows half way through the exercise so that everyone has an opportunity to direct/coach/mentor and everyone has an opportunity to experience being directed, coached and mentored.

(**40 mins**)

Session Eight: Recap of Day One (30 mins) [❖ p 13]

Aims:

- To provide an opportunity for participants to think about their learning so far on the programme.
- To give participants two overnight reflective tasks (♦ 5 p 34). [❖ 5 p 29].

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  1. To reflect on a work situation where they could have listened at Level Two, asked different questions or taken a different approach. Come to day two's training prepared to share their reflections with others in a small group exercise
  2. To reflect on and note down the learning points from day one about having a coaching approach and taking it into clinical practice.

Learning Outcomes:

At the close of day one, participants will:
- Be clear about their learning from the day.
- Be able to reflect on their strengths and development needs.
- Have identified at least one situation that would have benefitted from their having used a coaching approach.

Trainer Notes:

- Refer participants to (♦ 5 p 34) [❖ 5 p 29] and invite them in their first overnight task to reflect on a work situation where they could have listened at Level Two [❖ p 10], asked different questions or taken a different approach.
- Introduce the second overnight task (print and offer loose leaf ♦ 5 p 34) and remind participants to briefly note down their reflections on the learning from day one on the sheet provided. Participants should give consideration to how a coaching approach might be taken into their clinical 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 34) [❖ 5 p 29].

Activity 11: [❖ p 13]

Task two: Participants must complete the overnight reflective task on taking theory into practice. This exercise is an essential element on this programme (♦ 5 p 34) [❖ 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?

Provide participants with handouts of the sheet entitled Overnight Reflective Task between Day One and Day Two (♦ 5 p 34) [❖ 5 p 29]. Request participants complete the sheet to hand in the following day.
(15 mins)

DAY TWO PROGRAMME:

Session Nine: Re-contracting and Reflecting on Overnight Tasks (30 mins)
[❖ p 14]

Aims:

- To provide an opportunity to practise dynamic contracting.
- To share overnight task of reflecting on a work situation where they could have listened at Level Two, asked different questions and/or taken a different approach.
- To clarify any points arising from day one.

Learning Outcomes:

Participants will be able to:
- Recognise that dynamic contracting is iterative.
- Identify where the use of a coaching approach might have led to a different outcome.

Trainer Notes:

- Welcome participants back to day two of the programme.
- Update or amend the working contract as necessary in response to the group's discussions.
- Re-establish a 'safe' working space in which participants feel comfortable about sharing reflections from their overnight task one.
- Collect in participants' completed overnight reflective task two sheets. It may be helpful to briefly review the contents of these sheets at break time. You may wish to anonymised and share with the group any significant themes arising from the overnight tasks.

Activity 12: [❖ p 14]

In pairs:
- Take it in turns to share your reflections from overnight task one.
- The person listening should use their listening and questioning skills to reflect back to their partner what they have heard.

(**10 mins each)**

Session Ten: Goal Setting and Goal Striving (60 mins) [❖ pp 14-15]

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 V, 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.

Aims:

- To identify the value of realistic goal setting in a coaching conversation.
- To reflect on what the role of the clinician or support staff member is in goal setting with a service user during a coaching conversation.
- To recognise the importance of values and beliefs in the context of goal setting and goal striving.

Learning Outcomes:

Participants will be able to:
- Use dynamic contracting, exquisite listening and powerful questions to work with a service user to help them develop realistic goals and milestones.
- Understand the relationship between goal setting and goal striving and the importance of understanding a person's beliefs and integrating their values in this process.
- Understand the importance of helping a service user make best use of their strengths when striving for their goals.
- Use the **REACH**© and GROW coaching models.
- Know how to use the coaching skills of confronting and challenging in a supportive manner to help a service user set realistic and stretching goals. (♦ pp 19-21) [❖ pp 15-17].

