FACILITATING THE TRANSFER OF COLLABORATIVE RECOVERY TRAINING INTO CLINICAL PRACTICE: INTERVENTION AND COACHING PROTOCOLS

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The Collaborative Recovery Model and the associated training program have been developed over many years with the support of a wide range of individuals and organisations. Initial development of CRM training components benefited from the work of Mr Gordon Lambert. Many mental health consumers who have either attended the training or been recipients of CRM through work with their clinicians have provided feedback on the program and how it is received. Alex Couley has been a trainer in the CRM and his feedback from recipients and insight from implementing training in organisations has proved valuable in developing and revising the training. Dr. Robert King (University of Queensland) provided support for the first field trials of CRM and coordinated the Queensland research sites. Previous doctoral research of Dr Peter Kelly and Dr Samantha Clarke has further informed the refinement of CRM.

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INTRODUCTION

Purpose of this manual

The purpose of this manual is to specify the rationale, content and methods of the two coaching conditions that were used as part of the randomised trial to improve the transfer of Collaborative Recovery Training into work practices by those providing support for people with severe mental illnesses. The randomised trial titled, *Facilitating the Transfer of Training through Values Clarification* (Deane, Ciarrochi, Oades & Crowe) was funded by an Australian Research Council grant (LP0990708).

The aim of this manual is to describe how the Collaborative Recovery workshop training is provided along with the supplementary materials. The content and form of the coaching protocols are described. The two coaching approaches called “Implementation” and “Transformational” coaching, are the two comparison conditions which are the randomised component of the study. Teams of mental health workers are randomised to receive either Implementation or Transformational coaching after they have received the 3 days of workshop training in Collaborative Recovery. This manual outlines the key differences between the two coaching conditions and provides supplementary material that further elaborates processes particularly in the Transformational coaching condition. The Implementation coaching condition could broadly be construed as representing a form of skills coaching that might typically occur in an organisation that was trying to improve the implementation of particular activities amongst its workforce. It focuses on skills implementation review and collaborative problem solving between the coachee and coach. In contrast, the Transformational coaching condition has coachees actually utilise the CRM protocols themselves to enhance their own professional and personal development. As part of this process there is a focus on values clarification and associated goal pursuit. In this condition there is a strong emphasis of the parallel process that the mental health worker follows in their own coaching relationship with that corresponding between mental health worker and the client. This manual aims to elaborate and clarify how training and how these coaching protocols were implemented.

Rationale for introducing coaching to CRM training protocol

The Collaborative Recovery Model (CRM) was originally developed as a training model to help mental health staff implement recovery-based services to those affected by chronic mental illness (Oades et al., 2005). From 2003 to 2008, an initial study of the effectiveness of training staff in the Collaborative Recovery (CRM) and subsequent outcomes for clients with mental disorders was undertaken (funded by NHMRC grant 2002/03066 and contributions from partner organizations). Training included two days of initial face-to-face training in the CRM protocol, followed by one-day booster sessions at 6 and 12 months following the initial training. The primary aim of implementation was to have staff use the CRM training protocol with at least three clients over a sustained period of one year.

Crowe et al., (2006) found immediate post training improvements in recovery knowledge and attitudes among staff following training in the CRM protocol. However, evidence indicated that at best approximately 37% of the trained staff participating in the study were found to be implementing training protocols in clinical practice. In addition, the average time taken to implement the protocols was approximately 5.6 months following training (Uppal et al., 2010). Furthermore implementation rates were found to decline over time despite the provision of booster sessions at 6 and 12 months following initial training. Indeed, the number of clinicians who were implementing protocols decreased after the first booster, and decreased even more significantly after the second booster session. This finding was contrary to expectations that implementation rates would improve following booster sessions (Uppal et al., 2010).
These results revealed a problem with the ability to take the competencies one receives from the training setting and utilise them back in the workplace (referred to as transfer of training or ToT). This means that potentially more effective services are not getting delivered to clients despite their service providers having received training. This is a major cost in terms of wasted training expenditure but more importantly less than preferable services being delivered to clients. These findings highlight the need to supplement workshop and booster session training models with additional strategies to increase the degree and success of implementation and practice change (Deane et al., 2006).

One possible suggestion to improve ToT includes the addition of regular workplace coaching, alongside initial training and booster sessions (Uppal et al., 2010). Prior research indicates that the implementation of coaching improved the uptake and transfer of motivational interviewing clinical skills into practice by drug and alcohol workers (Miller et al., 2006). It has also been found that values clarification and affirmation can buffer people from stress (Creswell, et al., 2005), increase intellectual performance (Cohen, 2006), and increase people’s behavioural persistence in the presence of discomfort (Paez-Blarrina, 2008a, 2008b). In addition, values clarification is a component of the CRM work with clients and is an important step in helping clients identify life directions and goals that they wish to pursue. Targeting values also has the added benefit of increasing individual meaning of activities designed to help people live more consistently with those values on a day-to-day basis. Increased meaning is likely to lead to increased ownership of these activities, and consequently increased motivation. On this basis it was proposed that by incorporating values clarification as a component of the coaching protocols we could potentially make the utilisation of the CRM protocols more meaningful to clinicians and at the same time reinforce some of the very skills that clinicians were being asked to use with clients in their own coaching work. The connection with underlying values as part of the coaching process is most consistent with what has been termed “Transformational Coaching” in the coaching literature (Hawkins & Smith, 2010). It is proposed that by incorporating values clarification and coaching into a training program it will reduce barriers to implementation and improve transfer of training and uptake in routine practice.

Outline of CRM training

**CRM training.**

Teams within participating organisations are randomly allocated to one of two coaching conditions, either the Implementation coaching or Transformational coaching. All teams receive the same 2-days of training in the Collaborative Recovery Model (CRM). On the 3rd day of training they receive one of the two implementation conditions (Implementation or Transformational).

**Initial two day CRM training.**

The initial CRM training covers the two guiding principles and four specific components of the program, totaling six training modules. Four specific components covered during the training are 1) change enhancement, 2) collaborative values and strengths identification, 3) collaborative life visioning and goal striving and 4) collaborative action planning and monitoring. The two guiding principles of the model covered during training include 1) recovery as an individual process and 2) collaboration and autonomy support. See Oades et al (2009) for further detail in relation to the six training modules comprising the CRM training.

During training staff are provided with information about how the parts of the CRM relate to consumer recovery and are required to demonstrate competency in the use of these protocols. Recovery as an individual process and collaboration and autonomy support are discussed as key principles underpinning the entire model and work between staff and consumers. Specific slides covered during CRM 2-day training are included in Appendix 1. However, it is worth noting that
CRM trainers complete a rigorous train-the-trainer programme allowing them to work with and elaborate on the brief points provided on the training slides.

The Change Enhancement component incorporates: a) exploration of human change models; e.g., transtheoretical model of change, b) motivational interviewing skills including identifying costs and benefits of specific existing behaviours and planned behaviours, c) considerations of importance and confidence, d) rolling with resistance, e) developing discrepancy, f) avoiding argumentation and, g) emphasising personal choice. The remaining three components are trained using the Life Journey Enhancement Tools (LifeJET) (Oades et al., 2009). The LifeJET uses the “journey” through recovery as a metaphor to help engage clients. It comprises tools people might take on a journey that are described as the Camera, Compass and MAP, thus building on the journey metaphor. These tools represent evolutions of earlier versions of behaviour activation strategies (e.g., Oades et al., 2005) that were developed in response to client and clinician feedback (e.g., to change unpopular terminology such as “homework”, Marshall et al., 2010).

The ‘Camera’ protocol is used to record personal strengths and values. It is used to monitor their use in daily life and to orient the individual towards his/her preferred life directions. Using this tool strengths and values are listed around the lens of the camera and a rating is provided to indicate how effective the person has been in utilising strengths/values over the previous 30-day period.

The ‘Compass’ is a visioning and goal setting instrument. It assists people to set specific, measurable and time framed goals by asking them to identify three levels of goal attainment, for a goal that is consistent with values identified within the Camera (based on Clarke et al., 2006). Therefore, goals are aligned with valued life directions and build upon existing or developing areas of strength, thus increasing goal ownership, attainment confidence and motivation.

The ‘MAP’ stands for My Action Plan and is an action planning instrument that includes identifying specific actions required to achieve one of the goals listed in the Compass. It identifies possible barriers and solutions to the particular action, as well as aspects of social support and how the actions will be monitored. The MAP is a modified version of “homework” forms in the original CRM training protocols (e.g., see Kelly et al., 2009).

The procedure for the third day of training is outlined in detail below.

**Day 3 CRM initial training.**

PowerPoint slides covered during day 3 are included in Appendix 2.

**Step 1.** All participants meet together to review CRM protocols covered in days 1-2. This is an opportunity for participants to briefly review the key CRM guiding principles and components and to ask questions/clarify anything they may be unsure about. Approximately 1 hour is allowed for this task.

- Slide 8- CRM diagram (Appendix 2). A brief review of guiding principles and components of CRM is provided.
- Brief review of LifeJET protocols (Camera, Compass, MAP). Group members are asked for any areas where they would like clarification and what they can recall regarding use of these protocols from training days 1-2

**Step 2.** Participants are separated into two conditions-‘Implementation’ and ‘Transformational’ coaching groups. Where there may be participants attending from different teams during the same training dates, the participants allocated to the different coaching conditions meet in different rooms for the remainder of day 3.
**Implementation group only**

1. Completes a SWOT analysis of their organisation regarding CRM implementation (refer to PowerPoint slide 4-Appendix 2)
   a. Break down group into smaller subgroups of 3 to 4 people.
   b. Ask subgroups to brainstorm strengths, weaknesses, opportunities and threats regarding CRM implementation within organisation. Strengths and weaknesses that are factors internal to the organisation. Opportunities and threats are factors that are external to and uncontrollable by the organisation. Allow approximately 25 minutes for this task. Blank paper provided for this task.
   c. Meet again as group and ask one person from each subgroup to provide feedback about key discussion points. Allow approximately 30 minutes to process exercise within the larger group.

2. List barriers to implementing CRM with clients (refer to PowerPoint slide 5-Appendix 2)
   a. Break down into smaller subgroups of 3-4 people.
   b. Ask subgroups to brainstorm barriers and solutions to implementing the CRM with clients, focusing on the following areas; 1) working from a recovery framework, 2) building a collaborative relationship, 3) motivational interviewing, 3) using Camera, 4) using Compass, 5) using MAP and 6) getting data to the designated person. Allow approximately 25 minutes for this task.
   c. Meet again as a group and ask one person from each subgroup to feedback key discussion points. Allow approximately 30 minutes to process exercise within the larger group.

