File   Individual   Add   PiP Credits

Connect   Copy a Link   Save Filters   Filter   Save Filters as New View   Set As Default View   Chart Pane   Run Workflow   Start Dialog   Run Report   Export PiP Credits

E-mail a Link

Collaborate   Current View   View   Process   Data

Information

- General
- Personal Details
- Other Names
- Home Address
- Other Addresses
- Contact Details
- Registrations and Roles
- Employments
- Fees and Payments
- Payment Generator
- Application Management
- Notes & Activities
- Preferences
- Signature
- PiP

Related

▲ Common
- Closed Activities
- Activities
- Connections
- Documents
- Audit History
- Candidate Program...
- Audit
- PiP Credits
- Applications
- Agencies
- Qualifications

Individual **Your name**

Ongoing Conduct Case	Previous Conduct Case	Individual Alert	Owner
No	No	No	CRM Admin

PiP Credits: PiP Credits Associated View ▼

	Name	Created on
☐	Adult Safeguarding Training	13/11/2017 13:47
☐	Macmillan Work support and vocational rehabilitation	13/11/2017 12:53
☐	Mindfulness; Teaching Mindfulness Skills to Clients	06/11/2017 17:26
☐	PARIS: Implementing a new database to collate information on existing and new patients	13/11/2017 13:48
☐	Stress Control Training for Trainers	14/11/2017 19:03
☐	Support for Carer	13/11/2017 13:36

PiP Credits

Adult Safeguarding Training

PiP Credits

Information

- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

Common

- Activities
- Closed Activities
- Connections
- Audit History

Processes

- Workflows
- Dialog Sessions

▼ General

Individual	Your Name
Activity Title	Adult Safeguarding Training
Type of Learning Activity	Non Certificated Structured Learning
Start Date	05/02/2017
End Date	05/02/2017
Hours Taken	3
Total Credits Claimed	9

▼ Reflection

Description

Parens patriae, or the "state as parent", is a common law principle which authorises the State to act as a benevolent parent to protect its citizens who cannot protect themselves. (Improving and Safeguarding Social Wellbeing, A Strategy for Social Work in Northern Ireland, 2012-2022, April 2012:1)This strategy provides a framework for social work practice which outlines the vision for social work in improving and safeguarding social wellbeing. This training highlights five important roles within my own social work practice which I hope to consolidate in my practice. These are 1)Prevention 2)Support 3) Intervention 4) Protection 5)Control .The training apart from being mandatory within our Trust and enhancing my own professional practice is about raising awareness of the needs of the most vulnerable members of our society and how best I as a social worker can support them.

Reflective Account

This training familiarised my practice on a surface level with the implementation of new policies and procedures as well as the change in definitions and terminology used in Adult Safeguarding. I was aware that these changes had taken place yet I was still using the older vocabulary when it came to identifying people at risk. This went far beyond semantics for me, as the training brought matters into perspective by the proper definitions of "Adult at risk of harm" and "An adult in need of protection". The latter is also an adult at risk of harm. This definition alone, allowed me to widen my scope and look on any of my clients as being potentially at risk. On reflection, I realised that by adapting this maxim of all my clients being at potential risk of harm was incongruent to my own value base. My own value base, which is obviously reflected in my practice, is that everyone I work with has the potential to change and I generally adapt a solution focused approach to my caseload. This dichotomy of potential risk and potential benevolence was soon reconciled following discussions in supervision with my line manager and social work lead. An overall more rounded approach emerged in my practice after the training. By that I mean, I was initially looking for and finding risk in a lot of my case load, however, I soon realised that I was concentrating too much on the potential for risk and overlooking the actual facts at hand. I was soon able to assimilate both into my practice and focus on the positive aspects of methods of change for people and at the same time be mindful of any potential risk. I realised that a lot of the potential for risk associated with my clients were socio-economic factors in relation to welfare benefits, housing and other environmental factors. These factors did not require any referrals to be made to my line manager, nonetheless I continued to lobby and advocate on behalf of my clients to the appropriate agencies.

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Run Workflow

Start Dialog

Run Report

Collaborate   Process   Data

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

▲ Common
- Activities
- Closed Activities
- Connections
- Audit History

▲ Processes
- Workflows
- Dialog Sessions

PiP Credits

Adult Safeguarding Training

PiP Credits

Reflective Account

The training acted as more than a refresher for mandatory training. It impacted on my development as a practitioner by the comprehensive description of types of abuse. This was covered under the domains of physical, psychological, sexual violence, financial or material, neglect, exploitation and at a macro level of institutional abuse. The descriptors for types of abuse, apart from the need for vigilance with regard to identifying any abuse, also sharp-ened my practice to ensure that I was not in any way unwittingly contributing to or making abuse more likely by treating any person, "less than".

