DEVELOPING HEALTH PROFESSIONALS USE OF EMOTION COACHING TO SUPPORT THE SOCIAL, EMOTIONAL AND MENTAL HEALTH DEVELOPMENT OF CHILDREN AND FAMILIES IN NORTHAMPTONSHIRE

Emotion Coaching UK

&

Northamptonshire Educational Psychology Service

Full Evaluation Report

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From the outset Pippa Gilbert has driven the training programme; Pippa was key in helping to organise the variety of training sessions and ensured that all health professionals received initial training. Pippa is now a strong advocate for Emotion Coaching and through her own Emotion Coaching journey modelled professional openness and vulnerability for her team, enhancing the learning and practice of Emotion Coaching.

Mike Brooks' strong advocacy for Emotion Coaching across with county and within the council was the starting point of Emotion Coaching training being linked to Health Professionals and comes from his deep understanding of Emotion Coaching as a philosophy and way of being. Following Mike Brooks' retirement, Mike Simonds has continued to ensure that the Educational Psychology Service has provided ongoing support to the programme; his trust and faith in Kirsten and Sarah has been much appreciated.

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Note:
Children and young people will be referred to collectively as 'children' throughout this report.
Families and parents will be used interchangeably and includes carers.

At the start of this training programme:

- Licette Gus was co-founder and Managing Director of Emotion Coaching UK
- Dr. Sarah Modi was an Educational Psychologist for Northamptonshire County Council
- Dr. Kirsten Krawczyk was an Educational Psychologist for Northamptonshire County Council
- Dr. Louise Gilbert was a co-founder and Research Lead of Emotion Coaching UK
- William Stacy was a Research Assistant with Emotion Coaching UK

CONTENTS

1. INTRODUCTION

Between September 2019 and July 2020 an iterative training programme supported a group of Northamptonshire health professionals (HPs) (n=186) to implement Emotion Coaching (EC) into work practices. The aim was to develop and sustain EC practice use across children's health services teams. The training programme was part of a county-wide project focused on children's resiliency and ameliorating the impact of Adverse Childhood Experiences (ACES).

The training programme included an initial EC training session for 186 HPs; including health visitors, school nurses, nursery nurses and others working within Universal Health Services for Children. 84 of these health professionals then participated in facilitated, follow-up sessions. As part of this training process, a small group of EC Champions was identified. HP EC Champions' role would be to support and sustain EC practice, by acting as a source of expertise in EC knowledge and practice within their team.

Key to abbreviations used:

EC – Emotion Coaching
HP – Health Professional
ACES – Adverse Childhood Experiences
ER – emotional regulation
EP – Educational Psychologist
EPS – Educational Psychology Service
MEP – meta-emotion philosophy
ED - emotion dismissing

2. KEY FINDINGS

1) Attention to the 'process' (i.e. the delivery of EC knowledge and understanding) as well as the 'product' (i.e. EC use in practice) were critical for HPs to develop competence, confidence and consistency of use in professional practice.
2) The iterative nature of the EC training programme and the EC skill and training expertise of the programme leaders were integral to supporting changes in HPs' practice.
3) The simplicity of the 4-step EC framework and consistent linking of theory and professional practice provided HPs' with knowledge and understanding to support changes in HPs' practice.
4) The emphasis in the follow-up sessions on peer reflection, facilitated by knowledgeable and skilled leaders, were key in developing HPs competence, confidence, and consistency of EC use in professional practice.
5) There were changes between pre- and post- training measures of HPs' Meta-emotion Philosophy (MEP) - reactions, responses and reasoning to emotions in self and others. MEPs became significantly more Emotion Coaching than Emotion Dismissing.
6) Training in EC enhanced HP's individual emotional awareness and provided a useful tool that facilitated the management of HPs emotional self-regulation.
7) Training in EC increased HP understanding of the value of an emotional focus in professional practice; empathy and attunement with families increased. HPs became more aware of how emotions pervade all communication and a need to pay attention to the emotional needs of families. EC provided the means to deliver relational-based practice to support and empower parents and children.
8) HP intentionally used EC to augment relational approaches with families. During family visits, HP used the practical tools from EC training to link theory to practice in an accessible manner for families. Through role modelling and informal teaching HPs shared transferable strategies to manage stress and dysregulation in the home.
9) Communication improved between HP and families and also within families. ECs 4-step framework gave structure and enhanced HP interpersonal skills of listening and attunement. HPs reported having more meaningful conversations with families about children's challenging behaviours. However, HPs recognised that for some families, a relational approach to thinking about children's behaviour was difficult.
10) HPs shifted from thinking about 'teaching' families about EC as a behaviour management technique to 'empowering' parents to understand and use EC as a relational approach to parental communication. This was an ongoing process, accomplished through implicit and explicit modelling of EC.
11) HPs felt better able to support the parenting skills of the families, with parental and HP self-efficacy and effectiveness improved. HP felt that using EC improved their professional practice with families and EC enabled parents to better understand how emotions inform their behaviour, to take ownership and regulate their own behaviour and improved parental language and communication skills with their children.
12) EC training improved communication about relational approaches between HPs and within health teams. Through personal reflection and opportunities for professional peer discussion of EC experiences, there was ongoing development of a shared understanding of concepts underlying the discourse of EC. EC

provided a common language for the team and peer networks and an EC team approach started to emerge.

13) Supportive factors for the adoption of EC into everyday professional practice included: the reflective nature of follow-up sessions, recognition of EC compatibility with current ways of working, confidence and competency of professional practice improved through EC practise, a shared awareness and acceptance that HPs need to support parents to regulate their own emotions before working with children.
14) Barriers to HP use of EC related to; HPs' time constraints, COVID-19 and the resulting restrictions on workplace practices and training programme, uncertainty about how to adapt the use of EC for diverse scenarios, disparities in focus, understanding and practice delivery between different services within the local authority and in some workplace procedures and practices.

3. CONCLUSION

This project evidenced an iterative training programme in EC which facilitated development of HPs intra- and interpersonal communication skills and changed HP MEP. As a result of EC training, HPs believed their practice provided more effective support to families around children's challenging behaviour. They recognised that families benefitted from attuned, empathic communication, and their EC informed practice supported parent and child emotional regulation and resiliency.

With training and practice, HPs recognised that the simple 4-step EC framework could be used to; inform their professional practice, share with parents as a practical tool to help manage children's behaviours and develop parents and children's knowledge and understanding about emotions in themselves and others. Therefore, it is suggested that through practise, EC is suggested to have the potential to develop resiliency skills in children, parents and families, to help mitigate the risk of ACES.

This training project was affected by the impact of COVID-19 pandemic on HP work practices, which included professional practice development. The statutory restrictions put on HP face to face communication and gatherings emphasised the importance of post-training support to facilitate and sustain changes to professional practice. Ongoing, regular professional support with opportunities for guided, peer reflection supported EC trial and adoption into practice, improved motivation and consistency of use and supported the embedding of a shared EC practice and understanding across the service. Training leaders skilled in facilitating professional practice development also need EC expertise and experience to embed EC within health service teams and sustain the development of peer support networks.

4. BACKGROUND

4.1 ACES IN NORTHAMPTONSHIRE

4.1.1 ACES and the development of resiliency

Childhood lays the foundation for health and wellbeing throughout life, and social and emotional capabilities are foundational skills for positive health practices, engaged citizenship and school success (Blyth and Borowski, 2018; Weissberg et al., 2015). Research reviews on social and emotion learning (SEL) strongly suggest that social, emotional, and academic growth are interdependent and synergistic (Gutman and Schoon, 2013). There is increasing awareness of the detriment ACES have on child development, adult health and life opportunities (Hughes et al 2017, Teicher et al. 2016). However, not all are equally disadvantaged by ACES and some children are resilient and thrive despite exposure to multiple ACES (CDC, 2016, Bellis et al 2018, Hughes et al 2018).

Children's social and emotional capabilities skills are in part learnt vicariously, so reflecting their lived experience (National Scientific Council on the Developing Child, 2020). The most potent element to developing resiliency to ACES is the availability of stable, caring relationships with family members or other significant adults which includes school settings and practitioners (Bellis et al 2019, Hughes et al 2018, National Scientific Council on the Developing Child, 2015; Rose et al, 2019). As a result, interventions to develop and support children's resiliency skills have focussed upon strengthening interpersonal relationships both in the community, school and at home (Morris et al 2017).

However, managing ACES is complex as they can also reflect patterns of intergenerational ACES (Schofield et al, 2013, 2018). The ongoing mental and physical health of parents/carers is reflected in parenting behaviours, which is informed by both past and current relationships, experiences and environments (Hughes et al. 2017; Marie-Mitchell & Kostolansky, 2019). Therefore, recognition of a parent's own experience of ACES must be considered in the management of ACEs and in the promotion of positive parenting practices (Greene at al 2020). Interventions need to include a focus on supporting parents to develop more nurturing and attuned responses to their child (Bernard et al. 2015; Morris et al 2017). Learning with support and empathy can promote inter-generational wellbeing, reducing mental health problems and helps to break the vicious cycle of deprivation (Allen, 2011; Feinstein, 2015).

4.1.2 Northamptonshire Context

ACEs study carried out in Northamptonshire in 2015 (n= 1,553), showed that nearly half of the respondents (48.7%) reported having experienced at least one ACE. and more than one in ten had experienced more than 4 ACEs (10.6%). To improve childhood experiences and fairer access to mental health and wellbeing, ACEs needed to be addressed.