**Transformational Coaching Group Only**

1. Values card sorting task (approximately 2 hours). The values card sorting task is included in Appendix 3.

There are a number of reasons why trainees are asked to participate in this values clarification exercise:

1. Direct experience of protocol – promoting empathy toward client experience and increasing insight into exploration strategies and motivational responses.
2. Direct exploration of possible consistencies and differences between personal and work related values, which may lead trainees into a process of reflecting on how they may be able to live more consistently with their personal values at work.
3. Exploration of feelings and potential resistance to the risks of exposure related to clarifying values with another person, who is also a work colleague.
4. Familiarisation of staff to different ways of engaging clients in values clarification. Having a seemingly less confronting, more structured/cued values clarification alternative exercise than direct values elicitation.
5. Provides a taste of the personal investment involved in transformational coaching, and the potential for personal resistance. This clarifies the need for them to determine ways of making values clarification safer for people.
6. Potential personal wellbeing benefits and support for own personal and/or professional development.

The Transformational Coaching group also build on the values clarification exercise by practicing coaching with each other using the LifeJET protocols (approximately 2 hours)
Both Groups:

1. Overview of coaching

Provide participants with some of the background to coaching and an overview of coaching using the handout entitled ‘CRM coaching outline’ (see Appendix 4) as a guide. Provide a copy of this handout to participants and discuss as outlined below. This should take approximately 30 minutes.

Key points highlighted during discussion are as follows:

- Coaching is being undertaken with the aim of improving transfer of CRM training into practice within service settings (previous research has shown poor uptake just following initial training/booster sessions).
- The purpose of coaching is to support workers in their understanding and implementation of the CRM.
- There are two different coaching types being evaluated, implementation and transformational.
- Notify group participants which coaching condition they have been allocated to and briefly outline the focus of each e.g.,
  - Implementation- helps coachees refine their skills in use of LifeJET protocols and motivational enhancement strategies with the people they support in recovery
  - Transformational- helps coachees use LifeJET protocols including values clarification and motivational enhancement strategies for their own personal and professional development
- Outline GROW as model used for coaching sessions (Goal, Reality, Options, Wrap up) (see Appendix 4, ‘Coaching Outline’ for brief overview of GROW model provided to participants).
- Tell participants that coaching should occur once a month for 12 months.
- Coaching will be provided by a peer within their organisation but not a direct line manager.
- Coaching can occur via varied modalities (e.g. Skype, telephone, face to face) and delivery mode can be negotiated between coach and coachee.
- Highlight confidentiality as an important aspect of coaching and where limitations of confidentiality may occur (e.g., where serious professional misconduct is revealed during coaching or serious welfare concerns arise for coach or coachee).
- Inform that coaches will complete a “coaching session record form” (see Appendix 5). Provide a copy of this form to participants and allow them time to review it and ask any questions.
- Allow time (at least 20 minutes) for participants to ask questions regarding coaching and to discuss any concerns. Allow group to problem-solve to resolve concerns.
GENERAL CRM COACHING PROTOCOLS AND SKILLS

Why use coaching?

It is anticipated that incorporating a coaching component into a training program will reduce barriers to implementation and improve transfer of training and uptake of the Collaborative Recovery Model protocols in routine practice.

What roles do coaches play?

Coaches support and help individuals to, “regulate and direct their interpersonal and intrapersonal resources to better attain their goals” (Grant, 2006, cited in Ives, 2009). They provide a supportive collaborative relationship to facilitate this process. They are not necessarily “superiors” or better with regard to the utilisation of CRM skills in practice, but they do have the skills to help others develop and reach the highest potential with regard to the goals they seek to achieve. In this sense the example of those who coach elite athletes can be used. For example, most coaches of world top 20 tennis players would be unlikely to be able to beat those they are coaching in tennis, nor would they have ever achieved as much competitively in the sport. Still, they are very effective at helping those they coach to develop and refine their skills in order to attain their sporting goals.

Importantly coaching relationships are not authoritarian, instead they involve an egalitarian and collaborative relationship between coach and coachee (Ives, 2009).

How are coaches “selected” (strategies to identify coaches in the organisation/recruitment)

Coaches are selected by the participating organisations and as a result there may be some variation from organisation to organisation about the strategies used to identify coaches. Typically, the organisational manager or team managers play a role in identifying and approving those who might serve as coaches. Important characteristics in identifying potential coaches are individuals who support change to improve the delivery of services to clients, value personal and professional development of the workforce, have good interpersonal skills including the capacity to actively listen and support others. In most cases coaches will already be in a clinical leadership role with supervisory or management responsibilities (e.g., employed at the level of ‘team leader’) as a result of exhibiting these kinds of characteristics. However, a small number of coaches will be considered for the position based on their perceived suitability for the role or superior work performance. They were often identified by managers in the organisation as being well respected by their peers but may not have been currently employed in supervisory/management positions. Every attempt is made to avoid matching coachees with coaches who are direct line managers.

What do coaches do?

Coaches provide hourly coaching sessions once a month for 12 months to selected staff within their organisation. Coaching can occur either face-to-face, over the phone or via Skype video conferencing. Coaches in both the Implementation and Transformational coaching conditions use the GROW coaching model. The GROW model follows a four step process that involves assisting the coachee to; (1) establish the session Goals, (2) explore Reality of current situation, (3) examine available Options regarding how to proceed and finally (4) Wrap up and gain commitment to taking action steps. However, the focus of coaching varies between the two coaching conditions. Specifically, the Implementation coaching condition is introduced as a
problem solving model that focuses on implementation issues and skills revision in the coachee’s use of the CRM protocols (LifeJET, motivational enhancement) with his/her clients.

In contrast, staff receiving Transformational coaching, use the LifeJET protocols (i.e. Camera, Compass, Map and Life Album) and motivational enhancement strategies in relation to their own professional and/or personal development. That is, they complete the LifeJET protocols for their own personal life with the support of the coach.

All coaches are expected to document the coaching session with a brief description of issues covered using the Coaching Record for Coach forms (see Appendix 5).

Table 1 provides a broad overview of components of implementation and transformational coaching.

<table>
<thead>
<tr>
<th>Implementation Coaching</th>
<th>Transformational Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 12 hourly sessions scheduled monthly</td>
<td>• 12 hourly sessions scheduled monthly</td>
</tr>
<tr>
<td>• Follows GROW structure (goal, reality, options, action)</td>
<td>• Follows GROW structure (goal, reality, options, action)</td>
</tr>
<tr>
<td>• <strong>Focus on exploring coachees’ work with clients using CRM approach.</strong> Skills include motivational enhancement strategies and use of LifeJET protocols (camera, compass, map and life album).</td>
<td>• <strong>Focus on coachees’ own personal/professional development using CRM approach.</strong> Skills include motivational enhancement strategies and use of LifeJET protocols (camera, compass, map and life album).</td>
</tr>
</tbody>
</table>

**Broad overview of topics covered in coaching sessions.**

- **Session 1:** This session provides a general orientation to coaching in the context of the organisation, implementation of CRM and clarifies the nature of the coaching relationship. Typically content covers; (a) Introductions, (b) why coaching is needed in the organisation, (c) what coaching involve, (d) how coaching is different from supervision, (e) confidentiality and coachee psychological and professional safety, (f) outline of approach to be taken, (g) building rapport and coaching alliance, (h) encouraging coachee ownership of the coaching process.

- **Session 2-4:** These sessions focus more on implementation of the specific coaching protocols for the particular coaching condition (see above). For Transformational coaching, the coach may start by orienting the coachee to explore their personal values. It is also here that typically coaching alliance, ruptures or motivational resistances are explored and worked through as the coach and coachee shape the coaching process to better meet the needs and expectations of the coachee.

- **Sessions 5-12:** These sessions vary across coaching conditions. In Transformational coaching if the coachee has worked through any ownership of the coaching process and/or relationship safety issues, then typically s/he will be working towards specific
goals, and taking increasingly more challenging and growth producing risks. In Implementation coaching the coachee will likely be transitioning from a specific skills development and refinement foci to case reviews. They are likely to work on developing specific strategies to implement the CRM principles and protocol in a manner tailored to the individual’s need, and level of engagement, readiness and motivation.

**What is the GROW approach to coaching?**

GROW is a widely used approach to structuring coaching sessions developed by Whitmore (2002). When using the GROW model the session starts by setting a goal for the coaching session. Coach and coachee then explore the current reality (e.g., explore resistances, motivational challenges and perceived barriers), before developing options for action and concluding with specific action steps that help define the way forward. The GROW process is not meant to be linear, rather coaches working within this approach are encouraged to take an iterative approach, moving backwards and forwards between the various phases to refine and clarify the best course of action. At each subsequent session coaches are encouraged to commence with a review of the previous session, including any action steps that were committed to, before moving on to set the agenda for the next coaching session (Brown & Grant, 2010).

Table 1 outlines the four phases of the GROW model as well as related questions that may be relevant for the coach to ask of the coachee as they move through the various phases of the coaching session. This table was not provided to coachees during the CRM training. However, coaches were familiarised with the GROW model and typical questioning, exploration and clarification strategies through a series of role plays. This occurred in the four hour coach training workshops and subsequent monthly coach support sessions (coach-the-coach). The parallels between the LifeJET protocols and the basic GROW framework are noted in that the LifeJET protocols can be viewed as a structured way of operationalising the GROW coaching model.