Trainer Notes:

- Explain the **A** of Agree Outcomes in **REACH**© model and encourage the group to think about how they have agreed outcomes so far in the training.
- Introduce the concept of goal setting and goal striving.
- Encourage a discussion about how you would elicit an understanding of a person's belief, values and strengths and what happens when someone encounters a setback.
- Explain the **REACH**© coaching model and the adapted GROW coaching model (Whitmore J, 2002) (♦ 9 pp 38-49) [❖ pp 18-20]. Discuss how these models can be used in a practical way to help structure coaching conversations with service users about goal setting and goal striving.
- Reflect with the group about the need for dynamic contracting, exquisite listening, powerful questioning, confronting and challenging in coaching conversations.

Activity 13: [❖ p 15]

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. (♦ 10 p 41 for Observer Checklist) [❖ 9 p 33].
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 (90 mins) [❖ pp 15-17]

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.

Aims:

- To explore how challenging conversations can help a person become more resourceful and enable them to achieve their goals.
- To recognise the importance of giving and receiving timely feedback.

Learning Outcomes:

Participants will be able to:
- Confront problems early.
- Give clear, honest, respectful feedback.
- Demonstrate confidence, skills and resilience in having challenging conversations.
- Demonstrate skills of seeking permission and intruding during a coaching conversation to help keep the focus.

Trainer Notes:

- Explain the **C** of Commit to Action in the **REACH**© model and encourage the group to think about how they have committed to action so far in the training.
- Initiate a discussion about the value of having confronting and challenging conversations.
- Generate a real life scenario with participants about a situation that they are struggling to address with a service user.
- Ask for a volunteer and demonstrate holding a frank or tough conversation (♦ 6 p 35 and ❖ 6 p 30 for Frank or Tough Conversations' Framework adapted from *Fierce Conversations* (Scott S, 2002) and *Vital Conversations* (Grimsley A, 2010).
- Debrief the scenario and invite feedback from the group.
- Explain the concepts of seeking permission and intruding. The purpose of these skills is to help the person with whom you are having the conversation keep focused.

  Giving difficult feedback as a 'praise sandwich' should be avoided (♦ 7 p 36) [❖ 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 37) [❖ 8 p 32]. (Refer ▣ pp 17-18).

Activity 14: [❖ p 16]

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.

Aims:
- To develop skills that help a service user stay focused during the conversation so that it is most productive for them.
- To develop the skill of asking permission before offering a perspective or observation that might be helpful to the other person and respectfully withholding one's observations or comments if the other person would prefer not to receive them.
- To develop the skill of intruding respectfully that the conversation stays focused.

Learning Outcomes:

Participants will be able to:
- Recognise in a timely way when the conversation is going "off track".
- Demonstrate the skills to intrude in order that the service user reconnects with their intention for having the conversation that leads to action.
- Identify values and beliefs both expressed and observed to other's body language.

Trainer Notes:

- Explain the concept of seeking permission and intruding. The overall purpose is to help the person with whom you are having the conversation keep focused.
- Generate a scenario, ask for a volunteer and demonstrate the skills.

Activity 15: [❖ p 17]

In pairs: (one as a **service user**, one as a **clinician or support staff member**) practise the skills of permission seeking and intruding.

- As a **service user** share details of a complex situation that is causing you concern.
- As the **clinician or support staff member** use the skills of **'Asking Permission**' and '**Intruding**' to keep the service user to topic on what she/he seeks as an outcome.

(15 mins - 5 mins each and 5 mins debrief)

Session Twelve: Giving and Receiving Feedback (30 mins) [❖ pp 17-18]

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.

Aims:
- To gain an understanding of what it means to give and receive effective feedback.
- To experience giving and receiving feedback in a coaching conversation.
- To gain an understanding of how they can help a service user hold themselves to account.

Learning Outcomes:

Participants will be able to:
- Give and receive feedback skilfully in a coaching conversation.
- Recognise what is involved in giving skilful feedback and the consequences of giving feedback poorly.
- Understand the value of timely feedback and how this will help a service user strive towards their goals and hold her/himself to account.

Trainer Notes:

- Explain the **H** of Hold to Account in **REACH**© model and encourage the group to think about how they apply the principle of Holding to Account and how they will hold themselves to account during and beyond the programme.
- Facilitate a conversation about giving and receiving feedback. Ask for examples of participants' experiences of feedback and what they found helpful and unhelpful.
- Explore the pros and cons of timely feedback and the requisite skills and approach required i.e. use of exquisite listening, language, noticing non verbal communication and taking a neutral position.
- Refer to the earlier skills for holding frank and tough conversations (♦ 6 p35) [❖ 6 p 30] and reflect on the difference between giving 'on the spot feedback' and 'needing more time to prepare for tough feedback'.
- Demonstrate giving and receiving feedback.
  (▣ p 19)

Activity 16: [❖ p 18]

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 (60 mins) [❖ pp 18-21]

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.