On a practical level, I am acutely aware of the mechanisms for making a referral to my line manager who can in turn report this to the Designated Officer within our Trust. I am aware of the threshold levels regarding abuse or potential abuse prior to making any referral. As a result of this training I have developed my own recording skills in all of my practice by recording factually any incidents which may be the subject of investigation or scrutiny at a future date. I am more mindful of the recording of the risk on file which could jeopardise any future judicial proceedings.

Credits to Claim   6

Line Manager Verified?   ○ No   ● Yes

Copy a Link
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Connect
Collaborate

Run Workflow
Start Dialog
Process

Run Report
Data

PiP Credits
Adult Safeguarding Training

PiP Credits

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related
Common
- Activities
- Closed Activities
- Connections
- Audit History

Processes
- Workflows
- Dialog Sessions

▼ **Impact**

Impact/Demonstrati... of Learning

As a result of the training I discuss my caseload at supervision with a greater awareness of the potential for abuse. This has enhanced my skills to be more empathetic with clients and be more sensitive to the environment and conditions in which they find themselves. As the only social worker in the team I am able to convey my knowledge, values and skills from a social work perspective based on my training. One pertinent example arose shortly after the training when a colleague was describing the difficulties she was encountering with a client she was seeing. This person had a mild to moderate learning disability and was in a work placement which was not best suited to her needs. She was in an environment which was poorly lit and small in space as well as having no proper ventilation. The proprietor of the business was unaware that the person had any emotional or learning difficulties and was quite content to avail of the perceived free labour the local Jobs and Benefits Office were providing in the form of work experience. I collaborated with my colleague to explore the best possible outcome in this case. Following discussion with our line manager it was apparent that the threshold was not met to initiate a referral to the Designated Officer. However, I was determined along with my colleague to work in the best interests of our (I took professional responsibility as the person was referred to our team) client. I met with my colleague and highlighted the areas which were not conducive to good emotional well being, never mind mental health. We recorded this and having sought permission from the client presented our concerns to the advisor at the local Jobs and Benefits Office, at the same time respecting the clients confidentiality. As a result, the work placement was terminated immediately and the client was placed in a different environment. The client flourished in this new environment instead of languishing in the previous one. On discharge from our team there was a marked improvement in her overall health.

Credits to Claim   3

Line Manager Verified?   ○ No   ● Yes

▸ **PiP Credit Claims**

▸ **Notes**

Copy a Link
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Connect

Run Workflow

Start Dialog

Run Report

Collaborate | Process | Data

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

Common
- Activities
- Closed Activities
- Connections
- Audit History

Processes
- Workflows
- Dialog Sessions

PiP Credits

Macmillan Work support and vocational rehabilitation training for CMP staff

PiP Credits

General

Individual	Your Name
Activity Title	Macmillan Work support and vocational rehabilitation training
Type of Learning Activity	Service Improvement
Start Date	03/10/2017
End Date	03/10/2017
Hours Taken	6
Total Credits Claimed	18

Reflection

Description

Understand investigations to stage and diagnose different cancers, describe the main treatment options and side effects of treatment, identify some of the long term effects of cancer treatments, communicate with a client who has/had cancer about their condition and how it might impact on work, describe the importance of work for people affected by cancer, signpost to other specialist cancer support services in your local area.

Following a recent appraisal it was apparent that as a team we were getting more enquiries and referrals from cancer survivors and their carers. As a team we had only anecdotal evidence that this was the case. This subjectivity was emphatically reinforced by this training. Following robust research (Macmillan Cancer Support, Health and Well Being Survey 2008) Macmillan Cancer UK estimated that by 2030, 4 million people in the UK will be diagnosed with cancer. In Northern Ireland, the figure will 110,000 diagnosed, which equates to 30 people a day diagnosed with cancer. This will place a huge burden on the NHS given that 1 in 2 cancer patients will have co-morbidities.

The model posited by Macmillan at this training and one they are rolling out to all the local health care trusts as pilot programmes is the Survivorship Recovery Model. This is consistent with my own social work values and those endorsed by SCIE (2015) and is very similar to their guide 'Co-production in social care' and has been developed in partnership with Think Local Act Personal (TLAP). Co-production is a key concept in the development of public services. It has the potential to make an important contribution to all of the big challenges that face social care services. Co-production can support cost-effective services, improved user and carer experience of services and increasing community capacity

Reflective Account

From my own perspective, this training emphasised the importance of work and staying in work was a key factor for cancer patients in keeping their routine and stabilising and improving their mental health. The trainer was an experienced oncologist and briefly gave an overview of cancer and how it develops. However, she switched roles and delivered the rest of the training from the perspective of a cancer survivor as she had been diagnosed from cancer. This allowed me to see things from both sides of the clinical/therapeutic paradigm.

