IRWC WORLD ONLINE Conference

'Bringing Coaching into Recovery, Wellness and Healthcare'

Supporting employees returning to work after a long-term illness or serious injury

Barbara Babcock, ACC

Supporting employees returning to work after a long-term illness or serious injury

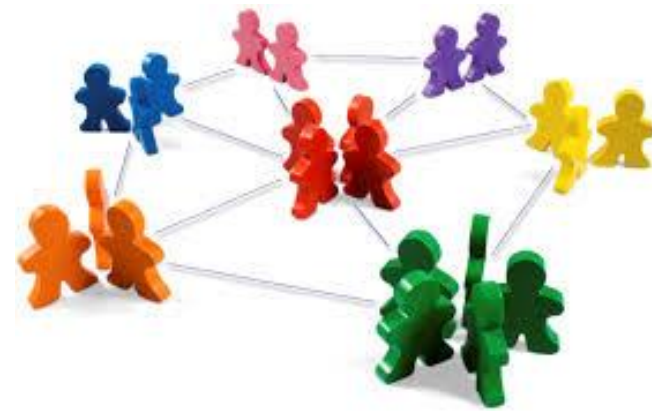## A coach's perspective

26 November 2015

with Barbara Babcock, ACC
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Today

- Using real-life case studies (permission obtained)
  - Working life with the impact of a long-term condition, serious illness or injury
  - Psychological experience
    - What it can be like
    - How coaching helped
    - Development

- Biases and societal assumptions re health and illness

- Not policies, procedures, and the law

The business case

Regarding long-term conditions (LTC) just in England alone (Dept. of Health, 2015)

- More than 15 million people have one

- 70% of money spent on health and social care is spent on LTC

LTC affect many parts of a person's life (Dept. of Health, 2015)

1 in 4 people in the UK will experience a mental health problem each year (Mind, 2015)

Chronic diseases are the leading global causes of death (BMJ, 2010)

Direct causes and risk factors for chronic disease - high blood pressure, diabetes, high cholesterol – can have a link to lifestyle factors (BMJ, 2010)

Only 17% of people with spinal cord injury are employment (MASCIP, 2009)

Working life with a LTC or injury

- Incontinence issues – Worrying about accidents, needing to be near the loos, using the disabled loos for the space needed and outwardly you look fine

- Diabetes – Appropriate food available, making time to eat, private place to inject insulin, remembering insulin/drugs/blood sugar testing kit/sweeties, everyone else is drinking at the conference and you are on the lime and soda

- Angina – Stable or unstable? Controlled or not? What activities might bring it on?

- Fatigue – Invisible; unpredictable; the commute; taking breaks to rest

- Pain – Invisible; can be unpredictable; difficulty doing things; generally feel awful; for some kinds of pain paracetamol and ibuprofen do not work

- Wheelchair – Figuring out if you can get through two doors close together; nearest station is step-only access

- Depression – The physical struggle; loss; living with uncertainty; mental health