Aims:

- To integrate components of coaching in a practical coaching conversation exercise.
- To use **REACH**© as a coaching model to structure a coaching conversation.
- To introduce other coaching models that participants might find useful, such as the adapted GROW model (Whitmore J, 2002) and the adapted Response Coaching model (Starr J, 2008). The adapted Response Coaching model is particularly helpful when a coaching conversation is required in the moment in response to a 'live' situation. (♦ 9 pp 38-40) [❖ pp 18-20].

Learning Outcomes:

Participants will be able to:
- Revisit their self assessment completed prior to the programme and note their learning about their self awareness and self management. (♦ 1 and 2 pp 27-30). [❖ 1 and 2 pp 22-25].

- Hold a confident coaching conversation using a range of coaching competencies.
- Be more confident in their ability to pay attention to what is happening in the moment in a coaching conversation.
- Demonstrate they can apply different coaching models.
- Evidence awareness of which coaching style is most appropriate to use with the person in a coaching conversation.

Trainer Notes:

- Revisit the **REACH**© model in detail, drawing examples from participants' experience.
- Reinforce how we introduce questions for each component of the model. (♦ 9 pp 38-40) [❖ pp 18-21].
- Introduce other coaching models and facilitate a conversation about how they might be applied in coaching conversations. (♦ 9 pp 38-40) [❖ pp 18-21].
- Demonstrate skills required for working responsively in a coaching conversation and then move to Activity 17. (♦ 9 pp 38-40) [❖ pp 18-21].

Activity 17: [❖ p 21]

For this activity:
- Participants should work in groups of three, as coach, "coachee" and observer to demonstrate the range of coaching competencies developed on the programme**.** (♦ 10 p 41 for Observer Checklist) [❖ 9 p 33].
- Participants should think of a real situation that they would like to use in a coaching conversation.
- Participants can choose to use one of the generic coaching models provided.
- The **observer** should note observations and be prepared to offer feedback to the coach.

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

Session Fourteen: Embedding the Learning through Practice, Supervision and Team Conversations (45 mins) [❖ p 21]

Aims:

- To help participants to think about how they will embed their learning, discover solutions and avoid potential blocks.
- To set up dates for the two reflective coaching learning sets.
- To draw the two training days to a close with a final exercise.
- To offer an in-between reflective task to complete between day two and the first recall refresher session.

Learning Outcomes:

Participants will be able to:

- Embed a coaching style in their everyday clinical practice and encourage the use of 'resourceful inquiry' in their work with service users.
- Demonstrate the application of coaching in supervision, team reflective action forums and practice review settings.
- Consciously and competently move between directing, coaching and mentoring styles in day to day clinical practice.

- Use reviews as part of individual and team appraisals to provide a measure for success.

Trainer Notes:

- Using a coaching style encourage participants to think about how they take responsibility for what they can do individually and as a team in finding solutions and overcoming potential blocks.
- Encourage participants to seek feedback from service users on their experience of working with staff who adopt a coaching approach. (♦ 11 p 42) [❖ 10 p 34]. This can provide data for teams about their success in respect of how engaged service users feel in setting and achieving their recovery goals.
- Agree dates for the two recall refresher sessions and a structure for these.
- Introduce the In-between reflective task (see ♦ 12 p 43) [❖ 11 p 35] for completion prior to the first recall refresher session.
- Invite participants to consider how a coaching approach can best be embedded in their own organisation/s. Reflect on the fact that different organisations will have different methods and structures for providing reflective action forums. Encourage participants to model the essence of **REACH**© and consider the importance of having in place:

  1. A clear psychological contract.
  2. Agreement on length of time to meet and intervals between meetings.
  3. Measures of success and a structure for feedback into the organisation.
  4. Systems for obtaining feedback from service users.
  5. Ongoing coaching style learning events.

