



Experiential reflective learning as a foundation for emotional resilience: An evaluation of contemplative emotional training in mental health workers



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ABSTRACT

Health care workers in the Community Mental Health (MH) and Alcohol and Other Drugs (AOD) sectors face complex psychological issues that exact a heavy emotional toll. Burnout is a significant risk for these workers. Stress management, developing effective work practices and the implementation of burnout interventions are crucial in both engaging and retaining staff. The present study (non-randomized) investigates the effects of a targeted 6-week emotion regulation and mindfulness training program (CEB) in educators and mental health workers. Participants who completed CEB training ($n = 20$) demonstrated a significant improvement in mindfulness and a significant increase in emotional awareness when compared to the control group ($n = 20$). Assessments were made at baseline, directly after training (in CEB trained group only) and at 6 months post training completion. This change persisted at 6 months after completing the training. These results suggest that embedding CEB training within a higher education curriculum may have a long-term positive impact on students and health care workers planning to enter the MH & AOD sector. Further research is required.

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1. Introduction

Healthcare workers, educators and trainers in the Community Mental Health and alcohol and other drugs (AOD) sector often experience high levels of stress and burnout (Duraisingam, Pidd, & Roche, 2009). Suffering prolonged periods of high stress in the workplace has been recognized as an occupational hazard in human services professions (Duraisingam, Pidd, Pollard, Roche, & Zoontjens, 2007). Studies have shown that burnout in health care professionals has a detrimental effect on practitioners, on the effectiveness of treatment for their clients, and on the health of organisations (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012; Simpson et al., 2009; May & Donovan, 2007; Skinner & Roche, 2005). There is a growing body of evidence highlighting the importance of training for mental health workers to better regulate emotional behaviour and to more effectively cope with work-related stress (Duraisingam, Roche, Tovell, & Wang, 2008; Morse et al., 2012).

It has become evident that many healthcare professionals promote self-care and stress management with clients, but do not practice emotional regulation strategies themselves (Myers et al., 2012). However, there is increasing evidence that staff

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attitudes and organizational climates have a significant impact on clients' responsiveness to treatment (Simpson et al., 2009). Treatment responsiveness (a higher level of motivation and pro-social functioning in clients) is often directly related to the rapport staff have with their clients, with a direct link between client depersonalisation and detached worker attitudes (Simpson et al., 2009). In studies examining burnout in physicians a loss of meaning and loss of a sense of control were highly correlated with burnout (Dunn, Arnetz, Christensen, & Homer, 2007). Folkman and Moskowitz (2000) viewed that having a sense of meaning aided in increased coping skills and the ability to regulate emotions even in highly stressful situations. Horowitz, Suchman, Branch, and Frankel (2003) found in Physician Internists, a stronger correlation between the ability to be present with their patients and finding meaning in their work than in therapeutic or diagnostic successes.

It is clear that the emotional health of health workers and educators is fundamental to their effectiveness as practitioners. Many studies have found that emotional stability can be enhanced by skills in non-judgmental awareness (May & O'Donovan, 2007). Such awareness helps workers achieve better therapeutic outcomes by enhancing their attentional focus on client responses. This kind of attention also helps health workers better process their own emotional reactions during the provision of services.

There is a pressing need for resilient workers who can adequately adapt to stress and adversity. Key skills in developing such resilience involve increased emotional intelligence (Goleman, 2005) and in particular increased emotional self-awareness (Druskat, Mount, & Sala, 2013). Such emotional literacy would in turn lead to development of emotional stability (Milton & Ma, 2011). Ekman et al. (2005) noted that psychologists and other mental health workers do not have adequate training in how to distinguish beneficial from harmful emotions. In particular workers need to balance non-judgmental openness with a clear grounding in ethical discernment (Wallace, 2015, personal communication).

In summary the following factors are identified as key components of resilience in workers—emotional awareness, self-awareness and reflection, attentional control and meaningful goals and values.

Although there are many programs that purport to enhance emotional resilience and well-being, few of these programs have been validated (Morse et al., 2012) or specifically implemented in existing educational degree programs. Morse and colleagues have also indicated that meditation and mindfulness-based education programs could be effective in burnout reduction and the promotion of well-being. With a growing health care sector, requiring workers to have effective self-care skills and emotional resilience, there is a pressing need to investigate and develop validated worker training based on up to date knowledge and skills in emotion regulation.

1.1. Mindfulness based educational programs to enhance emotional resilience and promote well-being

The concept of well-being refers to being able to fully realize one's potential and is connected to the notion of flourishing. An extensive literature in Western psychology exists on the principle of "eudaimonia" which has been studied and practiced since at least the time of the Greeks (Flanagan, 2011). Eudaimonia in its classical Greek meaning did not equate directly with 'happiness'. Popular usage of the term "happiness" refers to a state of mind that is more related to joy or pleasure. Eudaimonia does not carry such a narrow meaning; in fact well-being, or human flourishing has become the preferred translation. As such eudaimonia is a quality and a state of mind that can arise without dependence upon pleasant stimuli.

A parallel stream of study and practice can also be found in so-called "Eastern" traditions (Wallace, 2005). Ekman et al. (2005) detail quite clearly how eudaimonia, or lasting (rather than mundane) happiness, requires a multifaceted approach to working with difficult mind states, sometimes called "afflictive" or destructive emotions. These refer most particularly to maladaptive forms of anger, fear, disgust and sadness (Ekman, Davidson, Ricard, & Wallace, 2005). They suggest the need for explicit training in skills that can counter the powerful effect of destructive emotional states.

Mindfulness is seen as a crucial component for developing an overall sense of well-being. Adaptive emotion regulation is now recognized as a core feature of good mental health. Chambers, Gullone, and Allen, (2009) provide a detailed exposition of the important relationship between attention skills and emotion regulation capacities. The psychological definition of mindfulness includes a process of "nonelaborative, nonjudgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is" (Bishop et al., 2004).

It requires the continuous monitoring of current experience rather than preoccupation with past or future events (Roemer & Orsillo, 2003). This further requires "a process of self-observation (i.e., introspection, observing self, reflective functioning), than self-knowledge per se (i.e., psychological mindedness, insight, and self-awareness) (Bishop et al., 2004; p.235). Thus, mindfulness functions as an important process in overcoming tendencies to ruminate with a negatively biased past perspective. It results in freedom from distorted cognitive processes (Sharpio & Carlson, 2009). Nonjudgmental, present moment awareness is one of the fundamental mental skills of mindfulness. This non-judgmental mental stance is not simply a 'letting be' but more a release from destructive evaluative processes; it is firstly an acceptance of the present moment as it is, without trying to fix or change things (Kabat-Zinn, 2011; Milton, 2011a).

In applying the skill to be able to observe and describe thought processes without judgment or reaction (this has been termed metacognition awareness) one can reduce the power of automatically generated negative emotional reactions to any stimulus or situation (Flavell, 1979; Sharpio & Carlson, 2009). Regularly applying these skills facilitates the creation of new patterns of emotional processes and cultivates psychological resilience (Milton, 2011b).

Mindfulness is currently being applied in a wide variety of settings including the corporate world, the legal profession, sport, stress management, palliative care, and mental health. It has become a core practice in a wide variety of therapeutic and stress management programs including Mindfulness Based Stress Reduction (Kabat-Zinn, 2011), Mindfulness Based

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