- Mobility issues – Can fluctuate; part-time wheelchair user; using a disabled parking bay but outwardly you look ok
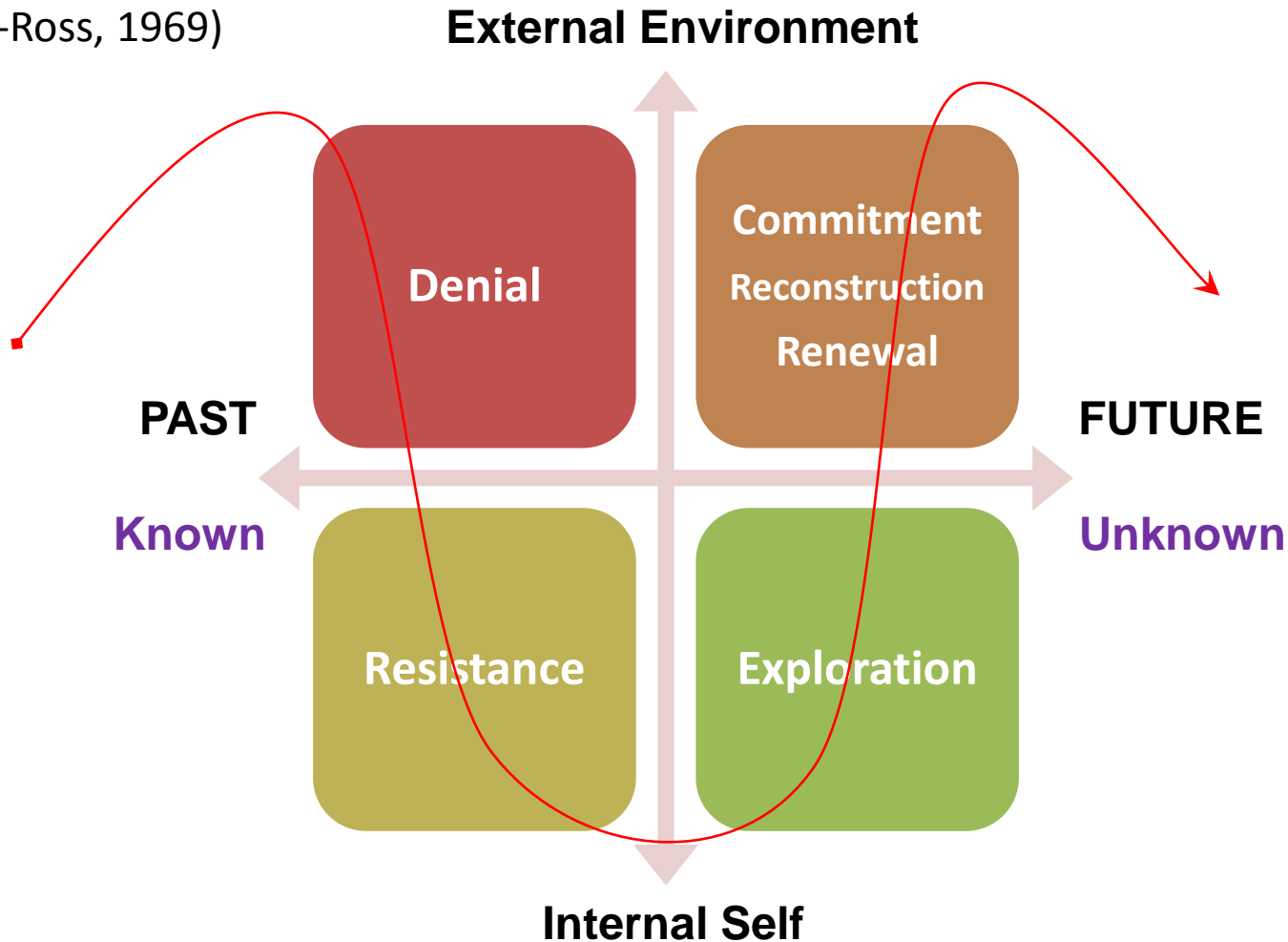
Real life stories
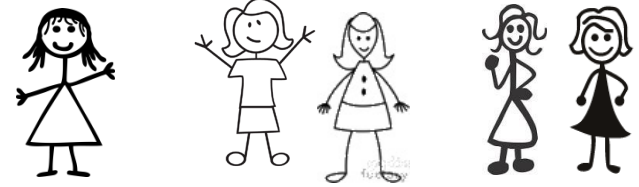
- What they wanted
  - Take control
  - Gain perspective re health
  - Achieve an emotional balance
  - Lessen inner critical voice
  - Develop drive to do what I want
  - Say no to others more
  - Get my needs met
  - Improve relationships