Activity 18: [❖ p 21]

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].
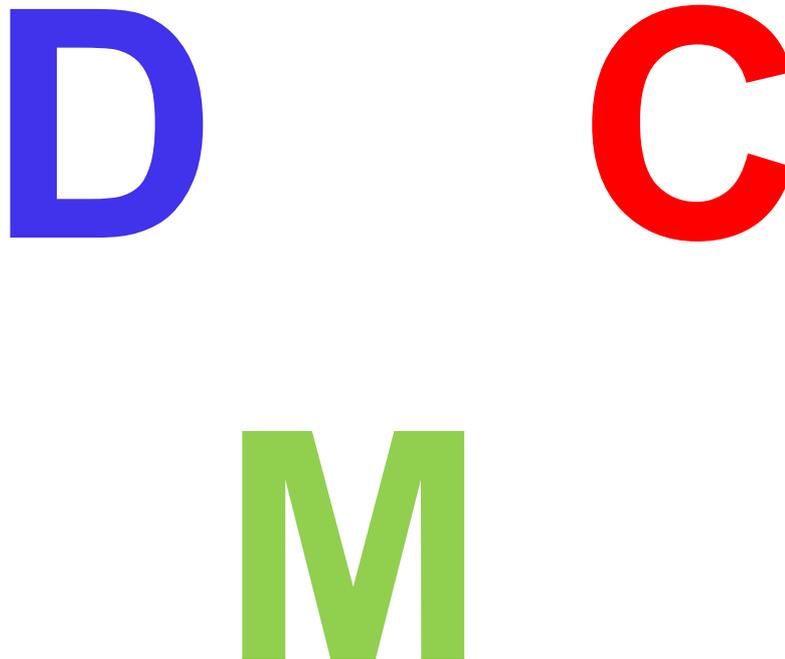**(15 mins)**

RESOURCES

PowerPoint Slides: (♦ p 6)

The PowerPoint slides that accompany this training can be accessed and downloaded from the Slam Partners website www.slampartners.co.uk.

Cards for Directing, Coaching, Mentoring Activity: (♦ p 15)

D   C

M

Please print enough copies of the above letters for half of the training group to have a set of CMD cards each. They are needed for Session Seven

Advance Preparation of Handouts:

Overnight Reflective Tasks between Day One and Day Two (♦ 5 p 34) and the In-between Reflective Task – Coaching in the Moment or Coaching in a Reflective Context. What's your style? (♦ 12 p 43) are available within the Participant Manual.

The trainer should provide loose leaf copies of these two documents to each participant for completion as directed in the manual (see Activities 10, 11 and 20 (♦ p 16 and 25). Following the overnight task (Activities 10 and 11) (♦ p 16) the trainer should collect in the completed reflections, briefly review and offer some overview feedback to participants. Following participants' completion of the in-between task (Activity 20) (♦ p 25) they should share their reflections with their supervisor.
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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				

