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

EXECUTIVE SUMMARY REPORT

March 2021

Licette Gus, Dr. Sarah Modi, Dr. Kirsten Krawczyk,
Dr. Louise Gilbert and William Stacy

www.emotioncoachinguk.com

1. INTRODUCTION and PROGRAMME AIMS

Between September 2019 and July 2020, an iterative training programme commenced involving health professionals (HP) in Northamptonshire to use Emotion Coaching (EC) in their work. This was part of a county-wide project focused on children's resiliency and ameliorating the impact of Adverse Childhood Experiences (ACES).

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 aim of this aspect of the project was to investigate how the training of HPs in EC informed their everyday practices.

A 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.

A range of HPs (including health visitors, nursery nurses and school nurses) who worked closely with families and children both at home and at school were involved. Initial training of 186 HPs was followed by follow-up sessions (attended by 84 HPs). The aim of the Emotion Coaching training was to develop Emotion Coaching use across all health teams.

The key aims of the training programme were to support HP to:

1. apply Emotion Coaching alongside their existing professional practice in order to aid learning and development
2. support families to use Emotion Coaching as a relational approach in response to their children's behaviour
3. use Emotion Coaching to develop shared communication with each other about families/children

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

1. 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 HP 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 training 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. EC's 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; HP's 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.

2. CONCLUSION

This project evidenced an iterative training programme in EC which facilitated development of HP 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.

3. 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.

4. TRAINING PROGRAMME OUTLINE (brief)

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.

4.1 Initial Training Day

Initial training courses 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.

4.2 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.

5. METHODOLOGY

A mixed methods approach was used to integrate results from the following measures:

- Initial EC training evaluation form
- Professional Emotion Coaching Questionnaire (PECQ)
- Logs maintained training leaders during follow-up sessions
- Emotion Coaching Exit Questionnaire - version 2 (ECEQv2)

The measures were used to provide information about HP intrapersonal development, interpersonal skill and practice development and perceptions of the impact of EC upon families and children.

6. RESULTS (summary)

The research project wanted to investigate how training HPs in EC informed their everyday practices: three questions were posed in order to answer this. However, when integrating the data from all sources, to answer these questions an overarching theme emerged: 'recognising the process and the product of the Emotion Coaching training experience'. This unifying theme will be outlined in Part 1 of the results, whilst the data addressing the research questions will be dealt with in Part 2.

Part 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. 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.'

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:

1. The universal applicability of the four-step EC framework to structure support 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
   - Workshops conducted in a safe, supportive environment
   - Nurtured initial enthusiasm and motivation
   - Workshops 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

Part 2: Outcomes (related to research questions)

1. **Personal and professional development in health professionals as a result of EC training**
   a. Increased knowledge and understanding and broadening of HP professional and personal approach and demeanour
      i. Significant increase in professional EC MEP. HPs were more EC and less ED following training

      ii.   HPs become more aware how emotions pervade all communications
      iii.   Development of HP empathy and understanding the needs of the client
      iv.   Raised awareness of needing to paying attention to the emotional needs of the parents
      v.   Personal development was unexpected for HPs

b. Increased professional competence, confidence and consistency
Perceived supports to EC use:
      i.   Reflective nature of the follow-up workshops
      ii.   Compatibility with current ways of working, EC was considered to promote better professional-client relationships
      iii.   Practising EC helped raise families understanding of behaviours & promoted HP feelings of competency
      iv.   Confidence in HPs in recognising a need to support parents to regulate their emotions before working with the children

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

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

2. Emotion Coaching supported Health Professionals' interactions with parents and children

a. Health Professionals used EC in their communication with families
      i.   Style and ideas of EC used to support conversations with families
      ii.   Theoretical of EC is linked to practical tools to use in the home
      iii. Sharing EC strategies to reduce stress and dysregulation in the home
      iv. Development of families' understanding of children's behaviours
      v.   Improved communication with and within families
b. Supported parenting skills
      i.   by developing knowledge, tools and opportunities for personal development
      ii.   by promoting alternative ways in which parents interacted with their children – increased attunement and nurturing
      iii. Parents were empowered to believe in their own ability to manage their child's behaviour
c. Supported emotional development mental health and wellbeing of parents and children;
      i.   children's emotional development was supported;

        ii.   by reducing levels of stress in parents and children
    d.   Parental Engagement and Professional Effectiveness and Self-Efficacy
        i.   Simultaneous layers of Emotion Coaching- HPs used EC with parents at the same time as they discussed parents engaging in EC with their children

3. Health Professionals develop shared communication with other

        i.   EC became the language of the team
        ii.   Ongoing development of shared understanding of concepts underlying the language of EC
        iii.   Through ongoing engagement and peer discussion a EC team approach started to emerge

Diagram 2 shows three words clouds. Each number is a visual representation of the results from results pertaining to that research 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.

Diagram 2: Word cloud showing the data results relating to the 3 research questions.

7. REFERENCES (SELECTED)

Cloitre, M., Khan, C., Mackintosh, M., Garvert, D., Henn-Haase, C., Falvey, E., and Saito, J. (2019) 'Emotion regulation mediates the relationship between ACES and physical and mental health'. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(1), pp.82–89.

Dingwall, N. and Sebba, J. (2018) '*Bath and North East Somerset Attachment Aware Schools Evaluation Report*' [Online]. Oxford: Rees Centre. Available at: http://reescentre.education.ox.ac.uk/research/publications/ (Accessed April 2, 2018).