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Collaborate | Process | Data

Information
- General
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- PiP Credit Claims
- Notes

Related

Common
- Activities
- Closed Activities
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- Audit History

Processes
- Workflows
- Dialog Sessions

PiP Credits
Macmillan Work support and vocational rehabilitation training for CMP staff

PiP Credits

Credits to Claim 12

Line Manager Verified? ○ No ● Yes

▼ Impact

Impact/Demonstrati... of Learning

I was already working with someone who was the main carer for his wife who had previously diagnosed with cancer. He had numerous health problems and his wife contracted another form of cancer and was awaiting tests and results and the best way to proceed. He was naturally upset as the carer. However, following this training I was able to give him some information from the Macmillan website about how best to approach the situation with his wife, the oncology staff and what questions to ask them and the best way to proceed. The biggest learning for me about this training was the ability to pass on the information to this man about how to prepare for the difficult task ahead for his wife and himself. I reiterated the need for him to write everything down and leave nothing out about what questions he and his wife needed answers to. They did this in the privacy of their own home and they were able to present them to the consultant oncologist, who was excellent. This in turn allayed any fears they had over the process and the ignorance around certain aspects of cancer. One example of this was the treatment procedure this couple felt that they were going to have to go through together. They were under the impression that there were only two options open for treatment, either radiotherapy or chemotherapy. Prior to attending this training this would have been my perception also. I explained to them that the vast majority of treatments for cancers are actually surgery and in some cases follow up with radiotherapy and chemotherapy is actually only prescribed in 11% of cases with cancer, based on Macmillan's recent research. This proved beneficial for the couple as this lady required surgery and no other form of radio or chemotherapy.

Another area which impacted on my skills and attitudes was that during the training we did an exercise which involved a case study. In that case study we gave feedback from our groups and prior to this I felt that I was collaborative in my approach working with patients and indeed I was, to a degree. I discovered that I was happy to work collaboratively on my terms and in my own comfort zone whereby I could appropriately disclose information about myself that I was comfortable with. There is nothing wrong with that and is good professional practice for maintaining boundaries yet I realised there were questions I did not feel comfortable about asking to my patients as it may have made me feel awkward, embarrassed or uncomfortable. The thing I realised is that when you are diagnosed with cancer, your life changes indelibly and forever, nothing is ever the same. As a result, social etiquette about not asking questions about sex, religion, belief and spirituality are made redundant. These are questions that the patients may wish to talk about but as a therapist I sometimes avoided them to spare my own embarrassment. Other questions form a more practical viewpoint regarding finances and support systems, I was able to approach with gusto and had no feelings of awkwardness. As a result of this training I learned that I was not afraid to ask any questions that I felt needed to be asked. The two main taboos I discovered when I did work with patients, either cancer survivors, carers or those with no diagnosis of cancer, were sex and God. I was fortunate to learn from my patients as they opened up and spoke of sex and the issues they faced and they told me that serious illness does bring you face to face with your own mortality and inevitably the God question. Once I engaged meaningfully with my patients I realised that the fears I had about broaching these topics soon evaporated and I am more comfortable speaking and discussing these previously thought of taboo topics. I feel it has made me a better listener if not a practitioner.

Credits to Claim 6

Line Manager Verified? ○ No ● Yes

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Run Workflow   Start Dialog   Run Report

Information
— General
— Reflection
— Impact
— PiP Credit Claims
— Notes

Related

▲ Common
📝 Activities
🕐 Closed Activities
📊 Connections
📋 Audit History

▲ Processes
🌀 Workflows
📅 Dialog Sessions

PiP Credits
Mindfulness; Teaching Mindfulness Skills to Clients

PiP Credits ⬆ ⬇

▼ **General**

Individual	Your Name
Activity Title	Mindfulness; Teaching Mindfulness Skills to Clients
Type of Learning Activity	Certificated Structured Learning
Start Date	03/05/2016
End Date	04/05/2016
Hours Taken	12
Total Credits Claimed	36

▼ **Reflection**

Description

The learning activity is designed to help me enhance my skills as a Cognitive Behavioural Therapist in transferring these skills to my clients. This two day course will enable me to teach Mindfulness to my currents and future clients, I may encounter.

"Mindfulness means paying attention in a particular way; on purpose, in the present moment." (Kabatt-Zinn, 1994)

This is a skills based learning activity and the two day training will allow me to build on my own Mindfulness. The training will allow me to practice regularly to extend my own practice, participate with clients, reflect on my skills and accept feedback from clients.

Reflective Account

Attending this course has enabled me to develop my skills as a Cognitive Behavioural Therapist, particularly allowing me to claim my ownership of my part of the therapeutic relationship between any clients I am fortunate enough to engage with. My experience of reflection concurred with recent research, which suggests Mindfulness training has been found to enhance self-compassion among health-care professionals (Shapiro, Astin, Bishop, & Cordova, 2005). Prior to attending this course, I would have prided myself on my value base synonymous with NISCC standards of practice, respect, competency, supportive, trustworthy to name but a few. Following this training I now realised I had taken some of these for granted. On reflection, practicing Mindfulness skills made me more self-aware and I was able to pinpoint the phrase, 'pride myself' and allowing the phrase to, just be, I soon realised that complacency had at times set into my practice and the opposite of pride in my own thesaurus is humility. I have to admit that when I came to this realisation it caused me some embarrassment. However, due to Mindfulness training on the day, I was soon able to overcome this as I was judging myself. It helped that my own knowledge base within CBT made it easier to identify my own core beliefs and I swiftly realised that my own core beliefs were being activated. This could be construed at best, some deep meaningful introspection and at worse, navel gazing, however, the latter, I would not engage in and the former is open to scrutiny except that I found that practicing Mindfulness regularly, this was a relatively easy task. The reason for this could be that I have been practicing Mindfulness for a number of

