Resilience-Based Clinical Supervision

A course companion

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fons.org/learning-zone/clinical-supervision-resources

Acknowledgements and funding
We would like to acknowledge Kate Lucre, member of the Compassionate Mind Foundation, who supported us to incorporate the principles of compassion-focused therapy. Also many thanks to the Health Education East Midlands Preceptorship Group members, who were the original champions of the supervision model and enabled the implementation of the pilot in seven different healthcare directorates.

Funding for the development, piloting and evaluation of the supervision model was provided by the Burdett Trust for Nursing as part of its work to support retention within the profession.

Production: Jonathan Lalljee **Printers:** Kingsmead

Contents

*FoNS also offers a narrated presentation for each of the five elements of the resilience-based clinical supervison process. These can be accessed at:

Safe space: youtu.be/fy0KyIhqk78

Grounding: youtu.be/kDRJsR4Rzmw

Checking in: youtu.be/HY6ZegLQ15A

Reflective discussion: youtu.be/3KyaS51UdL4

Endings: youtu.be/ZyIXkE4w1M8

Resilience-based clinical supervision: a course companion

Introduction

This course companion aims to support you in developing your skills in facilitating and implementing resilience-based clinical supervision (RBCS).

It will guide you through a number of practical exercises, signpost you to relevant resources and prompt you to consider the ways in which you can embed the principles of RBCS within your organisation.

A number of the exercises require a small group of potential facilitators, so it is helpful to arrange approximately two-and-a-half hours to work through these resources together.

This course companion is intended to complement the animation and the narrated presentations.

Background

RBCS was originally developed for the purpose of supporting student nurses in their transition from student to registered practitioner. The rationale was to develop a forum that, as well as being supportive, would increase the individual's ability to respond positively to the emotional and physiological demands of their role.

Rationale

Research suggests health and social care staff employ a number of strategies to protect themselves from the emotional and physiological impact of their role. These protective strategies can involve distancing themselves from distress by avoiding meaningful engagement with patients and families. Such distancing strategies can be perceived as a lack of care and kindness expressed towards others, and are often seen in staff experiencing what is known as compassion fatigue.

Adding to this concern is the high level of staff leaving the health and social care professions, citing a lack of support, poor work environments, exhaustion and the emotional demands of the role as impacting negatively on their professional quality of life. This highlights the importance of developing and supporting the implementation of strategies that enable health and social care staff to build resilience, during education and continuing into the future.

Resilience is the ability, both inherent and learned, of an individual to resist adversity and respond in a positive manner (Stephens, 2013). Research suggests resilience can be learned, developed and enhanced through cognitive transformational practices, education and environmental support (Grafton et al., 2010).

An evaluation of this initial development project can be found in: Stacey, G., Aubeeluck, A., Cook, G. and Dutta, S. (2017) A case study exploring the experience of resilience-based clinical supervision and its influence on care towards self and others among student nurses. *International Practice Development Journal*. Vol. 7. No. 2. Article 5. https://doi.org/10.19043/ipdj.72.005

For a more in-depth consideration of the concept of compassion fatigue see Knobloch Coetzee, S. and Klopper, H. (2010) Compassion fatigue within nursing practice: a concept analysis. *Nursing and Health Sciences* Vol. 12. No. 2. pp 235-243. https://doi.org/10.1111/j.1442-2018.2010.00526.x

An analysis of the concept of resilience applied to healthcare can be found in Turner, S. (2014) The resilient nurse: an emerging concept. *Nurse Leader*. Vol. 12. No. 6. pp 71-73. http://dx.doi.org/10.1016/j.mnl.2014.03.013

What is resilience-based clinical supervision?

RBCS is a facilitated reflective discussion, characterised by:

1. The identification of the unique group conditions needed to create a safe space
2. The integration of mindfulness-based stress-reduction exercises
3. An explicit focus on the emotional systems motivating the response to a situation
4. A consideration of the role of the internal critic in sustaining or underpinning the response to a situation
5. A commitment to maintaining a compassionate flow to self and consequently to others

RBCS is underpinned by the principles of compassion-focused therapy (Gilbert, 2010), which maintains behaviours are motivated by three emotional regulatory systems (Figure 1). These are guided by a desire to compete with the self or others for external validation and success, to soothe the self to enable contentment and self-acceptance, and to protect the self from threat.