Coaches were provided with an article on coaching (Ives, 2009) to review. This article was discussed in the coach support sessions.
Table 2. GROW components and example questions

<table>
<thead>
<tr>
<th>Four key GROW components and example questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal- set the goal for the coaching session</strong></td>
</tr>
<tr>
<td>Coachee determines what they want to achieve from the coaching session. Make sure the goal is not too complex and is something within their personal area of control. If it is too complex, break it down and focus on a smaller sub goal. Write the goal down and make it as specific as possible.</td>
</tr>
<tr>
<td>- What do you want to get out of the coaching session?</td>
</tr>
<tr>
<td>- What are your key areas of concern?</td>
</tr>
<tr>
<td>- What would you like to focus on?</td>
</tr>
<tr>
<td>- What would be the best use of this time?</td>
</tr>
<tr>
<td>- How would you like to feel afterwards?</td>
</tr>
<tr>
<td>- Is this a realistic goal?</td>
</tr>
<tr>
<td>- Can we cover this in the time we have available?</td>
</tr>
<tr>
<td>- Funnel down or use scaling to get specific</td>
</tr>
<tr>
<td><strong>Reality- use questioning skills to raise their awareness of the current situation.</strong></td>
</tr>
<tr>
<td>Help the person raise awareness of present realities. Examine how the current situation is impacting on coachee’s goals. Make sure their understanding is raised so they can work out the solution for themselves at the options stage.</td>
</tr>
<tr>
<td>- So tell me what is happening now?</td>
</tr>
<tr>
<td>- How have things gone in the past (week/month)?</td>
</tr>
<tr>
<td>- What’s working for you now?</td>
</tr>
<tr>
<td>- What didn’t work?</td>
</tr>
<tr>
<td>- Tell me some more about that...</td>
</tr>
<tr>
<td>- How have you handled any problems?</td>
</tr>
<tr>
<td><strong>Options- help the person shift perspective towards action and solutions</strong></td>
</tr>
<tr>
<td>Assist to identify and assess available options. Encourage solution focused thinking and brainstorming. If you have suggestions offer them only after they have tried to come up with options themselves. Ask permission e.g., “Is it ok if I make a suggestion”?</td>
</tr>
<tr>
<td>- What options do you have?</td>
</tr>
<tr>
<td>- What else are you doing that is already working?</td>
</tr>
<tr>
<td>- What else could you do?</td>
</tr>
<tr>
<td>- What haven’t you tried yet that might work?</td>
</tr>
<tr>
<td>- What are the costs and benefits?</td>
</tr>
<tr>
<td><strong>Wrap-up - gain commitment to taking action steps</strong></td>
</tr>
<tr>
<td>Assist to determine next steps. Develop an action plan and build motivation</td>
</tr>
<tr>
<td>- What are the next steps to take?</td>
</tr>
<tr>
<td>- What will you do to move forward?</td>
</tr>
<tr>
<td>- How can you keep track of your progress?</td>
</tr>
<tr>
<td>- Who can support you?</td>
</tr>
<tr>
<td>- What might get in the way?</td>
</tr>
<tr>
<td>- How confident are you that you can do this? (scale 1-10)</td>
</tr>
<tr>
<td>- What would make you more confident?</td>
</tr>
<tr>
<td>- How will you feel when this is done?</td>
</tr>
</tbody>
</table>
IMPLEMENTATION COACHING

Sessions are structured in accordance with the GROW coaching model (Goal, Reality, Options and Wrap-up) as outlined in Table 2.

- **GOAL** – the coachee will determine the focus of the session and with the coach’s assistance will clarify the session goals.

- **REALITY** - Reality helps a coachee to explore and clarify her/his current position more clearly and sift through assumptions, generalisations and judgements that may be clouding the coachee’s current perceptions. Once the current reality is clearer the coachee may be in a better position to decide on the best way forward and the options available.

- **OPTIONS** - coach helps the coachee generate some options to explore how to move forward.

- **WRAP-UP** – together the coach and coachee ensure that the options are evaluated, obstacles identified and worked through and overall goals and are actions established which are specific, measurable, and time bound.

The specific focus for coaching is on exploring coachees work with clients using the CRM approach. Specific protocols that may be explored within the GROW coaching approach include motivational enhancement strategies and use of LifeJET (camera, compass, map and life album).

The coach uses the Implementation coaching record to guide sessions (See Appendix 5 for a copy of this form).

TRANSFORMATIONAL COACHING

What is Transformational coaching

Transformational coaching is aimed at supporting personal development. Hawkins and Smith (2006) provide a continuum model in which coaching may occur across “skills” through “performance” to “development” to “transformational” coaching. According to Hawkins and Smith (2010), “Performance coaching is less focused on the acquisition of skills (inputs) and more centred on raising levels of performance (outputs and outcomes) in the current role. It focuses more on applied capabilities than competence”, (p. 242). Development coaching is less focused on the current role and more centred on longer-term development of the whole person and their broader human capabilities. It involves showing them how they can use their current role to develop their capacity for future roles and challenges. Going further still, transformational coaching is more involved with enabling the coachee to shift from one level of functioning to a higher one. It involves exploration of one’s learned or preferred ways of responding to situations particularly when under pressure, sometimes described in terms of reaction roles (e.g., rescuer, persecutor, martyr, individualist, tyrant etc, e.g., Hadikin, 2004) that reflect the decisions one makes when faced with complexity of choices (Rooke & Torbert, 2005).

Hawkins and Smith (2010) suggest that transformational coaching, “enables coachees to create fundamental shifts in their capacity through transforming their way of thinking, feeling and behaving in relation to others.”, (p.231). They further suggest that transformational coaching involves: 1) shifting the meaning scheme (i.e., changing specific beliefs, attitudes and emotional reactions); 2) working on multiple levels at the same time (i.e., physical, psychological, emotional and purposive elements) to the point that the coachee embodies these changes (i.e., thinks, feels and behaves...
differently); 3) shifting in the room (i.e., overcoming stuckness usually through enactment and integration – thus directing the parallel process); and 4) maximising engagement (i.e., working directly with motivational dynamics).

**How parallel process is used in coaching**

The aim of the Transformational coaching condition is to parallel the processes that staff use with their clients but for their own personal/professional development. At a practical level this involves assisting staff to identify personal values and strengths, set goals and tasks to achieve those goals, as well as engage in motivational enhancement skills to explore competing motivations and move towards desired behaviour change. More specific knowledge, attitudes and practices which are supported by the parallel process within transformational coaching are outlined in Table 3 below (see last column).


**Table 3. Collaborative Recovery Model components - clinical applications and staff coaching parallels**

<table>
<thead>
<tr>
<th>CRM guiding principles and theoretical underpinnings of skills components</th>
<th>CRM clinical practices protocols, skills and attitudes Life Journey Enhancement Tools (LifeJET)</th>
<th>Staff Implementation/Skills Coaching - parallel knowledge, attitudes and practices processes</th>
<th>Staff Transformational Coaching - parallel knowledge, attitudes and practices processes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recovery as an individual process (Guiding Principle 1)</strong></td>
<td>Protocol: Exploration of recovery possibilities with consumers Attitude: A “growth mindset”- hopefulness towards consumers’ ability to set, pursue and attain personally valued life goals</td>
<td>• Staff coachees supported to explore their attitudes and growth opportunities in terms of skills development related to implementing CRM principles and practices with their clients. • Review of recovery oriented attitudes.</td>
<td>• Staff coachees supported to feel safe, respected and empowered enough to develop their own life vision and set and pursue their own goals</td>
</tr>
<tr>
<td>• Psychological recovery as a staged individual process involving: 1. hope 2. meaning 3. identity 4. responsibility</td>
<td>• <strong>Skill: Develop and maintain a working alliance</strong> Attitude: Positive towards genuine collaboration</td>
<td>• Staff coachees engage in a collaborative relationship with their coaches with the overriding goal of skills development related to implementing CRM principles and practices with their clients. • Review with the coach the relationship issues (e.g., dynamics, ruptures etc) the coachee has with</td>
<td>• Staff coachees engage in a collaborative relationship with their coaches with the purpose of developing support for professional and/or personal development (i.e., support for one’s own development). • Coach works to build and maintain a working relationship with the coachee.</td>
</tr>
<tr>
<td><strong>Collaboration and autonomy support (Guiding Principle 2)</strong></td>
<td>• Working alliance • Power &amp; empowerment • Relationship rupture • Autonomy support • Barriers to collaboration • Working with relationship dynamics</td>
<td>• Staff coachees engaged</td>
<td></td>
</tr>
</tbody>
</table>
### Change Enhancement
- Motivational readiness
- Resistance
- Psychological needs
- Clarifying and exploring conflicting motives and values
- Fixed versus growth mindsets

<table>
<thead>
<tr>
<th>Protocol: Motivational interviewing, particularly phenomenological explorations and decisional balance explorations</th>
<th>Staff coachees engage in coaching support to develop/build upon motivational enhancement skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill: Use decisional balance techniques appropriate to assist the consumer to clarify ambivalence regarding change</td>
<td></td>
</tr>
<tr>
<td>Attitude: To take appropriate responsibility for role in interactional aspects of motivation</td>
<td>The coach uses motivational enhancement skills with the staff coachee to:</td>
</tr>
<tr>
<td>o Assist the coachee to better understand his/her motivational issues (including resistances, levels of readiness and values conflicts)</td>
<td></td>
</tr>
<tr>
<td>o Move towards desired behaviour changes</td>
<td></td>
</tr>
</tbody>
</table>

### Collaborative values and strengths identification
- Strengths versus problem focus
- Valued life directions
- Where one draws strength
- Accessing deeper motivation
- Current life enactments of values

<table>
<thead>
<tr>
<th>Protocol: “Camera” values and strengths clarification method</th>
<th>Staff coachees engage in coaching support to develop/build upon values and strengths clarification skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill: Assist a consumer to elicit personal values and strengths and assess how well they have been implemented recently</td>
<td></td>
</tr>
<tr>
<td>Attitude: To value reflective exercises notwithstanding current difficulties or symptoms</td>
<td>The coach uses strengths and values clarification skills (Camera protocol) with the staff coachee to:</td>
</tr>
<tr>
<td>o Assist the coachee to better understand his/her strengths and preferred life directions (i.e. valuing processes)</td>
<td></td>
</tr>
<tr>
<td>o Move towards desired changes in terms of building strengths and pursuing preferred life directions</td>
<td></td>
</tr>
</tbody>
</table>

### Collaborative life visioning and goal striving

<table>
<thead>
<tr>
<th>Protocol: “Compass” vision and goal striving method</th>
<th>Staff coachees engage in coaching support to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The coach uses collaborative life</td>
</tr>
</tbody>
</table>

- Autonomy of coachees emphasised
- Review with the coach the relationship issues (e.g., dynamics, ruptures etc) the coachee may be experiencing with the coach, as well as any relationship parallels that may occur that reflect the coachee’s work with mental health clients

- Staff coachees engage in coaching support to develop/build upon motivational enhancement skills

- The coach uses motivational enhancement skills with the staff coachee to:
  - Assist the coachee to better understand his/her motivational issues (including resistances, levels of readiness and values conflicts)
  - Move towards desired behaviour changes

- Staff coachees engage in coaching support to develop/build upon values and strengths clarification skills

- The coach uses strengths and values clarification skills (Camera protocol) with the staff coachee to:
  - Assist the coachee to better understand his/her strengths and preferred life directions (i.e. valuing processes)
  - Move towards desired changes in terms of building strengths and pursuing preferred life directions