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Collaborate | Process | Data

Information

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PiP Credit Claims
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Related

Common
- Activities
- Closed Activities
- Connections
- Audit History

Processes
- Workflows
- Dialog Sessions

PiP Credits

PiP Credits

Mindfulness; Teaching Mindfulness Skills to Clients

Reflective Account

years. It has proved particularly helpful over this past seven months as I recuperate from a serious illness, which meant I was unable to work for six months, I have just returned to work. On a personal level this training was invaluable in allowing me to return to work doing a job that I love. Without this course, my mind-set would have been looking at the calendar to the date I can retire early and now I am more cognisant of the fact that I will be able to continue my practice for a longer period of time. This can only have a better impact for me personally, but more importantly for the clients I work with. Shapiro and Carlson (2009) have suggested that mindfulness meditation can also serve psychologists as a means of self-care to prevent burnout. Future research is needed on not only how the practice of mindfulness meditation helps facilitate trainee development and psychotherapy processes, but also how it can help therapists prevent burnout and other detrimental outcomes of work-related stress.

This training was skills based and several techniques were employed by the two facilitators. One in particular stood out for me and it involved sitting with a client who was having quite entrenched intrusive thoughts. The technique involved client and therapist stating their thoughts, one at a time, taking turns. You were to say your thought out loud and the other person in the dyad would say their thought out loud. I found this a simple yet profound exercise in dealing with troublesome intrusive thoughts. The only caveat being that the thought would be voiced and no comment, judgement or label would be attached to it. There was no need to justify or rationalise what the thought was, meant or where it came from. As we were practicing this in training I was already thinking of at least two clients who could benefit from this exercise (not being very Mindful then). Although Donald Schon (1983) posits reflection in action as "having an experience" and reflection on action as "the way in which an experience is had" using customary logical rules these clients had the diagnosis of severe anxiety and OCD. In conclusion the training had a positive impact on my learning and made me more aware of my personal needs thus impacting on be

Credits to Claim   24

Line Manager Verified?   ○ No   ● Yes

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Run Workflow
Start Dialog
Run Report

Collaborate   Process   Data

PiP Credits
Mindfulness; Teaching Mindfulness Skills to Clients

PiP Credits

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

▲ Common
- Activities
- Closed Activities
- Connections
- Audit History

▲ Processes
- Workflows
- Dialog Sessions

▼ **Impact**

Impact/Demonstrati... of Learning

As a designated trainer for delivering Stress Control Training (Dr. Jim White, 2014) within our trust, I was able to implement a lot of the principles of this learning activity. Stress Control is aimed at level one of the Stepped Care Model endorsed by the organization Improving Access to Psychological Therapy Services (IAPTS) formed in 2008. The target audience is members of the general public and attendance is monitored by their date of birth or postcode, so it is difficult to demonstrate the implementation of learning with this group. However, within our team I delivered the same Stress Control Training to a cohort of CMP clients who were suffering from a mixture of anxiety and depression co-morbid with other physical or psychological conditions. I utilised many of the techniques, particularly the skills aspect by demonstrating diaphragmatic breathing methods and meditation techniques to the group. The sessions during which I introduced these methods in, included, How stress affects our Body and How Stress Affects our Thoughts. These two sessions were mentioned in the training evaluations as particularly good. I was seeing some of the clients on an individual basis as well and they also reported the benefits of this.

In relation to individual work, I was working with a lady who was off work due to severe anxiety and she was keen to return to her place of employment. By first establishing a good rapport and strengthening the therapeutic alliance (Padesky, 1995), I was able to utilise the exercise of voicing aloud our thoughts. This was the exercise whereby we took turns at literally speaking out the first thing that came into our minds! I had to model behaviour to begin with, as the lady said, " Oh my God, my mind is blank. " I was able to reframe this to "Are you telling me, I just had the thought that my mind is blank?" As soon as I reframed her statement utilising the Socratic Dialogue method, popular with cognitive therapists, she understood. From then on she realised that these thoughts were not facts and that she didn't need to act upon them. By attending further sessions and implementing these new skills, this lady returned to full time employment with her anxiety levels reduced significantly.