Frontline primary health care staff, in their roles and work within the community, are well placed to reach large populations of children and their families from the earliest age (Yoshikawa et al., 2012). In Northamptonshire HPs support physical, mental health and emotional wellbeing of children across the ages of 0-19 years. Support includes: parent drop-in sessions, assessments for families concerned about their children's behaviour, parenting groups, immunisation clinics and routine developmental monitoring and support for development of children in the early years.

4.2 WHY EMOTION COACHING?

4.2.1 What is Emotion Coaching

Emotion Coaching supports children to understand their emotions, why these occur and how to manage these emotions more effectively (Gottman et al 1996). Rather than adopting a behaviourist approach of reacting to and focusing on behaviour, EC is relational, empathising with to understand the emotions that give rise to behaviour. EC is a natural style of communication first observed in families during a 4-year longitudinal study (Gottman et al 1996; 1997). Gottman et al (1996) identified that the children whose parents predominantly used an EC parenting style had social, emotional, health and behavioural advantage.

The first translation of EC into educational and community settings replicated many of the results that had been noted in EC with parents. In educational settings EC supports children to regulate, take ownership of their behaviour and better understand emotions, fosters practitioners' own emotional regulation skills and promotes professional confidence and practice developments (Rose et al., 2015). Subsequent research has helped to refine the translation of EC into practice via a 4-step model (Gus and Wood, 2017).

EC is embedded within a bio-psycho-social model for the universal promotion of well-being and can be viewed as both a philosophy/approach and a technique for use in everyday situations (Gilbert, 2018; Gus et al, 2015). Research to date corroborates and develops both Gottman et al. (1996) and Rose et al. (2015) research findings. Children with access to EC tend to be more socially adept; have better physiological and emotional capabilities; fewer externalising and internalising symptoms; less physiological stress; higher self-esteem; enhanced social competences; better peer relationships and higher levels of academic achievement than those who do not (Denham *et al.*, 1997; Dunsmore *et al.*, 2013; Havighurst *et al.*, 2010; 2013; Hurrel *et al.*, 2017; Katz *et al.*, 2012; 2014; Katz and Hunter, 2007; Perlman *et al.*, 2008; Shortt *et al.*, 2010).

Therefore, EC is an evidence-based intervention suitable for use in family home, community settings and schools which is recognised as supportive of both adults and children with a wide range of experiences and need (Digby et al., 2017; Dingwall and Sebba, 2018, Doonan and Stephens, 2021; Gus et al., 2017; 2018; Gilbert, 2018; Rose et al., 2015; 2016a, b; 2018; 2019; Sebba et al., 2015).

4.2.2 The development of emotional regulation and ACES

Developing a shared understanding of ACES, their impact and how impact can be diminished, can be considered in terms of Emotional Regulation (ER). ER reflects skills and competencies in awareness and modulation of one's own emotions, as well as the ability to recognise and discern the emotions of others (Kerr et al 2019). ER supports adult resiliency in regard to ACES (Cloitre et al 2019).

ER develops through opportunities to and experience of: modelling and observation of other's emotions (impacting neuro-developmental processes), emotion socialization (learning about emotions through interactions with others), and the emotional climate of the family (reflected in attachment style of children), (Morris et al, 2017).

Parents are considered critical in the development of children's ER and the capacity for ER development continues throughout childhood and adulthood (Morris et al., 2017; Rudenstine et al 2018). The relationship between emotions and ER undergoes dynamic change throughout life (Rudenstine et al, 2018)

EC supports adults and children development of effective ER, which is protective in the experience of ACES (Doonan and Stephens. 2021, Gus et al 2018, Rose et al 2015). The theoretical content that supports EC training and the 4-step approach mirrors the mechanisms by which ER develops (Morris et al., 2017; Gus and Wood, 2017). Therefore, EC is an appropriate strategy to use to support the development of ER in children and may also benefit adults close to them.

4.3 ADULT LEARNING IN PROFESSIONAL CONTEXTS

Andragogy, the study of adult learning, identifies that learning opportunities need to focus on self-directed learning and utilise prior experiences to inform new learning (Knowles, Holton and Swanson, 2005). Problem-solving, immediate application opportunity and performance-based tasks are all recognised as pillars of effective instruction (Kurt, 2020). However, to support changes in personal practice, learning needs to stimulate transformative learning experiences, to challenge and change practitioners' ways of thinking or 'frames of reference' (Mezirow, 1996). Learning that encourages critical reflection on assumptions and beliefs to consciously make and implement new ways of understanding and being, support changes (Taylor, 2009). Embodied learning that emanates from living with and through experience acts as a catalyst for personal and professional transformations, encouraging ongoing experimentation and engagement, and resulting in increased practitioner confidence and competences (Gilbert et al., 2013).

Learning environments that provide emotional safety for practitioners enables interactions, sharing and absorption of information (Merriam and Kim, 2012; Jones *et al.*, 2014; Taylor and Cranton, 2012). Research with health visitors on professional development training identified that secure and reliable learning environments help to build health practitioner confidence, improve team working, facilitate earlier referral and access of additional support for the families and led to a greater sense of professional competency and satisfaction and practice enhancement (Steven, Larkin, Stewart and Bateman, 2018).

Although collaborative approaches and shared experiential learning increase adult social capital (Baker-Doyle, 2010; Jordan *et al*., 2016), training opportunities need to also be able to support the heterogeneity of adult's values and belief (Hughes, 2010; Jordan *et al*., 2016). This is because the emotional challenges resulting from engaging with a new way of practicing can damage relationships and trust, which in turn can decrease social capital, wellbeing and engagement (Brown, 2012; Cross and Hong 2012; Runhaar *et al.,* 2010). Additionally, the requisite level of interpersonal skill competency and knowledge to be able to engage and sustain new ways of thinking and working cannot be assumed just because the participant has attended and been given the information (Gilbert, 2018).

To develop practice skills, the learning context needs to be supportive, acknowledged as worthwhile at all levels of an organisation, provide participants with both organisational and peer support and opportunities to flourish (CDC, 2016; Singh and Duraiappah, 2019). Successful SEL training programmes are structured by frameworks that offer clearly defined competencies. They contain a balance between intrapersonal, interpersonal and cognitive competencies. Knowledge, skills and attitudes content is presented as malleable over time and with experience, culturally sensitive and empirically grounded (Blyth and Borowski, 2018).

Identified in the wider SEL literature is that attention to programme implementation is key to successful outcomes, however, there is no consensus over best practice to embed and sustain learning programmes (Durlak, 2016; Taylor and Snyder, 2012; Taylor and Cranton, 2012; Tisdell, 2012). What is known is that training that results in unmet participant expectations, poor practitioner experience and offers little guidance on variation of empirical results is detrimental to practitioner confidence, disincentives to participation and barriers to sustaining practice (Gilbert, 2018; Humphrey *et al.*, 2013; Kenworthy *et al.*, 2014; Osher et al., 2016; Pearson *et al.*, 2015).

Therefore, professional development needs to be led by empathetic, authoritative and knowledgeable teaching styles that encourage adults to feel empowered and support understanding of both practice delivery and content (Dobia et al., 2020). Facilitators need sound theoretical understanding and practical competencies to role model and discuss the desired outcome of the practice (the product) and guide understanding of how to achieve (the process) (Steven, Larkin, Stewart and Bateman,2018).

4.4 EMOTION COACHING IN NORTHAMPTONSHIRE

The Educational Psychology Service (EPS) in Northamptonshire has taken a lead role in the county to develop the use of EC to support children, families and schools. The EPS has developed practice and engaged in research, developing local expertise and providing a local evidence-base. In July 2017, professional training from Emotion Coaching UK was been delivered to all educational psychologists (EPs), and EC training run by the EPS is now part of the local offer to educational settings in the county. Within the EPS there are a recognised, skilled group of EPs who support individual practitioner's EC understanding and facilitate use. This specialist group is led by two psychologists who have expert knowledge and extensive experience in the use of EC in family, community and educational settings.

Local information in terms of EC use, efficacy of EC training, supportive strategies and barriers to implementation is now accumulating. In one large urban primary school (620 pupils) 87% of those staff trained in EC noticed an immediate difference in children's responses with 97% of respondents recommending training for parents and primary school staff (Krawczyk, 2017). Another study involving 6 primary schools, focussed on teacher perceptions of use and implementation of EC. There was strong agreement in the adaptability of EC practice and the benefits of use across a wide range of situations in schools. Teachers felt that their use of EC was facilitated by having quality training, the workplace ethos being consistent with wellbeing and an actively engaged leadership team. Teachers perceived that the main barriers to them using EC in school were pressures of time and competing demands – curriculum, (Romney, 2020). These findings are important in that they concur with the original research findings of Gilbert, (2018) and Rose et al. (2015), conferring credibility and supporting the transferability of research findings.

EPs in Northamptonshire are well placed to support the introduction of EC to Health Professionals; they have a shared professional interest to support child health and wellbeing across the service, the professional skill set to facilitate adult learning and a depth of EC knowledge, practice and experience to facilitate changes in practice.

4.5 FAMILIES, HEALTH PROFESSIONALS AND EMOTION COACHING

HPs regular interactions with families and children in their home and community settings are opportunities to facilitate development of resiliency skills that can mitigate the impact of ACEs. EC can be used by HPs to manage and sustain nurturing working relationships with families. EC can also be taught to adults and children as a strategy that supports parental attunement and ER, and helps to develop their confidence to communicate effectively with children who are experiencing difficult emotions. Strengthening nurturing parent-child interactions can help to counteract transmission of intergenerational ACEs as well as ameliorate ACE disadvantage. Empowering children and parents to regulate stress, develop emotional regulation and promote resilience, are foundational to mental health and wellbeing in the 21st century.