- Staff coachees engage in coaching support to

- The coach uses collaborative life
<table>
<thead>
<tr>
<th>Collaborative action planning and monitoring</th>
<th>Skill: Elicit meaningful vision and manageable goals</th>
<th>develop/build upon collaborative life visioning and goal striving skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health behaviour change</td>
<td>Attitude: To be persistent within the face of obstacles</td>
<td>visioning and goal striving skills</td>
</tr>
<tr>
<td>Systematic action planning, monitoring and review</td>
<td>Protocol: “MAP” action planning method</td>
<td>(Compass and Life Album protocols) with the staff coachee to assist with:</td>
</tr>
<tr>
<td>Self-management</td>
<td>Skill: To assist with the development of comprehensive action plans</td>
<td>o Shaping personal life visions</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Attitude: To value “small actions” between the meetings of staff and consumers (between session activity)</td>
<td>o Shaping one’s preferred identity</td>
</tr>
<tr>
<td></td>
<td>Protocol: “MAP” action planning method</td>
<td>o Goal identification, setting and striving</td>
</tr>
<tr>
<td></td>
<td>Skill: To assist with the development of comprehensive action plans</td>
<td>o Developing goals in line with valued life directions</td>
</tr>
<tr>
<td></td>
<td>Attitude: To value “small actions” between the meetings of staff and consumers (between session activity)</td>
<td></td>
</tr>
</tbody>
</table>

**How the CRM protocols are integrated into coaching**

The coaching forms in Appendix 5 show how CRM protocols are integrated into coaching sessions for both conditions. In addition, Table 3 above provides further guidance.
COACHING THE COACHES

Structure

Coach the coach sessions occur monthly over a 12-month period for one hour within small groups (typically n = 6) settings. Coaches for the Implementation and Transformational coaching meet separately. Sessions follow the same GROW structure utilised for individual coaching. That is, Goal, Reality, Options and Wrap Up. Sessions provide an opportunity for coaches to: a) explore the coaching process amongst peers, b) role play and get feedback and guidance regarding challenging coaching situations, c) explore their own personal reactions to specific coaching situations, d) increase their own understanding of the CRM as a coaching model, and e) examine parallels and differences between the coach-coachee relationship and that of the coachee-client relationship.

- **GOAL** – Group members determine the focus of the session. Typically, issues range from coaches wanting to gain confidence in their own coaching capacity, to increasing their own understanding and skills in using the CRM principles and protocols flexibly, to working with fluctuating coachee motivation and resistance, to dealing with difficult coaching relationship dynamics.

- **REALITY** – Group members are encouraged to explore and clarify the current situation of problem, gain a clear description and sift through assumptions, generalisations and judgements that may be clouding the group member/s current perceptions. For example, some coaches state that their coachees see CRM as too structured for some consumers, or that it takes to much time to do well, and so on. These beliefs at times may show up in the coaches’ assessments of how useful coaching is as a way of working with particular coachees (i.e. parallel processes become evident). Similar to using CRM with clients, typically engaging the individual in an exploration of his/her motivational conflicts (i.e., clarifying strengths, values conflicts and resistances) occurs as part of exploring the “current reality”.

- **OPTIONS** – Group members are encouraged to generate some options to explore how to move forward. This includes problem solving and identifying ways of drawing on existing strengths and available resources.

- **WRAP-UP** – Group members evaluate options, identify and work through obstacles and establish goals and actions.

**Common challenges in Coaching that are discussed during Coach-the-Coaches sessions**

Common challenges arising in the Implementation Condition:
- Sessions were repetitive and tend to cover the same ground
- Some staff felt pressured just to complete protocols
- Lack of time was a big issue raised
- Some coachees expressed concern about quality of coaches
- Trend from using protocols instrumentally (i.e., as instruments without thinking much about them) to using the CRM more conceptually (i.e., as a framework to make sense of clients current struggles etc and how to adapt protocols).

Common challenges arising in the Transformational Condition:
- Maintaining boundaries between personal therapy and personal/professional development
- Performance anxiety, and the desire to do coaching “correctly”, overriding the need to use the LifeJET protocols flexibly
- Coachee resistance and avoidance
- Some coachees expressed concern about quality of coaches
- Coachee personal comfortability/safety regarding exploring personal values and goals with a work colleague
- Facilitating personal ownership of coaching by the coachee
- Working with parallel processes and the implications for the coaches own growth and development
REFERENCES


APPENDICES

APPENDIX 1: CRM POWER POINT SLIDES DAYS 1-2 OF TRAINING

Collaborative Recovery Training Program

2009-2010

Standard 2 day

Overview

- Housekeeping
- 6 Modules (3 days)
- Roleplays
- Copy of slides
- Copy of LifeJET sheets (from pads)
- Book of readings - with 3 min presentations from each of you over first two days
- Monthly individual coaching for 12 months
- 6 mth booster day
- Part of 5 organisation research project headed by UOW

Thank you for your contribution to practice based evidence.

Please ask your facilitator about the questionnaire items if you have questions.

What is the Collaborative Recovery Model?

- The Collaborative Recovery Model (CRM) is a practice model designed to incorporate evidence of practices that have previously assisted people living with enduring mental illness, designed to be consistent with the values of the recovery movement.
- The model has two guiding principles and four components
- The Collaborative Recovery Training Program, based on the model is designed to assist mental health workers assist those living with illness.
- The CRM has relevance to the broader "system of recovery" in carers, self-helps and whole organisations in addition to training mental health workers.

"Yeah, I remember that day and sort of came to me. I wanted to swim with whales. I was like and I got talking, we worked on this together and it ended up being one of my goals.”

Dianese, 37 yr old woman in rural Australia

[Image of a collaborative environment and a slide about the CRM model and its components]
Advantages of CRM

- The CRM has been designed to have the following advantages:
  - Generic skills that can be used flexibly
  - Approaches that are relevant across case management and psychosocial rehabilitation contexts
  - Emphasis on issues of autonomy, hope, and individual experience central to the recovery movement within mental health
  - Skills-based components that have an evidence base
  - An emphasis on measurement, consistent with the need for mental health services to generate evidence.

The six Collaborative Recovery questions for a consumer to ask him or herself:

1. Who can I be now?
2. Who can help me to be who I want to be?
3. What am I ready to do?
4. What are my strengths and values?
5. What do I want to achieve?
6. To achieve what I want, what will I do, when, where and for how long?

Evidence from Australian team

- Recovery not just as an ideal, but a practice which is evaluated
- 12 sites government and non-government
- Summary of evidence for people with enduring mental illness includes:
  - Collaborative Recovery Model (CRM) training improves staff attitudes to recovery
  - CRM training improves the quality of case plan goal setting
  - CRM training improves the quality of case plan goal setting
  - Improved by the goal and plan tool
  - Training transfer is yet to be verified supported
  - In evidence of effectiveness

The six Collaborative Recovery questions for a clinician to ask him or herself:

1. How can I help this person more meaning in his/her life?
2. How can I support this person's autonomy?
3. How can I help move this person to take make a start?
4. What are the strengths and values of this person?
5. What does this person really want to achieve?
6. What does this person need to do, when, where and for how long - to achieve what they want?
Evidence from Australian team

- Consumptions (e.g., differences in performance) between services training in DIP and Rosenthal
- Differences in psychological recovery in mental illness
- Stages of psychological recovery can be measured (just like 40% recovery)
- A 40% Stage of Recovery Enhancement (SORE) scale
- Stages of psychological recovery can be measured (just like 40% recovery)
- The “system of recovery” concept
- Psychological recovery as a staged individual process involving (i) hope (ii) meaning (iii) identity (iv) responsibility
- The “system of recovery” concept
- The “focus of recovery” concept
Module 1- Recovery as an individual process

- **Protocol:** Self-Identified Stage of Recovery (A and B)
- **Skill:** Use the SISR-A and B as a precursor to discussing change with a consumer (unless they are at growth stage already)
- **Attitude:** A “growth mindset” - hopefulness towards consumers’ ability to set, pursue, and attain personally valued life goals

Table 5: Consumer support in recovery

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery</td>
<td>Support, encouragement, active listening, and assistance in decision-making</td>
</tr>
<tr>
<td>Identifying</td>
<td>Consumer feedback, active listening, and assistance in decision-making</td>
</tr>
<tr>
<td>Healing</td>
<td>Support, encouragement, active listening, and assistance in decision-making</td>
</tr>
<tr>
<td>Learning</td>
<td>Support, encouragement, active listening, and assistance in decision-making</td>
</tr>
<tr>
<td>Stabilizing</td>
<td>Support, encouragement, active listening, and assistance in decision-making</td>
</tr>
<tr>
<td>Growing</td>
<td>Support, encouragement, active listening, and assistance in decision-making</td>
</tr>
</tbody>
</table>

Goal: Aligning Goals

- Consumer participation in recovery
- Consumer’s understanding of the recovery process
- Consumer’s ability to set, pursue, and attain personally valued life goals
- Consumer’s ability to identify and address personal and social challenges

Materials for each part of the ecological system of recovery

- **Present:**
  - Decrease symptoms
  - Promote well-being

- **Future:**
  - Increase symptoms
  - Promote well-being

“System of Recovery”

- **Stakeholder Approach:**
  - Community involvement
  - Consumer advocacy

- **Recovery Approach:**
  - Consumer empowerment
  - Community support
Psychological Recovery

- Recovery as lived experience
- Recovery from four perspectives
  - Medical
  - Rehabilitation
  - Psychological
  - Empowerment
- Slade, Amering, Oades (2008) clinical versus personal recovery

Clinical Recovery

<table>
<thead>
<tr>
<th>Table 1 - Recover in long-term (older patient groups)</th>
<th>Mortality</th>
<th>Long Term</th>
<th>Psychological</th>
<th>% Reduced in significant improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study et al., 2011</td>
<td>Denver</td>
<td>157</td>
<td>102</td>
<td>27</td>
</tr>
<tr>
<td>Corr &amp; Miller, 2011</td>
<td>Lancaster</td>
<td>133</td>
<td>169</td>
<td>17</td>
</tr>
<tr>
<td>Bream, 2011</td>
<td>Zeal</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Pappas et al., 1997</td>
<td>Iowa</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Hargrave et al., 2011</td>
<td>Virginia</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Schindler, 2011</td>
<td>Scape</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Simmons et al., 2011</td>
<td>Cape</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Stace et al., 2011</td>
<td>Cape</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
<tr>
<td>Stace et al., 2012</td>
<td>Cape</td>
<td>135</td>
<td>136</td>
<td>13</td>
</tr>
</tbody>
</table>

Top 10 concerns – recovery & MH service transformation (Davidson et al. 2000)

10. Recovery (R) is old news
9. RO care adds more burden
8. R involves cure
7. R happens for a few
6. R irresponsible fail
5. R only after result of treatment
4. RO care requires new resources
3. RO care is neither reimbursable nor evidence based
2. RO care devalues professional interventions
1. RO care increases exposure to risk & liability

“Stages of psychological recovery”

1. MORATORIUM Absence of hope for recovery or having a better life.
2. AWARENESS Realisation of the possibility of a more fulfilling life.
3. PREPARATION Tentatively looking out for ways to make changes.
4. REBUILDING Actively pursuing goals.
5. GROWTH Optimistic about the future, contentment with the present.