Figure 1: Emotional regulatory systems

While each of these systems is effective in some circumstances, the ability to recognise and make choices about the most beneficial mode of response is a key aspect of RBCS. This is complemented by the integration of mindfulness, positive reframing and roleplay focused on enacting a preferred outcome.

Evidence for the use of resilience-based clinical supervision

Resilience-based clinical supervision is a unique framework for supervision. As such, the specific evidence base is limited. Stacey et al. (2017) initially implemented RBCS within a university for one cohort of students. Although this is only one study, its findings indicate RBCS has the potential to support health and social care practitioners in developing resilience-based competencies that allow them to recognise and attend to workplace stressors through appropriate and effective alleviation strategies. Literature focused on clinical supervision, compassion-focused therapy, mindfulness and resilience can also be used to support the potential efficacy of this innovation.

Evidence for clinical supervision

Clinical supervision is recommended in the Winterbourne Serious Case Review (Flynn, 2012) and the Francis report (2013). It has been shown to:

- Reduces stress and burnout (Winstanley, 1999; Dickinson and Wright, 2008)
- Have a positive impact on team working (Long et al., 2013)
- Help develop an individual's knowledge, skills and confidence as well as resulting in more resilient practitioners more able to cope with the various demands placed on them (Taylor, 2014)

If you are interested in learning more about compassion-focused therapy you can find a number of resources on the Compassionate Mind Foundation website:
compassionatemind.co.uk/

We recommend accessing the video in which Paul Gilbert presents the core tenets of compassion-focused therapy
tinyurl.com/Gilbert-CFT

- Help combat compassion fatigue (Mendes, 2015)
- Have the potential to support both personal and professional development in preregistration nursing students (McBride, 2007; Arvidsson et al., 2008; Lysaker et al., 2009; Berglund et al., 2012)

Alleyne and Jumaa (2007) argue that all these benefits mean clinical supervision ultimately helps improve patient care.

Evidence for compassion-focused interventions

- Gilbert and Proctor (2006) found there was a significant impact on symptoms including anxiety, self-attacking, depression and feelings of inferiority
- Heriot-Maitland et al. (2014) found staff members who had been part of compassion-focused therapy groups felt an increased sense of resilience and ability to tolerate distressing situations and the inherent threat system triggered by a stressful working environment. Ultimately staff felt better able to engage with patients and deal with incidents
- Compassion-focused therapy has been associated with changes in the brain associated with positive emotions such as reward, love and affiliation (Klimecki et al., 2013), and an improvement in the body's immune system (Pace et al., 2009)

Benefits of mindfulness (Davis and Hayes, 2012)

- Reduced rumination
- Decreased stress and anxiety
- Boosts to working memory
- Focus
- Less emotional reactivity
- More cognitive flexibility
- Relationship satisfaction and better quality of life
- Empathy
- Compassion
- Counselling skills

Evidence for resilience-based training

Interventions focused on self-regulation, connection, self-validation, intentionality and self-care can help to promote resilience (Polk, 1997; Potter et al., 2013).

- Bradshaw et al. (2007) found that when compared with normal psychoeducation, resilience training had improved psychological outcomes for individuals with type 2 diabetes (increased levels of resilience and self-awareness, and better knowledge of positive ways of coping and of promoting a balance between work and life)
- Personal resilience and resilient relationship training resulted in a positive change in levels of resilience (Waite and Richardson, 2004)
- Developing resilience has been linked with better health, better quality of life and better coping strategies (Gillespie et al., 2007; Glass, 2009)
- Individuals who attended resilience workshops reported increased self-confidence, self-awareness, and enhanced communication and conflict-resolution skills (McDonald et al. 2012)
- Individuals who perceive higher levels of support are more likely to recover from burnout and this may facilitate increased levels of resilience (Dyrbye et al., 2010)
- Resilience can be learned, developed and enhanced through cognitive transformational practices, education and environmental support (Grafton et al., 2010)
- McAllister and McKinnon (2009) suggest resilience can be developed through positive learning experiences. One method they recommend is the encouragement and giving of opportunities to reflect and learn from experiences and from others

