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Facilitator's Handout

RESILIENCE RIDGE



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Table of Contents

Contents

| | |
|---|---|
| 1. Introduction/ Background Information of the Game | 1 |
| 2. Game Objective & Target Audience | 1 |
| 3. Didactical Framework | 2 |
| 3.1 Introduction to Simulation Game Learning | 2 |
| 3.2 Foundational Theories | 3 |
| Cognitive Behavioral Therapy (CBT)..... | 3 |
| Social Learning Theory | 4 |
| 3.3 Didactical Principles of the Game..... | 4 |
| 3.2. Learning Objectives | 6 |
| 3.3. The Role of the Facilitator | 7 |
| Bibliography | 9 |



1. Introduction/ Background Information of the Game

Simply4Emotions is a European Erasmus+ project that aims to support emotional self-regulation and resilience among health and social care professionals. These professionals often face emotionally demanding situations that can lead to stress, burnout, and reduced well-being (Cheristanidis et al., 2021; Jackson-Koku & Grime, 2019; Maslach et al., 2001). Research shows that while moderate stress can be motivating, chronic stress may result in physical and psychological symptoms such as insomnia, irritability, and anxiety (Ernst et al., 2022).

To address these challenges, the project has developed a simulation-based learning game that enables professionals and students to practice emotional regulation strategies in a safe, engaging, and reflective environment. The game integrates pedagogical principles with immersive gameplay to foster empathy, self-awareness, and emotional intelligence (Gross & Thompson, 2007; Kinman & Grant, 2016).

By embedding emotional learning into health and social care education and training, the Resilience Ridge game contributes to improved professional quality of life and supports sustainable careers in the health and social care sector.

2. Game Objective & Target Audience

The game objectives are:

- 1) to gain deeper understanding about emotional self-regulation and resilience
- 2) to develop skills such as problem-solving, critical thinking, and decision-making, which can be transferred to real-world situations.
- 3) to practice teamwork, reflective reasoning, collaboration and communication.
- 4) to provide a safe space for learning.

through an engaging, interactive, and reflective game-based learning experience.

The game is targeted at students (undergraduate and graduate levels) and practicing professionals in health and social care in continuing education or professional development programmes.

3. Didactical Framework

3.1 Introduction to Simulation Game Learning

Simulation gaming is a sub-category of games and games in general are defined as structured and goal-oriented activities that involve competition, rules and challenge (Salen & Zimmerman 2004; Merriam-Webster Dictionary 2024), often in an immersive, fictional environment (Hunicke et al. 2004; Rieber 1996; Sicart 2008). As players make decisions to achieve goals during the game, they grow an emotional bond with the game, making events of the game emotional and meaningful (Hinske et al. 2007). Game-based learning is an innovative method that harnesses the power of emotional bonds created while gaming. Educational games are designed specifically for learning (Foster & Shah, 2021).

Simulation gaming is a pedagogical approach that represents game-based learning. It enables learners to engage in realistic scenarios in a safe and structured environment. This is especially important in the context of health and social care simulation games that allow professionals and students to practice emotional regulation, decision-making, and interpersonal skills without real-world consequences. (Kapur, 2008, Kapur & Bielaczyc 2012; Plass et al. 2010; Cunningham, 2004; Gair, 2011; Foster & McKenzie, 2012).

Simulation games are grounded in experiential learning theory, particularly Kolb's model, which emphasises learning through experience, reflection, and adaptation. Research has shown that emotionally demanding situations in care work can lead to stress and burnout (Cheristanidis et al., 2021; Jackson-Koku & Grime, 2019;

Maslach et al., 2001), and simulation gaming offers a proactive method to build resilience and emotional awareness. By integrating emotional challenges into gameplay, participants can explore their reactions, develop coping strategies, and enhance their emotional intelligence (Gross & Thompson, 2007; Kinman & Grant, 2016). The Simply4Emotions simulation game is designed to support these outcomes by combining structured role-play with reflective facilitation, making it a valuable tool in education and training.

3.2 Foundational Theories

Experiential Learning Theory (Kolb)

Developed by psychologist **David Kolb (1984)**, this theory describes learning whereby knowledge is created through experience. Kolb's theory defines a four-stage, cyclical process:

- **Concrete Experience:** Encountering a new experience or reinterpreting an existing one.
- **Reflective Observation:** Reflecting on the new experience to understand it.
- **Abstract Conceptualization:** Adapting thinking or constructing new ideas based on experience and reflection.
- **Active Experimentation:** Applying new ideas to real-world situations to test them.

Cognitive Behavioral Therapy (CBT)

CBT is based on the idea that our thoughts, emotions, and behaviours are interconnected, and recognising negative thought patterns allows us to change how we feel and behave. The cognitive model hypothesises that people's emotions and behaviors are influenced by their perceptions of events, rather than the situations themselves. **Beck (1976)** outlined three levels of cognition: **Core beliefs**, **Dysfunctional assumptions**, and **Negative automatic thoughts**. CBT can be accessed through guided self-help, 1-to-1 sessions, or group therapy.