Processes Psychological Recovery

- Hope
  - The importance of hope permeates the experiential literature on recovery
- Identity
  - An inherent aspect of mental illness can be the loss of self-identity
- Meaning
  - The reestablishment of meaning in the control of the concept of recovery
- Responsibility
  - Taking responsibility for one’s own recovery, including self-management of medication and well-being

Key indicators of Stage of Psychological Recovery

- Moratorium
- Awareness
- Preparation
- Rebuilding
- Growth
  - Quality
  - Taking Risks
  - Tentative Goals
  - Achieving Goals
  - Optimism
  - Understanding
  - Developing Relationships
  - Developing Relationships
  - Developing Relationships
  - Development
  - Determination
  - Establishment
  - Core Elements
PILOT STUDY FOR Structured Interview
Keren Wolstenhout, University of Wollongong

- PARTICIPANTS
  12 Females and 6 males; aged 21-68; involved in mental health recovery program—Flinders. Diagnosis: Schizophrenia (5), Major Depression (4), Anxiety (2), Bipolar (1), Substance Abuse (1), and Marijuana Abuse (1).

- MEASURES
  SRI: 64-item self-report Stage of Recovery Inventory
  K-10: Anxiety & Depression Scale
  RAS: Recovery Assessment Scale for Goal Orientation, Confidence & Help, Ask for Help
  PWB: Psychological Well-being subscales for Purpose in Life, Environmental Mastery & Emotional Well Being

COMPARING STAGE OF RECOVERY & K-10

Correlation: 164, p = .03

COMPARING STAGE OF RECOVERY & RAS

1. GOAL ORIENTATION
   Correlation: 187, p = .082

2. ASKING FOR HELP
   Correlation: 209, p = .01

COMPARING STAGE OF RECOVERY & EMOTIONAL WELL-BEING

Correlation: .20, p = .003

COMPARING STAGE OF RECOVERY & PWB

Correlation: .39, p = .01
The Self Identified State of Recovery - A and B

- The Self Identified State of Recovery - versions A and B
  - A is a 5 vignette scenario in which a consumer chooses which scenario best indicates their stage of recovery.
  - B is a 4 single scale instrument to measure hope, meaning, identity and responsibility for wellbeing.

SISR-A

Please read all 5 statements (A-E) before answering the question that follows:

A) I don't think people can recover from mental illness. I feel that my life is out of my control, and that nothing I can do is helping.
B) I have just recently realized that people can recover from mental illness, and that it is possible for me to help myself.
C) I am starting to feel better, but it takes a lot of effort and time.
D) I can manage the illness pretty well, but I am doing ok, and feel better physically and emotionally.
E) I feel I am in control of my health and my life now. I am doing very well and the illness is under control.

Of the five statements above, which one would you say most closely describes how you have been feeling over the past month about your mental health?

SISR-B

Below are 6 statements about aspects of my life, please choose one that best describes how you feel about the following:

1. I am confident in my ability to take care of myself and others.
2. I have confidence in my ability to get things done.
3. I feel the need to improve my self-esteem.
4. I feel the need to improve my self-image.
5. I feel the need to improve my social skills.
6. I feel the need to improve my physical health.

Competency Exercise

Teamwork: Recovery is an individual process.

Role play in pairs involving:
- Explanation and clarification to consumer and carer in understandable language of:
  - stages of psychological recovery
  - focus of recovery
  - system of recovery

Reflection Point 1

- Choose 3 consumers with whom you have worked in the past 12 months.
- In your opinion what stage of recovery are they at? How are they tracking in terms of hope, meaning, identity and responsibility?
Component 1: Change Enhancement
Component 2: Collaborative Strengths & Issue Identification
Component 3: Collaborative Training & Goal Setting
Component 4: Collaborative Decision & Monitoring

Module 2 - Collaboration and Autonomy Support

- Working alliance
- Power and empowerment
- Relationship rupture
- Autonomy support
- Barriers to collaboration
- Working with relationship dynamics

Module 2 - Collaboration and Autonomy Support

- Skill: Develop and maintain a working alliance
- Attitude: Positive towards genuine collaboration

Components of the collaborative relationship

**Working Alliance** - collaboration between therapists and clients in relation to:
- establishment of the therapy **goals**,
- agreement on the appropriateness and efficacy of the therapy **tasks**,
- and the **bonds** between the therapist and client.

Components of Working Alliance

- **Goals** – the target of the intervention, or what is wanted as a result of rehabilitation/therapy.
- **Tasks** – the in-counselling behaviours and cognitions that form the substance of the counselling process.
- **Bonds** – embraces the network of positive personal attachments between client and therapist that includes issues such as mutual trust, acceptance, and confidence.
Evidence supporting the link between alliance and outcome

- Meta-analysis of relationship between alliance and outcome (Horwath & Symonds, 1994)
- Quality of the alliance is a robust predictor of therapy outcome
- The relationship between alliance and outcome is apparent as early as the third session (particularly important in brief therapy)
- This correlation holds reasonably constant across various treatment modalities, clinical diagnoses, and client populations
- See Prescribed Reading Module 2: Deane & Crowe (2007)

Fluctuations in the Alliance

- Alliance ruptures
  - Common
  - Awareness
  - Vary in intensity, duration & frequency
  - Confrontation
  - Withdrawal (avoidance, compliance, passive-aggression)
  - Potential patient change (evolving)
- Resolution principles
  - Attending to ruptures
  - Interpersonal reflection
  - Aware of own feelings
  - Reflecting responsibility
  - Embracing with client’s experience
  - Participant observer stance

What is autonomy?

- The basic right of the individual to self-determination or self-rule
- Freedom of choice in selecting a life plan as well as the steps involved in carrying out that plan
- Limits include: the rights of society, autonomy of the mental health worker, internal constraints such as serious mental illness and dependency

What is paternalism?

- When mental health worker acts contrary to an individual’s wishes in order to achieve a “correct” or “good” outcome, or one which most benefits the individual
- Generally justified when benefits of course of action are considered greater than the costs of client’s autonomy. Risk-benefit harm principle
- Mental competence is generally regarded as a prerequisite for autonomous patient-decision-making. Delirium is viewed along a continuum and therefore may be specific to situation, and involves demonstration of understanding and reasoning with an appreciation of consequences in terms of risks and benefits in the decision making process

What is positive and negative liberty?

- Understanding consumer defined recovery includes understanding issues of power and freedom
- The distinction between negative and positive liberty
  - Negative liberty: freedom from
  - Positive liberty: freedom to

Reflection Point 3

- What relevance does negative liberty (freedom from) and positive liberty (freedom to) have to understanding mental health recovery?
Competency Exercise
Practitioner Collaboration and Autonomy Support

Role play in pairs involving the explanation and clarification to consumer and carer in understandable language the meaning of:
- a collaborative relationship
- overcoming relationship ruptures

Module 3 - Enhancing Change

- Enhances consumer change by skilful and use of motivational enhancement appropriate to the stage of recovery of the consumer

Reflection Point 2

- What are the barriers to genuine collaboration and supporting of consumer autonomy within this service?
Module 3- Enhancing Change

- Stage of psychological recovery
- Decisional balance
- Motivational readiness and resistance
- Psychological and basic needs
- Negotiated needs
- Importance and confidence
- Fixed versus Growth Mindset

Ready to change?

- Clinicians generate resistance unwittingly because they are unsure about the decision the consumer has or has not already made about certain behaviour change.
- If the clinician makes the assumption that the consumer is ready to change their behaviour and acts as if this were true, when indeed it is not, then it is likely that the consumer will resist.
- Rollnick and colleagues have identified a number of key strategies to minimize or overcome the effect of resistance:
  - Roll with resistance
  - Develop discrepancy
  - Avoid argumentation

Emphasize personal choice

Decisional Balance

Costs of change against benefits of change

- Costs of change: additional stress, loss of control, guilt
- Benefits of change: improved health, increased self-esteem, reduced use

Importance and Confidence

- Assists the consumer's resistance/motivation to change
- Motivation to change is often influenced by:
  - Importance: degree to which the goal/task is aligned with the consumer's personal values or the change is seen to lead to an improvement in their lives
  - Confidence: personalized success or failure tasks with goal

The distinction between confidence and importance is relevant in terms of engagement. For example, a client may struggle with the thought of the course being a personal success with significance to a certain issue (importance) when in fact the course lacks confidence to change the behaviour or compete the task.
Building Confidence  
(Adapted from Byrne, Deane, Lambert, Coombs, 2003)

- What would make you more confident about being able to shower regularly?
- Why have you placed yourself at that particular point on the confidence scale? (e.g., because I keep forgetting)
- How could you move up higher from x to y?
- How can I help you succeed?
- What are some of the practical things that you would need to do to help you be better at taking medication

Exploring Importance  
(adapted by Gray et al., 2002 from Bollnick et al. 2000)

- What would have to change be different for it to become much more important for you to shower? (e.g., feel better, be more attractive to opposite sex)
- Why have you placed yourself at that particular point on the importance scale?
- What would have to change be different for your importance score to move up from x to y?
- What concerns do you have about showering?
- If you were to take your shower, what would you be like?
- How does this compare with how you are now?

Dealing with Resistance  
Resistance to change in behaviour (such as self-care behaviour) is a clear indication that motivation may be an issue.

- What is resistance?
- How is resistance shown?
- Where does resistance come from?