Therefore, HPs were offered training that included ongoing professional development follow-up sessions on the conceptual and practical framework of EC. The programme was delivered and supported by EPs in Northamptonshire who had significant expertise and experience in the theory, practice, use and implementation of EC. Integration of EC practice is reliant on effective implementation of the whole training package, with attention being given to participants ongoing learning commitment and recognition of implementation barriers (Gilbert, 2018; Krawczyk, 2017, Romney, 2020).

The inclusive, cascading training programme was designed to develop a network of expertise within HP teams to support integration of concept and practice. HPs were EC trained via a cascading approach to training. A major benefit of this model of delivery is the focus on sustainability: it is cost effective, has the potential for professionals directly linked to the local communities to develop local expertise and it promotes and sustains engagement and leadership.

5. AIMS OF THE TRAINING PROGRAMME

This research programme was part of the county-wide, 2019 Public Health funded project to build emotional resilience in school-aged children in Northamptonshire. It involved training HPs interacting with families, children in the home and community (including schools) in EC.

This project was informed by recent research into; the development of resiliency skills that can mitigate the impact of ACES, the use of EC to support the development of emotional regulation and attuned and nurturing relationships, and adult learning in professional contexts.

The research project focus was: 'to investigate how the training of HPs in EC informed their everyday practices'.

This was explored through the following questions:

1. How can EC training support HPs apply EC alongside their existing professional practice in order to aid learning and development?

2. How can EC training help HPs support families to use a relational approach in response to their children's behaviour?

3. How can EC training support HP develop shared communication with each other about families/children?

6. PROGRAMME OUTLINE

A cascading training model to support the Awareness, Acceptance, Adoption, Adaption and Sustainability of EC (Gilbert, 2018) was devised for the HPs. The training was delivered in two parts: an initial EC training day(s) and a number of follow-up sessions.

The cascading model of training and plans for sustaining EC across the health teams in Northamptonshire, involved identifying and training some HPs to become EC Champions. These EC Champions would offer expertise in EC knowledge and practice within their team. The intention was that these EC Champions had sufficient EC competency to train and support subsequent new HPs who joined the team.

6.1 Initial Training Day

Training of HPs was therefore divided into two groups. An initial group of HPs from each team, from which EC Champions would be identified were trained first. The initial training for this group was more intensive and covered two days as opposed to the one- day training offered to the remaining HP groups. The two courses covered the same topics, but the two-day course included more theoretical content and modelled how to support colleagues to understand and use EC in their practice.

Both initial training courses in EC covered the following topics:

- Current neuroscience and physiology supporting the use of EC. Critically informed links were made to research on the stress response system (including polyvagal theory) and theories of attachment.
- The importance of adult meta-emotion philosophy (how we think about emotions and act in response to them).
- The theory of EC - John Gottman's canonical work focussing on four different styles people use when responding to emotions.
- A four-step framework for EC:
    1. Being aware of a child's emotions and empathising with these (paying attention to how these emotions make you feel).
    2. Labelling and validating the emotions.
    3. Set limits on behaviour (if needed); teaching the child what is required in the situation.
    4. Problem solve with the child; what the child could do next time they are faced with a similar situation.
- How to do EC - including: practice at identifying what is and what is not EC, participating in scripted role plays that allowed HP to reflect upon how it feels to be the child and adult in both EC and less effective Emotion Dismissing (ED) scenarios, identifying feelings underlying behaviour and peer practice at devising EC scripts.

6.1.1 HP EC Champion Training

Initial two-day training in EC delivered by Licette Gus (co-founder of Emotion Coaching UK (ECUK)) in September 2019 was attended by 67 HPs. Each of the 20 community teams in Northamptonshire had at least three staff members attending.

6.1.2 HP EC Training

One-day EC training of the remaining HP staff in community teams continued over 2019-2020. An additional 119 staff received training. These one-day sessions were led by Dr. Kirsten Krawczyk and Dr.Sarah Modi, Northamptonshire EPs and Lead Practitioner Trainers with ECUK.

186 HPs in Northamptonshire received initial training in EC

6.2 Follow-up sessions

Follow-up sessions were designed (in structure, content and timing) to support the embedding of EC into professional practice as well as provide opportunities to share personal experiences to facilitate peer-led learning. These sessions focussed on deepening empathy, reflection skills and understanding of individual meta-emotion philosophies through guided reflections on personal and collective practice and experience of EC.

6.2.1 HP EC Champions

From the 67 participants who attended the initial two-day training, 15 HPs choose to continue their training to become accredited ECUK Trainers with a view to developing EC leadership and expertise within teams.

Between September and December 2019, this group were offered 3 follow up sessions of 90 minutes each. These sessions took place monthly and were led They were led by Dr. Kirsten Krawczyk and Dr. Sarah Modi. Over the three sessions there were 34 attendees. See Appendix A (Table 1) for details of dates and numbers attending these sessions.

6.2.2 All other HPs

Following the delivery of the EC Champion training programme, the 119 remaining HPs who had received initial one-day training were also offered 3 follow-up sessions. These follow-up sessions started in February 2020 and were again led by Dr. Krawczyk and Dr. Modi. HPs had the opportunity to attend any of the group sessions, however, they were encouraged to try to remain with the group they had initially signed up for and to attend all three of the follow-up sessions.

The advent of COVID-19 in March 2020 disrupted the plans for this second tier of HPs' follow-up sessions, the continued EC training and scaffolded support to develop EC practice. No group was able to attend all 3 follow-up sessions as planned, and only two groups had the opportunity to attend two sessions. See Appendix A (Table 2) for details of dates and numbers attending these sessions prior to the advent of COVID-19. 9 follow-up sessions were offered to HPs before the advent of Covid-19 restrictions and a total of 52 HPs attended

NOTE: Data for this report was collected as planned (between September 2019 and July 2020) despite interruptions to the training programme delivery. Since the data collection was completed in July 2020, follow-up sessions for HPs has continued.

In summary when combining sessions for all HP between September 2019 and March 2020, 12 follow-up sessions were able to be held for HPs (EC Champions and other HPs). Some HPs (ECHP Champions) were able to attend all 3 follow-up sessions, others were able to attend 1 or 2. There was a total of 86 attendees.

86 attendees attended 12 follow-up sessions

7. METHODOLOGY, METHODS OF DATA COLLECTION AND ANALYSIS

7.1 Methodology

A mixed methods approach was used as *'no method is without limitations and no method can tell us everything about a phenomenon' (Willig,2013:179).* An overreliance on a logical, numerical language implies accurate measurements can always be made

and replicated, and that we all respond as rational beings. But we cannot ignore that knowledge is fashioned by humans, and the world '*becomes a world of meaning only when meaning-making beings made sense of* it' (Crotty, 1998:10).

Therefore, in an attempt to both quantify and qualify HPs' experience and use of Emotion Coaching we adopted a '*combination of methods*' (Yin, 2006, p. 41). The use of mixed methods rejects a clear demarcation between qualitative and quantitative methods or approaches to research, (Bergman, 2008). Instead:

> *more than one source or type of data, and/or more than one approach to analysis of data, are integrated throughout the study in such a way as to become interdependent in reaching a common theoretical or research goal (Bazeley, 2010:432).*

The research was carried out in accordance with the BPS code of conduct which promotes the principles of '*respect for the autonomy, privacy and dignity of individuals and communities, scientific integrity, social responsibility and maximizing benefits and minimizing harm'* (BPS, 2014:1)

7.2 Methods of Data Collection

The data sources used to address the research questions measured intrapersonal development of HP, interpersonal skill and practice development of HPs, and HP perceptions of the impact of EC upon families and children.

7.2.1 Initial EC training evaluation

The first questionnaire related to the initial one- or two-day EC training and asked two questions. Each question had two parts, a 5-point Likert scale and an open–ended section. See Appendix B for details of the questionnaire. These simple questions were based on the principle that continuing professional development aims to deliver new knowledge and understanding, and that participants will incorporate these ideas/learning into their everyday practice to support children and young people.

Participants completed the training evaluation questionnaires at the end of the training day. Confidentiality, anonymity and non-traceability of the questionnaires was guaranteed.

7.2.2 Professional Emotion Coaching Questionnaire (PECQ)

The Professional Emotion Coaching Questionnaire (PECQ) is a validated measure for investigating changes in HP's Meta-Emotion Philosophy (MEP) (Rose et al, 2015). MEP describes an individual's reactions, responses and reasoning to emotions in themselves and others. Responses are organised on an Emotion Coaching (EC) - Emotion Dismissing (ED) spectrum. A predominant EC as opposed to ED MEP supports adult ability to engage in EC with children when they experience challenging emotions. Following HP's training in EC and then conscious use of this communication style in professional practice, it was proposed that a HP would adopt a more EC MEP. See Appendix C for a copy of the questionnaire.

Participants completed the Professional Emotion Coaching Questionnaire (PECQ) prior to initial training and then again 3-9 months later. This 39-item questionnaire

uses a five-point scale to assess HP's thoughts, feelings and reactions to their own emotions and children's anger and sadness. Participants were asked to rate on a scale from 1 (strongly disagree) to 5 (strongly agree) to the item stem. For example, 'A child/young person's sadness is important'.

7.2.3 Analysis of logs maintained during follow-up sessions

The follow-up session training leaders wrote field notes in regard to their experiences of facilitating the differing groups noting observations about group dynamics, levels of confidence in HPs' understanding of EC theory, translation into practice and levels of HP practical confidence. Information was also recorded in regard to the focus and scope of each groups' discussions, HP direct quotes and ideas that emerged during the session and were recorded on whiteboards. HP word clouds were sometimes created to capture 'changes in how the HPs were feeling' pre- and post- follow-up session.