Credits to Claim   12

Line Manager Verified?   ○ No   ● Yes

▸ **PiP Credit Claims**

▸ **Notes**

Copy a Link
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Connect
Run Workflow
Start Dialog
Run Report

Collaborate   Process   Data

PiP Credits

PARIS: Implementing a new database to collate information on existing and new patients

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

Common
- Activities
- Closed Activities
- Connections
- Audit History

Processes
- Workflows
- Dialog Sessions

PiP Credits

▼ **General**

Individual | Your Name

Activity Title | PARIS: Implementing a new database to collate informa

Type of Learning Activity | Service Improvement

Start Date | 13/06/2016   End Date | 13/06/2016

Hours Taken | 4   Total Credits Claimed | 12

▼ **Reflection**

Description

Good record keeping is essential within social work/social care (Koprowska, J., 2008)

The trust I work within are rolling out a new IT system throughout the Trust in order that all patients records and information can be accessed in one single database. The Western Health and Social Care Trust had been working to develop a shared health and social care electronic record system. This training familiarised me with the discrete nuances of this electronic recording system otherwise known as the PARIS system.

Reflective Account

In recent years, this has increasingly focused on electronic and computer based data collection and recording systems designed as screening and assessment tools, and as a means through which statistical data can be centralised and regulated (Karsh BT, Beasley JW and Hagenauer., 2004) Previously within my role in Condition Management Programme (CMP), I kept my digital records up to date on the local CMP database. This database was unique to our regional CMP programme and served our purposes well. It was designed to meet the idiosyncratic needs of our service. I would have placed a huge emphasis on the calibre of my record keeping and note taking as I am aware of the importance of such recording.

This training inevitably impacted on my learning at a micro level with regards to inputting data and doing so in a timely and appropriate fashion. It also impacted on my development at a macro level, particularly in regards to future development of the service. The training enhanced my knowledge of how much information to record. It also enabled me to ensure that my records are accurate, objective, sufficiently detailed and summarised succinctly. One of the drawbacks of recording information electronically is that the practitioner can be confined within specific categories and there is limited space in the database due to the formatting of the software. This can lead to important details being omitted and a less than accurate picture being conveyed. My fears were allayed regarding this

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Collaborate   Process   Data

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Related

Common

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Processes

- Workflows
- Dialog Sessions

PiP Credits

PiP Credits
PARIS: Implementing a new database to collate information on existing and new patients

PiP Credits

Reflective Account

as our trust is not going paperless more paper light at the moment. Therefore, any further pertinent details which need to be recorded can be completed as a hard copy in the patient's file.

The core elements of PARIS are as follows

- Registration

- Referral

- Assessment

- Core Planning

- Activities

- Reviews

- Discharge

Other tools I availed of to contribute to my professional development were, staff diary scheduling and linking to 27 other health care professionals to link appropriate care plans.

Credits to Claim   8

Line Manager Verified?   ○ No   ● Yes

Copy a Link
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Connect
Run Workflow
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Collaborate | Process | Data

PiP Credits

PARIS: Implementing a new database to collate information on existing and new patients

PiP Credits

Information

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- Reflection
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- PiP Credit Claims
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Related

Common
- Activities
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- Connections
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Processes
- Workflows
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▼ **Impact**

Impact/Demonstrati... of Learning

Case notes communicate a great deal about the quality of your work because they provide essential information about events that have informed decision-making and action, such as, vital information for reports in relation to case conferences, reviews, tribunal and for the courts, evidence of professional accountability, evidence of a commitment to service user and carer participation, details for supervision purposes, continuity between practitioners when workers leave and for work in interdisciplinary contexts, information for planning and administrative purposes, data to be used in research and evaluation, details of any shortfall in service provision, legal safeguard in a climate of increasing litigation and a memory aide.

I was able to implement the learning from this immediately as prior to assessment I already had the referral opened in the PARIS system. This enabled me to tailor the assessment more towards the needs of the person, in conjunction with the person centred approach (Rogers, 1963) concordant with social work values. Most assessments I carry out as well as questionnaires or clinical evaluation tools are based on self-reporting. In the main these work, however one of the drawbacks is the phenomenon of honesty/image management whereby clinicians who use self-report questionnaires are relying on the honesty of their participants. The degree to which this is a problem will undoubtedly vary with the topic of the questionnaire. For example participants are less likely to be honest about measures relating to sexual behaviour, or drug use, than they are about caffeine consumption, although it is unwise to assume, even when you are measuring something relatively benign. The other factor is that people presenting to acute care can be so unwell and disorientated due to stress can lead to them becoming poor historians when speaking of their medical or social histories. The access to PARIS allows me to prompt them and print out information to give them to reassure them. This was the case with one lady I was seeing. She was quite depressed and had a minor physical complaint. This was preventing me implementing behavior activation and any graded exposure work regarding her anxiety and depression. However by accessing PARIS and referring her to the CMP in house physiotherapist, she was able to be assessed by the physio who not only agreed behavioural activation would do no harm but would be beneficial from a physical as well as mental health perspective. Had it not been for the training I would not have been able to intervene so quickly or effectively. Given CMP is time bounded for twelve weeks, any time saved in the processes is vital.