Motivation is Malleable

- Consumers may:
  - Argue with you, change the subject, interrupt when you are talking, deny that they have a problem, miss appointments
  - The reason for an individual’s resistance is usually to be found in the individual’s circumstances and should not be attributed as a trait of the person
  - The origins of the consumer’s resistance may be due to
    - the way the consumer’s family is relating to them
    - their partner’s reactions
  - the way the clinician approaches the consumer

You must resist someone

- Resistance can arise when the consumer brings previous conflict (such as the experience of being told they must shower) to the discussion about self care, or when the clinician elicits resistance by the approach adopted, or perhaps as a combination of the two.
- Because resistance exists within this interpersonal context, the clinician has the opportunity to lower the level of resistance
Resistance can be an asset!
- The consumer must be able to feel their freedom and personal choice is respected and rolling with resistance supports that freedom.
- It's important to remember that having the consumer agree with you does not necessarily mean that they are motivated to change their behaviour. Similarly, disagreeing does not mean they are not motivated to change.
- Dealing with resistance is simply one part of building an alliance with the consumer.

Contrasts between Confrontation of Denial and Motivational interviewing
- Confrontation of Denial: Resistance seen as "denial", a trait characteristic requiring confrontation.
- Motivational Interviewing: Resistance seen as an interpersonal behavior pattern influenced by the therapist's behavior.
- Resistance is met with reflection.
- Treatment goals and change strategies are negotiated.
-由 therapy can be seen as "pro" denial and increase motivating sound decisions.

Contrasts between Skills Training & Motivational Interviewing
- Motivational Interviewing: Employs specific principles and strategies for building client self-control for change.
- Emphasizes and reflects client's ability to separate without labeling or judging the client.
- Outcomes change strategies from coping to learning.
- Emphasizes change strategies from coping to learning.
- Outcomes change strategies from coping to learning.
- By listening and reflecting on the client's responses, the therapist can build the client's self-control.

Competency Exercise
Practitioner: Change Enhancement
Role play in pairs the conduct of a decisional balance exploration, focusing on whether to work towards recovery or not, and other conflicting motivations—eliciting something in each quadrant that includes functional and significant other costs or benefits.
Consider behaviors required to move from awareness stage of psychological recovery to preparation stage.
Reflection Point 3

- What are your real life examples of working with change enhancement?
- How does it differ areas within this service?
- Does adding the stages of psychological recovery change how you think about the change process?

Life JET

- What is it?
  - A staged life planning process incorporating values and strengths clarification, visioning, goal setting and action planning.
- Involves
  - Possible identification of personal life vision.
  - Life vision and goals initiated by the person’s values and strengths.
  - Goal selection may be initiated from needs or strengths assessments.
  - Rating the relative importance of goals (consumer perspective).
  - Selection and constitution of 2 achievement goals.
  - Aiming of progress using success or stagnation.
  - Steps to follow with clues to use flexibly within each step.

Objective:

To develop an attractive and feasible steering protocol for use in needed health care, based on evidence-based established literatures and recent feedback from GSS frameworks and implementing the U3V and congruence with values of recovery movement and consistent with the developing evidence within coaching psychology.

Feasibility:

- Feasibility, relevance, attractiveness (to client, worker, managers and researchers), ease of use, implementability, addition of value to current practice.

Tenets:

- Metaphors will (a) assist communication and training (b) make the steps to the process seem more light-hearted and tangible.
- Should be seen as three modular instruments which can be used sequentially, or with an add-on basis. There is an additional contributive and integrative resource.

The root metaphor:

- Recovery/life is a journey- people often take a camera, a compass and a map on a journey.
- Together the outputs of these tools (e.g. photos) forms a personal album of the journey- the good life album.
- The title of the album is the life vision.

Purpose of the 3 journey tools

The Camera:

- To take into focus important values and strengths
- From Frameworks on values clarification, life planning, self efficacy, Acceptance Based Therapy.

The Compass:

- To identify and keep ultimate destination (true north) in terms of a life vision and a true north goal (organizational, personal, and social responsibility).
- To navigate the values of life planning and change.
- To make life planning a dynamic and meaningful intervention.

The Map:

- To plan the next step, taking the terrain (barriers) and trend (social support) into account.
- Reflected theoretical framework. Drawing on literatures from reflected theoretical codes or change action planning and social support.
Definitions

Life Vision - A visually realised version of what one calls their envisioned life that provides the motivation and strength to stay focused on their path towards achieving their own identity. It is a personal and unique vision that serves as a guide and motivation.

Personal Identity - A liberal and unique form of self-awareness that guides one's actions, thoughts, and behaviors.

Value-driven - The aspect of life driven by one's personal values, goals, and actions.

Goal-driven - A clear and specific objective that one is determined to achieve within a given timeframe.

Action Plan - A set of steps or actions designed to achieve a specific goal or objective.


How the journey fits together

A person, by use of the Compass, becomes clear on their personal values and strengths. Using the Compass, they are enabled to identify a future-oriented life vision—a collection of their values and strengths—recorded separately as valued directions that one uses to orient themselves. The person can set personal goals consistent with these important valued directions.

Using the MAP, the person can develop action plans to achieve the goals. Over time, they can gain feedback on their progress towards their level of progress (reflected in their, as coordinated). The collective experience of the Good Life Album enables people to put it all together.

Relationship between Life Vision, Values, Goals and Action Plan

Life Vision (above) Helps to provide motivation, meaning and purpose, and preferred identity.

Values (middle) Help to identify important, important life directions that align with one's personal life values, and goals.

Goals (below) More specific goals, still consistent, targeting steps, focus the three-month timeframe.

Action Plan (right) Select, set, achieve, affirm frequency, duration, techniques to maintain the probability of goals task achievement done in natural environment.

Module 4: Using strengths and enacting values

- Assisting consumers to clarify values and strengths and then utilise them in the here and now.

Module 4: Using strengths and enacting values

- Values clarification
- Strengths identification
Module 4: Using strengths and enacting values

- Protocol: “Camera” values and strengths classification method
- Skill: Assist a consumer to elicit personal values and strengths and assess how well they have been implemented recently
- Attitude: To value reflective exercises notwithstanding current difficulties or symptoms

The importance of strengths

“...one cannot build on weakness. To achieve results, one has to use all available strengths... These strengths are the true opportunities.”


What is a strength?

- Performance
  - “the ability to provide consistent, near perfect performance in a given activity” (Clifton & Anderson, 2002) (i.e. use a natural talent)
- Virtue ethics
  - "distinguishable routes to displaying one or another of the virtues” (as values in action, morally infused—towards the "good life" (Peterson & Seligman, 2004)

A pragmatic approach to strengths

Linley & Harrington (2002)

“a natural capacity for behaving, thinking or feeling in a way that allows optimal functioning and performance in the pursuit of valued outcomes”

Strengths, values and an alternative to the DSM

- Petersen & Seligman’s (2004) “Character strengths and virtues- A handbook and classification” is referred to as a “manual of the sanities”
- It represents the classification of values in action—i.e. when people use their values yielding character strengths
  www.authentichappiness.com
- VIA strengths survey—yielding signature strengths

Values

Values are verbally construed global desired life consequences, while valuing is an action (Hayes et al, 2004)

While goals may change, values are likely to remain stable over the long term (Hayes, et al 2004).

Intrinsically motivated goals—in those that stem from a person’s core values—lead to greater commitment to better goal performance (Deci & Ryan, 2002).
**Camera steps**

1. Why should I clarify my values and strengths?
2. What are my values and strengths?
3. How well am I living in alignment with my values and strengths?
4. What do I notice when looking through my camera lens?
5. How can I use this to develop a life vision?

**Competency Exercise**

Practitioner: Strengths and Values

Role play in pairs, assisting a consumer to identify their strengths and values through the use of the Camera following all steps. Use Camera worksheet and steps. Assume consumer is ready for this process.

**Reflection Point 4**

- Values and strengths may be seen as too abstract for consumers, and sometimes even task oriented staff.
- How can you help staff and consumers see the value of values?
- How do you know when you are at your best?

**Competency Exercise**

Practitioner: Strengths and Values

Consistent with the parallel process philosophy, complete a Camera for your own life. This is private and only to discuss with colleagues if you wish.
Module 5 - Collaborative life visioning and goal striving

- Persists flexibly and collaboratively with the components within the Compass to assist recovery by way of the development of an integrated meaningful live vision, valued directions, manageable goals, which provide a broader purpose for actions.

- Protocol: “Compass”
- vision and goal striving method
- Skill: Elicit meaningful vision and manageable goals
- Attitude: To be persistent within the face of obstacles
The compass vision-values-goals
1. Why should I develop a life vision and set goals?
2. Have I completed the Camera exercise?
3. What are my three most important directions? Do I need three?
4. How important are each of these directions?
5. Can I refine my life vision?
6. How would I know if I had succeeded?
7. When will I review and with whom?
8. How well have I done? What are my "coordinates" on my compass?
9. Do I need a MAP or a more Camera work?

Calculating your success coordinates
1. Multiply your needs level (0-20) by your priority number for valued direction 1, to get Coordinate 1. Repeat for valued direction 2 and 3. Sum the three coordinates. Multiply this number by 9. This is your success coordinates out of 100.
2. The success Coordinate includes a measure of progress on goals that are valuable to you. For optimal performance, you should aim at 90 out of a possible 100. If less than 90, your goals may be too difficult for now. If more than 90, consider a more challenging goal increment.
3. Explain to the person that they need to go in the right direction or a more challenging place. Hence, 90 is not necessarily the best; it is "satisficing."

Competency Exercise
Practise - Life Planning and Goal Setting
Role play in pairs assisting a consumer to set specific and meaningful goals through the use of the Compass - following all steps.
Assume that the consumer is ready to set goals. (Any previous work has been done on relationship, strengths, values, motivation.)
Beware of your own non-productive thoughts and behaviours that may arise.

Reflection Point 5
- Goals are often set prematurely and poorly?
- Will your team be able to "give itself permission" to go slow with goals, without using it as an implicit excuse to revert back to a solely symptom focus of recovery?
Module 6- Collaborative Action Planning and Monitoring

- Systematically and collaboratively assigns actions, and monitors progress toward action completion and goals, to enhance self-efficacy of consumer.

Module 6- Collaborative Action Planning and Monitoring

- Protocol: "MAP" action planning method
- Skill: To assist with the development of comprehensive action plans
- Attitude: To value "small actions" between the meetings of staff and consumers (between session activity)

What is Homework?