7.2.4 Emotion Coaching Exit Questionnaire - version 2 (ECEQv2)

The ECEQv2 (Gus and Gilbert, 2019) was based on Rose et al's (2015) Exit Questionnaire enquiring about the impact of EC on professional practice after a period of use and perceived supports and barriers to use. MEP lies at the heart of an individual's style of communication about challenging emotions. One way to gain a view of how this interpersonal characteristic impacts the day to day work of HPs was to also ask them to reflect on how their practice was influenced by EC and also any resultant changes they had noted in their clients. The ECEQv2 had been developed in response to practitioner comments as to how EC affects their professional practice and also the effects of EC on their clients specifically; aspects of child and family emotional and behavioural regulation. The twelve statement ECEQv2 questionnaire was expanded to include two items specifically relating to project aims for HP professional development.

Participants completed the ECEQ between 6-9 months following initial training. The 14-item questionnaire uses a five-point scale to assess aspects of professional practice and impact on the child/young person/family. Participants were asked to rate on a scale of 1 (disagree) to 5 (agree) to an item stem e.g. *'I use Emotion Coaching in my Professional Practice*'. At the end of the scale are two open ended questions which ask about perceived benefits and barriers to using EC. See Appendix D for a copy of the questionnaire.

7.3 Analysis

Each of the data sources were analysed individually and then integrated and reviewed to explore the specific research questions (Bazley, 2015).

Quantitative data sources were analysed using statistically SPSS22.

- The PECQ utilised a paired samples t-test to determine whether EC training and use supported HPs to adopt a more EC meta-emotion philosophy. Cohen's d statistic was calculated to indicate effect size.

- The ECEQv2 gave rise to average, mode and range score for each question Average scores for the two overarching themes: HP Practice and Impact upon child and family were also calculated

Inductive thematic analysis of the qualitative data revealed codes, patterns and suggested emerging themes (Braun and Clarke, 2006). Thematic analysis was carried out independently by two researchers with identification, comparison and agreement of codes and themes. This evidenced a level of interrater reliability to confer a degree of dependability and trustworthiness of analysis (Bellotto, 2018).

Mixed methods provided a means to integrate these initial qualitative and quantitative findings though a second layer of analysis. This integration examined how changes in HP MEPs manifested themselves in practice and the extent to which perceived use of EC impacted upon families and children.

The integrated analysis was guided by the project's research questions and offered a deductive form of analysis. See Table 1 for data that was used to address each research question.

Table 1: Data sources used to investigate the research questions

Research Project focus: How does training health professionals in Emotion Coaching inform everyday practices?"			
Research Question:		**Explored through investigating:**	**Data sources**
How does Emotion Coaching training support HPs to:	1. Apply this approach alongside their existing professional practice to support learning and development	What evidence is there of personal and professional practice change associated with EC use in working practice?	1) Initial EC training evaluation 2) PECQ – measuring MEP change pre training and after 3-9 months. 30-item questionnaire using 5-point Likert scale. (n=66 matched pairs) 3) Analysis of logs maintained by follow-up session leaders during follow-up sessions (n= 11) 4) ECEQv2 – Practice and use of EC in settings, completed

			at end of evaluation period. 14 item questionnaire using 5-point Likert Scale and open-ended questions. (n=66)
	2. Help families to use a relational approach in response to their children's behaviour?	In what ways do HPs use EC to promote a relational approach in parent/family interactions to children's behavior?	1) Analysis of logs maintained during follow-up sessions 2) ECEQv2 – Practice and use of EC in settings
	3. Develop shared communication with each other about families/ children	In what ways does EC support the development of shared practices between HPs regarding managing children's behaviours?	1) Analysis of logs maintained during follow-up sessions 2) ECEQv2 – Practice and use of EC in settings

8. OUTCOMES

The research project wanted to investigate how training HPs in EC informed their everyday practices. When integrating the data analyses from all sources, an overarching theme emerged, which was: 'recognising the process and the product of the Emotion Coaching training experience'. This unifying theme will be explained in Part 1 of the results section, whilst the data specifically addressing the research questions will be dealt with in Part 2.

PART 1:

8.1 The Process And Product Of The Emotion Coaching Training Experience

'*Recognising the process and the product of the Emotion Coaching training experience'* is the over-arching conceptual theme. Contingent and symbiotic relationships were identified between 3 central, critical factors which were identified as foundational in the translation and integration of EC into the everyday practice for HPs:

- the value afforded to the 4-step EC framework;

- the focus on the iterative structural design and content of the training programme;
- the necessity for trainers to have experience and expertise in facilitating professional development and EC in practice to support and sustain changes to practice.

Diagram 1 illustrates the word cloud from results pertaining to this overarching conceptual theme. The text size reflects the frequency of word use in the integrated results following the identification of the theme; the larger the text the greater the frequency of reference.

Diagram1: Word Cloud showing the data results relating to the over-arching conceptual theme 'Process and Product of the EC training experience.'

The 3 factors underpinning the overarching theme are summarised below and then discussed in greater detail, referencing identified best practice and potential barriers.

RECOGNISING THE PROCESS AND THE PRODUCT OF EMOTION COACHING TRAINING EXPERIENCE

Identified critical factors of the Emotion Coaching training programme for Health Professionals

1. The universal applicability of the four-step EC framework to structure support to families and the development of professional practice

2. The essential role of the training programme structure and content to initiate and support the development of EC use in practice. Analysis has revealed the following positive attributes of this particular EC training programme:

    - Strongly supported research-theory-practice links
    - Opportunities to revisit theory and underlying concept of EC
    - Sessions conducted in a safe, supportive environment
    - Nurtured initial enthusiasm and motivation
    - Sessions supported competences and confidence to use EC
    - Follow-up sessions were directed by HPs experiences with using EC.

3. The necessity for the training leaders to have EC knowledge and experience as well as be skilled in facilitating and sustaining professional transformational learning opportunities

This overarching theme, identifies the importance of acknowledging EC as a universal and useful 'product' to develop professional practice. However, it also highlights the necessity to attend carefully to the 'process' of introducing and integrating EC into professional practice.

The structure of this training programme and its delivery - the EC 'process'- was designed specifically for HPs, and based on the original educational and community practitioner model (Rose et al. 2015;) The HPs felt the training content and programme structure influenced their learning experience. It gave time and support to engage with the theoretical foundations of the 4-step EC framework. It also supported, through shared, guided experiential learning and peer reflection, professional competency in the implementation of the 4-step EC framework and confidence to support families. HPs felt EC empowered them to be able to promote and facilitate equitable communication with the families and with each other.

'Recognising the process and the product of EC training experience'- Detailed explanation of the 3 identified central critical factors

8.1.1 The 4-step framework

The 4-step framework of EC provided HPs with a simple, universal tool, described as being "*clear, boundaried and practical*". It offered a relational rather than a behavioural focus to emotional regulation conversations. By considering the emotions that underpin behaviour HPs felt they had a positive structure or script to use with families when discussing children's behaviour. HPs found that the 4-step EC framework was *'easy to share and teach'.* The identifiable structure of the 4-step framework enabled HPs to feel more *'confident'*, in part because the EC *'script enables me to be more consistent in my response'*. The structure provided by the framework enhanced professional skills in that it *'frees up my conscious mind to actively listen better because I am spending less time thinking what to do/ask next'*.

8.1.2. The design and content of the EC training programme (one- or two-day EC training with 3 monthly EC follow-up sessions)

Results indicated the essential role of the training programme structure and content to initiate and support the development of EC use in practice. Analysis has revealed the following positive attributes of this particular EC training programme:

Links between Theory, Research and Practice

The EC training programme structure and content was designed to facilitate adult learning. It made links between theory- research and practice, utilising personal and professional experience and actively encouraging application of theory into practice. From the evaluation of initial training days, HPs most frequently referenced the topics of Neuroscience, Physiology and Stress Response theories and concepts as new and extended learning on the day (45% of total comments made). The training also provided HPs with succinct, EC practice focussed phrases, which provided a common language to support HPs in their application and communication of EC theoretical understanding. For example, a HP commented that learning the phrase *'connect before you correct' has been life changing!"* in her approach to managing emotional behaviours.

Opportunities to revisit EC theory

The monthly follow-up sessions were designed to reinforce and refresh EC knowledge, understanding. The workshop training leaders revisited and referenced EC theory and concepts to emphasise the connections between the HPs experiences of practice, EC usage and theoretical knowledge. HPs appreciated the opportunity to link theory to practice; One HP wrote *'I am very familiar with the theory of brain development; however, this was the first training that conceptualised the practical application of theory'*.

Sessions conducted in a safe, supportive environment

These follow-up sessions provided regular opportunities and spaces to actively nurture HP confidence and embed EC practice. In a safe, supportive environment HPs revisited ideas, shared experiences and discussed practical ways to use EC to manage emotional situations. This gave the HPs greater confidence in the use of EC tools in their professional capacity with families. One HP suggested that, as a result of the EC initial training and follow-up session experience, '*I feel more equipped when dealing with children and young people/parents/carers emotional behaviours'*. HPs

commented that personal engagement in the follow-up sessions provided them with '*lots of useful relevant tools to share with parents'.*

Sustained enthusiasm and motivation

The EC training sessions raised HPs emotional awareness and instilled enthusiasm and motivation to trial EC in their practice. For some it was because EC resonated with their ontological beliefs and work philosophy; *"I love EC. It's how we should be talking to each other".* Others believed that because *"EC breaks down barriers"* it was an inclusive way to improve interpersonal relationships within families, and between themselves and families. HPs were actively encouraged to trial EC and to bring their practice experiences to the monthly follow-up sessions. These experiences were then used to stimulate peer-led, experiential learning within the follow-up sessions.