- Themes
  - Taking control
    - Responsibility for self-care and self-management
    - Managing stress - If only they would do….!!!
  - Loss
    - I miss me. Who am I now? What can I do?
  - Uncertainty
    - Will TM become MS?
    - How will I feel today?
  - Communication skills
  - Rebalancing give-and-take in relationships
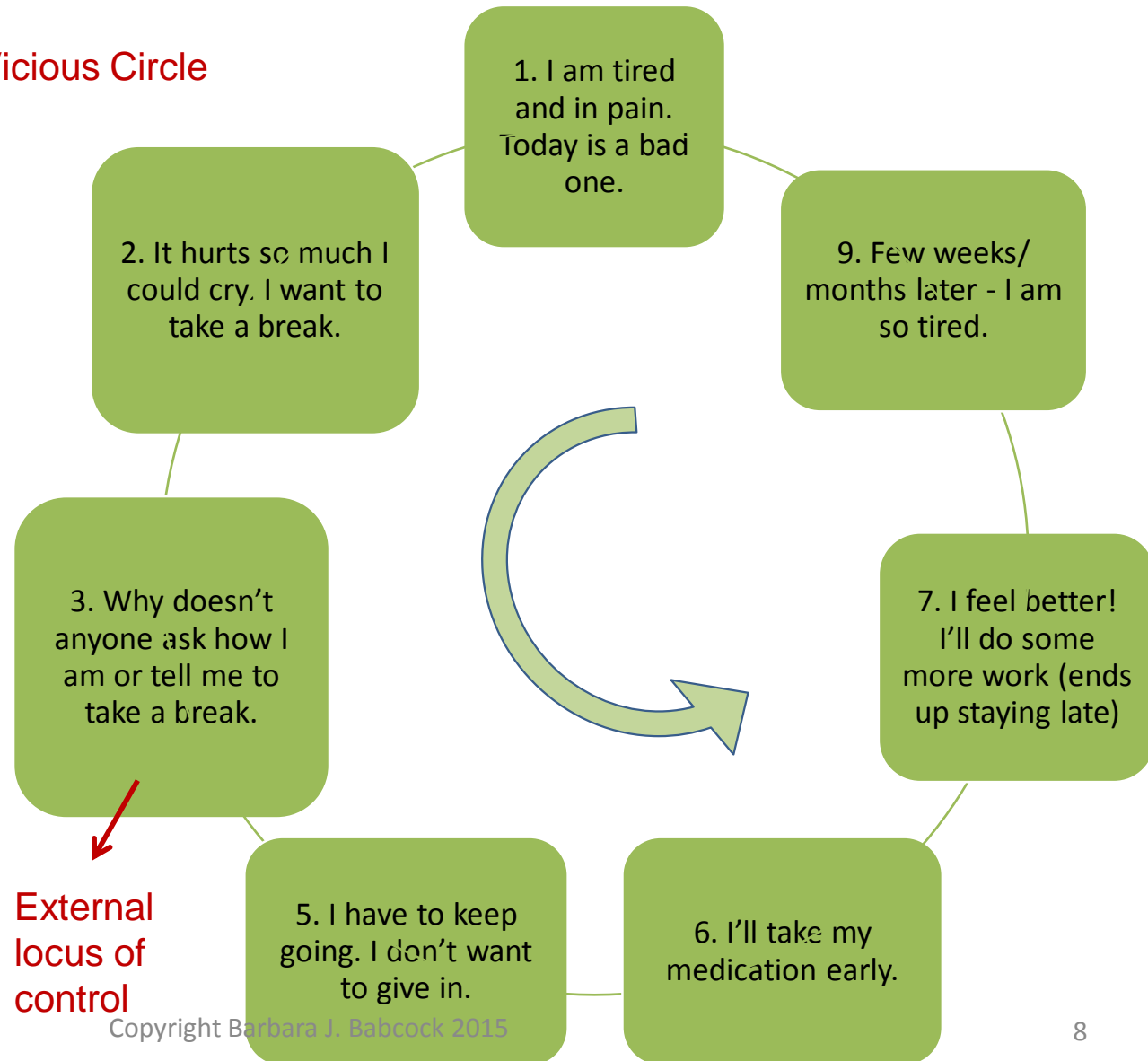
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Change – The experience

(Kubler-Ross, 1969)