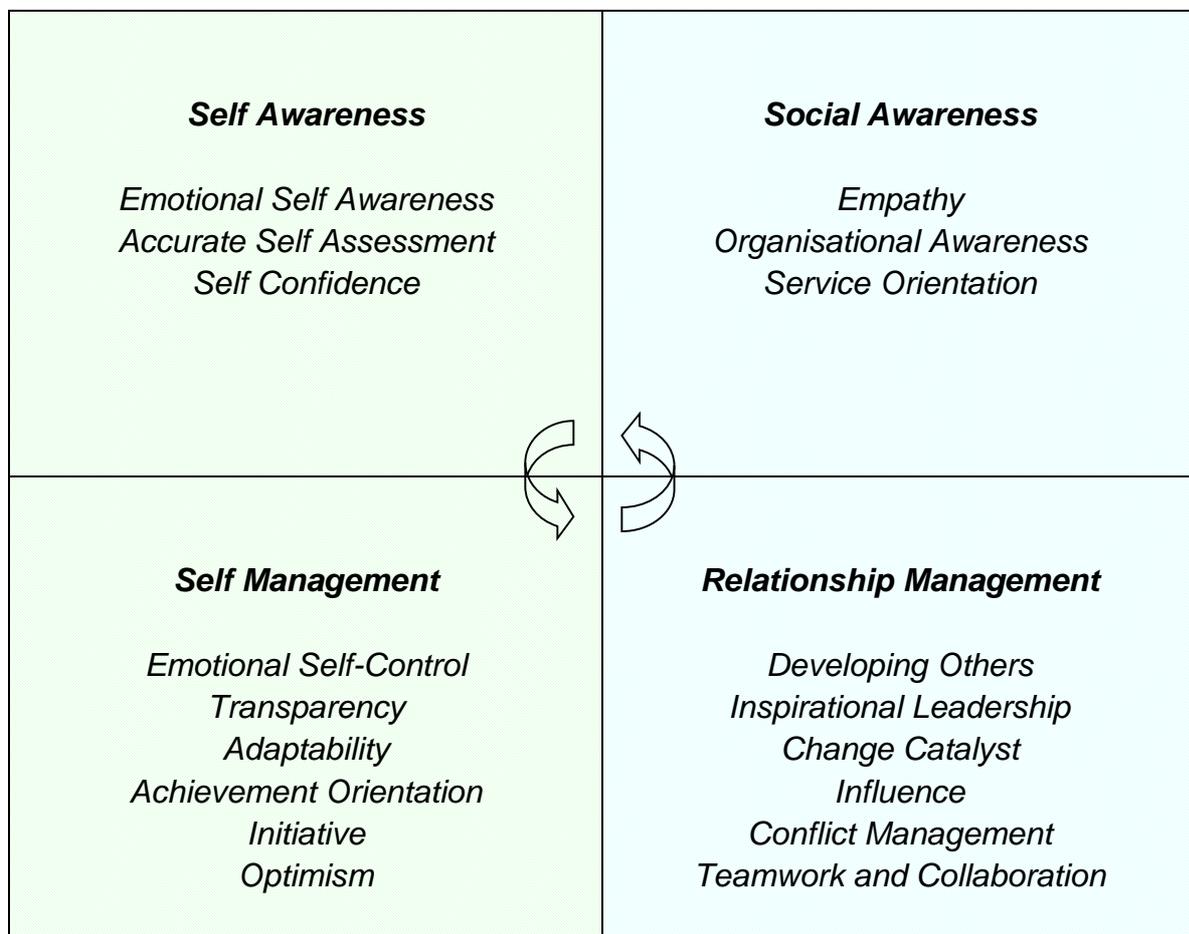| **Please assess yourself against the following capabilities of a coaching style using the scale below:**					
Capability	**Capability Indicators**	**Novice (1)**	**Competent (2)**	**Proficient (3)**	**Expert (4)**
Reflexivity:	• Demonstrates the capacity to reflect on actions or situations and review 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
[❖ 2 p 25]

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

[❖ 3 pp 26-27]

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 outcome 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?

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
[❖ 4 p 28]
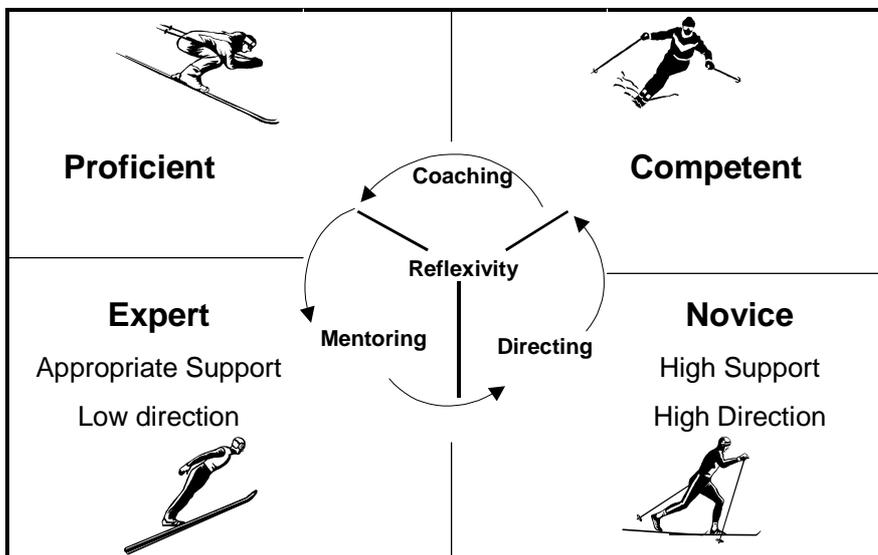
The Slam Partners' SKI Model adapts the concept of ***Novice to Expert: Excellence and Power in Clinical Nursing Practice***. Menlo Park: Addison-Wesley, pp 13-34 (Benner P, 1984) to demonstrate how coaching conversations can enhance supervision and working practice