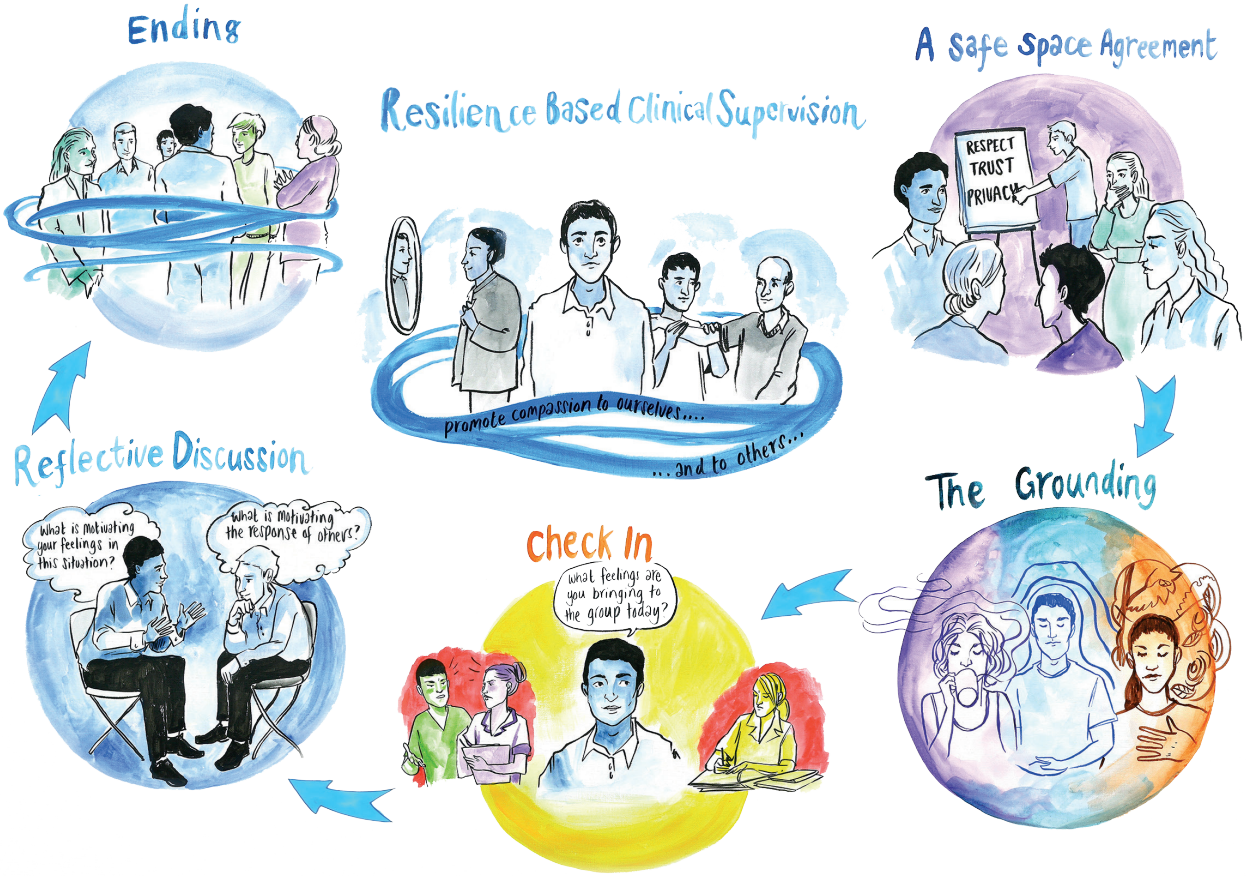
Resilience-based clinical supervision process

An animation explaining the process of RBCS is available at tinyurl.com/RBCS-process and is represented in Figure 2.

The following sections will explain each stage of RBCS and suggest some exercises you can complete in your training sessions with your group of potential facilitators. We suggest your group should include a maximum of 10 people. If possible, it is helpful to have a room outside the clinical environment that enables the group to have privacy and minimal interruptions.

There are narrated presentations of each of the five sections of the process (see page 3 for details).

Figure 2: Resilience-based clinical supervision process



1 Safe space agreement

When the RBCS group initially meets, the first task is to develop a safe space agreement; doing so is key to enabling the group to bring emotionally sensitive issues. There are often standard elements such as confidentiality, respect and privacy, but we should not assume that there is a shared understanding of what these words mean. We suggest an exercise known as 'stepping in stepping out' can help you to facilitate the development of a meaningful safe space agreement with participants.