Indeed, the follow-up sessions acted as a catalyst to motivate HPs to practise EC and confidence to adapt their EC practice to accommodate their particular work needs. One HP said "*this session [EC follow-up session] reminded me why I love EC";* another claimed that after follow-up sessions, *'I feel "empowered".* Indeed, the value of the follow-up sessions was expressed by one HP, who wrote that they were "*really useful to help us to keep it going, otherwise it is really easy to stop doing it.*

Sessions supported competences & confidence to use EC

Quantitative analysis of HPs' responses to ECEQv2 relating to professional practice on a 5-point Likert Scale (n=66, overall mean = 4.25) offered further confirmation that the follow-up sessions supported the development of HPs competences and confidence to use EC in their practice. An example of a question; *'I use Emotion Coaching in my professional practice'* (see Appendix D for details of questionnaire and Appendix E for the numerical results). A large range of scores was obtained for some items, but with these items having modes of 4 or 5, the range of scores suggested outlier responses.

Further examination of the qualitative comments given by HP's who gave outlier scores of 1 or 1.5 in the ECEQv2 suggested an explanation for these results. These outlier responses did not refer to the structure or content of the EC training and follow-up sessions, but the unfortunate consequences on the EC training delivery that resulted from Government measures to combat the COVID-19 pandemic. These HPs were frustrated that changes in their normal patterns of working meant they were unable to follow the initial EC training day with opportunities to practice EC in their work. Additionally, if they were unable to attend follow-up sessions, HPs expressed a loss of confidence and lack of EC use. One such HP noted *'being able to have the follow up sessions would have been really useful to discuss using it in practice'*. Another explained: *'I have not used EC. Shortly after I had the training, we went on to lock down and I also have had NO follow ups which I was most looking forward to as that is when it is discussed more about how you can use it'.*

8.1.3 Trainers' EC experience and facilitatory skills to introduce EC, to support and sustain changes to professional practice.

Skilled trainers and learning from peers

The EC initial training day and follow-up sessions were influenced by a combination of the trainer's experiences of using EC and their skills in facilitating professional learning. Workshop discussions on '*applying [EC] to practice'* and *'practical advice on regulating children's emotions*' were noted as being '*very useful'*. HPs commented on the value of engaging and *'sharing experiences',* having opportunities to '*recap some of the strategies'* and '*discussions with colleagues on how they intend or are using it [EC]'.* These discussions were also commented on as important by HPs who were less confident and vocal but '*enjoyed listening'* to colleagues as well as '*looking at [EC] scenarios with other professionals'*.

The journey of professional learning

HPs' EC learning was viewed as an ongoing process or journey, with acknowledgment of the personal role and responsibility to engage and sustain practice progress. To better understand EC and use it effectively in practice, one HP recognised her need to review to '*reread everything and learn it to help [me] gain confidence'.* Having access to ongoing EC '*supervision [to] discuss use with colleagues'* in order '*to enable me to support clients'* was believed to be important for knowledge acquisition.

However, the most frequently mentioned '*EC next step'* was a need '*to practise EC'.* Follow-up session leaders with their personal EC experience and expertise were able to actively support the belief that practising EC would help HPs to *'gain experience and confidence', 'to incorporate this [EC] into my everyday work and build on my knowledge'*. HPs demonstrated a sense of responsibility to both build (adopt) and then personalise (adapt) their EC knowledge to '*make tools to have with me'*. The aim was, as one HP put it to '*continue to gain more knowledge to enable me to support clients*. The follow-up sessions gave HPs a sense of professional empowerment, personal agency and motivation about their '*next steps with EC'*.

Sessions delivered online

Due to the COVID-19 pandemic some of the follow-up sessions were delivered virtually. Online breakout groups or chat rooms in the sessions were used to create smaller and more intimate group discussion on EC practice. These small group chat sessions elicited both positive and negative comments. They were identified as being '*most helpful'*, indeed, some suggested that more time could have been spent in these groupings. However, they were also viewed negatively by some HPs, one HP wrote she was '*not keen on breakout groups'*. Whether these diametrically opposed responses reflect personal preferences for online learning environments or HP computer competencies needs further investigation. The diverse learning preferences expressed within groups of HPs suggests that workshop leaders need skills to adapt delivery to accommodate learning preferences and training requirements.

PART 2:

8.2 Analysis of research data using the 3 Research Questions

The findings in relation to the three research questions is summarised in Table 2

Table 2: Research findings in relation to the 3 research questions:

Research Question: **How does EC training support HPs to:**	Research findings
1. apply EC alongside their existing professional practice in order to aid learning and development	**Personal and professional developments in HPs as a result of EC training. Recognition of:** a. Increased knowledge and understanding and broadening of their professional and personal approach and demeanour b. Increased professional competence, confidence and consistency c. Took ownership of learning and making links with EC and other practices informing their work
2. help HPs support families to use a relational approach in response to their children's behaviour?	**HPs' use of EC evidenced:** a. use of EC in their everyday communication with families b. parenting skills being supported c. emotional development mental health and wellbeing of parents and children being supported d. improved parental engagement and professional effectiveness and self-efficacy
3. develop shared communication with each other about families/children	**HPs identified the emergence of shared professional communications informed by their knowledge, understanding and use of EC:** a. EC became a recognisable, shared language of teams b. Raised awareness of the role of emotions in behaviour c. Offered a relational approach that promoted individual self-efficacy and collective identity

8.2.1 Research Question 1:

How can EC training help HPs apply EC alongside their existing professional practice in order to aid learning and development?

Diagram 2: Word Cloud showing data results relating to how EC training for HPs enabled them to apply EC alongside their existing professional practice in order to aid learning and development

To explore this research question, we looked at the data sources for evidence of personal and professional practice changes associated with EC use in working practice'. The data provided evidence that participating in EC training and the ongoing use of EC resulted in intrapersonal changes for HPs. Diagram 2 illustrates the word cloud from results pertaining to this question. The text size reflects the frequency of word use in the results following analysis of the data for this question; the larger the text the greater the frequency of reference in the results.

We will now explore the 3 main changes noted in HPs personal and professional practice since participating in the EC training. This data is summarised below and will then be explored in greater detail.

As a result of EC training, HP's professional practice reflected:

a. **Increased knowledge and understanding and broadening of HP professional approach and personal demeanour**
   - Significant increase in professional EC MEP. HPs were more EC and less ED following training
   - HPs become more aware how emotions pervade all communications
   - Development of HP empathy and attunement
   - Raised awareness of needing to pay attention to the emotional needs of the parents
   - Personal development was unexpected for HPs

b. **Increased professional competence, confidence and practice consistency.**

   This was as a result of:
   - Reflective nature of the follow-up sessions
   - Compatibility with and enhanced HPs current ways of working
   - Practising EC helped raise families understanding of behaviours and promoted HP feelings of competency
   - Increased confidence in recognising and acknowledging the need to support parents to regulate their emotions before working with the children

   Perceived barriers to EC use:
   - Time
   - COVID-19 and resulting restrictions on workplace practices and training programme
   - Lack of knowledge and skills in adapting how they would use EC in a wide-range of scenarios
   - Differences in understanding and practice across services within the local authority
   - HP workplace procedures and systems

c. **Taking ownership of learning and making links with EC and other practices informing their work.**

a. Increased knowledge and understanding and broadening of their professional and personal approach and demeanour

Not only did EC support HP professional knowledge it was believed to enhance HP's personal skills that supported their professional practice. One HP believed that EC had given her a *'better understanding of children and parents' emotions and how to help work with these emotions…and behaviour'.*

Professional EC MEP

Greater acceptance and awareness of emotions in HPs over the period of the project was strongly verified by the change in MEP evidenced by the PECQ scores. 66

matched pairs were collected pre- and post- training (Time 1 and Time 2) using PECQ. A paired samples t-test was used to determine whether EC training and use supported HPs to adopt a more EC MEP. There was a statistically significant increase in HPs average item score on the PECQ from Time 1 (M= 3.76, SD = 0.28) to Time 2 (M = 4.00, SD= 0.32), t(65) = 6.08, p <0.001) (two-tailed). The mean increase in EC scores was 0.24 with a 95% confidence interval ranging from 0.163 to 0.317.

Cohen's d statistic (0.75) indicated a medium-large effect size with a medium–large difference in EC scores obtained before and after the training. This suggested that HPs MEP became more EC and less Emotion Dismissing following training and practice use.

Emotions matter in all types of HP communication

The *s*haring of personal experiences and experiencing ongoing peer support provided the opportunity to reflect on and develop personal capabilities and professional competency. As the workshop sessions progressed and group identity established, HPs started to think more about the impact of their own emotions in the workplace as well as those of the adults they were working with. This resulted in conversations in follow-up sessions centred more on focusing on emotions and less on managing behaviours. HP evidenced greater acceptance and awareness of emotions in themselves; one HP noted that since the EC training *"I feel more connected to my own emotions'* whilst another acknowledged the development of emotional regulation in herself. EC enabled one HP to be her *'authentic self',* in both her *'interactions with others, but also with herself'.*

HPs awareness of how emotions pervade all communications, including personal and professional relationships, increased. One HP commented that *'there is such power in pausing-to reflect on your MEP and whether you are responding to the MEP or the situation. I was surprised how much pausing and reflecting first helped.'* Attending to emotions was identified as important in relation to promoting effective working relationships with colleagues within the HP team. The training had highlighted the *'importance of recognising shark music, especially in team meetings'.*

Development of empathy and attunement with families

HPs recognised that EC had positively impacted their professional approach and personal demeanour; with one HP commenting that EC had instilled in her *'a calmer approach'* in her interactions with families. HP's level of awareness of emotions in themselves and others contributed to the development of empathy and understanding the needs of the client. *'Reflecting on our feelings first allows us to develop empathy' and* empathy increased HP attunement and improved connection with families.