Dobia, B., Arthur, L., Jennings P., Khlentzos, D., Parada, R., Roffey, S. and Sheinman, N. (2020) Implementation of Social and emotional learning in Chatterjee Singh, N. and Duraiappah, A. (eds.) *Rethinking learning: a review of social and emotional learning frameworks for education systems*. New Delhi: UNESCO MGIEP, pp.157-187.

Doonan, M., Stephens, C. (2021) *North Yorkshire Virtual School Attachment & Trauma Aware Schools Project: developing trauma responsive practice: Executive Summary* [Online]. Available at: https://the-arc.org.uk/Media/Research%20Documents/01.02.20%20Exec%20Summary%20NYCC%20VS%20AASP.pdf. (Accessed: 10 January 2021).

Durlak, J. (2016) 'Programme implementation in social and emotional learning, basic issues and research findings'. *Cambridge Journal of Education*, 46(3), pp. 333-345.

Gilbert, L. (2018) *Introducing Emotion Coaching into Primary, Secondary and Early Years educational settings: The voice of practitioners and model of engagement*. PhD thesis. Bath Spa University, UK [Online]. Available at: http://researchspace.bathspa.ac.uk/11551/ (Accessed: 10 December 2020).

Gottman J., Fainsilber-Katz L., and Hooven C. (1996) Parental meta-emotion philosophy and the emotional life of families: theoretical models and preliminary data. *Journal of Family Psychology*, 10, pp. 243–268.

Gus, L., Rose, J. and Gilbert, L. (2015) 'Emotion coaching: A universal strategy for supporting and promoting sustainable emotional and behavioural well-being'. *Educational and Child Psychology,* 32 (1), pp.31-41.

Gus, L., Rose, J., Gilbert, L. and Kilby, R., (2017) 'The introduction of emotion coaching as a whole school approach in a primary specialist social emotional and mental health setting: Positive outcomes for all'. *The Open Family Studies Journal*, *9*(1), pp.95-110.

Hughes, K., Bellis, M., Hardcastle, K., Sethi, D., Butchart, A., Mikton, C., Jones, L. and Dunne, M. (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), pp. e356-e366.

Hughes, K., Ford, K., Davies, A. R., Homolova, L., and Bellis, M. A. (2018) *Sources of resilience and their moderating relationships with harms from adverse childhood experiences*. Cardiff: Public Health Wales [Online]. Available at: https://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf (Accessed 3 January 2021).

Krawczyk, K (2017) *A whole school single case study of emotion coaching training and the impact on school staff.* Unpublished Thesis. The University of Birmingham.

Marie-Mitchell, A. and Kostolansky, R. (2019) 'A systematic review of trials to improve child outcomes associated with adverse childhood experiences'. *American journal of preventive medicine*, *56*(5), pp.756-764.

Morris, A., Robinson, L., Hays-Grudo, J., Claussen, A., Hartwig, S. and Treat, A. (2017) 'Targeting parenting in early childhood: a public health approach to improve outcomes for children living in poverty'. *Child development*, *88*(2), pp. 388–397.

National Scientific Council on the Developing Child (2020) *Connecting the Brain to the Rest of the Body: Early Child- hood Development and Lifelong Health Are Deeply Intertwined*: *Working Paper No. 15* [Online]. Available at: www.developingchild.harvard.edu (Accessed: 10 January 2021).

Osher, D., Kidron, Y., Brackett, M., Dymnicki, A., Jones, S. and Weissberg, R. (2016) 'Advancing the Science and Practice of Social and Emotional Learning: Looking Back and Moving Forward'. *Review of Research in Education,* 40, pp. 644-681.

Romney, A. (2020) *Exploring the facilitators and barriers to implementing Emotion Coaching following whole-school training in mainstream primary schools*. Unpublished Doctoral dissertation, University College London.

Rose, J., McGuire-Snieckus, R. and Gilbert, L. (2015) 'Emotion Coaching- a strategy for promoting behavioural self-regulation in children/young people in schools: A pilot study'. *The European Journal of Social and Behavioural Sciences*, *13*, pp.1766-1790.

Rose, J., McGuire-Snieckus, R., Gilbert, L. and McInnes, K. (2019) 'Attachment Aware Schools: the impact of a targeted and collaborative intervention'. *Pastoral Care in Education*, 37(2), pp. 162-184.

Rudenstine, S., Espinosa, A., McGee, A. and Routhier, E. (2018) 'Adverse Childhood Events, Adult Distress, and the Role of Emotion Regulation'. *Traumatology* [Online]. Available at: http://dx.doi.org/10.1037/trm0000176 (Accessed October 10 2020).

Schofield, T., Donnellan, M., Merrick, M., Ports, K., Klevens, J. and Leeb, R. (2018) 'Intergenerational continuity in adverse childhood experiences and rural community environments'. *American journal of public health*, *108*(9), pp. 1148–1152.

Steven, A., Larkin, V., Stewart, J. and Bateman, B. (2018) 'The value of continuing professional development: A realistic evaluation of a multi-disciplinary workshop for health visitors dealing with children with complex needs'. *Nurse Education Today*, 67, pp. 56-63.

Yoshikawa, H., Aber, J. and Beardlee, W. (2012) 'The effects of poverty on the mental, emotional and behavioural health of children and youth: Implications for Preventions'. *American Psychologist*, 67(4), pp. 272–284 [Online]. Available at: http://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_069837.pdf
(Accessed: 5 November 2019).