Exercise 1: Standing in a circle, ask members to think about a group situation in which they have felt able to contribute their honest perspective, felt supported by the group or identified the group as enabling them to learn. Ask them to identify the core conditions that facilitated that dynamic. Each then steps forward and shares that particular condition. If others agree they also step forward. Members who have not stepped forward are asked to clarify their reasons and a shared understanding or agreement is reached. This continues until all members have contributed either to the suggestion or clarification on an aspect of the safe space agreement.

It is important to be comfortable with silence while the group members think or build the courage to make a suggestion. It is helpful to make a note of how the safe space agreement develops, ensuring it is recorded in the group's own words.

Exercise 2: As a group of facilitators, take this opportunity to have a go at developing your own safe space agreement by asking yourselves what conditions you require to enable you to learn and feel supported in your group today.

2 Grounding

Each subsequent session with your participants will begin with a grounding exercise lasting about five minutes. Our experience tells us facilitation of these exercises becomes easier with practice. You may want to start with a simple breathing exercise, using a script. It is important not to rush the exercise and to take pauses throughout. Offering a variety of options is also helpful. You might ask them to bring in an object, material or smell they associate with feeling soothed. They are then able to focus on this while you take them through the breathing exercise. Or you can use imagery, by asking them to visualise a person or place that makes them feel secure, calm and at peace. You can also use the senses through facilitating mindful eating or drinking.

Compassionate Mind Foundation: compassionatemind.co.uk/resources/audio

Oxford Centre for Mindfulness: oxfordmindfulness.org/

Mark Williams – Three-minute breathing space: tinyurl.com/williams-3min

Headspace: headspace.com

Breathworks: tinyurl.com/breathe-works

Dartmouth Student Wellness Centre: tinyurl.com/dartmouth-SWC

Get Self Help: getselfhelp.co.uk

FutureLearn: Mindfulness for wellbeing and peak performance: tinyurl.com/FL-mindful

Maintaining a mindful life: tinyurl.com/FL-maintain

Following the grounding exercise briefly explore how the group is feeling. The idea is that the members are focused on the here and now, and present in the supervision session, although people often describe feeling slightly sleepy. It isn't a problem if members find it difficult to connect with the exercise, as different approaches work for different people.

Encourage your group members to practice their grounding outside of the group, perhaps when preparing for a new situation or a challenging conversation or after a stressful event. Ideally, over time they will feel comfortable to share their strategies and facilitate the grounding exercise themselves for others in the group.

Exercise 3: Take some time now to practice facilitating grounding in your group of potential facilitators using the resources listed on the left. Try a variety of techniques including breathing, imagery and initiating the senses. Don't forget to reflect on how you feel afterwards and notice the influence it has had on your body and thinking. The resources can be played to participants at sessions if you do not feel confident enough to develop your own. They are also useful for self-practice.

3 Checking in

Following the grounding exercise, each session with participants will include a check-in. In RBCS the check-in should focus on the feelings or emotions the person is bringing to the group as opposed to a description of an event or a summary of where the person is at. Each person should have about two minutes during the checking-in to share these feelings. People sometimes find it difficult to name or recognise their emotions, so it can be helpful to offer suggestions for how they can do this.

For example:

- What does your body feel like right now and what does this tell you?
- What thoughts are going through your mind and why do you think that might be?
- What colour would represent how you feel right now, and what does that colour mean to you?
- How might your closest friend describe how you're feeling today?

Once each member of the group has acknowledged their feelings, identify any shared emotions and where the group would like to focus the reflective discussion. This exercise will enable you to be aware of what the group is bringing to the session and where the priority needs to be in terms of support and discussion.

Exercise 4: Take some time now to facilitate a check-in in your facilitator group. Make a note of the emotions that are shared and consider as a group how you would identify the priority for your reflective discussion.

Exercise 5: In a different group or one-to-one discussion where you are supporting a colleague, try to consider the emotions that are influencing their challenges by prompting them to identify or name the feelings they are experiencing. This will help you to shift the nature of the support you offer in different circumstances.

4 Reflective discussion

The way you facilitate the reflective discussion with your RBCS participant group will be about your personal style, and the model is not prescriptive. The key is the use of the three emotional systems to help the group members understand what underpins their response to a situation or reflect on what might be motivating a colleague's, patient's or the organisation's response.