Importance of paying attention to emotional needs of families

EC raised HPs' awareness of the importance of paying attention to the emotional needs of the parents. As one HP believed *'providing EC for parents helps them feel the benefits themselves first to then encourage EC use with children'* . The use of EC *'helps me to reflect on where the adult needs EC before I can support the adult to support their child'.* EC '*enables attunement when working with staff, parents and children'*.

Unexpected personal development

Personal development was perhaps an unforeseen outcome for many HPs. All HP's EC journey started with an initial EC training day. Training evaluation forms at this stage, highlighted that HP's initial focus was on the effectiveness of EC and about how they would teach or instruct families about EC. However, personal awareness of the development of HP's relational skills were provided by the workshop logs and ECEQv2 results and confirmed by the PECQ results.

b. Professional competence, confidence and consistency

As mentioned in Part 1, the structure and timings of the initial EC training and the follow-up sessions (the EC training programme) were considered important factors. The training programme provided a supportive structure to enable the development of professional competence, confidence and supported consistency of EC use.

However, due to circumstances beyond the researchers' control, in the 6 months following the first lockdown (March 2020) there were restrictions and changes to HP engagement in the workplace. As a result, some HPs experienced compromised EC training experiences with restricted or no access to the follow- up sessions, or changes from real to virtual workshop.

This unplanned inconsistent participant attendance created an opportunity to compare HPs differing training experiences and elicit factors that contribute to HP competence, confidence and consistency of EC use. These were identified as 'supportive factors' and 'barriers'.

Supportive factors for HP competence, confidence and consistency of EC use.

Reflective nature of follow-up sessions

The reflective nature of the follow-up sessions provided many individuals with opportunities to develop their EC practice through experiential learning and guided peer reflection. This experience supported the development of HP's confidence, competence and consistency of using EC.

It is accepted that HPs need to '*practise EC to improve their practice'*. This is based on research evidence that increased use in practice, makes EC more familiar and less novel. Successful use increases practitioner confidence in effectiveness and their ability to use EC to manage increasingly diverse situations (Gilbert, 2018). This was recognised, as one HP wrote, they needed plenty of opportunities to '*consistently use and frequency to practice'* to build their confidence. Another HP identified a personal *'need to embed the knowledge, so it becomes natural to me. Meanwhile I need to make prompts so I can refer to them in practice*'. Having opportunities to use EC frequently and share experiences with peers led to HPs feeling *'reassured that this approach works.'*

Compatibility with and enhanced current ways of working

Because EC is adaptable it was seen as compatible with current ways of working and used to develop new practice repertoires. EC promoted better professional-client relationships; in that "*EC can speed up the length of time it takes to build relationships*

because of the levels of understanding and empathy you can offer". EC was a useful tool to support families' understanding of behaviours, and HPs felt more competent to support families experiencing ACES. EC was *'helpful to support us to talk to families about natural consequences more, so that they do not focus so much on consequences. Focussing on teaching, not punishment.';* another believed *that 'EC is less blaming, and I am more able to link it to research'*. HPs experience was that EC *'worked well' and 'changes families.'*

As a result of EC training HPs had a greater acceptance and felt more confident in recognising a need to support parents to regulate their emotions before working with the children. There was "*lots of discussion [in the follow-up session] about providing EC for parents to help them feel the benefits themselves first to then encourage EC's use with children".*

Potential barriers to competence, confidence and consistency of EC use.

Individual level barriers

Time

Being 'time poor' was commonly cited as a barrier to developing EC competency, *'it takes time, and I don't always have that*'. However, there was also acknowledgement that because it takes time to learn any new practice, with repeated practise competencies improved. As one HP also noted, *'it [EC] takes a bit of practice but like everything the more you do it the better/more confident you become'.*

COVID-19

As mentioned earlier, COVID-19 significantly interfered with the delivery of the planned programme of follow-up sessions and scaffolded support to develop EC Champions across the HP service. The lack of time and COVID-19 made an HP claim '*I need some time to gain confidence- and also it's difficult to practice at the moment due to COVID-19 and a lack of face-to-face visits'*. Across the teams, some HPs were able to attend follow-up sessions and others were not. The consequences of this disparity of access was reflected in lower HP confidence and engagement in EC practice. One HP noted '*I have been unable to access follow up training and this I feel limits my knowledge and confidence in using it'.* Another postulated *'I feel that [the follow-up session] would have helped me to cement the advice to memory. I have things I would question now I have been implementing it with families'*

Difficulty adapting use of EC in diverse challenging scenarios

Some HPs indicated difficulty in adapting how they used EC in '*non-text-book scenarios*'. Examples given included *'parents not engaging'*, when there were '*cultural and language issues*' and '*working in the home which sometimes can be chaotic with the whole family present'*. Without access to the experienced EC training leaders and peer discussion in the follow-up sessions, these issues were less likely to be fully explored or resolved.

Organisational level barriers

Differences across children's services

Differences in understanding and practice across children's services within the local authority were believed to be barriers to facilitating EC practice to support children and families in Northamptonshire. For example, one HP believed that the variation in practice strategies promoted by the local authority and schools hampered an acceptance of EC as an inclusive approach, *'it [EC] conflicts with strategies that are offered by the local authority and schools'*. Indeed, popular parenting programmes used in the local authority advocated '*time out* 'and recommended '*ignoring whingy behaviour'*. HPs felt that these programmes conflicted with the integration of a relational approach and the EC message, and, at organisational level *'need aligning with the EC agenda'.*

Workplace procedures and systems

Routine procedures and systems within HPs' workplace caused potential barriers to EC integration. Several comments related to how the systems within the HP service were not effectively aligned with EC practice delivery. An example given was in respect to performance indicators, targets and recording requirements used to monitor HPs professional and family progress. Some HPs felt they needed time on a regular basis with parents to fully explain EC strategies, role model EC practice and monitor family's progression. However, their current workload patterns did not offer this flexibility.

HPs felt that because professional training was ongoing not everyone in the team were at the same stage of understanding and practice with EC. This led to inconsistency of use across the team which compromised HP understanding and practice outcomes.

Finally, COVID-19 related changes to workplace practices were perceived to pose a barrier. Some HPs' comments related to the mandatory changed style of communication with parents; from face-to face interactions in the home to more indirect communication e.g. telephone consultation or virtual. This mode of delivery was seen as more challenging, as an HP explained *'I was able to use EC with parents over the telephone, but it was very difficult to demonstrate without seeing or speaking to the child myself*'.

c. Taking ownership of learning and making links with EC and other practices informing their work.

Although the training focus was on integrating EC into professional practice, many HPs also referenced their use of EC at home in their own family lives. Being trained in EC provided some with a label to describe and validate their approach to personal and professional practice. In learning about EC, the experience gave these HPs a recognisable sense of identity and credibility *'I have loved learning about this approach and feel it has given my 'work' a name and a framework'.*

HPs were appreciative of the links made between theory-research-practice within the 4-step EC model and EC's conceptual framework. It was noted that having this knowledge was professionally empowering, '*it gives me a researched based framework to identify why children and parents display certain behaviours'.* EC training provided HPs with critical understanding of the links to theories and practices already used as well as introducing new ones.

Follow-up sessions generated practice-focused reflection, discussion and peer led learning. HPs were able to share knowledge and experience of a wide range of resources. One of the practice focused peer discussions involved HPs exploring the Solihull Approach, Protective Behaviours, Growth Mindsets, Motivational Interviewing and Solution Focussed approaches to consider the ‘fit’ with EC. HPs used these follow-up sessions to share resources with each other and to support and adapt their use of EC.

8.2.2 Research Question 2:

How can EC training help HP support families to use a relational approach in response to their children’s behaviour?

Diagram 3: Word Cloud showing the data results relating to how EC training for HPs supported families to use a relational approach in response to their children’s behaviour

To explore this question, we looked at the data sources for evidence of the ways HPs used EC to promote a relational approach in parent/family interactions to children’s behaviour. Diagram 3 illustrates the word cloud from results pertaining to this question. The text size reflects the frequency of word use in the results following analysis of the data for this question; the larger the text the greater the frequency of references in the results. This data is summarised below and will then be explored in greater detail.

EC supported HPs to use a relational approach in their interactions with parents and children practice:

a. HPs used EC in their communication with families
   - Styles and ideas of EC are used to support conversations with families
   - Theory of EC is linked with practical tools to use in the home
   - Sharing EC strategies to reduce stress and dysregulation in the home
   - Development of families' understanding of children's behaviour
   - Improved communication with and within families

b. Parenting skills are supported
c. Emotional development, mental health and wellbeing of parents and children are supported
d. Parental Engagement and HP Effectiveness and Self-Efficacy are supported.

These 4 findings will now be discussed in detail.

a. HPs use of EC in their communications with families

HPs demonstrated that they were able to use key intrapersonal skills of EC; emotional self-awareness, empathic listening and attunement in an interpersonal manner with families and children. These intra- and interpersonal skills enhanced communication.

Style and Ideas of EC supports conversations with families

HP used the style and ideas of EC to structure and support a variety of conversations with families in a number of differing work situations. EC was used to engage in equitable discussions in family homes about sensitive and emotive issues, such as: domestic violence; as a method to support prospective parents and families during community ante-natal clinics; and in home visits to informally teach parents to adapt practices to include thinking about a child's emotions rather than only focus on behaviours*; 'I have been using EC with parents to wonder about how their children are feeling at this stage-lots of work being done on 'what emotion do you think your child is feeling? how does it feel for you when you feel like that?'*.