- Any purposeful and meaningful activity/action that a client may complete outside of meetings. e.g.
  - Walk around the park
  - Provides an opportunity for consumers to transfer skills developed with the case manager to other environments
  - The use of homework (as a procedure by itself) receives little emphasis in clinical training. It is often assumed that clinicians know how to use homework.
- Homework is very consistent with a "coaching style of relationship".
- Consumer feedback is that they do not like the term "homework." We use "action" or whatever is meaningful to the consumer.
- The term "homework session activity" is also in the literature.
- Remember... feedback is critical: based taking feedback is a homework action: something to do between sessions.

Is Homework Effective?

Meta-analysis
- Examined 28 studies reported between 1980 and 1999 looking at the effects of homework and homework compliance on therapeutic outcome.

Findings
- Homework assignments produced a positive mean effect size in the moderate range (C = .50).
- 68% of clients would improve when therapy involved HW compared to only 12% when therapy involved not HW.
- Correlational research shows that homework compliance is associated with positive treatment outcome.

The Homework Cycle

- Review
- Design
- Assign
Review
- Always discuss homework completion the person
- Reinforce/praise all attempts
- Examine reasons for any homework not completed
- Problem solve barriers to homework completion (relates to use of MAP)

Design
- Discuss goals
- Consider the person’s ability and potential barriers
- Negotiate relevant actions
- Present rationale and how homework will help attain goals
- Provide a choice of homework activities

Assign
- Complete the MAP and repeat for new actions (written down!!!)
- Consider alternatives for potential barriers
- Ask how confident the client is about completing the homework

If the person’s confidence is less than 70%, collaboratively modify or adjust the action

Quality action planning
*Beyond the failure of new years resolutions...*
- A good action plan contains the specific actions the person will take to make the desired behaviour change (to achieve the goal)
- The plan should include:
  - A listing of each of the specific actions
  - The environmental modifications
  - The sources of social support
  - How the person will monitor the progress (ie the behaviours)
  - A specific date to implement the action plan
The MAP steps
1. What are the benefits of planning?
2. Have I used the Compass?
3. What actions do I need to do?
4. Who can help me?
5. What date will I start?
6. How confident am I?
7. How will I monitor my actions?
8. What are some barriers and possible solutions?
9. When do I review this plan with someone?
10. Who can keep me accountable?
11. Should I keep repeating this process?

Competency Exercise
Practitioner- Action Planning and Monitoring

Role play in pairs assisting a consumer to develop a comprehensive action plan through the use of the MAP- following all steps.
Assume that the consumer is ready for action (eg.
previously work has been done on relationship strengths, values, motivation, valuing and goal setting).

Comprehensive action planning includes consideration of barriers, confidence, social support and monitoring.

Competency Exercise
Practitioner- Strengths and Values

Complete a MAP for your own life- using one of the goals on your Compass
This is private- and only to discuss with colleagues if you wish.
Collaborative Recovery Training Program

2009-2010

Day 3

- The purpose of this task is to help you identify what principles are most important in your life.

Card Sorting Task

Step 1: Initial Sort
Relating to your life in general
Sort the cards into 3 piles
Pile 1: These principles are not very important to me
Pile 2: These principles are of moderate importance to me
Pile 3: These principles are of highest importance to me

Card Sorting Task

Step 2: Reducing to 15 principles
Remove Pile 1: These principles are not very important to me
Go through the remaining two piles, and pick out your top 15 principles
Then

Please complete the worksheet entitled

“Principle success rating sheet: Life in general”

(please note date is recorded as part of research, same across all exercises)

Discussion

• Anyone willing to share what they found important?
• Anyone surprised at how unimportant some principles were compared to others?

Card Sorting Task

Step 1: Initial Sort

Relating to your workplace

Shuffle the cards back into 1 pile
Sort the cards into 3 piles
Pile 1: These principles are not very important to me in my current job
Pile 2: These principles are of moderate importance to me in my current job
Pile 3: These principles are of highest importance to me in my current job
Card Sorting Task

**Step 2: Reducing to 15 principles**
Remove Pile 1: These principles are not very important to me in my current job.
Go through the remaining two piles, and pick out your top 15 principles.

Then

Please complete the worksheet entitled

“Principle success rating sheet: workplace focus”

(Direct quotes were not recorded as part of research reports or consent forms.)

Discussion

- Anyone willing to share what they found important to them at work?
- How much was there in common with life in general and the workplace?
- Can you find ways to bring your life in general principles into your workplace?

LifeJET with yourself at work

1. Take some of the important principles at work and place them on the CAMERA. Complete a Camera on how well you have been using them in the past month at work.
2. Complete a Compass on your personal goals regarding implementation of CRM at work.
3. Complete a MAP to achieve the above goals regarding implementation of CRM at work.
Discussion

- Any comments on respective completion of the three tools?
- How well were they integrated for you (vertical integration)?

The role of coaching

- You now have the opportunity of individual coaching each month for 90mins for 12 months with a designated coach.
- The coaching will continue the values emphasis in your work and in your life.
- You will be assisted to continue the use of the LibJET tools to discuss issues at work regarding implementation eg set goals to do CRM with clients and (put) in your general life eg review whether you have been living your values.
- You will be asked to do homework between coaching sessions.
- Coaching is confidential.
- Triplicate pads are used in the same way as with clients.

Other implementation issues

Please discuss any other issues/planning regarding implementation.

Thank you for your contribution to practice based evidence.

Please ask your facilitator about the questionnaire items if you have questions.
APPENDIX 2: IMPLEMENTATION COACHING GROUPS

Collaborative Recovery Training Program

2009-2010

Day 3

Overview

• SWOT analysis of organisation to successfully implement CRM protocols
• Examination of specific barriers and solutions to implementation
• Clarification of the role of coaching
• Completion of post measures

Getting more specific

• List barriers to implementing (ie literally think of all of your clients)
  – Working in a recovery framework
  – Collaborative relationship
  – Motivational interviewing
  – Using CAMERA
  – Using COMPASS
  – Using MAP
  – Getting data to designated person
• What are the solutions to the barriers listed?

Role of coaching

• You now have the opportunity of individual coaching each month for 60mins for 12 months with a designated coach
• The coaching will assist you to solve problems of implementation and further develop skills in the protocols of CRM
• You will be asked to do homework between coaching sessions
• Coaching is confidential
• Triplicate pads are used in the same way as with clients
Thank you for your contribution to practice based evidence.

Please ask your facilitator about the questionnaire items if you have questions.
APPENDIX 3: VALUES CARD SORTING TASK

Identifying important principles: The card sorting task (approximately 3 hours)


The purpose of this task is to help clients to identify what principles are most important to them. You may want to photocopy the pages below onto a solid paper type, and then cut the paper into cards for your client. You can also laminate the cards.

Instructions (perhaps put this up on a PowerPoint)

Step 1: Initial sort. Ask your client to sort the cards into three piles.
Pile 1: These principles are not very important to me
Pile 2: These principles are of moderate importance to me
Pile 3: These principles are of the highest importance to me.

Step 2: Reducing to 15. After clients have completed the initial sort, you ask them to go through the cards again, and this time picks out their top 15 principles.

Step 3: Have clients complete the worksheet titled: “Principle success rating sheet: Life in general”

Step 4. Debrief. Ask the clients if they are willing to share what they found to be important. As they talk about different principles, look for the vitality and enthusiasm in their eyes, gestures, and tone of voice. You want to identify what the client really wants from life and is likely to work towards. You might also ask clients if they were surprised at how unimportant some principles were compared to others. Many of us spend a great deal of time pursuing things that are truly unimportant.

Step 5: Introduce workplace focus. Now ask the clients to put all the cards together again. Tell them that you would now like them to redo the card-sorting task, but this time you want them to sort the cards according to what principles are most important to them in their current job.

Step 6. First sort (PowerPoint)
Pile 1: These principles are not very important to me in my current job
Pile 2: These principles are of moderate importance to me in my current job
Pile 3: These principles are of the highest importance to me in my current job

Step 7: Reducing to 15. After clients have completed the initial sort, you ask them to go through the cards again, and this time picks out their top 15 principles.

Step 8: Have clients complete the worksheet titled: “Principle success rating sheet: Workplace focus”

Step 9: Debrief. Ask clients what was important to them at work. Have clients discuss how much was in common with their “life in general” list and their “workplace” list. Ask them if they can find ways to bring their life in general principles into the workplace

General instructions for two debriefing steps. Go slowly. Try to elicit examples of what it meant to live their principles. Look for signs of vital engagement. Reinforce people for showing up and
discussing their principles. Really try to get why this principle is important. In the below exercises, elicit the clients own experiences in relation to the metaphors and concepts. Go slowly and keep it experiential. Relate to recovery values.

- **Introduce the distinction between values and goals.** The principles could be either a value or goal. Only you can decide which is which. Values are things that you strive for but never permanently achieve.

  Metaphor: Values are like the lighthouse. Sailors use the lighthouse as a guide but their goal is not to obtain the lighthouse.

  Goals are in the service of values. Concrete goals can be achieved.

  Example value to concrete goal hierarchy
  Value: Having relationships involving love and affection
  Concrete goal: tell my wife how I feel about something important

- **Discuss the notion that failing at a goal does not cancel out a value.** Thus, you can fail to “be honest” in a particular instance, but still value honesty. This is critical, because people often feel that if they fail at the goal, they cannot have the value.

- **Talk about valuing as a process rather than an outcome.**

  Metaphor: let’s say you want to ski to the bottom of a mountain. So you go up the lift and get to the top of the mountain. Now, I know what your goal is (to ski to the bottom of the slope), and so I decide to help you. I fly up to the top of the mountain in a helicopter. I offer you a lift. Do you accept? Why? Is this really about getting to the bottom, or is it about the journey, the process

- **Talk about the need to keep making commitments and the importance of persistence.** People often do not have a choice about whether or not they achieve their goals. For example, a client may simply fail to comply with something, or may fail to achieve the goals you set for him. The key thing is to be prepared for this and to recognise that the only real power you have is to keep choosing to commit to your values. You can’t choose to succeed, but you can choose to commit.

- **Values and the all-or-none quality of willingness.** Fear and desire are two sides of the same coin. If you really desire something and value it, you will often be afraid of losing it. When you go to do something you value, you will often experience distress, anxiety, anger, self-doubt, etc. So each time you decide to act, you are faced with a question: The willingness question: Are you willing to have your unpleasant feelings and thoughts show up, in order to do what you value? Your answer can only be "yes" or "no". This is because willingness has an all-or-nothing quality. Willingness is like jumping. You can jump off lots of things. However, there is a Zen saying that goes, "you cannot jump a canyon in two steps."