Exercise 6: Take some time now to watch the digital stories available here with your potential facilitators. Using the emotional systems framework, try to identify which emotional systems are contributing to the responses of the people in the stories.
Susanna: tinyurl.com/voices-susanna
Becky: tinyurl.com/voices-becky
Vicky: tinyurl.com/voices-vicky

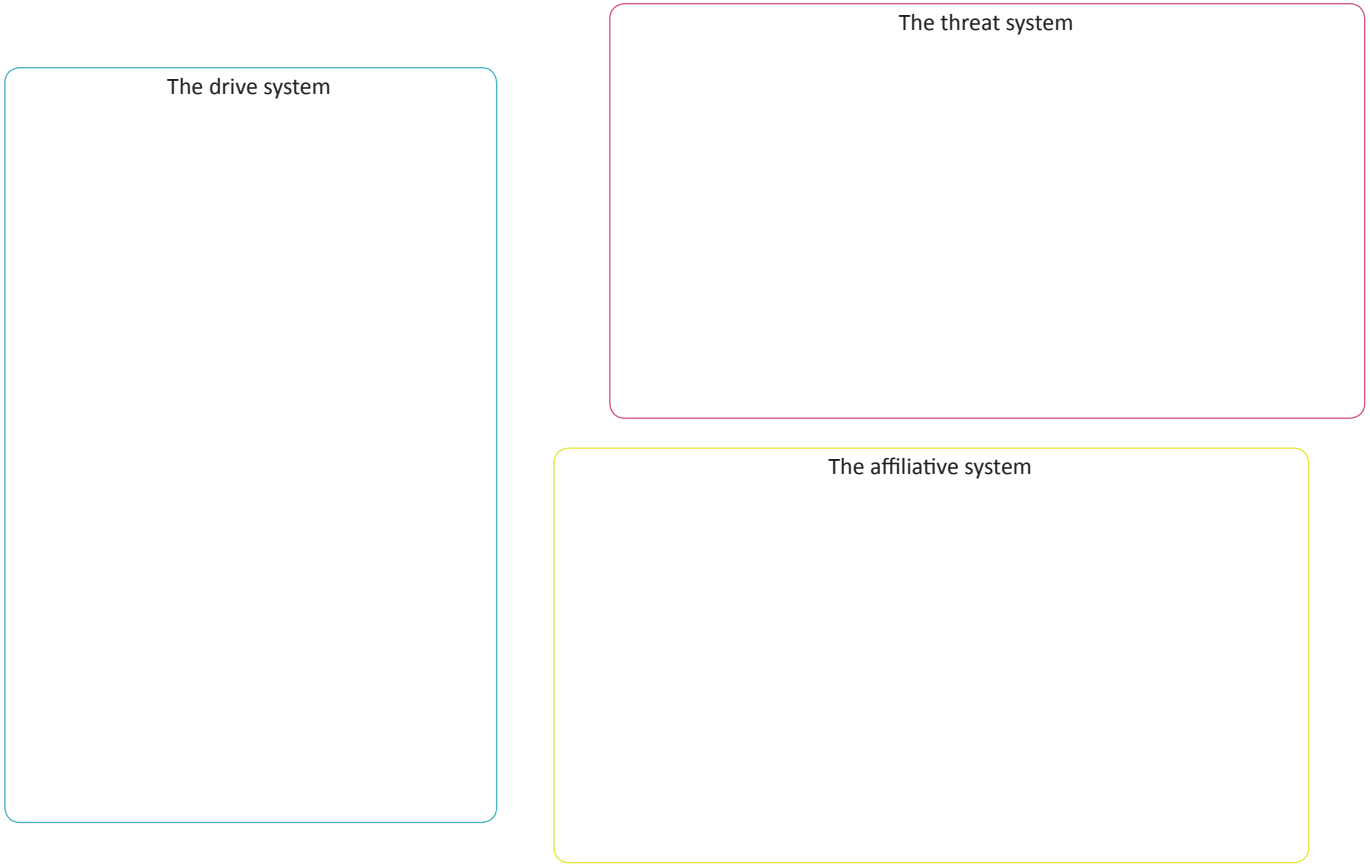
Three Emotional Systems

Incentive/resource focused
Seeking/behaviour activating
Drive/excite/vitality

Non-wanting/affiliative focused
Soothing/safeness
Content/safe/connect

Threat focused/safety seeking
Activating/inhibiting
Anger/anxiety/disgust

Emotional regulation circles: blank formulation



Exercise 7: Following this discussion, work in small groups to roleplay ways in which you may facilitate the integration of the emotional systems into the reflective discussion you will have with participants.