Social Learning Theory

Albert Bandura's (1977) theory suggests that people learn primarily through **observation and modeling**, going beyond direct experience. Actions that are rewarded are more likely to be imitated, while those that are punished are avoided.

Core Concepts:

1. **People Can Learn Through Observation:** The **Bobo doll experiment (Bandura, 1961)** demonstrated that children learn and imitate observed behaviors.
2. **Mental States Are Important to Learning:** One's own mental state and motivation play a key role in whether a behaviour is learned, not just external reinforcement.
3. **Learning Does Not Necessarily Lead to Change:** People can learn new information without immediately demonstrating new behaviours.

3.3 Didactical Principles of the Game

The game incorporates powerful didactic principles related to emotional regulation and resilience for health and social care workers, drawing from **Experiential Learning (Kolb, 1984)**, **Social Learning Theory (Bandura, 1977)**, and **CBT (Beck, 1976)**.

1. Experiential and Contextual Learning

- **Principle: Learning by Doing (Experiential Learning):** The game places the learner in a symbolic, high-stress scenario ("mountain hiking after an impactful event"), echoing **Kolb's Cycle: Experience** (emotional events) **Reflection** (discussing reactions) **Conceptualization** (identifying coping strategies) **Application** (practicing coping strategies in the moment).
- **Principle: Contextual Transfer:** The game's narrative creates an emotional context that facilitates the transfer of emotional regulation skills learned in the

game back to a professional context, based on the principle of learning transfer in applied settings (e.g., Kapur, 2008).

2. Socio-emotional Learning

- **Principle: Social Learning/Modeling:** Each character embodies distinct emotional needs, promoting **emotional empathy** and understanding of team dynamics (Bandura, 1977). The team structure emphasizes that emotional regulation is a collective responsibility.
- **Principle: Shared Decision-Making and Conflict Resolution:** Event cards and challenges require the team to make collective decisions under emotional pressure, forcing players to practice **effective interpersonal communication** and emotionally intelligent conflict management (a skill supported by both Social Learning and CBT principles).

3. Reflective Practice

- **Principle: Emotional Awareness:** A 15-square energy bar serves as a visual, quantifiable meter for the team's emotional and motivational state, externalising an internal process. This aligns with the CBT focus on **monitoring internal states** (Beck, 1976) and self-regulation.
- **Principle: Goal Alignment and Self-Efficacy:** Individual character missions at each landmark tie individual effort to group success, fostering personal accountability and the sense of **self-efficacy (Bandura, 1977)**.
- **Principle: Reflective checkpoints:** Landmarks act as checkpoints. A structured debriefing after the game prompts **reflection-on-action** (post-game discussion) on emotional responses and coping mechanisms, aligning with **Schön's (1983)** concept of reflective practice.

4. Behavior-Driven Emotional Regulation

- **Principle: Behavioral Role-Taking:** Each character's specific "behaviour" and "needs" facilitates the player to adopt and manage a distinct emotional persona, expanding their emotional toolkit. This technique of practicing new

behaviours and perspectives is central to both **Social Learning (modeling/rehearsal)** and **CBT (behavioral experiments)**.

3.2. Learning Objectives

- a. Cognitive Goals → What knowledge should be attained?
 - Understand the physiological and psychological mechanisms of stress and emotional responses.
 - Identify common emotional triggers in healthcare scenarios (e.g., patient aggression, grief, ethical dilemmas).
 - Recognise early signs of emotional dysregulation.
- b. Affective Goals → What attitudes and values should be developed?
 - Increase self-awareness of one's emotional responses in the workplace.
 - Develop empathy and perspective-taking for patients, families, and team members.
 - Foster a compassionate approach to self-care and resilience.
- c. Behavioural Goals → What skills should be learned?
 - Practice applying techniques such as grounding, reframing, breathing exercises, and assertive communication.
 - Reflect on past emotional reactions and plan for alternative strategies.
 - Improve decision-making under emotional strain.
 - Interact in groups and communication.
 - Collective problem solving in groups.



3.3. The Role of the Facilitator

The role of the facilitator is crucial because they help to ensure that the game achieves its **learning objectives**, runs **smoothly**, and remains **engaging and fair** for all participants. The facilitator can be as creative and interactive as they want, considering the group of players. Below are listed some key tasks for facilitators:

1. Pre-simulation briefing (15-20 min)

- *Aim:*
 - to establish psychological safety for the players
 - to introduce the background story and simulation structure
- *Key actions:*
 - explaining the purpose of the game
 - explaining the learning objectives
 - describing game instructions for the players

2. During the simulation game

- *Aim:*
 - to stay neutral/objective
 - to monitor learner engagement
 - to supervise the progress of the game
 - to support emotional safety
- *Key Actions:*
 - giving guidance/hints when needed
 - taking notes for debriefing

Note: During an online version of the game facilitator's role is more active: Therefore it is helpful to make sure to prepare, learn the rules and mechanics of the platform beforehand.

3. Post simulation - debriefing (20-30 min)

- *Aim:*
 - to promote reflection
 - to explore emotional responses
 - connect simulation experience to real practice
- *Key actions:*
 - leading group discussion related to game
 - encouraging reflection



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