Linking theory of EC with practical tools to use in the home

Having an understanding of the theoretical foundations of EC practice justified the necessity for and importance of promoting relational approaches with families*, 'I use the brain research to talk about stress free environments with families'.* For HPs the tools used to support the teaching of EC, such as the four-step model, hand model of brain and the ice-berg analogy were valued because they were transferable. These tools provided simple and relevant explanations of the physiological responses to ACES and were seen as appropriate for use by the parents and children; As HPs noted: *'the science links really help us within our job';* '*The science helps us to communicate with families…so the hand brain model is great'.*

Sharing EC strategies to reduce stress and dysregulation in the home

EC is believed to develop, support and sustain resiliency of families. HPs used EC, through role modelling and informal teaching, to teach parents to use EC strategies to manage stress and dysregulation in the home. HPs had been *'encouraging parents to pause, stop and breathe before responding',* engaging in *'discussions with families about co-regulation and the importance of sitting with the child and speaking calmly'* and *'modelling apologies to children*'. A key factor in developing pro-social behaviour is empathy, and because EC practice promoted and utilised empathy, HPs felt that their professional use enhanced empathy within the families. A HP recognised that *'it [EC] has been really helpful to have a way to talk about this with families that helps them develop their empathy'.*

Development of families' understanding of children's behaviour

EC helped HP's support the development of families' understanding of behaviours. EC was seen as *'helpful to support us [HPs] to talk to families about natural consequences more so that they do not focus so much on consequences. 'Focussing on teaching, not punishment'.* Consistent use of EC in practice made the HPs feel more competent to use EC to support families experiencing the complexities of ACES; *'EC is less blaming, and I am more able to link it to research'.*

Improved communication with and within families

EC improved communication between HP and parents as well as between parents and children. The EC framework *'helps structure advice to families'* and *'given me a framework to go by when communicating with CYP'.* HPs suggested that the quality of the conversations between families and themselves changed as a result of EC; '*we're listening better to families and CYP'* and for one HP, EC *'allows me to have meaningful conversations with parents and children'.* EC was described as promoting a more holistic understanding and response to support behavioural issues, as one HP noted '*this approach allows you to look holistically at behaviour instead of immediately suggesting strategies to address challenging behaviour.* However, changes in professional practice focus and delivery are not without difficulties, and some families initially became alarmed when HPs adopt different approaches; *'it was sometimes difficult not to have the "magic wand" that the adults and families wanted.'*

b. Parenting skills are supported by HP

One of the impacts of training in EC was HP's belief that they felt better equipped to support the parenting skills of their clients. Responses to ECEQv2 identified that HPs, as a result of EC use in practice, believed that parents were better able to regulate their behaviour, had improved language and communication skills, developed a better understanding of their own emotions and took greater ownership of their own behaviour and emotional regulation. (See Appendix E).

Parenting skills were enhanced via developing knowledge, tools and opportunities for personal development; *EC 'gives parents something to work with and more understanding of how they can have positive outcomes of negative behaviour'*. EC promoted alternative ways for parental interactions with their children; *'it[EC] helps them [parents] to be attuned with their children/ young people'*. In doing so EC '*supports parents in managing children's behaviour that parents find challenging in a*

nurturing manner'. EC was a tool that empowered parents to believe in their own ability to manage their child's behaviour; *'it has already helped me to emotion coach parents to work with their own children rather than the HP doing the work with the children'*.

c. Supporting emotional development, mental health and wellbeing of parents and children

HPs believed that HPs' EC practice helped to nurture the mental health and wellbeing within families because it '*reduced parent stress levels as well as those of their children*.' Children's emotional development was supported through normalising EC informed interactions with adults. These experiences supported their understanding and development of strategies to learn to manage challenging emotions; *'EC allows children to own their emotions and to know that everyone has those feelings. Not to just dismiss them but work through and understand why.*'

d. Professional effectiveness, and parental engagement and self-efficacy

EC provided a useful tool that both facilitated the management of HP emotional self-regulation and provided the means to deliver relational based professional practice to parents and children. One HP suggested that EC had improved her *'therapeutic relationship with parents'.* EC was believed to be an approach that '*enables change, compassionately and positively'* and *'the majority of parents respond positively to the advice'.*

EC practice supported HPs sense of professional effectiveness to support parental self-efficacy. HPs articulated that, as a result of EC practice, they felt more skilled to support parents to: understand their children's feelings, manage their personal reactions to children's behaviours and support children to calm and manage their emotions. As one HP recorded, 'EC *helps me to support parents with helping their young children to regulate and learn about emotions'.* HPs felt that this was *'improving children's outcomes in life'*.

HPs believed that their EC role modelling and informal EC teaching during interactions with families positively impacted on levels of parental engagement;*' I have seen more engagement from families with whom I work'.* There was a sense that EC-informed practice built working relationships between the families and the HPs and promoted a more equitable partnership. This was because EC emphasised '*working with parents to help manage*' and '*solving together as a team with families and colleagues',* these types of interactions facilitated family empowerment.

8.2.3. Research Question 3:

How can EC training help HPs develop shared communication with each other about families/children?

Diagram 4: Word cloud showing the data results relating to the research question how EC training can support HPs to develop shared communication with each other about families and children.

To explore this question, we looked at the data sources to identify in what ways does EC support the development of shared communication practices between professionals. Diagram 4 illustrates the word cloud from results pertaining to this question. The text size reflects the frequency of word use in the results following analysis of the data for this question; the larger the text the greater the frequency of reference in the results.

A summary of the data is displayed below and then discussed in greater detail:

EC was recognised as a relational approach that provided tools and a language to promote and sustain shared communications between those working with parents and children:

a. EC became the language of the team
b. Ongoing development of shared understanding of concepts underlying the language of EC
c. Through ongoing engagement and peer discussion a peer-support network and an EC team approach started to emerge.

a. EC became the language of the team

Learning with and from each other during the follow-up sessions developed a shared EC understanding and supported consistency of communication within the HP team*; 'It's [EC] becoming our language in our team!'.*

b. Ongoing development of shared understanding of concepts underlying the language of EC

Ongoing peer discussion developed and sustained HPs understanding of concepts underlying the language of EC. HPs had a shared four-step framework of EC which they used to communicate with each other. The effectiveness of the communication around the 4-steps was enhanced by the exploration, within the follow-up sessions, of concepts upon which the 4-steps are based. This promoted consistency of use amongst HPs.

c. Peer support network and an EC team approach started to emerge

A collective and insightful understanding of the concepts underpinning the language of EC resulted from HPs having a common EC learning experience, their personal and professional practice and reflections with colleagues. Sharing personal EC understandings helped raise awareness of, and challenge tacit-held beliefs which in turn developed informed opinions. For example, during one follow-up session the idea of '*discipline is about teaching rather than punishing'* was enthusiastically discussed by the group.

9. RECOMMENDATIONS

Continuing Professional Development (CPD) learning programmes such as HP EC training need to be reiterative to support the incorporation of theory into practice and to sustain practice changes. The cascading model of delivery needs ongoing support at all levels

To support individuals at different stages of their EC journey:

- Ongoing supervision delivered by practitioners with extensive understanding and practice experience in using EC.
- Regular opportunities for peer learning led by experienced group facilitators with extensive understanding and skills in using EC.

To continue to support EC Champions within teams:

- Ongoing access to individual (if needed) and cross-team EC Champion support for peer learning led by experienced group facilitators with extensive understanding and skills in using EC.
- Ensuring on-going training for new champions within teams to account for movements out of the team.

To enable sustainability at the organisational level:

- HP policies, procedures and other practices might be examined to see if they are consistent and promote EC and relational approaches. For example,

work-place recording could demonstrate HP EC use by incorporating an adapted version of the EC reflective log.

- Managers and leaders within the Health Service need a sound understanding of EC themselves and how to support their staff to use this approach. Understanding by senior leaders, supports individuals in their team but also helps in the monitoring of implementation of relational approaches at an organisational level.
- Develop shared understanding and consistency about EC and other relational approaches across all services working to support children and families in Northamptonshire.
- Provide adequate EC training opportunities for all new people to the HP team.

10. LIMITATIONS

As with all research, we acknowledge the need to take into consideration the limitations as well as the strengths of this project. The questionnaires were based on self-report which may not reflect actual practice and could lead to over-reporting of beliefs or activities deemed as desirable. The workshop logs collected by follow-up session leaders mitigated against self-report to a certain extent, but these were also at risk for over-reporting desirable aspects of practice being discussed and underreporting difficulties.

The advent of COVID-19 affected the nature of work for HPs and curtailed the number of people able to attend follow-up workshop sessions within the research timeframe. Additionally, those HPs who did participate in the follow-up sessions may have been more motivated to use EC and confident in their practice compared to colleagues who did not. This disparity could lead to over recording of positive practice outcomes. Comparisons between the two-day and one-day initial training were not able to be made due to COVID-19 related insufficient follow-up sessions for the one-day training cohort.

A strength of the research is that mixed methods provided a means to combine qualitative and quantitative findings. This provided both a numerical measure of how the training of HPs in EC informed their everyday practices and well as offering explicit and nuanced details of the factors that inform the process and product of EC for HP. It provided insights into how changes in HP MEPs were manifested in practice and the extent of perceived changes to professional practice and impact on families and children.

An area worthy of future EC research could focus on the families and children EC experience. Collecting data from families and children about their experience of an HP communication style and the impact EC has upon emotional regulation and relationships with the HP and within the family would provide more evidence to assess impact of HP practice.