  The key is that you can choose the size of the jump. You don’t have to make a big jump. You can make a small commitment that is relatively easy for you to keep.
Cards

1. Connecting with Nature
2. Gaining wisdom
3. Creating beauty (in any domain, including arts, dancing, gardening)
4. Promoting justice and caring for the weak
5. Being loyal to friends, family, and/or my group
6. Being Honest
7. Helping others
8. Being sexually desirable
Having genuine and close friends

Having relationships involving love and affection

Being ambitious and hard working

Being competent and effective

Having a sense of accomplishment and making a lasting contribution

Having an exciting life

Having life filled with adventure

Having a life filled with novelty and change
Being physically fit

Eating healthy food

Engaging in sporting activities

Acting consistently with my religious faith and beliefs

Being at one with god

Showing respect for tradition

Being self-disciplined and resisting temptation

Showing respect to parents and elders
Meeting my obligations

Maintaining the safety and security of my loved ones

Making sure to repay favours and not be indebted to people

Being safe from danger

Being wealthy

Having authority, being in charge

Having influence over people

Having an enjoyable, leisurely life
Enjoying food and drink

Being sexually active

Being creative

Being self-sufficient

Being curious, discovering new things

Figuring things out, solving problems

Striving to be a better person

Experiencing positive mood states
Feeling good about myself

Leading a stress-free life

Enjoying music, art, and/or drama

Designing things

Teaching others

Resolving disputes

Building and repairing things

Working with my hands
Organizing things

Engaging in clearly defined work

Researching things

Competing with others

Being admired by many people

Acting with courage

Caring for others

Accepting others as they are
Working on practical tasks

Seeking pleasure

Avoiding distress

Avoiding self-doubt
PRINCIPLE SUCCESS RATING SHEET: LIFE IN GENERAL

Date of birth: Year_______ Month _______ Date ________ Gender (circle) M F
Participant Code: ___________________ (i.e. first 3 letters mother’s maiden name + month DOB)

This task is based on the card sorting task you just completed. We are interested in having you rate the principles you identified as your 15 most important principles in your life. Please enter the principle # (no.) in the left column. Then rate whether or not you wanted to put the principle into play (i.e., act according to the principle). If you say “yes”, then rate how successful you were at putting the principle into play.

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<th>Principle # (and brief description)</th>
<th>I wanted to put this principle into play during the last three months</th>
<th>Not at all successful</th>
<th>Moderately successful</th>
<th>Highly successful</th>
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This task is based on the card sorting task you just completed. We are interested in having you rate the principles you identified as your 15 most important principles for succeeding at your current job. Please enter the principle # (no.) in the leftost column. Then rate whether or not you wanted to put the principle into play (i.e. act according to the principle). If you say "yes", then rate how successful you were at putting the principle into play.

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<th>Principle # (and brief description)</th>
<th>I wanted to put this principle into play during the last three months</th>
<th>Please rate success only if you answered &quot;yes, I wanted to put this principle into play.&quot;</th>
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APPENDIX 4: COACHING HANDOUT

CRM COACHING OUTLINE

What coaching is in this project?

- The purpose of coaching in this project is to support workers in their understanding and implementation of the Collaborative Recovery Model (CRM) into their routine contact sessions with the people whose recovery journeys they are supporting.
- The primary goal of coaching in this context is to support goal achievement and job performance.
- There are two different coaching types that are being evaluated in this project. Participating teams have been randomly allocated to either 1) CRM implementation coaching, or 2) professional/personal development coaching. Both coaching types aim to improve the transfer of the CRM training into routine practice.

- Those workers allocated to participate in the CRM implementation coaching will use the coaching time to explore how they have been practicing the CRM with the people they are supporting in recovery. That is, their coach will try to help the coachee to refine his/her skills in using the LifeJET protocols (i.e., Camera, Compass, Map, and Life Album) and motivational enhancement strategies with the people they support in recovery. These skills necessarily remain within the context of the collaborative relationship, whilst honouring the unique nature and pace of each individual’s recovery journey.

- Those workers allocated to the professional/personal development coaching will use the coaching time to review their use the LifeJET protocols (i.e., Camera, Compass, Map and Life Album) and motivational enhancement strategies in relation to their own professional and/or personal development. That is, the coach will support the coachee in his/her own development journey in areas identified and chosen by the coachee. This might still be related to their implementation of the CRM in practice with the people those recovery journeys the coachee supports (e.g., a coachee goal might to improve her/his motivational enhancement skills), but the coachee might also be using the LifeJET protocols to work on improving their own health or educational goals etc. The difference here is that the coachee will be using the LifeJET protocols on themselves as well as with the people they support in recovery.

- Coaching is a partnership in which the coachee decides on the focus through goal selection.
- “Coaching is essentially about helping individuals regulate and direct their interpersonal and intrapersonal resources to better attain their goals.” (Grant, 2006, cited in Ives, 2009)
- Coaching is focused on current and future issues (as opposed to the past)
- Coaching sessions will follow the GROW coaching model structure (Goal, Reality, Options and Wrap-up) which aims to enable people to grow, to develop their capabilities, achieve high performance and gain fulfilment.

- GOAL – The coachee will determine the focus of the session and with the coach’s assistance will clarify the session goals.

- REALITY - Reality helps a coachee to explore and clarify her/his current position more clearly and sift through assumptions, generalisations and judgements that may be clouding the coachee’s current perceptions. Once the current reality is clearer the coachee may be in a better position to decide on the best way forward and the options available.
o **OPTIONS** - Coach helps the coachee generate some options to explore how to move forward.

o **WRAP-UP** – Together the coach and coachee ensure that the options are evaluated, obstacles identified and worked through and overall goals and are actions established which are specific, measurable, and time bound. Motivational enhancement strategies (e.g., decisional balance) might also be used here to explore competing motivations in regards to pursuing certain options.

**How will coaching happen?**
- Coaching will occur for approximately one hour every month for 12 months.
- Coaching will be provided by a peer from within your service, but who does not have direct line management responsibilities over you.
- Coaching may occur face-to-face or via telephone, video conferencing or Skype.
- Coaching will remain confidential between the coach and coachee except where serious professional misconduct is identified or where significant health issues are deemed to affect the coachee’s work performance and/or there is concern for the welfare of the coachee or coach. Therefore management would not normally have direct oversight of what occurs in individual coaching sessions. This is to ensure that coachees feel safe enough to engage more fully in the coaching process.
- Coachees will complete a “coaching session record form” as a record: 1) that coaching occurred, 2) of the broad content areas covered in each session and the LifeJET protocols used in the session, 3) to track variations in the coaching alliance that may occur over the different coaching sessions from the coach’s perspective, and 4) to cue the coach to use the GROW coaching model to structure each coaching session (see coaching session record below)

**What coaching is not**
- Coaching is not therapy. If issues arise as part of coaching that may benefit the coachee to seek therapy, one of the goals the coachee might work on is to obtain appropriate therapeutic support from an external therapist. Therapy tends to focus on interpersonal/emotional health, functioning or unresolved issues. Coaching in contrast tends to focus on future oriented goals, growth and untapped potential.
- Coaching is not professional debriefing in the way this might occur in clinical supervision.
- Coaching is not a “bitch session.”
**APPENDIX 5: IMPLEMENTATION COACHING FORM**

### Collaborative Recovery Model

**Implementation Coaching: Coaching Record for Coach**

This is a record of coaching quality to be completed by the coach after each session.

<table>
<thead>
<tr>
<th>Coach Name:</th>
<th>Date:</th>
<th>Service Unit:</th>
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Coachee ID: [First 3 letters of coachee’s mother’s maiden name and month of birth (e.g., if mother’s maiden name is Jones and coachee was born in March, code would be JON03)]

___________________________

Length of session in minutes ________________

- □ Face to Face
- □ Telephone
- □ Video conference/Skype

- □ Yes. If Yes, please describe what this contact involved _________________________________________________________________

**Review of actions completed since last session (See MAP)**

**Key issues covered in session (brief description using GROW model structure)**

- Goals of this session:
- exploring current Reality:
- examining Options:
- Wrap up - Where to next & Actions set in this session (See MAP):

**Checklist to complete by coach** (please tick whether these issues were covered or not)

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**Reflections on improving session next time (including alliance with coachee).**

*Please rate the following on the basis of this session*

**Goal agreement** (how much do you believe you and your coachee worked on mutually agreed upon goals)

- No agreement 0—1—2—3—4—5—6—7—8—9—10 Total agreement

**Task agreement** (how much do you believe you and your coachee agreed that the way you worked on the goals of the session were appropriate)

- No agreement 0—1—2—3—4—5—6—7—8—9—10 Total agreement

**Relational bond** (how well do you believe you and your coachee got along this session)

- Poor relationship 0—1—2—3—4—5—6—7—8—9—10 Very strong relationship
Collaborative Recovery Model
Professional/Personal Development Coaching: Coaching Record for Coach
This is a record of coaching quality to be completed by the coach after each session

<table>
<thead>
<tr>
<th>Coach Name:</th>
<th>Date:</th>
<th>Service Unit:</th>
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</table>

Coachee ID: [First 3 letters of coachee’s mother’s maiden name and month of birth (e.g., if mother’s maiden name is Jones and coachee was born in March, code would be JON03)]

Length of session in minutes ________________

□ Face to Face □ Telephone □ Video conference/Skype

Any other contact since last coaching session? □ No □ Yes. If Yes, please describe what this contact involved ________________________________________________________________

Review of actions completed since last session (See MAP):

Key issues covered in session (brief description using GROW model structure)

Goals of this session:

exploring current Reality:

examining Options:

Wrap up - Where to next & Actions set in this session (See MAP):

Checklist to complete by coach (please tick whether these issues were covered or not)

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Personal values explicitly discussed

MAP used/discussed in relation to self

Camera used/discussed in relation to self

Compass used/discussed in relation to self

Coachee encouraged to explore how personal issues influence work issues

Feedback received from coachee about what is useful/not useful in session

Reflections on improving session next time (including alliance with coachee).

Please rate the following on the basis of this session

Goal agreement (how much do you believe you and your coachee worked on mutually agreed upon goals)

No agreement 0----1----2----3----4----5----6----7----8----9----10 Total agreement

Task agreement (how much do you believe you and your coachee agreed that the way you worked on the goals of the session were appropriate)

No agreement 0----1----2----3----4----5----6----7----8----9----10 Total agreement

Relational bond (how well do you believe you and your coachee got along this session)

Poor relationship 0----1----2----3----4----5----6----7----8----9----10 Very strong relationship