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
[❖ 6 p 30]

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)
[❖ 7 p 31]

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)

[❖ 8 p 32]
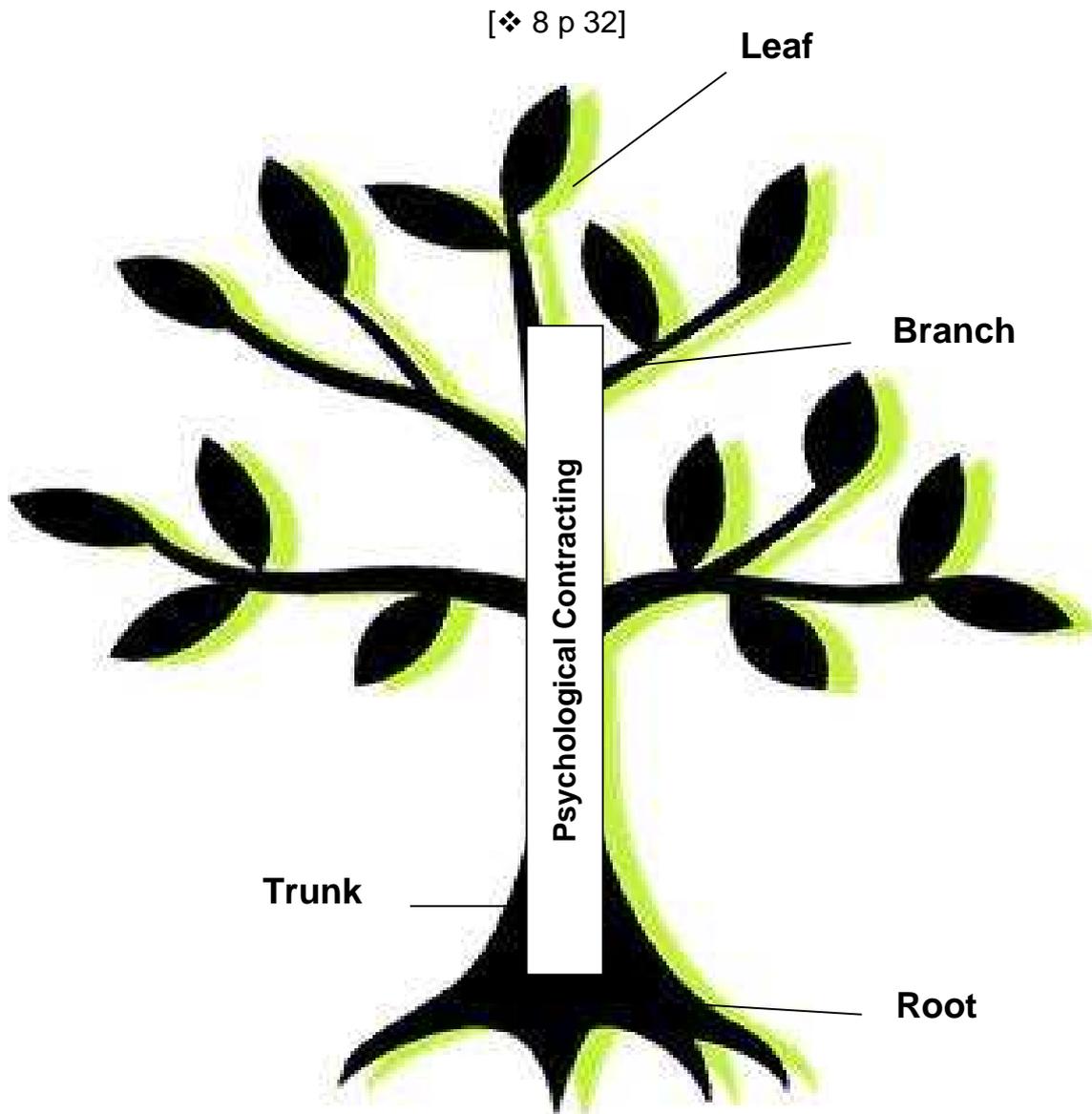
Psychological Contracting:
Discussing and agreeing mutual expectations with managers, supervisors, colleagues and service users and clarifying the boundaries of your decision making authority.