Another aspect of the training that I was able to put into practice was the shared staff diary. I had two cancellations at short notice and our admin staff were able to give a man an appointment at short notice instead of having to wait 8 days. I saw this man and he was at risk and I was able to signpost him on to an appropriate service. The benefits of this were that he was seen by the appropriate service very quickly and the outcome could have been much worse if I had not been able to implement the learning of this training.

Credits to Claim   4

Line Manager Verified?   ○ No   ● Yes

Copy a Link

E-mail a Link

Connect

Run Workflow

Start Dialog

Run Report

Collaborate   Process   Data

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

▲ Common
- Activities
- Closed Activities
- Connections
- Audit History

▲ Processes
- Workflows
- Dialog Sessions

PiP Credits

Stress Control Training for Trainers

PiP Credits

▼ **General**

Individual
Your Name

Activity Title
Stress Control Training for Trainers

Type of Learning Activity
Non Certificated Structured Learning

Start Date
07/01/2016

End Date
07/01/2016

Hours Taken
6

Total Credits Claimed
18

▼ **Reflection**

Description

This training day has been organized to enable Trust staff to provide Stress Control classes, under licence (Dr. Jim White 2014) to the general public. Trainers need experience of dealing with stress and, preferably, at least training in behavioural approaches. A comprehensive trainer's pack is included with the training. In health providers such as the NHS, trainers require to be qualified in CBT.

By the end of the training, participants should feel able to set-up and run their own Stress Control class. While a small amount of time is spent in theory, the focus will be on teaching how to set-up and run these classes.

The training will be both didactic and interactive. It will combine lecture-style teaching, group discussion, brainstorming and the chance to practice some of the skills teachers will require. Slideshows, video and audio will be used to illustrate how the class works in practice. Some attenders will be expected to volunteer to practice 'teaching' Stress Control to other participants.

Reflective Account

I found this training quite challenging in the sense that I was not sure if this training would have the desired effect regarding the target audience. Stress Control is aimed at level one of the Stepped Care Model endorsed by the organization Improving Access to Psychological Therapy Services (IAPTS) formed in 2008. The target audience is members of the general public and attendance is monitored by their date of birth or postcode, so I felt it could be difficult to demonstrate the implementation of learning with this group. However by utilising a Wellness Scale pre and post course attendance, we tracked the progress of the cohort. I have previous experience delivering training. Most of my previous training is aimed at delivering to a multi-disciplinary group of professionals around the issues of drugs, alcohol and addiction issues. The majority of this training is designed to be interactive and encourage debate and share best practice. However, the majority of the Stress Control training was based on the delivery of the training being didactic. My fears and worries were soon allayed as the authors of the training conducted a lot of research and realised that in order to get people to initially

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Run Workflow
Start Dialog
Run Report

Collaborate   Process   Data

PiP Credits

Stress Control Training for Trainers

PiP Credits

Information
- General
- Reflection
- Impact
- PiP Credit Claims
- Notes

Related

◢ **Common**
- Activities
- Closed Activities
- Connections
- Audit History

◢ **Processes**
- Workflows
- Dialog Sessions

Reflective Account

attend stress control groups they had to feel safe that they would not have to speak at all (in fact, speaking was forbidden in the training). The research cited that any public health initiatives that previously proved successful had pitched their message to the public in simple, plain English and the content of the material could be comprehended by a person with the reading ability of an eight year old. With my fears assuaged, I was able to implement a lot of the principles of this learning activity.

On reflection I realised that I did not feel comfortable delivering somebody else's material, despite my familiarity with the material. I understood that the training had to be delivered exactly as it was packaged and the Trust had only purchased the licence to deliver it. However, I was able to present the Stress Control in my own style. Once I felt comfortable with this, I realised that I was able to use examples and anecdotes from my own practice to deliver the material. It helped that the training placed a lot of emphasis on humour which I felt very comfortable with when recounting an anecdote relating to the topic at hand. I developed my skill set as a trainer by becoming more of an educator. I previously would have utilised training to be more proactive in attempting to stimulate discussion amongst professionals in order to arrive at models of best practice. This training has allowed me to be more reflective as a trainer and allowed me more space to develop methods to impart knowledge in a didactic fashion.   I felt confident enough to draw on my past experiences working with people who had suffered from stress, anxiety and depression.   This is a view reinforced form a sociological perspective by Erving Goffman (1959). In his dramaturgical model, all the world is conceived as a stage and individuals are seen as actors who present a show of their self by putting their best foot forward. The dramaturgical model metaphor is extended by Erving Goffman through concepts such as front stage, back stage and presentation of self. Goffman sees social interaction as involving impression management. Erving Goffman in his dramaturgical model of social relations, sees social life literally in terms of actors acting, that is, all of us are like actors on a stage, presenting a play. A social actor wants to feel that he or she is performing the role that he or she is playing well. I feel I could go further than Goffman's Dramaturgical perspective and I could be more than an actor on the stage. The realisation that the target audience is the general public helped me enormously as I was more used to dealing with people who had greater psychological distress. Therefore, I have confidence that I will settle into this role as a psycho-educator. However, within our team I delivered the same Stress Control Training to a cohort of CMP clients who were suffering from a mixture of anxiety and depression co-morbid with other physical or psychological conditions I am aware that psychoeducation is an area I can improve upon, I would have previously researched a lot of my work whilst doing treatment plans and CBT formulations. However having the material aimed at the cognitive levels of an 8year old meant that I can impart that knowledge without coming across as patronising and this can only empower my clients.