External Environment

Denial

Commitment
Reconstruction
Renewal

PAST

FUTURE

Known

Unknown

Resistance

Exploration

Internal Self

Change – Taking control
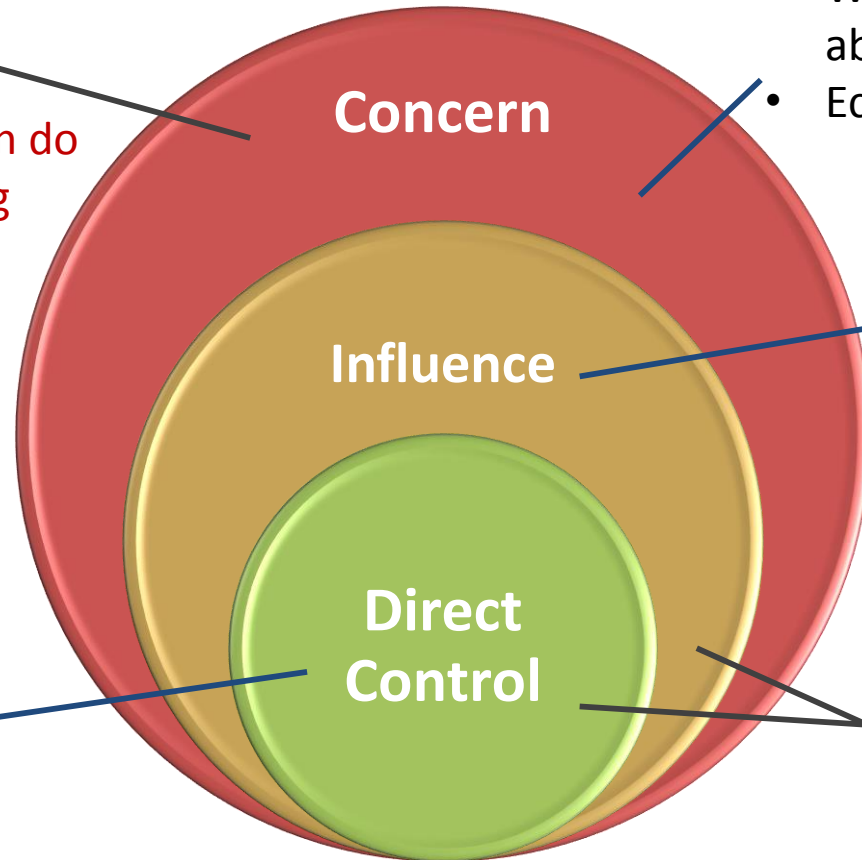
Condition Change

Vicious Circle

The coaching work:
- Reflected client's thought process and patterns
- 'If you are spending all of your time on fighting, there is no energy freed up to do anything else.'
- 'Take control and make a choice.'
- What is in one's control

1. I am tired and in pain. Today is a bad one.

2. It hurts so much I could cry. I want to take a break.

9. Few weeks/ months later - I am so tired.

3. Why doesn't anyone ask how I am or tell me to take a break.

7. I feel better! I'll do some more work (ends up staying late)

External locus of control

5. I have to keep going. I don't want to give in.

6. I'll take my medication early.

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Change – Taking control

Things happen to you
- If only they would…
- There is nothing I can do
- Why does everything happen to me?
- S/he made me feel…

- Tone of voice a colleague uses
- What other people think about or say to you
- Economy

Concern

Influence

Direct Control

- Influence someone's behaviour through your response
- Auto-immune – our health
- Economy – Your vote

- Your response to a colleague
- Setting goals
- Economy - Personal finances

You make things happen
- I am going to do…
- I make things happen
- Look at what I can do
- I feel…

(Covey, 1989)

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Change – Loss

UNDERSTANDING
is the first step to
ACCEPTANCE
*and only with acceptance
can there be*
RECOVERY