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.

Three Generic Coaching Models
[❖ pp 18-21]

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. 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?
- 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?
- 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 is essential as it will help the person and you pin down the action that needs to be taken and by when. 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 if the responses are unclear you may need to revisit the previous phase. Questions might include:

- If you don't succeed, what will the consequences be you
- How will you hold yourself to account?
- How do you want me to hold you 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.

> **G**oal 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.

> **R**eality – what is the situation now? Ask specific questions about who, what, where, how much.

> **O**ptions - What's possible? – What options exist to get closer to the goals?

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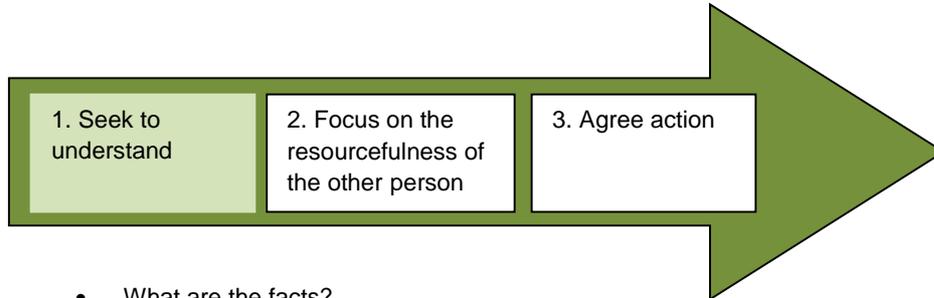
- What are the facts?
- What seems significant in this situation?
- What else needs to be considered

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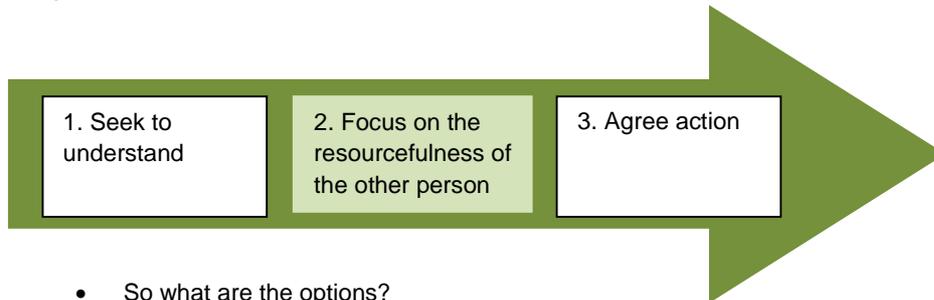
- So what are the options?
- What would you suggest?
- What can you do now?

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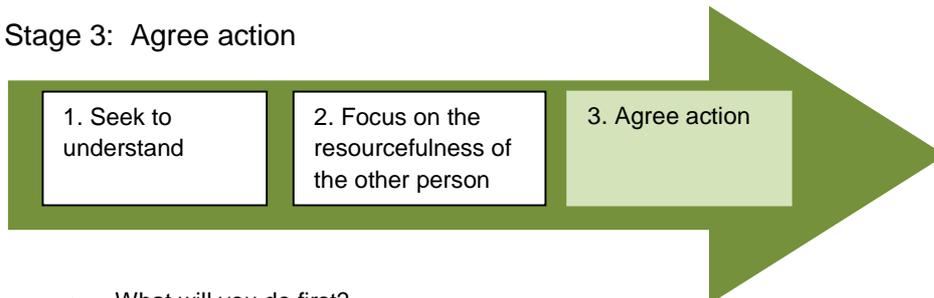
- What will you do first?
- What support would you like and from whom?
- When shall we meet to review progress?

Adapted from (Starr J, 2008)

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
[❖ p 37]