11. CITATION

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12. APPENDICES

APPENDIX A

Tables showing date and attendance at follow-up sessions for HPs

1. Table 1: EC follow- up sessions for HP EC Champions

Table 1 shows dates of follow-up sessions for HPs who hoped to become HP EC Champions (two-day initial training) and numbers attending:

Session	Number Attended
1 (23.09.13)	13
2 (24.10.19)	8
3 (16.12.19)	13
TOTAL ATTENDEES	**34**

2. Table 2: EC follow-up sessions for all other HPs

Table 2 shows dates of EC follow-up training sessions for HPs (one-day initial training), numbers attending and how COVID-19 disrupted the programme.

Group Number	Session 1 (date)	No. Attended	Session 2 (date)	No. Attended	Session 3
1	03.02.20	6	02.03.20	9	
2	03.02.30	6	02.03.20	5	
3	17.02.20	5	Did not take place COVID-19 interruption		
4	Group unable to start				
5	24.02.20	8	COVID-19 interruption		
6	24.02.20	3	COVID-19 interruption		
7	02.03.20	6	COVID-19 interruption		
8	02.03.20	2	COVID-19 interruption		
	TOTAL ATTENDEES	**38**		**14**	

APPENDIX B

Emotion Coaching initial training evaluation form

Evaluation of Emotion Coaching Training

*Required

1. Do you feel the training has increased your understanding of how to Emotion Coach? *

Mark only one oval.

	1	2	3	4	5	
Not at all	◯	◯	◯	◯	◯	A lot

2. What 3 things have you learned or learned more about today? *

3. What is one thing you want to find out more about

4. Do you think you'll be able to use Emotion Coaching in your work? *

Mark only one oval.

	1	2	3	4	5	
Not at all	◯	◯	◯	◯	◯	A lot

5. Please comment in what ways *

6. Any further comments?

APPENDIX C

Professional Emotion Coaching Questionnaire (PECQ)

McGuire-Snieckus, Rose & Gilbert (2012)

The questionnaire will ask you a number of questions about emotions. We are going to ask about two emotions - sadness and anger. Please give your personal opinions, not your professional ones.

INSTRUCTIONS
1. You will be asked a question and then will have to choose one of the options

2. Please choose one answer that best describes how much you agree with that statement

3. Please note there are no right or wrong answers and it is better to choose your immediate response

4. Some of the questions may appear repetitive and seem familiar, but they are addressing different aspects of your emotional responses, so please answer all questions

5. Note that from Q10 you will be asked for a slightly different type of response from an agree/disagree to a never/always scale.

6. All the questions are anonymous.

Meta-Emotion Philosophy
Instructions: Please make one answer choice that best describes how much you agree with each statement on a scale from 1 (=strongly disagree) to 5 (=strongly agree). Later in the questionnaire this choice changes to how much you do something from 1 (=Never) to 5 (= Always).

1. A child / young person's sadness is important
2. I think anger is an emotion worth exploring with the child / young person
3. Sadness is something that a child / young person needs to get over, not dwell on
4. Children / young people have very little to be angry about
5. When a child / young person is angry I just want them to stop feeling angry
6. I think that a child's / young person's sadness can sometimes be an overreaction
7. Anger is something that a child / young person needs to get over, not dwell on
8. Children and young people have a right to feel angry
9. A child / young person's anger is important
10. When a child / young person is angry, I try to be understanding of his / her mood
11. When a child / young person is sad I just want them to stop feeling sad
12. When a child / young person is angry, I take some time to try to experience this feeling with the child / young person
13. When a child / young person is sad, I try to be understanding of his / her mood
14. When a child / young person is sad, I ignore it as it will probably take care of itself
15. When a child / young person is sad, I show him / her that I understand

16. When a child / young person is angry, I try to solve the problem that caused the anger
17. I comfort a child / young person when he / she is sad
18. I make a point to identify and share emotions with a child / young person when he / she is feeling angry
19. When a child / young person is sad, I try to distract them from their sadness
20. When a child / young person is sad, I help him/ her to sort out the problem causing the sadness
21. When a child / young person is sad, I take some time to try to experience this feeling with the child / young person
22. When a child / young person is angry, I show him / her that I understand
23. When a child / young person is sad, I help him / her to identify / name the feeling
24. I comfort a child / young person when he / she is angry
25. When a child / young person is sad, I try to help him / her explore what is making him / her sad
26. When a child / young person is angry, I take time to talk to them about his / her feelings
27. When a child / young person is sad, I try to change his / her mood into a cheerful one
28. When a child / young person is sad, I help him / her to come up with his / her own ideas on how to get through it
29. When a child / young person is angry, I help him / her to identify / name the feeling
30. When a child / young person is sad, I try to solve the problem that caused the sadness
31. When a child / young person is angry, I try to distract them from their anger
32. I make a point to identify and share emotions with a child / young person when he / she is feeling sad
33. When a child / young person is angry, I try to change his / her mood into a cheerful one
34. When a child / young person is sad, I take time to talk to them about his / her feelings
35. When a child / young person is angry, I help him / her to come up with his / her own ideas on how to get through it
36. When a child / young person is angry, I ignore it as it will probably take care of itself
37. When a child / young person is angry, I try to help him / her explore what is making him / her angry
38. When a child / young person is sad, I try to get them over the sadness quickly and move on
39. When a child / young person is angry, I help him / her to sort out the problem causing the anger

Thank you for completing the questionnaire

APPENDIX D

Emotion Coaching Exit Questionnaire - version 2 (ECEQv2)

Gus and Gilbert (2019)

Northamptonshire 2019: Building Emotional Resilience in school aged children

Following your initial Emotion Coaching training and a period of time that you've had to use in your practice, this questionnaire is asking for your views on using Emotion Coaching in your work. These questions are all based on participant responses and research findings to date.

	Statement	Your response
1	I use Emotion Coaching in my professional practice	**Disagree** 1 2 3 4 5 **Agree**
2	Emotion Coaching helps children & young people (C&YP) and/or parents/carers to regulate their behaviours	**Disagree** 1 2 3 4 5 **Agree**
3	Emotion Coaching makes me more attuned to C&YP and/or parent/carers' needs	**Disagree** 1 2 3 4 5 **Agree**
4	Emotion Coaching gives me a 'script' to use	**Disagree** 1 2 3 4 5 **Agree**
5	Emotion Coaching helps me to have a more consistent response to C&YP and/or parent/carer's emotional behaviour	**Disagree** 1 2 3 4 5 **Agree**
6	Emotion Coaching helps me to feel more in control when dealing with emotional behaviours	**Disagree** 1 2 3 4 5 **Agree**
7	Emotion Coaching helps to improve C&YP and/or parent/carers' language and communication	**Disagree** 1 2 3 4 5 **Agree**
8	Emotion Coaching helps C&YP and/or parent/carers' to better understand their emotions	**Disagree** 1 2 3 4 5 **Agree**
9	Emotion Coaching helps C&YP and/or parent/carers' to calm down	**Disagree** 1 2 3 4 5 **Agree**
10	My relationship with C&YP and/or parent/carers' is improved through using Emotion Coaching	**Disagree** 1 2 3 4 5 **Agree**
11	Emotion Coaching helps C&YP and/or parent/carers' to take ownership of their behaviour	**Disagree** 1 2 3 4 5 **Agree**
12	I am less dismissive of C&YP and/or parent/carers' emotions in my work	**Disagree** 1 2 3 4 5 **Agree**
13	Emotion Coaching gives me a common language/practice to use with health colleagues	**Disagree** 1 2 3 4 5 **Agree**
14	Emotion Coaching offers a consistent approach for HPs to work with C&YP and/or parents & carers	**Disagree** 1 2 3 4 5 **Agree**
13	What are the benefits of using Emotion Coaching in your work?	
14	What are the barriers to using Emotion Coaching in your work?	
	What is your role? …… In which locality do you work?.....	

THANK YOU

APPENDIX E

Quantitative ECEQv2 results for HP following a training programme in EC

66 responses were collected on the ECEQv2. The average, mode and range score for each question was calculated using SpSS22. Average scores for the two overarching themes: Practitioner Practice and Impact upon child and family were also calculated

Item No.	Item	Mean	Mode	Range	Overarching theme	Average
1	I use Emotion Coaching in my professional practice	4.25	4	2-5	Professional Practice	4.25
3	Emotion Coaching makes me more attuned to Children &Young People (C&YP) and/or parent/carers' needs	4.5	5	3-5		
4	Emotion Coaching gives me a 'script' to use	3.96	4	1-5		
5	Emotion Coaching helps me to have a more consistent response to C&YP and/or parent/carer's emotional behaviour	4.30	5	1-5		
6	Emotion Coaching helps me to feel more in control when dealing with emotional behaviours	4.22	5	1-5		
10	My relationship with C&YP and/or parent/carers' is improved through using Emotion Coaching	3.85	4	1-5		
12	I am less dismissive of C&YP and/or parent/carers' emotions in my work	4.29	5	1.5-5		
13	Emotion Coaching gives me a common language/practice to use with health colleagues	4.32	4	3-5		
14	Emotion Coaching offers a consistent approach for health practitioners to work with C&YP and/or parents & carers	4.53	5	3-5		
2	Emotion Coaching helps C&YP and/or parents/carers to regulate their behaviours	4.64	5	3-5	Impact on C&YP/family	4.40
7	Emotion Coaching helps to improve C&YP and/or parent/carers' language and communication	4.52	5	3-5		
8	Emotion Coaching helps C&YP and/or parent/carers' to better understand their emotions	4.48	5	1-5		
9	Emotion Coaching helps C&YP and/or parent/carers' to calm down	4.01	5	1-5		
11	Emotion Coaching helps C&YP and/or parent/carers' to take ownership of their behaviour	4.36	5	1.5-5		