Joanne Kathleen Rowling
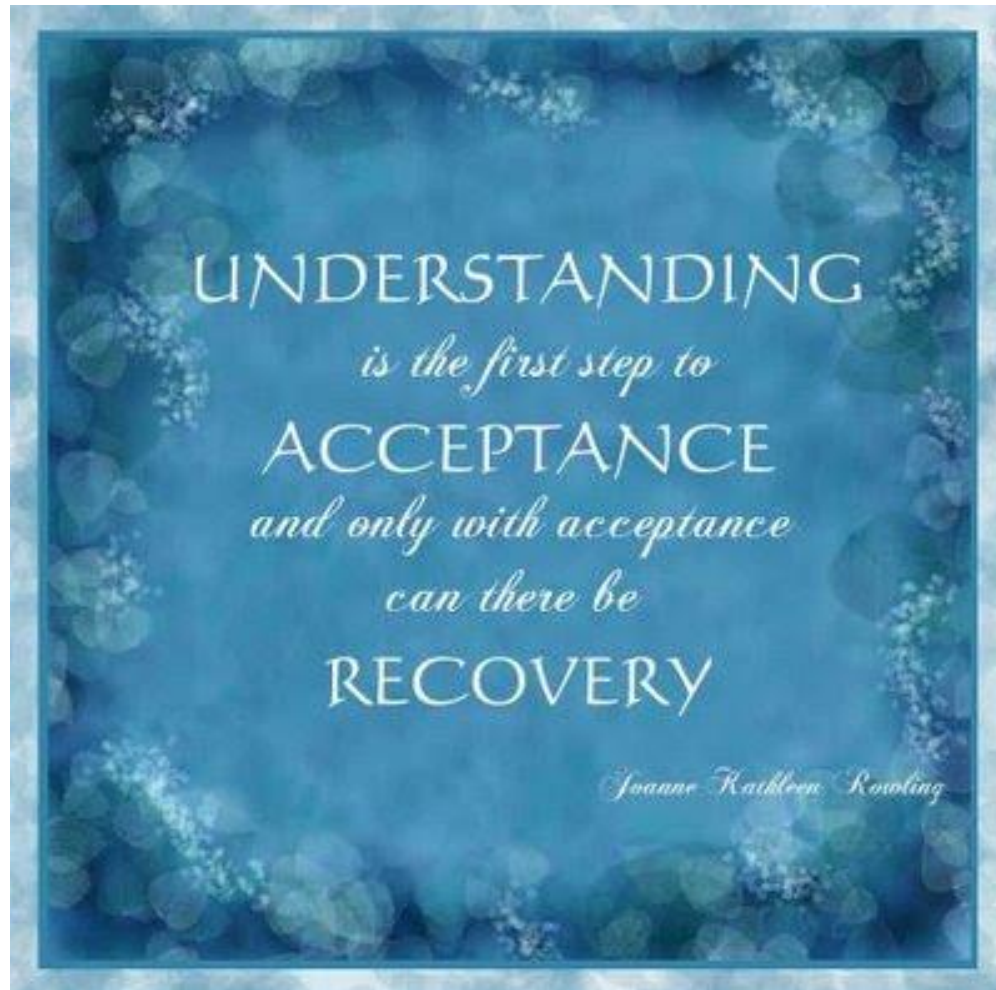
To accept or not…

Change – Loss

- The coaching work
  - Acceptance vs Acknowledgement
  - Giving expression to the loss, i.e. 'The condition is like a death'
  - Being in touch with the feelings associated with **loss** can help 'put the illness in its place' (Seifter, 2010)
 - Constructing a 'new normality'

You then   **You now**

Illness/ event/ transition

Change – Living with uncertainty

- Can have an adverse psychological and/or physical impact (Holm et al, 2008)

- How people view illness uncertainty influences how they evaluate and incorporate an illness into their lives (Checton et al, 2012)

- The coaching work
  - Talking about it – recognition and acknowledgement
  - Reframing - 'One thing is certain. There will always be uncertainty.'
  - Energy levels, pacing, fatigue - Plan A, B, C, D, E…
  - Spoon theory; Covey's spheres
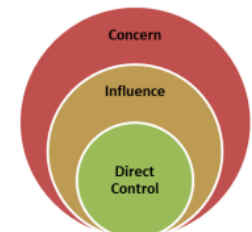
Development

Willingness and ability to adapt

Managing stress

Pacing

Learning to live with uncertainty
Knowing when it is happening
Keeping perspective

Identify what one can control and do

Self-compassion

Learning to reassure oneself
Thought patterns
Reframing

Setting goals

Experience of competency and mastery of something one enjoys

Being able to ask for help

Social support and outside acknowledgement of competence

Resilience

Reconstructing a new self-image and 'new normality'

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What do you see?

What is it like for you when…

- You are ill?

- Others are ill?

Assumptions?

- You are in good health?

- Others are in good health?

Definitions

- Health
  - <u>Complete state</u> (WHO, 1946) / <u>optimal state</u> (Dorland Dictionary, 2012) of physical, mental and social well-being, not merely the absence of disease or infirmity (World Health Organisation, 1946)

- Illness
  - Poor health resulting from disease of body or mind; sickness; disease; a state of ill health (Free Dictionary, 2014)

- Wellness
  - 8 life areas collectively comprise wellness: spiritual, emotional, intellectual, physical, cultural, occupational, and social (National Wellness Institute, 2012)
  - Sense of wellness and one's state of health may not correlate (Library Index, 2012)

Real life scenarios

Notice your gut reaction

Scenario 1
- Mid-40's male works in a large organisation in a senior role.
- Company's culture is considered demanding and a stressful environment for some.
- Outwardly healthy looking and doesn't get ill often.
- Unexpectedly has a heart attack.