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Related

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- Activities
- Closed Activities
- Connections
- Audit History

▲ **Processes**
- Workflows
- Dialog Sessions

PiP Credits

Stress Control Training for Trainers

PiP Credits

Credits to Claim	12

Line Manager Verified?   ◯ No   ◉ Yes

▾ **Impact**

Impact/Demonstrati... of Learning

As an official designated trainer for delivering Stress Control Training (Dr. Jim White, 2014) within our trust, I was able to implement a lot of the principles of this learning activity. Stress Control is aimed at level one of the Stepped Care Model endorsed by the organization Improving Access to Psychological Therapy Services (IAPTS) formed in 2008. The target audience is members of the general public and attendance is monitored by their date of birth or postcode, so it is difficult to demonstrate the implementation of learning with this group. However, within our team I delivered the same Stress Control Training to a cohort of CMP clients who were suffering from a mixture of anxiety and depression co-morbid with other physical or psychological conditions. I utilised many of the techniques, particularly the skills aspect by demonstrating diaphragmatic breathing methods and meditation techniques to the group. The sessions during which I introduced these methods in, included, How Stress Affects our Body and How Stress Affects our Thoughts. These two sessions were mentioned in the training evaluations as particularly good. I was seeing some of the clients on an individual basis as well and they also reported the benefits of this.

From my own individual caseload, I recommended the Stress Control training to a number of these individuals. This was beneficial as the homework aspect of the training was self-regulated, however, I was able to utilise the homework suggested in the training to the clients on my case load. The benefits were twofold. The learning was reinforced in session and we spent less time in session covering old material. This worked for three people I was seeing, their conditions improved dramatically as suggested by the clinical scales I administered pre and post treatment. Their conditions, so far have remained stable with no need for follow up or booster sessions. I have been able to discharge clients sooner than normal and this has resulted in waiting lists with people being seen more quickly.

Credits to Claim	6

Line Manager Verified?   ◯ No   ◉ Yes

▸ **PiP Credit Claims**

▸ **Notes**

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Collaborate | Process | Data

PiP Credits
Support for Carer

PiP Credits

▼ General

Individual | Your Name

Activity Title | Support for Carer

Type of Learning Activity | Service Improvement

Start Date | 04/03/2015 | End Date | 04/03/2015

Hours Taken | 3 | Total Credits Claimed | 9

▼ Reflection

Description

I had been a trainer, mentor and facilitator for the Drug and Alcohol Training Programme for approximately 15 years. I decided not to pursue my career in the Addiction Treatment Unit instead opting for mainstream mental health services. I was aware that addiction is ubiquitous in our society. In my current role as a Social Worker in a vocational rehabilitation team, Condition Management Programme (CMP) I was seeing a number of clients who had family members abusing drugs and this was impacting on their mental health. I attended this training, Support for Carer as a participant to try and understand and get a better perspective of the difficulties and challenges for those living with problem drug users. The aim of the training was to explore and identify the main issues for the carers of drug users.

The activity contributed to my knowledge base from the standpoint that when we broke into smaller groups and began to roleplay perfectly plausible scenarios, I heard first hand from the carers and how difficulty it was for them to make an intervention and how timing, on the one had is key to interventions, there never was a good time and often there never was a right time. This resulted in many carers staying in desperate and sometimes dangerous situations because they had no choice. Prior to this I had the theoretical knowledge of what I thought were the main issues for carers and the dangers of enabling and the different family dynamics but listening to the first hand experiences of others was a humbling experience. Therefore, the activity not only enhanced my knowledge base beyond a theoretical viewpoint, it also impacted on my attitudes. My attitude towards carers certainly became more understanding of their situation. In relation to my skills set, I actually became deflated as I realised that I as a practitioner was often as impotent over the situation and circumstances as the carers. However, I learned so much from the small group we were in, particularly from one lady who had been attending Al Anon for a number of years and had an undoubted calmness and serenity about her despite her family members still abusing drugs and alcohol. She put things succinctly by paraphrasing the first of the 12 step programme she practices, " I am powerless over alcohol, whether I drink it or any of my family members drink it.", and this gave her the ability to go about her day to day activities despite hurting deeply inside.