One option you might try is to use questions such as: In that moment of distress, conflict, or challenge, what thoughts were going through your mind? What did you notice about how your body was feeling? What does this tell you about the emotional system that might have been influencing your response? Would you have preferred to have accessed a different emotional system? If so, how might you have achieved this?

Alternatively, you could ask the RBCS participants to name the emotions they think might have been at play in the situation. Then set up a number of empty chairs, each one representing a different emotion. Members of the group then sit in each chair and reflect on how that emotion is influencing the situation and various responses.

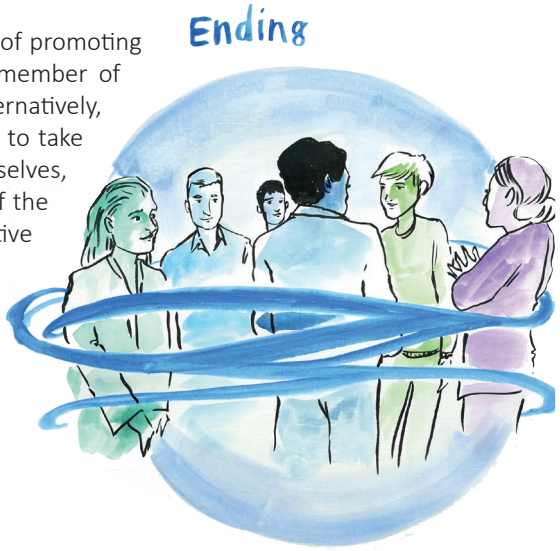
It is also helpful to think about how you can support RBCS participants to understand the reactions of others to a situation. Some people find it beneficial to take the role of the other person and attempt to answer the facilitator's questions from this other perspective.

Each of these strategies aims to connect the RBCS participants with the underpinning feelings as opposed to moving straight to problem solving. This can be followed by a discussion about the preferred response or outcome and how the underpinning feelings can be mediated to achieve this. This is a good opportunity to refer back to some of the grounding exercises or alternatively encourage the group members to roleplay their preferred response.

Throughout the reflective discussion you should be mindful of the critical voice, which may present itself as self-criticism, lack of confidence or self-doubt. It is important to identify where this is present and offer the RBCS participants the opportunity to support each other to challenge the influence of the self-critic. This is often about recognising the individual's strengths and challenging unhelpful personal expectations.

5 Endings

The ending of the session offers a good opportunity to reinforce the message of promoting compassion to ourselves and others. This can be achieved by asking each member of the group to thank another member for an aspect of their contribution. Alternatively, you could ask the group members to identify a positive action they are going to take following the group work. Finally, you can ask them to write a postcard to themselves, which you can post to them after the session. This can be particularly helpful if the discussion has focused on self-criticism as the message should focus on a positive self-statement.



Exercise 8: End your training today with one of these exercises and spend some time reflecting on how you are left feeling as you close the session.

Implementation

Implementation for each organisation is different and will be dependent on time and resources. You may find that completing the below SLOT analysis is helpful.

Exercise 9: SLOT analysis focused on implementation of the model in your organisation.
One of the most important factors is group and facilitator consistency. This has been shown to have a positive impact on group dynamics, allowing for a safe and trusting space (Stacey et al., 2017). This is a key consideration for implementation in your organisation.

Strengths What are the drivers for this change in your organisation? What can you contribute to moving this agenda forward?	**Limitations** What are the potential challenges to implementation personally? How will you influence the sustainability of the initiative?
Opportunities Where or how might this initiative be implemented within current structures? What do you see the initiative as adding to your current provision?	**Threats** What are the potential barriers to implementation organisationally? What resistance do you feel you may encounter?

Summary

Stage 1: Preparation/getting started

Once you and your fellow facilitators are confident in facilitating RBCS, you will need to consider practical things like rooms, scheduling of sessions, inviting people to join, stationery required and any other resources. We suggest a maximum of 10 participants per group, with each session allocated two hours. We have found fortnightly sessions work well.