Scenario 2
- A team member is off ill with a virus. Their sick leave is extended. Eventually they are diagnosed with Chronic Fatigue Syndrome.
- You took on some of your teammate's responsibilities.
- You are working longer hours and starting to feel more tired.
- Your teammate came in to meet HR. They looked fine.
- You hear they went on holiday.

Scenario 3
- A woman is diagnosed with a neurological condition and her symptoms fluctuate.
- Sometimes she feels good and other days she feels fatigued and her arms are weak so she needs help carrying things and taking notes at meetings.
- Her colleagues tell her to 'stop moaning' and 'get on with it'.

Scenario 4
- A team member has been off work with depression.
- They return to work and are talking with colleagues, smiling and laughing.
- You overhear the team leader say the person is depressed and they do not understand why they are smiling and laughing.

Recommendations

1. How are you in all of this? – preferences, concerns, assumptions, anxiety

   - Double check – What am I assuming here? Of myself, of others?

   - # of experts

   - Training

   - Articulate the need then do research

   - Ask for logic/evidence behind opinions

   - Others' viewpoints

   - How do you make your choice

   - Ensuring you're not reacting from a place of anxiety

   - Micro-behaviours

   - Assumptions re change and how quickly we expect it to happen

2. Individual approaches to health and illness
3. Listen with empathy; acknowledge their feelings → conversations may move more slowly
4. Avoiding 'but' and 'at least' – 'At least you are here with us now'
5. Encourage and support – How do they want to be supported?
6. Individual's energy levels; pacing
7. Individual's focus – A lot can be going on behind the scenes
8. Setting goals
9. Reassurance - Occupational health, GP, charities, mentor

Questions?

Presentation in your organisation

or

1-1 consultation

Get in touch

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Further reading

- CIPD – www.cipd.co.uk
  - Employment Law FAQs – http://www.cipd.co.uk/hr-resources/employment-law-faqs
  - Managing and supporting mental health at work: disclosure tools for managers – Recommendations can also apply to people with other long-term conditions
- Equality Act 2010
  - http://www.equalityhumanrights.com/your-rights/equal-rights/your-rights-under-equality-act-2010
  - http://www.equalityhumanrights.com/about-us/about-commission/our-vision-and-mission/our-business-plan/disability-equality
- What is meant by 'reasonable'? (in reference to reasonable adjustments)
  - http://www.equalityhumanrights.com/private-and-public-sector-guidance/employing-people/workplace-adjustments/what-meant-reasonable
- Guidance on Workplace Adjustments
  - http://www.equalityhumanrights.com/private-and-public-sector-guidance/employing-people/workplace-adjustments
- Access to work - https://www.gov.uk/access-to-work/overview
- Disability Rights UK - http://www.disabilityrightsuk.org/
- Coping with a Chronic Illness (coping emotionally)
  - http://www.alpineguild.com/COPING%20WITH%20CHRONIC%20ILLNESS.html
- BYDLS Spoon Theory (managing fatigue) - http://www.butyoudontlooksick.com/navigation/BYDLS-TheSpoonTheory.pdf
- Pain Toolkit website – Information on pain and self-care –www.paintoolkit.org

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Coaching vs Therapy

- Demonstrate an ongoing desire to move forward and make change?

- What evidence is there of the client taking action to make change (however small it is)?

- Retain abilities to find his/her own answers and way when experiencing emotional distress?

  - If emotional distress is regularly and consistently getting in the way of the client progressing towards his/her coaching outcomes, then counselling/therapy may be more appropriate.

- Coach's competence to work with the presenting issues?

- Client's issue rooted in his/her distant past? Does the client talk about this repeatedly?

- When talking about the past, does the client remain in an adult state? Or does the client consistently revert to the child and/or victim state? Does the client demonstrate learning from that experience and apply it in the present?

Coaching vs Therapy

- Excessive, intense and prolonged emotions associated with the shock, denial, anger and depression stages of change, which severely inhibit the individual's quality of life in a few to many domains
    - How long, how extreme and how pervasive
- How defensive is the person (prevalence of avoidance, denial, aggression, defensiveness or passivity)?
- How resistant to change are the "dysfunctional "patterns of behaviour, thinking or emotions even if the person is willing to address them?
- Breakdown in significant relationships
- Self-harming or harming others
- Past trauma being re-activated by the illness/condition's impact
- The individual's "dysfunction" is outside the range of what is considered normal in the DSM IV—TR

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