In summary, whilst my theoretical knowledge did not develop greatly, my knowledge was deepened profoundly by first hand experiences of carers living with problem drug users (alcohol is a drug). As a result of this my attitudes changed dramatically and my skills as a listener improved greatly.

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Workflow   Dialog   Report

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PiP Credits

Support for Carer

PiP Credits

Reflective Account

"Most of us feel that others will not tolerate emotional honesty. We would rather defend our dishonesty on the grounds that it might hurt others; and having rationalised our phoniness into nobility, we settle for superficial relationships." from Why Am I Afraid to Tell You Who I Am? by John Powell.

This was a quote aimed at carers of problem drug users and initially I felt it was a bit harsh but given that the author was a renowned academic in the field of addictions I realised he knew what he was talking about. He is also a recovered alcoholic and he cites this quote to introduce the concept of Emotional Honesty. The field of addiction can be a dirty and sordid world yet it is an equal opportunities condition that has the potential to impact on every member of our planet. I developed my knowledge with a greater insight into the world of emotional honesty and how and when to be truly emotionally honest. For example, one of the ladies in the group I was a participant in stated that she felt comfortable sharing her story in the small group but not so in the larger group. She also valued the fact that Al Anon is an anonymous organisation and her husband and son do not know she has been attending it for 5 years. She stated that she would be more a victim of domestic abuse if they ever found out. She did this with the resignation that only those who have suffered domestic abuse can portray. The impact that the training had upon me will stay with me for a long time. I feel that I am in a more privileged position than ever, when I am witness to the courage that carers exhibit when they share their painful testimony with me. As I stated earlier, I have become a more active listener and have learned to sit with the silence. This has brought into play many skills I had not previously used, namely those of motivational interviewing (Miller & Rollnick, 2012). Prior to this training, I would have thought that I had empathy with clients in such situations. However, I found myself at times thinking, " why don't you just leave the other person or evict them from your home, they are adults not children." My attitudes have changed dramatically as I realise that there may never be a right time to leave a relationship and if they decide not to then I have a responsibility to support them regardless of their decision. I know, feel and believe that I have developed as a practitioner as a result of the training. I still get the frustration of wondering why carers do not appear to be proactive; however I counteract that with becoming emotionally honest with myself and reminding myself that I am not in their position. I then draw on my motivational interviewing experiences and learn to "roll with the resistance" (Miller & Rollnick 2012) and remind myself that it is MY resistance at times.

Credits to Claim   6

Line Manager Verified?   ○ No   ● Yes

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PiP Credits
Support for Carer

PiP Credits

▼ **Impact**

Impact/Demonstrati… of Learning

Emotional honesty is the glue that holds the four pillars of trust, honesty, respect and mutual benefit together. It allows us to be intimate, vulnerable and connect deeply with another person. However, we mostly avoid it at all costs. I had decided that I would try to be as available to others as much as I possibly can in order to have a better understanding of their world. Instead of being passive, I became active but as a listener and only interrupted to display congruence (Rodgers,1959) and genuine empathy by stating clearly that I do not know what you are going through, I can only imagine. By practicing these skills I found myself better placed to help with an appropriate intervention. In effect what I was trying to do was evoke from people what they already know I did this by utilising a well-worn phrase from Motivational Interviewing, namely "I know who I am as I hear myself speak." Miller and Moyes (2006)put it more elegantly, "People possess substantial personal expertise and wisdom regarding themselves – and tend to develop in a positive direction, given the proper conditions and support." I was able to transfer the theoretical underpin-nings of the training into a practical setting whilst working with a lady whose son had a serious drug problem. By actively listening and allowing the lady some space to hear her own thoughts I was able to gently and collaboratively develop a formulation of her cognitive distortions and beliefs she had developed from childhood. She had grown up with alcoholic parents and had developed a role as a caretaker, looking after younger siblings and had in turn married a man who was alcoholic but she had since divorced from him. Together we named the formulation, My Story. I used her words and we integrated into the core beliefs and condition-al beliefs she had been using for all of her life. This was a transformative moment for her, especially when she wrote them up on a white board in session. I sat back and she was able to validate her experiences and realise that it may well be her story but she had the power to write the final chapters if she so desired. Following this she made some subtle changes to her behaviour. She began to feel less ashamed of her son's behaviour and began to do things for herself going out more with family and friends. She refused to go to Al Anon as she felt that her son's issue was drugs and I gently reminded her that perhaps she had indeed been affected by alcoholism growing up as a child. I did not force the issue at all and she did not attend Al Anon but I realised that all I could do was offer the advice and it was her absolute choice to refuse this. When the lady was discharged from our service, her son still contin-ues to use drugs and has many of the associated difficulties with regard to that lifestyle. In essence, her circumstances had not changed much from the outside looking in. However, it was palpable how much calm and serenity the lady had as she was looking at things from the inside out. It proved a valuable lesson for me that people really do know best and I can only try and help pro-vide the fertile ground and space to allow them to explore their options.

Credits to Claim   3

Line Manager Verified?   ○ No ● Yes