Stage 2: Introductory session, involving:

- The development of the safe space agreement
- A commitment to attend
- Work on the three emotional response systems
- Gathering baseline evaluation data using ProQOL V5 (see below)

Stage 3: Regular sessions, involving:

- Reminder of safe space agreements
- Grounding
- Checking in
- The reflective discussion
- The ending

RBCS evaluation

We suggest a mixed-methods approach to evaluate RBCS. The aim is to explore participants' experience of RBCS, the learning that has occurred as an outcome and the impact it has had on their compassion satisfaction and fatigue. Therefore, qualitative and quantitative approaches should be used. The implementation of RBCS is viewed as a service development. To ensure your evaluation follows ethical guidance please seek approval and advice from your research and development department.

We are very interested to learn about how RBCS is being implemented and the impact it is having within your organisation. It would therefore be helpful if you shared your evaluations with us, so we can gain a better understanding of the enablers and barriers to effective implementation. Again, permission to share your evaluation should be sought from your research and development department and the RBCS participants themselves.

Professional quality of life outcome measure (ProQOL V5)
proqol.org

Access and instructions on how to administer and interpret the results of the ProQOL V5 questionnaire
proqol.org/ProQol_Test.html

NB. While this questionnaire is available freely you should ensure that you fully credit the author, Dr Beth Hudnall Stamm, and make no changes to the scale

Stage 1 (context)

The way the group has been organised and the wider organisational context is highly influential on the outcomes of RBCS. Therefore, your evaluation should include a vignette that describes:

- The job role of the facilitator and their previous experience in facilitating reflective practice
- The job roles of the people who are participating in the RBCS group (for example, newly qualified nurses working in the emergency department)
- The size of the group
- The consistency of group membership
- The frequency of the group meetings
- The location of the meetings
- Organisational practices that influence the successful implementation of RBCS (for example, challenges being released from clinical duties to attend groups)

Stage 2 (impact)

The ProQOL V5 scale measures compassion satisfaction and fatigue associated with work. You should administer the scale before the implementation of RBCS to identify a baseline. After the group has engaged in six or more RBCS sessions you should re-administer the scale to identify if there has been a change. You may also wish to repeat the scale after a further six months to see if the change has been sustained.

It is important to work out a way of identifying your group members while enabling them to remain anonymous, so that you can track changes at each of the survey points.

Stage 3 (experience and learning)

The experience and learning that occurs within RBCS is best captured through discussion. This can be facilitated as an interview or a focus group. We would recommend that the group's regular facilitator does not facilitate this part of the evaluation as this may influence the response of group members. Below is a suggestion for a focus group schedule that can be adapted for a one-to-one interview. The discussion should be facilitated for approximately one hour. Interviewers should attempt to adopt a non-directive approach but ensure discussion remains focused on the experience of RBCS and the learning that has occurred.

Introduction

Hello and welcome to the meeting. First, we would like to thank you for coming and taking part in this focus group and we look forward to hearing your views.

I am… (introduce facilitators and their role).
The aim of this focus group is to discuss the influence of RBCS, compassion in care and what your thoughts and experience of this have been.

Ground rules

Before we begin I would like to establish some ground rules:

1. Feel free to speak what you think; it does not matter if your thoughts differ from others'
2. Anything said in this room should be kept confidential
3. Don't speak over each other
4. Please turn off your phones

Can everyone introduce themselves and their current role?

- First, we would like you to think about a situation that you may have found emotionally challenging. Can we go around and have each person can briefly describe this situation
- How did your experiences of RBCS affect your ability to manage the situation you have described?

Prompt group to consider the following:

- The support of the group itself
- Mindfulness/grounding skills
- Reflection using the emotional regulation systems
- Positive reframing/challenging the self-critic
- Self-compassion/compassionate flow

- What aspects of RBCS did you find most beneficial?
- What aspects of RBCS did you find most challenging?
- How did your facilitator influence these benefits and challenges?
- What do you view as the key challenges in sustaining compassion to self and others?
- How do you feel RBCS may influence this in the future?
- What are your plans for accessing support for your professional practice in the future?
- Do you have any final comments or thoughts you would like to share before we finish?

Many thanks for your time and sharing your experiences

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